hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Amerihealth	Medicare	720				100.67		720 fee schedule	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Americare	Americare	511.02	75			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Aetna	Better Health	207.41	30.44			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Aetna	Medicare	720				100.67		720 fee schedule	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 First Health	First Health	476.95	70			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Consumer	Consumer	647.29	95			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 UHC	Medicare	720				100.67		720 fee schedule	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Aetna	Commercial	258.92	38			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Corrections	Corrections	545.09	80			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Horizon	MGD	260.82	38.28			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 UHC	Medicaid	207.41	30.44			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Horizon	Medicare Blue	204.41	30			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 First Trenton	First Trenton	613.22	90			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Amerihealth	HMO/PPO	442.88	65			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Wellcare	Medicare	720				100.67		720 fee schedule	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Horizon	Indemnity	260.82	38.28			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 WellPoint	WellPoint	211.49	31.04			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Multiplan	Multiplan	545.09	80			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Wellcare	Medicaid	207.41	30.44			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Qualcare	Qualcare	511.02	75			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Horizon	PPO	260.82	38.28			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Managed Care Inc	Managed Care Inc	613.22	90			100.67		720 percent of total billed charges	
RBC DNA HEA 35 AG 11 BLD GRP WHL BLD CMN ALLEL	0001U	CPT				outpatient			681.36		828 Three Rivers	Three Rivers	647.29	95			100.67		720 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Wellcare	Medicare	34.19				5.14		34.19 fee schedule	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Amerihealth	Medicare	34.19				5.14		34.19 fee schedule	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Corrections	Corrections	13.71	80			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Aetna	Medicare	34.19				5.14		34.19 fee schedule	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Aetna	Commercial	6.51	38			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 First Trenton	First Trenton	15.43	90			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Americare	Americare	12.86	75			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Aetna	Better Health	5.22	30.44			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Amerihealth	HMO/PPO	11.14	65			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Horizon	MGD	6.56	38.28			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Consumer	Consumer	16.28	95			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 First Health	First Health	12	70			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Multiplan	Multiplan	13.71	80			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 WellPoint	WellPoint	5.32	31.04			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Horizon	NJ Health	26.81				5.14		34.19 fee schedule	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Horizon	Indemnity	6.56	38.28			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 UHC	Medicare	34.19				5.14		34.19 fee schedule	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 UHC	Medicaid	5.22	30.44			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Horizon	PPO	6.56	38.28			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Qualcare	Qualcare	12.86	75			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Managed Care Inc	Managed Care Inc	15.43	90			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Wellcare	Medicaid	5.22	30.44			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Three Rivers	Three Rivers	16.28	95			5.14		34.19 percent of total billed charges	
GLYCA NUC MR SPECTROSCOPY QUANTITATIVE	0024U	CPT				outpatient			17.14		39.32 Horizon	Medicare Blue	5.14	30			5.14		34.19 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Horizon	MGD	672.76	38.28			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Aetna	Medicare	540.99				128.13		1669.59 fee schedule	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Wellcare	Medicaid	534.97	30.44			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Amerihealth	Medicare	540.99				128.13		1669.59 fee schedule	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Americare	Americare	1318.1	75			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Aetna	Better Health	534.97	30.44			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 UHC	Medicare	540.99				128.13		1669.59 fee schedule	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 First Trenton	First Trenton	1581.71	90			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 UHC	Medicaid	534.97	30.44			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 First Health	First Health	1230.22	70			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Wellcare	Medicare	540.99				128.13		1669.59 fee schedule	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Consumer	Consumer	1669.59	95			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Aetna	Commercial	667.83	38			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Horizon	NJ Health	128.13				128.13		1669.59 fee schedule	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Horizon	Medicare Blue	527.24	30			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Corrections	Corrections	1405.97	80			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Amerihealth	HMO/PPO	1142.35	65			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Horizon	PPO	672.76	38.28			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Horizon	Indemnity	672.76	38.28			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 WellPoint	WellPoint	545.52	31.04			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Multiplan	Multiplan	1405.97	80			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Managed Care Inc	Managed Care Inc	1581.71	90			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Qualcare	Qualcare	1318.1	75			128.13		1669.59 percent of total billed charges	
NEURO CSF DETCJ PRION PRTN QUAKG CONF CONV QUAL	0039U	CPT				inpatient			1757.46		622.14 Three Rivers	Three Rivers	1669.59	95			128.13		1669.59 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Aetna	Better Health	956.61	30.44			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		First Trenton	First Trenton	2828.36	90			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Aetna	Commercial	1194.2	38			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Americare	Americare	2356.97	75			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Aetna	Medicare	967.93	30.8		456.94	942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Amerihealth	HMO/PPO	2042.7	65			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		First Health	First Health	2199.83	70			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Horizon	MGD	1202.99	38.28			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Consumer	Consumer	2985.49	95			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Managed Care Inc	Managed Care Inc	2828.36	90			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Horizon	Medicare Blue	942.79	30			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Horizon	PPO	1202.99	38.28			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Corrections	Corrections	2514.1	80			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Horizon	Indemnity	1202.99	38.28			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Three Rivers	Three Rivers	2985.49	95			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		WellPoint	WellPoint	975.47	31.04		283.31	942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Wellcare	Medicaid	956.61	30.44			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Multiplan	Multiplan	2514.1	80			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		Qualcare	Qualcare	2356.97	75			942.79		2985.49 percent of total billed charges	
CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME	0042T	CPT				both			3142.62		UHC	Medicaid	956.61	30.44		775.51	942.79		2985.49 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Consumer	Consumer	475	95			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Aetna	Better Health	152.2	30.44			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Amerihealth	HMO/PPO	325	65			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Horizon	Medicare Blue	150	30			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Aetna	Medicare	154	30.8			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Aetna	Commercial	190	38			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Corrections	Corrections	400	80			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Americare	Americare	375	75			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		First Health	First Health	350	70			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Wellcare	Medicaid	152.2	30.44			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Horizon	Indemnity	191.4	38.28			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Horizon	MGD	191.4	38.28			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Multiplan	Multiplan	400	80			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Horizon	PPO	191.4	38.28			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		First Trenton	First Trenton	450	90			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Three Rivers	Three Rivers	475	95			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Qualcare	Qualcare	375	75			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		UHC	Medicaid	152.2	30.44			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		Managed Care Inc	Managed Care Inc	450	90			150		475 percent of total billed charges	
ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	1490	CPT				outpatient			500		WellPoint	WellPoint	155.2	31.04			150		475 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Horizon	MGD	784.82	38.28			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Aetna	Better Health	624.08	30.44			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Americare	Americare	1537.65	75			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Amerihealth	HMO/PPO	1332.63	65			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 UHC	Medicaid	624.08	30.44			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Aetna	Medicare	2126.2				615.06		2126.2 fee schedule	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Amerihealth	Medicare	2126.2				615.06		2126.2 fee schedule	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Consumer	Consumer	1947.69	95			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Horizon	PPO	784.82	38.28			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Aetna	Commercial	779.08	38			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 UHC	Medicare	2126.2				615.06		2126.2 fee schedule	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Corrections	Corrections	1640.16	80			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Three Rivers	Three Rivers	1947.69	95			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 First Health	First Health	1435.14	70			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Wellcare	Medicaid	624.08	30.44			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 First Trenton	First Trenton	1845.18	90			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Wellcare	Medicare	2126.2				615.06		2126.2 fee schedule	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Multiplan	Multiplan	1640.16	80			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Qualcare	Qualcare	1537.65	75			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Horizon	Indemnity	784.82	38.28			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Managed Care Inc	Managed Care Inc	1845.18	90			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 Horizon	Medicare Blue	615.06	30			615.06		2126.2 percent of total billed charges	
NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	0152U	CPT				inpatient			2050.2		2445.13 WellPoint	WellPoint	636.38	31.04			615.06		2126.2 percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Amerihealth	HMO/PPO	325	65			150		475 percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		First Health	First Health	350	70			150		475 percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Americare	Americare	375	75			150		475 percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Aetna	Commercial	190	38			150		475 percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Aetna	Better Health	152.2	30.44			150		475 percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Horizon	PPO	191.4	38.28			150		475 percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Consumer	Consumer	475	95			150		475 percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL R

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		UHC	Medicaid	152.2	30.44			150	475	percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Three Rivers	Three Rivers	475	95			150	475	percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Horizon	Medicare Blue	150	30			150	475	percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Horizon	Indemnity	191.4	38.28			150	475	percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		Managed Care Inc	Managed Care Inc	450	90			150	475	percent of total billed charges	
ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	1860	CPT				outpatient			500		WellPoint	WellPoint	155.2	31.04			150	475	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Amerihealth	HMO/PPO	879.8	65			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Aetna	Better Health	412.02	30.44			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Americare	Americare	1015.16	75			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Corrections	Corrections	1082.83	80			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Aetna	Medicare	416.78				406.06	1285.86	fee schedule	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	First Health	First Health	947.48	70			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	First Trenton	First Trenton	1218.19	90			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Consumer	Consumer	1285.86	95			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Multiplan	Multiplan	1082.83	80			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Aetna	Commercial	514.35	38			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Amerihealth	Medicare	416.78				406.06	1285.86	fee schedule	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Horizon	MGD	518.14	38.28			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Horizon	Medicare Blue	406.06	30			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	UHC	Medicare	416.78				406.06	1285.86	fee schedule	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Horizon	Indemnity	518.14	38.28			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Horizon	NJ Health	816.89				406.06	1285.86	fee schedule	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Qualcare	Qualcare	1015.16	75			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	WellPoint	WellPoint	420.14	31.04			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	UHC	Medicaid	412.02	30.44			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Wellcare	Medicaid	412.02	30.44			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Wellcare	Medicare	416.78				406.06	1285.86	fee schedule	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Horizon	PPO	518.14	38.28			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Managed Care Inc	Managed Care Inc	1218.19	90			406.06	1285.86	percent of total billed charges	
NFCT DS BCT/VIR RESPIR DNA/RNA 22 TRGT SARSCOV2	0202U	CPT				inpatient			1353.54	479.3	Three Rivers	Three Rivers	1285.86	95			406.06	1285.86	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Aetna	Commercial	21474.98				950	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Aetna	Better Health	12654.87	30.44			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	First Trenton	First Trenton	37415.85	90			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Amerihealth	Medicare	13158.69				950	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Corrections	Corrections	33258.54	80			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Aetna	Medicare	13158.69				950	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Americare	Americare	31179.88	75			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Horizon	Medicare Blue	13158.69				950	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Multiplan	Multiplan	33258.54	80			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Horizon	PPO	25462.07				950	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Managed Care Inc	Managed Care Inc	37415.85	90			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Consumer	Consumer	39494.51	95			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Qualcare	Qualcare	31179.88	75			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	First Health	First Health	29101.22	70			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Amerihealth	HMO/PPO	950				950	39494.51	fee schedule	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	United	Oxford	6018.29				950	39494.51	case rate	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Wellcare	Medicare	13158.69				950	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	WellPoint	WellPoint	12904.31	31.04			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Three Rivers	Three Rivers	39494.51	95			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Wellcare	Medicaid	12654.87	30.44			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Horizon	Indemnity	25462.07				950	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	Horizon	MGD	25462.07				950	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	UHC	Medicaid	12654.87	30.44			950	39494.51	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	UHC	Medicare	13158.69				950	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	0234T	CPT				outpatient			41573.17	15132.49	United	CommercialPPO	6018.29				950	39494.51	case rate	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	First Health	First Health	42872.84	70			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Aetna	Better Health	18643.56	30.44			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	First Trenton	First Trenton	55122.23	90			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Aetna	Commercial	34003.6				950	58184.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Consumer	Consumer	58184.57	95			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Corrections	Corrections	48997.54	80			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Managed Care Inc	Managed Care Inc	55122.23	90			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Americare	Americare	45935.19	75			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Multiplan	Multiplan	48997.54	80			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Horizon	PPO	40316.77				950	58184.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Three Rivers	Three Rivers	58184.57	95			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Aetna	Medicare	20835.54				950	58184.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Horizon	Indemnity	40316.77				950	58184.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Horizon	Medicare Blue	20835.54				950	58184.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Qualcare	Qualcare	45935.19	75			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Amerihealth	HMO/PPO	950				950	58184.57	fee schedule	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	UHC	Medicaid	18643.56	30.44			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	WellPoint	WellPoint	19011.04	31.04			950	58184.57	percent of total billed charges	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Wellcare	Medicare	20835.54				950	58184.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Horizon	MGD	40316.77				950	58184.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	United	CommercialPPO	6018.29				950	58184.57	case rate	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	UHC	Medicare	20835.54			8482.4	950	58184.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	United	Oxford	6018.29				950	58184.57	case rate	
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Amerihealth	Medicare	20835.54				950	58184.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	0238T	CPT				outpatient			61246.92	23960.87	Wellcare	Medicaid	18643.56	30.44			950	58184.57	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Consumer	Consumer	4658.95	95			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Three Rivers	Three Rivers	4658.95	95			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Aetna	Better Health	1492.83	30.44			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Aetna	Commercial	2472.1				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Horizon	PPO	2931.08				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Amerihealth	Medicare	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Amerihealth	HMO/PPO	3187.7	65			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	UHC	Medicare	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	WellPoint	WellPoint	1522.25	31.04			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	UHC	Medicaid	1492.83	30.44			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	First Health	First Health	3432.91	70			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Aetna	Medicare	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Horizon	Medicare Blue	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Corrections	Corrections	3923.33	80			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Multiplan	Multiplan	3923.33	80			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Americare	Americare	3678.12	75			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Qualcare	Qualcare	3678.12	75			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	First Trenton	First Trenton	4413.74	90			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Wellcare	Medicaid	1492.83	30.44			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Horizon	MGD	2931.08				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Wellcare	Medicare	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Horizon	Indemnity	2931.08				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	0331T	CPT				outpatient			4904.16	1741.99	Managed Care Inc	Managed Care Inc	4413.74	90			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Americare	Americare	3678.12	75			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Horizon	PPO	2931.08				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Aetna	Better Health	1492.83	30.44			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Amerihealth	Medicare	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Aetna	Commercial	2472.1				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	First Trenton	First Trenton	4413.74	90			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Corrections	Corrections	3923.33	80			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	First Health	First Health	3432.91	70			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Consumer	Consumer	4658.95	95			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	UHC	Medicare	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Horizon	Medicare Blue	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Horizon	Indemnity	2931.08				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Aetna	Medicare	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Managed Care Inc	Managed Care Inc	4413.74	90			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Three Rivers	Three Rivers	4658.95	95			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Wellcare	Medicare	1514.77				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Amerihealth	HMO/PPO	3187.7	65			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	WellPoint	WellPoint	1522.25	31.04			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Horizon	MGD	2931.08				1492.83	4658.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	UHC	Medicaid	1492.83	30.44			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Multiplan	Multiplan	3923.33	80			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Wellcare	Medicaid	1492.83	30.44			1492.83	4658.95	percent of total billed charges	
MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	0332T	CPT				outpatient			4904.16	1741.99	Qualcare	Qualcare	3678.12	75			1492.83	4658.95	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	0408T	CPT				both			90010.92	42781.94	Americare	Americare	67508.19	75			11153.87	85510.37	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INS,IRPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	0408T	CPT				both			90010.92	42781.94	Wellcare	Medicaid	27390.32	30.44			11153.87		85510.37	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	0408T	CPT				both			90010.92	42781.94	Three Rivers	Three Rivers	85510.37	95			11153.87		85510.37	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	0408T	CPT				both			90010.92	42781.94	United	Oxford	11153.87				11153.87		85510.37	case rate	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Aetna	Commercial	15671.75				6018.29		29682.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Amerihealth	Medicare	9802.79				6018.29		29682.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Aetna	Medicare	9802.79				6018.29		29682.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Consumer	Consumer	29682.41	95			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Corrections	Corrections	24995.71	80			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Horizon	Medicare Blue	9802.79				6018.29		29682.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Americare	Americare	23433.48	75			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Aetna	Better Health	9510.87	30.44			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Amerihealth	HMO/PPO	20309.02	65			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Horizon	Indemnity	18581.4				6018.29		29682.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	First Trenton	First Trenton	28120.18	90			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	UHC	Medicaid	9510.87	30.44			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Multiplan	Multiplan	24995.71	80			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	UHC	Medicare	9802.79				6018.29		29682.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Horizon	MGD	18581.4				6018.29		29682.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	First Health	First Health	21871.25	70			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Qualcare	Qualcare	23433.48	75			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Horizon	PPO	18581.4				6018.29		29682.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Managed Care Inc	Managed Care Inc	28120.18	90			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	United	Oxford	6018.29				6018.29		29682.41	case rate	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Three Rivers	Three Rivers	29682.41	95			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	United	Commercial/PPO	6018.29				6018.29		29682.41	case rate	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Wellcare	Medicaid	9510.87	30.44			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	WellPoint	WellPoint	9698.34	31.04			6018.29		29682.41	percent of total billed charges	
INS,IRPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	0411T	CPT				outpatient			31244.64	11043.21	Wellcare	Medicare	9802.79				6018.29		29682.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Amerihealth	Medicare	43.27				43.27		145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Consumer	Consumer	145.35	95			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Horizon	MGD	83.73				43.27		145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Aetna	Better Health	46.57	30.44			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Americare	Americare	114.75	75			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Horizon	PPO	83.73				43.27		145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	UHC	Medicare	43.27			35.28	43.27		145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	First Health	First Health	107.1	70			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	First Trenton	First Trenton	137.7	90			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Horizon	Medicare Blue	43.27			33.52	43.27		145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Three Rivers	Three Rivers	145.35	95			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Aetna	Commercial	70.62			18.17	43.27		145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Horizon	Indemnity	83.73				43.27		145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Multiplan	Multiplan	122.4	80			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Managed Care Inc	Managed Care Inc	137.7	90			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Aetna	Medicare	43.27			35.05	43.27		145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	UHC	Medicaid	46.57	30.44		45.05	43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Qualcare	Qualcare	114.75	75			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Amerihealth	HMO/PPO	99.45	65			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Wellcare	Medicaid	46.57	30.44		12.42	43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Corrections	Corrections	122.4	80			43.27		145.35	percent of total billed charges	
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	Wellcare	Medicare	43.27				43.27		145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERRO DEVICE EVALUATION CARDIAC MODULJ SYSTEM	0418T	CPT				outpatient			153	49.76	WellPoint	WellPoint	47.49	31.04			43.27		145.35	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Aetna	Commercial	10796.64				4843.06		19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Amerihealth	Medicare	6615.59				4843.06		19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Consumer	Consumer	19049.57	95			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Amerihealth	HMO/PPO	13033.92	65			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Aetna	Medicare	6615.59				4843.06		19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Horizon	Indemnity	12801.17				4843.06		19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Corrections	Corrections	16041.74	80			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Aetna	Better Health	6103.88	30.44			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Americare	Americare	15039.14	75			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	First Trenton	First Trenton	18046.96	90			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Three Rivers	Three Rivers	19049.57	95			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	First Health	First Health	14036.53	70			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Horizon	MGD	12801.17				4843.06		19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	UHC	Medicaid	6103.88	30.44			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Horizon	PPO	12801.17				4843.06		19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Horizon	Medicare Blue	6615.59				4843.06		19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Multiplan	Multiplan	16041.74	80			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	United	Commercial/PPO	4843.06				4843.06		19049.57	case rate	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	UHC	Medicare	6615.59				4843.06		19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Managed Care Inc	Managed Care Inc	18046.96	90			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Qualcare	Qualcare	15039.14	75			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	United	Oxford	4843.06				4843.06		19049.57	case rate	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	WellPoint	WellPoint	6224.2	31.04			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Wellcare	Medicaid	6103.88	30.44			4843.06		19049.57	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVICE PERQ	0644T	CPT				inpatient			20052.18	7607.93	Wellcare	Medicare	6615.59				4843.06		19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Aetna	Better Health	6642.71	30.44			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	First Health	First Health	15275.6	70			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Amerihealth	HMO/PPO	14184.49	65			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Aetna	Commercial	11272.49				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Aetna	Medicare	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	First Trenton	First Trenton	19640.06	90			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Horizon	Indemnity	13365.35				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Amerihealth	Medicare	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Americare	Americare	16366.72	75			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Wellcare	Medicaid	6642.71	30.44			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Multiplan	Multiplan	17457.83	80			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Horizon	Medicare Blue	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Consumer	Consumer	20731.18	95			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Managed Care Inc	Managed Care Inc	19640.06	90			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Horizon	PPO	13365.35				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	UHC	Medicare	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Horizon	MGD	13365.35				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Wellcare	Medicare	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Qualcare	Qualcare	16366.72	75			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Three Rivers	Three Rivers	20731.18	95			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	Corrections	Corrections	17457.83	80			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	UHC	Medicaid	6642.71	30.44			6642.71		20731.18	percent of total billed charges	
ESPHGSC FLX TRNSORL 1ST TNDSC DILAT RX BALO CATH	0884T	CPT				outpatient			21822.29	7943.23	WellPoint	WellPoint	6773.64	31.04			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Amerihealth	Medicare	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Americare	Americare	16366.72	75			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Aetna	Better Health	6642.71	30.44			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	First Trenton	First Trenton	19640.06	90			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Aetna	Medicare	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Aetna	Commercial	11272.49				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	First Health	First Health	15275.6	70			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Horizon	Indemnity	13365.35				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Corrections	Corrections	17457.83	80			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Consumer	Consumer	20731.18	95			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Wellcare	Medicaid	6642.71	30.44			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Managed Care Inc	Managed Care Inc	19640.06	90			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Horizon	MGD	13365.35				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Amerihealth	HMO/PPO	14184.49	65			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Horizon	Medicare Blue	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Horizon	PPO	13365.35				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	WellPoint	WellPoint	6773.64	31.04			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Three Rivers	Three Rivers	20731.18	95			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Wellcare	Medicare	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Multiplan	Multiplan	17457.83	80			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	UHC	Medicaid	6642.71	30.44			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	Qualcare	Qualcare	16366.72	75			6642.71		20731.18	percent of total billed charges	
COLSC FLX 1ST TNDSC DILAT RX BALO CATH CLN STRIX	0885T	CPT				outpatient			21822.29	7943.23	UHC	Medicare	6907.16				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX 1ST TNDSC DILAT RX BALO CATH STRIX	0886T	CPT				outpatient			21822.29	7943.23	First Health	First Health	15275.6	70			6642.71		20731.18	percent of total billed charges	
SGMDSC FLX 1ST TNDSC DILAT RX BALO CATH STRIX	0886T	CPT				outpatient			21822.29	7943.23	Aetna	Commercial	11272.49				6642.71		20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX 1ST TNDSC DILAT RX BALO CATH STRIX	0886T	CPT				outpatient			21822.29	7943.23	Corrections	Corrections	17457.83	80			6642.71		20731.18	percent of total billed char

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Aetna	Better Health	6362.29	30.44			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	First Trenton	First Trenton	18810.98	90			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Amerihealth	Medicare	6615.59				6362.29	19856.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Aetna	Commercial	10796.64				6362.29	19856.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Wellcare	Medicare	6615.59				6362.29	19856.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Three Rivers	Three Rivers	19856.04	95			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	WellPoint	WellPoint	6487.7	31.04			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Corrections	Corrections	16720.87	80			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Aetna	Medicare	6615.59				6362.29	19856.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Horizon	MGD	12801.17				6362.29	19856.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Horizon	Indemnity	12801.17				6362.29	19856.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Multiplan	Multiplan	16720.87	80			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Americare	Americare	15675.82	75			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Horizon	PPO	12801.17				6362.29	19856.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Horizon	Medicare Blue	6615.59				6362.29	19856.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Qualcare	Qualcare	15675.82	75			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Consumer	Consumer	19856.04	95			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Managed Care Inc	Managed Care Inc	18810.98	90			6362.29	19856.04	percent of total billed charges	
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	UHC	Medicare	6615.59				6362.29	19856.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TCAT THER RX DLVR NTRAC RX BALO 1 MAI C ART	0913T	CPT				outpatient			20901.09	7607.93	Wellcare	Medicaid	6362.29	30.44			6362.29	19856.04	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	WellPoint	WellPoint	36482.53	31.04			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Amerihealth	Medicare	37201.69				35777.32	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Three Rivers	Three Rivers	111657.21	95			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Amerihealth	HMO/PPO	76397.04	65			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Horizon	MGD	71985.27				35777.32	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Aetna	Better Health	35777.32	30.44			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Aetna	Commercial	60713.16				35777.32	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	First Trenton	First Trenton	105780.52	90			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Horizon	PPO	71985.27				35777.32	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	First Health	First Health	82273.74	70			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Horizon	Indemnity	71985.27				35777.32	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Corrections	Corrections	94027.13	80			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	UHC	Medicare	37201.69				35777.32	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Aetna	Medicare	37201.69				35777.32	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Managed Care Inc	Managed Care Inc	105780.52	90			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Horizon	Medicare Blue	37201.69				35777.32	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	UHC	Medicaid	35777.32	30.44			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Americare	Americare	88150.43	75			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Wellcare	Medicare	37201.69				35777.32	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Multiplan	Multiplan	94027.13	80			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Consumer	Consumer	111657.21	95			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Qualcare	Qualcare	88150.43	75			35777.32	111657.21	percent of total billed charges	
INSJ PERM CCM-D SYS PG&DUAL TRANSVNS ELTRDSLDS	0915T	CPT				outpatient			117533.91	42781.94	Wellcare	Medicaid	35777.32	30.44			35777.32	111657.21	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Aetna	Better Health	25047.57	30.44			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Amerihealth	Medicare	26044.76				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Multiplan	Multiplan	65828.03	80			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Aetna	Commercial	42505.05				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Consumer	Consumer	78170.79	95			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Americare	Americare	61713.78	75			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Aetna	Medicare	26044.76				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Wellcare	Medicare	26044.76				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Horizon	PPO	50396.61				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Corrections	Corrections	65828.03	80			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Wellcare	Medicaid	25047.57	30.44			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Horizon	MGD	50396.61				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	First Health	First Health	57599.53	70			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Three Rivers	Three Rivers	78170.79	95			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Amerihealth	HMO/PPO	53485.28	65			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	UHC	Medicaid	25047.57	30.44			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Qualcare	Qualcare	61713.78	75			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	First Trenton	First Trenton	74056.54	90			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	WellPoint	WellPoint	25541.28	31.04			25047.57	78170.79	percent of total billed charges	
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	UHC	Medicare	26044.76				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Horizon	Indemnity	50396.61				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Horizon	Medicare Blue	26044.76				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PERM CCM-D SYSTEM PULSE GENERATOR ONLY	0916T	CPT				outpatient			82285.04	29951.47	Managed Care Inc	Managed Care Inc	74056.54	90			25047.57	78170.79	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Amerihealth	Medicare	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Consumer	Consumer	28821.81	95			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Aetna	Commercial	15671.75				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Aetna	Better Health	9235.12	30.44			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Horizon	Medicare Blue	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	First Health	First Health	21237.13	70			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Americare	Americare	22754.06	75			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Corrections	Corrections	24271	80			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Horizon	Indemnity	18581.4				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	First Trenton	First Trenton	27304.88	90			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Aetna	Medicare	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Amerihealth	HMO/PPO	19720.19	65			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	UHC	Medicare	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Wellcare	Medicare	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Wellcare	Medicaid	9235.12	30.44			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Multiplan	Multiplan	24271	80			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Horizon	PPO	18581.4				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Horizon	MGD	18581.4				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	WellPoint	WellPoint	9417.15	31.04			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Qualcare	Qualcare	22754.06	75			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Managed Care Inc	Managed Care Inc	27304.88	90			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	Three Rivers	Three Rivers	28821.81	95			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS 1 TRANSVNS LEAD ONLY	0917T	CPT				outpatient			30338.75	10143.21	UHC	Medicaid	9235.12	30.44			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Aetna	Commercial	15671.75				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Horizon	MGD	18581.4				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Aetna	Medicare	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Aetna	Better Health	9235.12	30.44			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Amerihealth	Medicare	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Horizon	Medicare Blue	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Multiplan	Multiplan	24271	80			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	First Health	First Health	21237.13	70			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Americare	Americare	22754.06	75			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	UHC	Medicaid	9235.12	30.44			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Amerihealth	HMO/PPO	19720.19	65			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Consumer	Consumer	28821.81	95			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Qualcare	Qualcare	22754.06	75			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Wellcare	Medicare	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Three Rivers	Three Rivers	28821.81	95			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	UHC	Medicare	9602.79				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Corrections	Corrections	24271	80			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	WellPoint	WellPoint	9417.15	31.04			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	First Trenton	First Trenton	27304.88	90			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Wellcare	Medicaid	9235.12	30.44			9235.12	28821.81	percent of total billed charges	
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Horizon	Indemnity	18581.4				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Horizon	PPO	18581.4				9235.12	28821.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PERM CCM-D SYS DUAL TRANSVNS LEADS ONLY	0918T	CPT				outpatient			30338.75	10143.21	Managed Care Inc	Managed Care Inc	27304.88	90			9235.12	28821.81	percent of total billed charges	
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Amerihealth	Medicare	26044.76				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Horizon	Medicare Blue	26044.76				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Aetna	Commercial	42505.05				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	UHC	Medicaid	25047.57	30.44			25047.57	78170.79	percent of total billed charges	
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Consumer	Consumer	78170.79	95			25047.57	78170.79	percent of total billed charges	
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Aetna	Better Health	25047.57	30.44			25047.57	78170.79	percent of total billed charges	
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Amerihealth	HMO/PPO	53485.28	65			25047.57	78170.79	percent of total billed charges	
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	First Trenton	First Trenton	74056.54	90			25047.57	78170.79	percent of total billed charges	
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Corrections	Corrections	65828.03	80			25047.57	78170.79	percent of total billed charges	
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Aetna	Medicare	26044.76				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Americare	Americare	61713.78	75			25047.57	78170.79	percent of total billed charges	
RMV/&RPLCMT PERMANENT CCM-D PULSE GENERATOR ONLY	0923T	CPT				outpatient			82285.04	29951.47	Horizon	Indemnity	50396.61				25047.57	78170.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	Three Rivers	Three Rivers	4227.82	95			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	WellPoint	WellPoint	1381.39	31.04			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	First Health	First Health	3115.24	70			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	Horizon	MGD	2725.68				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	UHC	Medicaid	1354.68	30.44			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	UHC	Medicare	1408.62				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	Multiplan	Multiplan	3560.27	80			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	Wellcare	Medicaid	1354.68	30.44			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	Qualcare	Qualcare	3337.76	75			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS AT 1ST IMPL	0930T	CPT				outpatient			4450.34	1619.91	Wellcare	Medicare	1408.62				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Americare	Americare	3337.76	75			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Aetna	Better Health	1354.68	30.44			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	First Health	First Health	3115.24	70			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Aetna	Commercial	2298.87				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Corrections	Corrections	3560.27	80			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Consumer	Consumer	4227.82	95			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Amerihealth	HMO/PPO	2892.72	65			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	UHC	Medicare	1408.62				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Three Rivers	Three Rivers	4227.82	95			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Aetna	Medicare	1408.62				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Horizon	Indemnity	2725.68				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Amerihealth	Medicare	1408.62				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	First Trenton	First Trenton	4005.31	90			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Horizon	Medicare Blue	1408.62				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Multiplan	Multiplan	3560.27	80			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Horizon	MGD	2725.68				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Managed Care Inc	Managed Care Inc	4005.31	90			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Horizon	PPO	2725.68				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Wellcare	Medicaid	1354.68	30.44			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	WellPoint	WellPoint	1381.39	31.04			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Wellcare	Medicare	1408.62				1354.68	4227.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	Qualcare	Qualcare	3337.76	75			1354.68	4227.82	percent of total billed charges	
ELECTROPHYSIOLOGIC EVAL CCM-D LEADS SEPARATE	0931T	CPT				outpatient			4450.34	1619.91	UHC	Medicaid	1354.68	30.44			1354.68	4227.82	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Aetna	Medicare	3732.06				3589.17	11201.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Consumer	Consumer	11201.43	95			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Aetna	Better Health	3589.17	30.44			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	First Trenton	First Trenton	10611.88	90			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Horizon	MGD	7221.54				3589.17	11201.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Aetna	Commercial	6090.72				3589.17	11201.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Amerihealth	Medicare	3732.06				3589.17	11201.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Amerihealth	HMO/PPO	7664.14	65			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	First Health	First Health	8263.69	70			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Corrections	Corrections	9432.78	80			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Horizon	Indemnity	7221.54				3589.17	11201.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Horizon	PPO	7221.54				3589.17	11201.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Horizon	Medicare Blue	3732.06				3589.17	11201.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Americare	Americare	8843.24	75			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Wellcare	Medicaid	3589.17	30.44			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Qualcare	Qualcare	8843.24	75			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Multiplan	Multiplan	9432.78	80			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Managed Care Inc	Managed Care Inc	10611.88	90			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Three Rivers	Three Rivers	11201.43	95			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	UHC	Medicaid	3589.17	30.44			3589.17	11201.43	percent of total billed charges	
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	Wellcare	Medicare	3732.06				3589.17	11201.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	UHC	Medicare	3732.06				3589.17	11201.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT IMPLT WRLS L ATR PRS SNR L-T L ATR PRS MNTR	0933T	CPT				outpatient			11790.98	4291.87	WellPoint	WellPoint	3659.92	31.04			3589.17	11201.43	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		First Health	First Health	311.3	70			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Aetna	Better Health	135.37	30.44			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		First Trenton	First Trenton	400.25	90			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Aetna	Medicare	136.97	30.8			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Consumer	Consumer	422.48	95			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Aetna	Commercial	168.99	38			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Amerihealth	HMO/PPO	289.07	65			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Americare	Americare	333.54	75			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Horizon	Medicare Blue	133.42	30			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Horizon	MGD	170.24	38.28			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Managed Care Inc	Managed Care Inc	400.25	90			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Horizon	PPO	170.24	38.28			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Corrections	Corrections	355.78	80			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Horizon	Indemnity	170.24	38.28			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Multiplan	Multiplan	355.78	80			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		WellPoint	WellPoint	138.04	31.04			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		UHC	Medicaid	135.37	30.44			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Qualcare	Qualcare	333.54	75			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Three Rivers	Three Rivers	422.48	95			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		United	Commercial/PPO	1835.46				133.42	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		Wellcare	Medicaid	135.37	30.44			133.42	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	10004	CPT				outpatient			444.72		United	Oxford	1835.46				133.42	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Aetna	Medicare	816.39			374.28	766.59	2392.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Consumer	Consumer	2392.46	95			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Amerihealth	HMO/PPO	1636.95	65		372.87	766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Aetna	Commercial	1332.35			626.12	766.59	2392.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	First Trenton	First Trenton	2266.54	90			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Aetna	Better Health	766.59	30.44			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Americare	Americare	1888.79	75			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	First Health	First Health	1762.87	70			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	United	Commercial/PPO	1871.51			348.75	766.59	2392.46	case rate	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Corrections	Corrections	2014.7	80			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Horizon	PPO	1579.71			862.22	766.59	2392.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Horizon	Medicare Blue	816.39			373.3	766.59	2392.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	UHC	Medicare	816.39			298.77	766.59	2392.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Multiplan	Multiplan	2014.7	80			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	United	Oxford	1871.51			199.33	766.59	2392.46	case rate	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Horizon	Indemnity	1579.71			613.83	766.59	2392.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Wellcare	Medicare	816.39				766.59	2392.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Managed Care Inc	Managed Care Inc	2266.54	90			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Wellcare	Medicaid	766.59	30.44		711.66	766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	WellPoint	WellPoint	781.71	31.04		565.46	766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Qualcare	Qualcare	1888.79	75			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Horizon	MGD	1579.71			852.89	766.59	2392.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	Three Rivers	Three Rivers	2392.46	95			766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	10005	CPT				both			2518.38	938.85	UHC	Medicaid	766.59	30.44		599.4	766.59	2392.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		First Trenton	First Trenton	728.89	90			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Aetna	Commercial	307.75	38		186.51	242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Americare	Americare	607.41	75			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Aetna	Better Health	246.53	30.44			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Aetna	Medicare	249.44	30.8		120.36	242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Wellcare	Medicaid	246.53	30.44		222.06	242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Horizon	PPO	310.02	38.28			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Consumer	Consumer	769.39	95			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Managed Care Inc	Managed Care Inc	728.89	90			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Amerihealth	HMO/PPO	526.42	65		95.24	242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Horizon	Medicare Blue	242.96	30		95.54	242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		First Health	First Health	566.92	70			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Horizon	Indemnity	310.02	38.28			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		United	Commercial/PPO	1835.46				242.96	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Horizon	MGD	310.02	38.28		228.09	242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Corrections	Corrections	647.9	80			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Multiplan	Multiplan	647.9	80			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		United	Oxford	1835.46			66.64	242.96	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Qualcare	Qualcare	607.41	75			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		Three Rivers	Three Rivers	769.39	95			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		UHC	Medicaid	246.53	30.44		234.54	242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	10006	CPT				both			809.88		WellPoint	WellPoint	251.39	31.04			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	10007	CPT				both			2422.5	938.85	Consumer	Consumer	2301.38	95			737.41	2301.38	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	10007	CPT				both			2422.5	938.85	Aetna	Better Health	737.41	30.44			737.41	2301.38	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	10007	CPT				both			2422.5	938.85	First Trenton	First Trenton	2180.25	90			737.41	2301.38	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	10007	CPT				both			2422.5	938.85	Aetna	Commercial	1332.35				737.41	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	10007	CPT				both			2422.5	938.85	Amerihealth	HMO/PPO	1574.63	65			737.41	2301.38	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	10007	CPT				both			2422.5	938.85	Corrections	Corrections	1938	80			737.41	2301.38	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	10007	CPT				both			2422.5	938.85	UHC	Medicare	816.39				737.41	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	10007	CPT				both			2422.5	938.85	Aetna	Medicare	816.39				737.41	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/FLUOR G

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Aetna	Medicare	249.44	30.8			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Amerihealth	HMO/PPO	526.42	65			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Aetna	Better Health	246.53	30.44			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Aetna	Commercial	307.75	38			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Corrections	Corrections	647.9	80			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Consumer	Consumer	769.39	95			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		United	Oxford	1835.46				242.96	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Americare	Americare	607.41	75			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		First Trenton	First Trenton	728.89	90			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Horizon	Indemnity	310.02	38.28			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Wellcare	Medicaid	246.53	30.44			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Horizon	MGD	310.02	38.28			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		United	Commercial|PPO	1835.46				242.96	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		First Health	First Health	566.92	70			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Horizon	PPO	310.02	38.28			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		UHC	Medicaid	246.53	30.44			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		WellPoint	WellPoint	251.39	31.04			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Multiplan	Multiplan	647.9	80			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Managed Care Inc	Managed Care Inc	728.89	90			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Horizon	Medicare Blue	242.96	30			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Three Rivers	Three Rivers	769.39	95			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	10008	CPT				outpatient			809.88		Qualcare	Qualcare	607.41	75			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Consumer	Consumer	2410.87	95			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Multiplan	Multiplan	2030.21	80			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Aetna	Commercial	1332.35				772.49	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Corrections	Corrections	2030.21	80			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 First Health	First Health	1776.43	70			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Aetna	Better Health	772.49	30.44			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Horizon	MGD	1579.71				772.49	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Americare	Americare	1903.32	75			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Horizon	PPO	1579.71			992.88	772.49	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Wellcare	Medicaid	772.49	30.44		416.8	772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 UHC	Medicaid	772.49	30.44		447.93	772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 First Trenton	First Trenton	2283.98	90			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Aetna	Medicare	816.39				772.49	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Three Rivers	Three Rivers	2410.87	95			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Wellcare	Medicare	816.39				772.49	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Horizon	Indemnity	1579.71				772.49	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Amerihealth	HMO/PPO	1649.54	65			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 United	Oxford	1871.51				772.49	2410.87	case rate	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Horizon	Medicare Blue	816.39				772.49	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Managed Care Inc	Managed Care Inc	2283.98	90			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 Qualcare	Qualcare	1903.32	75			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 UHC	Medicare	816.39			270.17	772.49	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 United	Commercial|PPO	1871.51			653.89	772.49	2410.87	case rate	
FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	10009	CPT				both			2537.76		938.85 WellPoint	WellPoint	787.72	31.04			772.49	2410.87	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Aetna	Medicare	249.44	30.8			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Consumer	Consumer	769.39	95			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Horizon	Indemnity	310.02	38.28			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Aetna	Better Health	246.53	30.44			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		First Trenton	First Trenton	728.89	90			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Aetna	Commercial	307.75	38			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Americare	Americare	607.41	75			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Amerihealth	HMO/PPO	526.42	65			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Horizon	MGD	310.02	38.28			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Corrections	Corrections	647.9	80			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Horizon	PPO	310.02	38.28			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		First Health	First Health	566.92	70			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		United	Commercial|PPO	1835.46				242.96	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Multiplan	Multiplan	647.9	80			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Managed Care Inc	Managed Care Inc	728.89	90			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Horizon	Medicare Blue	242.96	30			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		UHC	Medicaid	246.53	30.44			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Qualcare	Qualcare	607.41	75			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		United	Oxford	1835.46				242.96	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Three Rivers	Three Rivers	769.39	95			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		WellPoint	WellPoint	251.39	31.04			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	10010	CPT				both			809.88		Wellcare	Medicaid	246.53	30.44			242.96	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Consumer	Consumer	1317.84	95			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 First Trenton	First Trenton	1248.48	90			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Multiplan	Multiplan	1109.76	80			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Aetna	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Aetna	Better Health	422.26	30.44			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Horizon	Indemnity	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Horizon	Medicare Blue	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Aetna	Commercial	756.56			170.07	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Corrections	Corrections	1109.76	80			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Americare	Americare	1040.4	75			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Qualcare	Qualcare	1040.4	75			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 First Health	First Health	971.04	70			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Horizon	MGD	897.03			526.97	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Horizon	PPO	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 UHC	Medicaid	422.26	30.44		172.41	125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Three Rivers	Three Rivers	1317.84	95			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 UHC	Medicare	463.58			257.71	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Managed Care Inc	Managed Care Inc	1248.48	90			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 United	Commercial|PPO	1835.46				125	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Wellcare	Medicaid	422.26	30.44			125	1835.46	percent of total billed charges	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 United	Oxford	1835.46				125	1835.46	case rate	
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 Wellcare	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	10021	CPT				both			1387.2		533.12 WellPoint	WellPoint	430.59	31.04			125	1835.46	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 First Trenton	First Trenton	2236.25	90			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Americare	Americare	1863.54	75			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Aetna	Better Health	756.35	30.44			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Aetna	Commercial	1332.35				300	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Aetna	Medicare	765.29	30.8			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Corrections	Corrections	1987.78	80			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 First Health	First Health	1739.3	70			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Wellcare	Medicaid	756.35	30.44		694.24	300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Horizon	Medicare Blue	816.39				300	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Consumer	Consumer	2360.48	95			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Horizon	PPO	1579.71				300	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Horizon	MGD	1579.71				300	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Amerihealth	HMO/PPO	300				300	2360.48	fee schedule	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Three Rivers	Three Rivers	2360.48	95			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Multiplan	Multiplan	1987.78	80			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 UHC	Medicaid	756.35	30.44		625.83	300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Managed Care Inc	Managed Care Inc	2236.25	90			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 UHC	Medicare	816.39				300	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Horizon	Indemnity	1579.71				300	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Qualcare	Qualcare	1863.54	75			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 WellPoint	WellPoint	771.26	31.04			300	2360.48	percent of total billed charges	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 Wellcare	Medicare	816.39				300	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 United	Commercial|PPO	1871.51				300	2360.48	case rate	
IMG-GUIDED FLU COLL,J DRG CATH SOFT TISS PERQ	10030	CPT				both			2484.72		938.85 United	Oxford	1871.51				300	2360.48	case rate	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Aetna	Better Health	759.76	30.44			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 First Trenton	First Trenton	2246.35	90			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Aetna	Medicare	816.39				550	2371.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Americare	Americare	1871.96	75			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 First Health	First Health	1747.16	70			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Horizon	Indemnity	1579.71				550	2371.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Consumer	Consumer	2371.14	95			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Aetna	Commercial	1332.35				550	2371.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Amerihealth	HMO/PPO	550				550	2371.14	fee schedule	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Managed Care Inc	Managed Care Inc	2246.35	90			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Corrections	Corrections	1996.75	80			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Three Rivers	Three Rivers	2371.14	95			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Horizon	Medicare Blue	816.39				550	2371.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Horizon	PPO	1579.71				550	2371.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Horizon	MGD	1579.71				550	2371.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Multiplan	Multiplan	1996.75	80			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Wellcare	Medicaid	759.76	30.44			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 UHC	Medicaid	759.76	30.44			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 United	Oxford	1871.51				550	2371.14	case rate	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Wellcare	Medicare	816.39				550	2371.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 WellPoint	WellPoint	774.74	31.04			550	2371.14	percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 UHC	Medicare	816.39				550	2371.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT SFT TISS LOCLZJ DEV PERQ 1ST LESION	10035	CPT				both			2495.94		938.85 Qualcare	Qualcare	1

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Corrections	Corrections	1772.35	80			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		First Health	First Health	1550.81	70			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Americare	Americare	1661.58	75			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Aetna	Medicare	682.36	30.8			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		First Trenton	First Trenton	1993.9	90			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		United	Oxford	1835.46				300		2104.67 case rate	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Horizon	Indemnity	848.07	38.28			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Multiplan	Multiplan	1772.35	80			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Horizon	Medicare Blue	664.63	30			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		WellPoint	WellPoint	687.67	31.04			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Horizon	PPO	848.07	38.28			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Qualcare	Qualcare	1661.58	75			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Managed Care Inc	Managed Care Inc	1993.9	90			300		2104.67 percent of total billed charges	
PLMT SFT TISS LOCLZJ DEV PERQ EACH ADDL LESION	10036	CPT				outpatient			2215.44		Three Rivers	Three Rivers	2104.67	95			300		2104.67 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 UHC	Medicare	230.56			52.14	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Aetna	Commercial	376.27			196.76	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Consumer	Consumer	638.57	95			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 United	Commercial/PPO	1835.46				125		1835.46 case rate	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 United	Oxford	1835.46			150.53	125		1835.46 case rate	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Horizon	MGD	446.13			200.41	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Aetna	Better Health	204.61	30.44		181.12	125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 First Health	First Health	470.53	70			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Corrections	Corrections	537.74	80			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Multiplan	Multiplan	537.74	80			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Aetna	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Horizon	Indemnity	446.13			198.34	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 First Trenton	First Trenton	604.96	90			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Horizon	PPO	446.13			51.86	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Americare	Americare	504.14	75			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Managed Care Inc	Managed Care Inc	604.96	90			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Wellcare	Medicaid	204.61	30.44			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Horizon	Medicare Blue	230.56			109.45	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Qualcare	Qualcare	504.14	75			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 Three Rivers	Three Rivers	638.57	95			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 WellPoint	WellPoint	208.64	31.04		156.49	125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	CPT				both			672.18		265.14 UHC	Medicaid	204.61	30.44		152.01	125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 First Trenton	First Trenton	1248.48	90			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Consumer	Consumer	1317.84	95			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Aetna	Commercial	756.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Aetna	Better Health	422.26	30.44			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Managed Care Inc	Managed Care Inc	1248.48	90			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 First Health	First Health	971.04	70			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Corrections	Corrections	1109.76	80			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 UHC	Medicare	463.58			301.2	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Horizon	Indemnity	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Aetna	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Horizon	PPO	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Americare	Americare	1040.4	75			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Multiplan	Multiplan	1109.76	80			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Horizon	MGD	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Horizon	Medicare Blue	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 WellPoint	WellPoint	430.59	31.04		416.58	125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Three Rivers	Three Rivers	1317.84	95			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Qualcare	Qualcare	1040.4	75			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 UHC	Medicaid	422.26	30.44			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Wellcare	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 United	Commercial/PPO	1835.46				125		1835.46 case rate	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 United	Oxford	1835.46				125		1835.46 case rate	
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	CPT				both			1387.2		533.12 Wellcare	Medicaid	422.26	30.44			125		1835.46 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Horizon	PPO	1579.71				125		2290.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Consumer	Consumer	2290.72	95			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Aetna	Better Health	733.99	30.44			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Horizon	Medicare Blue	816.39				125		2290.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Amerihealth	HMO/PPO	125				125		2290.72 fee schedule	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Aetna	Commercial	1332.35				125		2290.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Qualcare	Qualcare	1808.46	75			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 UHC	Medicare	816.39				125		2290.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 United	Commercial/PPO	1871.51				125		2290.72 case rate	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Corrections	Corrections	1929.02	80			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Horizon	Indemnity	1579.71				125		2290.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Aetna	Medicare	816.39				125		2290.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 First Health	First Health	1687.9	70			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 First Trenton	First Trenton	2170.15	90			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 WellPoint	WellPoint	748.46	31.04			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Americare	Americare	1808.46	75			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 United	Oxford	1871.51				125		2290.72 case rate	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Managed Care Inc	Managed Care Inc	2170.15	90			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Multiplan	Multiplan	1929.02	80			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Horizon	MGD	1579.71			1176.62	125		2290.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Wellcare	Medicare	816.39				125		2290.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Three Rivers	Three Rivers	2290.72	95			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 UHC	Medicaid	733.99	30.44		628.84	125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST SIMPLE	10080	CPT				outpatient			2411.28		938.85 Wellcare	Medicaid	733.99	30.44			125		2290.72 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Aetna	Better Health	772.49	30.44			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Aetna	Medicare	816.39				125		2410.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 First Trenton	First Trenton	2283.98	90			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Amerihealth	HMO/PPO	125				125		2410.87 fee schedule	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 First Health	First Health	1776.43	70			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Horizon	PPO	1579.71				125		2410.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Corrections	Corrections	2030.21	80			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Aetna	Commercial	1332.35				125		2410.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Americare	Americare	1903.32	75			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Horizon	MGD	1579.71				125		2410.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Managed Care Inc	Managed Care Inc	2283.98	90			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 UHC	Medicare	816.39				125		2410.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Horizon	Medicare Blue	816.39				125		2410.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 WellPoint	WellPoint	787.72	31.04			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Horizon	Indemnity	1579.71				125		2410.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Consumer	Consumer	2410.87	95			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Three Rivers	Three Rivers	2410.87	95			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Multiplan	Multiplan	2030.21	80			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 UHC	Medicaid	772.49	30.44			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 United	Oxford	1871.51				125		2410.87 case rate	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Wellcare	Medicare	816.39				125		2410.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Qualcare	Qualcare	1903.32	75			125		2410.87 percent of total billed charges	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 United	Commercial/PPO	1871.51				125		2410.87 case rate	
INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	10081	CPT				outpatient			2537.76		938.85 Wellcare	Medicaid	772.49	30.44			125		2410.87 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Aetna	Commercial	756.56				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Aetna	Better Health	422.26	30.44			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Corrections	Corrections	1109.76	80			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 First Health	First Health	971.04	70			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Amerihealth	HMO/PPO	300				300		1835.46 fee schedule	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Consumer	Consumer	1317.84	95			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Americare	Americare	1040.4	75			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Multiplan	Multiplan	1109.76	80			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Aetna	Medicare	463.58				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Horizon	MGD	897.03				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Wellcare	Medicaid	422.26	30.44		165.62	300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Horizon	Indemnity	897.03				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 UHC	Medicare	463.58				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Horizon	PPO	897.03				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 First Trenton	First Trenton	1248.48	90			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Qualcare	Qualcare	1040.4	75			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 United	Commercial/PPO	1835.46			379.93	300		1835.46 case rate	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 WellPoint	WellPoint	430.59	31.04			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Wellcare	Medicare	463.58				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Horizon	Medicare Blue	463.58			342.37	300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Managed Care Inc	Managed Care Inc	1248.48	90			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 Three Rivers	Three Rivers	1317.84	95			300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 UHC	Medicaid	422.26	30.44		360.38	300		1835.46 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	CPT				outpatient			1387.2		533.12 United	Oxford	1835.46				300		1835.46 case rate	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 Aetna	Medicare	1880				550		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 Corrections	Corrections	4458.62	80			550		5294.62 percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 UHC	Medicare	1880				550		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medic

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 Wellcare	Medicaid	1696.51	30.44			550	5294.62	percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 Qualcare	Qualcare	4179.96	75			550	5294.62	percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 Wellcare	Medicare	1880				550	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 UHC	Medicaid	1696.51	30.44			550	5294.62	percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 First Trenton	First Trenton	5015.95	90			550	5294.62	percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 United	Commercial|PPO	2567.79				550	5294.62	case rate	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 WellPoint	WellPoint	1729.95	31.04			550	5294.62	percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 Managed Care Inc	Managed Care Inc	5015.95	90			550	5294.62	percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 Three Rivers	Three Rivers	5294.62	95			550	5294.62	percent of total billed charges	
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMP	10121	CPT				outpatient			5573.28		2162 United	Oxford	2567.79				550	5294.62	case rate	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 United	Commercial|PPO	2567.79			709.11	550	5477.76	case rate	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 United	Oxford	2567.79				550	5477.76	case rate	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Corrections	Corrections	4612.85	80			550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Qualcare	Qualcare	4324.55	75			550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Aetna	Commercial	3068.16				550	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Aetna	Better Health	1755.19	30.44		1055.81	550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Consumer	Consumer	5477.76	95			550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 First Health	First Health	4036.24	70			550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Wellcare	Medicaid	1755.19	30.44		486.21	550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 First Trenton	First Trenton	5189.45	90			550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Horizon	PPO	3637.8				550	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 UHC	Medicare	1880				550	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Aetna	Medicare	1880				550	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Horizon	Indemnity	3637.8				550	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Americare	Americare	4324.55	75			550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Multiplan	Multiplan	4612.85	80			550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Amerihealth	HMO|PPO	550				550	5477.76	fee schedule	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Horizon	Medicare Blue	1880				550	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Horizon	MGD	3637.8				550	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Three Rivers	Three Rivers	5477.76	95			550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 WellPoint	WellPoint	1789.79	31.04		1791.76	550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Managed Care Inc	Managed Care Inc	5189.45	90			550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 UHC	Medicaid	1755.19	30.44		1697.6	550	5477.76	percent of total billed charges	
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	CPT				both			5766.06		2162 Wellcare	Medicare	1880				550	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Consumer	Consumer	1366.29	95			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Americare	Americare	1078.65	75			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Aetna	Medicare	463.58			96.26	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Aetna	Better Health	437.79	30.44			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Aetna	Commercial	756.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 First Health	First Health	1006.74	70			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 First Trenton	First Trenton	1294.38	90			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Horizon	Medicare Blue	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Wellcare	Medicaid	437.79	30.44		401.42	125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Amerihealth	HMO|PPO	125				125	1835.46	fee schedule	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Corrections	Corrections	1150.56	80			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Horizon	PPO	897.03			559.2	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Horizon	MGD	897.03			314.41	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Wellcare	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Managed Care Inc	Managed Care Inc	1294.38	90			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Horizon	Indemnity	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Multiplan	Multiplan	1150.56	80			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 United	Commercial|PPO	1835.46				125	1835.46	case rate	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 WellPoint	WellPoint	446.42	31.04			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 United	Oxford	1835.46				125	1835.46	case rate	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Qualcare	Qualcare	1078.65	75			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 Three Rivers	Three Rivers	1366.29	95			125	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 UHC	Medicare	463.58			444.7	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	CPT				both			1438.2		533.12 UHC	Medicaid	437.79	30.44		287.38	125	1835.46	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Aetna	Better Health	2922.62	30.44			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Consumer	Consumer	9121.2	95			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 First Health	First Health	6720.88	70			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 UHC	Medicare	3320.89				550	9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Corrections	Corrections	7681.01	80			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Aetna	Commercial	5419.69				550	9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Amerihealth	HMO|PPO	550				550	9121.2	fee schedule	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 First Trenton	First Trenton	8641.13	90			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Horizon	Indemnity	6425.92				550	9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Managed Care Inc	Managed Care Inc	8641.13	90			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Wellcare	Medicare	3320.89				550	9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Aetna	Medicare	3320.89				550	9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Horizon	Medicare Blue	3320.89				550	9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Three Rivers	Three Rivers	9121.2	95			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 UHC	Medicaid	2922.62	30.44			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Americare	Americare	7200.95	75			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Horizon	PPO	6425.92				550	9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Horizon	MGD	6425.92				550	9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 United	Commercial|PPO	2859.28				550	9121.2	case rate	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Multiplan	Multiplan	7681.01	80			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 WellPoint	WellPoint	2980.23	31.04			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Qualcare	Qualcare	7200.95	75			550	9121.2	percent of total billed charges	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 United	Oxford	2859.28				550	9121.2	case rate	
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	CPT				outpatient			9601.26		3819.02 Wellcare	Medicaid	2922.62	30.44			550	9121.2	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Three Rivers	Three Rivers	2051.37	95			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Americare	Americare	1619.51	75			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Horizon	Medicare Blue	710.27				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Corrections	Corrections	1727.47	80			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Aetna	Commercial	1159.16				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Aetna	Better Health	657.3	30.44			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Horizon	Indemnity	1374.37				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Qualcare	Qualcare	1619.51	75			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Aetna	Medicare	710.27				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Consumer	Consumer	2051.37	95			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 UHC	Medicare	710.27				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 First Trenton	First Trenton	1943.41	90			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Amerihealth	HMO|PPO	550				550	2051.37	fee schedule	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 First Health	First Health	1511.54	70			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Horizon	PPO	1374.37				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Managed Care Inc	Managed Care Inc	1943.41	90			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Horizon	MGD	1374.37				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 UHC	Medicaid	657.3	30.44			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 United	Commercial|PPO	1835.46				550	2051.37	case rate	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Multiplan	Multiplan	1727.47	80			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 WellPoint	WellPoint	670.26	31.04			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 United	Oxford	1835.46				550	2051.37	case rate	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Wellcare	Medicaid	657.3	30.44			550	2051.37	percent of total billed charges	
DBRDMT EXTENSV ECZMTI/INFCT SKIN UP 10% BDY SURF	11000	CPT				outpatient			2159.34		816.81 Wellcare	Medicare	710.27				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 First Health	First Health	1776.43	70			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Aetna	Better Health	772.49	30.44			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 First Trenton	First Trenton	2283.98	90			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Aetna	Commercial	1332.35				550	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Consumer	Consumer	2410.87	95			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Aetna	Medicare	816.39				550	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Qualcare	Qualcare	1903.32	75			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Americare	Americare	1903.32	75			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Multiplan	Multiplan	2030.21	80			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Horizon	MGD	1579.71				550	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Managed Care Inc	Managed Care Inc	2283.98	90			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Amerihealth	HMO|PPO	550				550	2410.87	fee schedule	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Corrections	Corrections	2030.21	80			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Horizon	PPO	1579.71				550	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 UHC	Medicaid	772.49	30.44			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Horizon	Indemnity	1579.71				550	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Three Rivers	Three Rivers	2410.87	95			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 United	Commercial|PPO	1871.51				550	2410.87	case rate	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 UHC	Medicare	816.39				550	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Horizon	Medicare Blue	816.39				550	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Wellcare	Medicare	816.39				550	2410.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 Wellcare	Medicaid	772.49	30.44			550	2410.87	percent of total billed charges	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 United	Oxford	1871.51				550	2410.87	case rate	
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	CPT				outpatient			2537.76		938.85 WellPoint	WellPoint	787.72	31.04			550	2410.87	percent of total billed charges	
DBRDMT FX&/DISLC SUBQ T/M/F BONE	11012	CPT				outpatient			9601.26		3819.02 Aetna	Better Health	2922.62	30.44			550	9121.2	percent of total billed charges	
DBRDMT FX&/DISLC SUBQ T/M/F BONE	11012	CPT				outpatient			9601.26		3819.02 Wellcare	Medicare	3320.89				550	9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DBRDMT FX&/DISLC SUBQ T/M/F BONE	11012	CPT				outpatient			9601.26		3819.02 Corrections	Corrections	7681.01	80			550	9121.2	percent of total billed charges	
DBRDMT FX&/DISLC SUBQ T/M/F BONE	11012	CPT				outpatient			9601.26		3819.02 Aetna	Medicare	3320.89

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DBRDMT FX&/DISLC SUBQ TMI/F BONE	11012	CPT				outpatient			9601.26	3819.02	UHC	Medicaid	2922.62				550		9121.2	percent of total billed charges
DBRDMT FX&/DISLC SUBQ TMI/F BONE	11012	CPT				outpatient			9601.26	3819.02	United	Oxford	1871.51				550		9121.2	case rate
DBRDMT FX&/DISLC SUBQ TMI/F BONE	11012	CPT				outpatient			9601.26	3819.02	Wellcare	Medicaid	2922.62	30.44			550		9121.2	percent of total billed charges
DBRDMT FX&/DISLC SUBQ TMI/F BONE	11012	CPT				outpatient			9601.26	3819.02	Three Rivers	Three Rivers	9121.2	95			550		9121.2	percent of total billed charges
DBRDMT FX&/DISLC SUBQ TMI/F BONE	11012	CPT				outpatient			9601.26	3819.02	United	CommercialPPO	1871.51				550		9121.2	case rate
DBRDMT FX&/DISLC SUBQ TMI/F BONE	11012	CPT				outpatient			9601.26	3819.02	WellPoint	WellPoint	2980.23	31.04			550		9121.2	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	550				422.26		1835.46	fee schedule
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Aetna	Medicare	463.58				422.26		1835.46	other
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46			537.37	422.26		1835.46	case rate
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03			522.16	422.26		1835.46	other
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	First Trenton	First Trenton	1248.48	90			422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Aetna	Better Health	422.26	30.44			422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44		99.84	422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Aetna	Commercial	756.56			506.13	422.26		1835.46	other
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03			836.14	422.26		1835.46	other
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58			357.47	422.26		1835.46	other
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				422.26		1835.46	case rate
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58			291.21	422.26		1835.46	other
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58			332.76	422.26		1835.46	other
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80		429.08	422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03			453.82	422.26		1835.46	other
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44		405.97	422.26		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE 1ST 20 SQ CM/<	11042	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04		370.31	422.26		1835.46	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Aetna	Commercial	1159.16				550		2051.37	other
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	First Health	First Health	1511.54	70			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	First Trenton	First Trenton	1943.41	90			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Corrections	Corrections	1727.47	80			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Aetna	Medicare	665.08	30.8			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Consumer	Consumer	2051.37	95			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	UHC	Medicare	710.27				550		2051.37	other
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Aetna	Better Health	657.3	30.44			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Americare	Americare	1619.51	75			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Multiplan	Multiplan	1727.47	80			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Managed Care Inc	Managed Care Inc	1943.41	90			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Horizon	Indemnity	1374.37				550		2051.37	other
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Amerihealth	HMO/PPO	550				550		2051.37	fee schedule
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	UHC	Medicaid	657.3	30.44			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Horizon	MGD	1374.37				550		2051.37	other
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	WellPoint	WellPoint	670.26	31.04		681.27	550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Qualcare	Qualcare	1619.51	75			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Horizon	Medicare Blue	710.27				550		2051.37	other
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	United	CommercialPPO	1835.46				550		2051.37	case rate
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Horizon	PPO	1374.37				550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Three Rivers	Three Rivers	2051.37	95			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	United	Oxford	1835.46				550		2051.37	case rate
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Wellcare	Medicaid	657.3	30.44			550		2051.37	percent of total billed charges
DEBRIDEMENT MUSCLE &/FASCIA 1ST 20 SQ CM/<	11043	CPT				outpatient			2159.34	816.81	Wellcare	Medicare	719.27				550		2051.37	other
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Corrections	Corrections	4554.91	80			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	First Trenton	First Trenton	5124.28	90			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Aetna	Commercial	3068.16				550		5408.96	other
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	First Health	First Health	3985.55	70			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Aetna	Better Health	1733.14	30.44			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Amerihealth	HMO/PPO	550				550		5408.96	fee schedule
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Aetna	Medicare	1880			2711.06	550		5408.96	other
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Horizon	Indemnity	3637.8				550		5408.96	other
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Horizon	MGD	3637.8				550		5408.96	other
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Managed Care Inc	Managed Care Inc	5124.28	90			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Horizon	Medicare Blue	1880				550		5408.96	other
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Multiplan	Multiplan	4554.91	80			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Americare	Americare	4270.23	75			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	United	Oxford	1871.51				550		5408.96	case rate
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Consumer	Consumer	5408.96	95			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Horizon	PPO	3637.8				550		5408.96	other
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Three Rivers	Three Rivers	5408.96	95			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Wellcare	Medicare	1880				550		5408.96	other
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	UHC	Medicare	1880			1646.19	550		5408.96	other
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Qualcare	Qualcare	4270.23	75			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	Wellcare	Medicaid	1733.14	30.44			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	UHC	Medicaid	1733.14	30.44			550		5408.96	percent of total billed charges
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	United	CommercialPPO	1871.51				550		5408.96	case rate
DEBRIDEMENT BONE 1ST 20 SQ CM/<	11044	CPT				outpatient			5693.64	2162	WellPoint	WellPoint	1767.31	31.04			550		5408.96	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		First Health	First Health	357	70			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Multiplan	Multiplan	408	80			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Amerihealth	HMO/PPO	550				153		1835.46	fee schedule
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		First Trenton	First Trenton	459	90			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Corrections	Corrections	408	80			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Aetna	Commercial	193.8	38			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Americare	Americare	382.5	75			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Horizon	PPO	195.23	38.28			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Consumer	Consumer	484.5	95			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Horizon	MGD	195.23	38.28			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Horizon	Medicare Blue	153	30			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		United	Oxford	1835.46				153		1835.46	case rate
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			153		1835.46	percent of total billed charges
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		United	CommercialPPO	1835.46				153		1835.46	case rate
DEBRIDEMENT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	11045	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			153		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Aetna	Commercial	376.27				125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	First Trenton	First Trenton	604.96	90			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Corrections	Corrections	537.74	80		207.91	125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Horizon	MGD	446.13			145.2	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Consumer	Consumer	638.57	95			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Aetna	Better Health	204.61	30.44		52.49	125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Aetna	Medicare	230.56				125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	First Health	First Health	470.53	70			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Horizon	PPO	446.13			136.83	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Horizon	Indemnity	446.13			104.03	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Americare	Americare	504.14	75			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	United	Oxford	1835.46				125		1835.46	case rate
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Three Rivers	Three Rivers	638.57	95			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Amerihealth	HMO/PPO	125			104.47	125		1835.46	fee schedule
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Multiplan	Multiplan	537.74	80			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	United	CommercialPPO	1835.46			170.12	125		1835.46	case rate
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	WellPoint	WellPoint	208.64	31.04		114.82	125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Managed Care Inc	Managed Care Inc	604.96	90			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Qualcare	Qualcare	504.14	75			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Wellcare	Medicare	230.56				125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	UHC	Medicare	230.56			129.12	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Horizon	Medicare Blue	230.56			62.94	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	UHC	Medicaid	204.61	30.44		198.95	125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	11055	CPT				outpatient			672.18	265.14	Wellcare	Medicaid	204.61	30.44		184.76	125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	First Health	First Health	470.53	70			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Aetna	Better Health	204.61	30.44			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	UHC	Medicaid	204.61	30.44		196.37	125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	First Trenton	First Trenton	604.96	90			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Aetna	Commercial	376.27			152.15	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Horizon	Indemnity	446.13			139.94	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Corrections	Corrections	537.74	80		207.91	125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Americare	Americare	504.14	75			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Horizon	MGD	446.13			146.38	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	UHC	Medicare	230.56			147.97	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	United	CommercialPPO	1835.46			195.3	125		1835.46	case rate
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Horizon	Medicare Blue	230.56			66.43	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Aetna	Medicare	230.56			85.34	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Wellcare	Medicaid	204.61	30.44		190.26	125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Multiplan	Multiplan	537.74	80			125		1835.46	percent of total billed charges
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Amerihealth	HMO/PPO	125				125		1835.46	fee schedule
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11056	CPT				outpatient			672.18	265.14	Wellcare	Medicare	230.56			66.17	125		1835.46	other
PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	11

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Aetna	Medicare	207.03	30.8			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Americare	Americare	504.14	75			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 UHC	Medicare	230.56			150.54	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Multiplan	Multiplan	537.74	80			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Aetna	Better Health	204.61	30.44			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Wellcare	Medicare	230.56			56.8	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Corrections	Corrections	537.74	80			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Consumer	Consumer	638.57	95			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Three Rivers	Three Rivers	638.57	95			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Aetna	Commercial	376.27				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Qualcare	Qualcare	504.14	75			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 First Health	First Health	470.53	70			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Wellcare	Medicaid	204.61	30.44			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Horizon	Medicare Blue	230.56			145.68	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 First Trenton	First Trenton	604.96	90			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 WellPoint	WellPoint	208.64	31.04		196.08	125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 UHC	Medicaid	204.61	30.44		203.3	125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Horizon	MGD	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Horizon	Indemnity	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 United	Oxford	1835.46				125	1835.46	case rate	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Horizon	PPO	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 Managed Care Inc	Managed Care Inc	604.96	90			125	1835.46	percent of total billed charges	
PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	11057	CPT				outpatient			672.18		265.14 United	CommercialPPO	1835.46				125	1835.46	case rate	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Corrections	Corrections	537.74	80			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 United	CommercialPPO	1835.46				204.61	1835.46	case rate	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Aetna	Better Health	204.61	30.44			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Aetna	Medicare	207.03	30.8			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 First Health	First Health	470.53	70			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Horizon	Indemnity	446.13				204.61	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Amerihealth	HMO/PPO	436.92	65			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Aetna	Commercial	376.27			187.8	204.61	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 First Trenton	First Trenton	604.96	90			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 UHC	Medicare	230.56				204.61	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Multiplan	Multiplan	537.74	80			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Americare	Americare	504.14	75			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Horizon	PPO	446.13			410.03	204.61	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Wellcare	Medicaid	204.61	30.44			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Qualcare	Qualcare	504.14	75			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Consumer	Consumer	638.57	95			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Horizon	MGD	446.13			210.89	204.61	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 WellPoint	WellPoint	208.64	31.04		167.32	204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 UHC	Medicaid	204.61	30.44		215.36	204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Horizon	Medicare Blue	230.56				204.61	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Three Rivers	Three Rivers	638.57	95			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 United	Oxford	1835.46				204.61	1835.46	case rate	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Managed Care Inc	Managed Care Inc	604.96	90			204.61	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN SINGLE LESION	11102	CPT				outpatient			672.18		265.14 Wellcare	Medicare	230.56				204.61	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Aetna	Better Health	54.32	30.44			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Amerihealth	HMO/PPO	115.99	65			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		First Trenton	First Trenton	160.6	90			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Aetna	Commercial	67.81	38			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		First Health	First Health	124.91	70			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Americare	Americare	133.83	75			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Corrections	Corrections	142.75	80			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Aetna	Medicare	54.96	30.8			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		United	Oxford	1835.46				53.53	1835.46	case rate	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Horizon	Indemnity	68.31	38.28			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Horizon	PPO	68.31	38.28			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Horizon	MGD	68.31	38.28			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Wellcare	Medicaid	54.32	30.44			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Consumer	Consumer	169.52	95			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		UHC	Medicaid	54.32	30.44			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Multiplan	Multiplan	142.75	80			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		WellPoint	WellPoint	55.39	31.04		35.92	53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Horizon	Medicare Blue	53.53	30			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Managed Care Inc	Managed Care Inc	160.6	90			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Qualcare	Qualcare	133.83	75			53.53	1835.46	percent of total billed charges	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		United	CommercialPPO	1835.46				53.53	1835.46	case rate	
TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11103	CPT				outpatient			178.44		Three Rivers	Three Rivers	169.52	95			53.53	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Consumer	Consumer	1317.84	95			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Corrections	Corrections	1109.76	80			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Aetna	Medicare	427.26	30.8			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 First Trenton	First Trenton	1248.48	90			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Horizon	Indemnity	897.03			680.78	422.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Aetna	Commercial	756.56				422.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Aetna	Better Health	422.26	30.44			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Horizon	PPO	897.03			433.24	422.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 United	Oxford	1835.46				422.26	1835.46	case rate	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Americare	Americare	1040.4	75			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 First Health	First Health	971.04	70			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Managed Care Inc	Managed Care Inc	1248.48	90			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Wellcare	Medicaid	422.26	30.44			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Amerihealth	HMO/PPO	901.68	65			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Horizon	Medicare Blue	463.58			414.81	422.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 UHC	Medicaid	422.26	30.44		461.07	422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Horizon	MGD	897.03				422.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Multiplan	Multiplan	1109.76	80			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 WellPoint	WellPoint	430.59	31.04		259.96	422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Three Rivers	Three Rivers	1317.84	95			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Qualcare	Qualcare	1040.4	75			422.26	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 United	CommercialPPO	1835.46				422.26	1835.46	case rate	
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 UHC	Medicare	463.58			414.31	422.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BIOPSY SKIN SINGLE LESION	11104	CPT				outpatient			1387.2		533.12 Wellcare	Medicare	463.58				422.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		UHC	Medicaid	67.38	30.44			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Horizon	MGD	84.73	38.28			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Horizon	Medicare Blue	66.4	30			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Aetna	Better Health	67.38	30.44			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		First Health	First Health	154.94	70			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Aetna	Medicare	68.17	30.8			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		United	Oxford	1835.46				66.4	1835.46	case rate	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Consumer	Consumer	210.27	95			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		First Trenton	First Trenton	199.21	90			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Wellcare	Medicaid	67.38	30.44			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Horizon	PPO	84.73	38.28			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Aetna	Commercial	84.11	38			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Three Rivers	Three Rivers	210.27	95			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Americare	Americare	166.01	75			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		United	CommercialPPO	1835.46				66.4	1835.46	case rate	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Corrections	Corrections	177.07	80			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Amerihealth	HMO/PPO	143.87	65			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Managed Care Inc	Managed Care Inc	199.21	90			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Horizon	Indemnity	84.73	38.28			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Multiplan	Multiplan	177.07	80			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		Qualcare	Qualcare	166.01	75			66.4	1835.46	percent of total billed charges	
PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	11105	CPT				outpatient			221.34		WellPoint	WellPoint	68.7	31.04		41.48	66.4	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 First Trenton	First Trenton	2037.96	90			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 UHC	Medicare	710.27				689.28	2151.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Aetna	Commercial	1159.16				689.28	2151.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Aetna	Better Health	689.28	30.44			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Amerihealth	Medicare	710.27				689.28	2151.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Amerihealth	HMO/PPO	1471.86	65			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Americare	Americare	1698.3	75			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Aetna	Medicare	710.27				689.28	2151.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Horizon	PPO	1374.37				689.28	2151.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 United	CommercialPPO	1871.51				689.28	2151.18	case rate	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Horizon	Medicare Blue	710.27				689.28	2151.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Consumer	Consumer	2151.18	95			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Horizon	Indemnity	1374.37				689.28	2151.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 First Health	First Health	1585.08	70			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Managed Care Inc	Managed Care Inc	2037.96	90			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Corrections	Corrections	1811.52	80			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 UHC	Medicaid	689.28	30.44		667.51	689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Multiplan	Multiplan	1811.52	80			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Wellcare	Medicare	710.27				689.28	2151.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Three Rivers	Three Rivers	2151.18	95			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 United	Oxford	1871.51				689.28	2151.18	case rate	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Qualcare	Qualcare	1698.3	75			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 WellPoint	WellPoint	702.87	31.04			689.28	2151.18	percent of total billed charges	
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				outpatient			2264.4		816.81 Horizon	MGD	1374.37				689.28	2151.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY SKIN SINGLE LESION	11106	CPT				out

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Aetna	Commercial	100.39				79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Horizon	Medicare Blue	79.25	30			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Horizon	MGD	101.13	38.28			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		First Trenton	First Trenton	237.76	90			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		WellPoint	WellPoint	82	31.04			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Consumer	Consumer	250.97	95			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Horizon	PPO	101.13	38.28			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Horizon	Indemnity	101.13	38.28			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Three Rivers	Three Rivers	250.97	95			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Multiplan	Multiplan	211.34	80			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Managed Care Inc	Managed Care Inc	237.76	90			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		United	Commercial/PPO	1835.46				79.25	1835.46	case rate	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Qualcare	Qualcare	198.14	75			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		Wellcare	Medicaid	80.42	30.44			79.25	1835.46	percent of total billed charges	
INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	11107	CPT				outpatient			264.18		United	Oxford	1835.46				79.25	1835.46	case rate	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Aetna	Better Health	204.61	30.44			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Corrections	Corrections	537.74	80			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Aetna	Commercial	376.27				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Aetna	Medicare	230.56			167.08	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Americare	Americare	504.14	75			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Multiplan	Multiplan	537.74	80			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Horizon	Medicare Blue	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 UHC	Medicaid	204.61	30.44			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Wellcare	Medicaid	204.61	30.44			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Horizon	Indemnity	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 UHC	Medicare	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Consumer	Consumer	638.57	95			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 First Trenton	First Trenton	604.96	90			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Qualcare	Qualcare	504.14	75			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Managed Care Inc	Managed Care Inc	604.96	90			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 First Health	First Health	470.53	70			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Three Rivers	Three Rivers	638.57	95			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Horizon	PPO	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 United	Oxford	1835.46				125	1835.46	case rate	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Horizon	MGD	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 Wellcare	Medicare	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 United	Commercial/PPO	1835.46				125	1835.46	case rate	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY UP TO&INC 15	11200	CPT				outpatient			672.18		265.14 WellPoint	WellPoint	208.64	31.04			125	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Qualcare	Qualcare	159.78	75			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Aetna	Better Health	64.85	30.44			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Consumer	Consumer	202.39	95			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Corrections	Corrections	170.43	80			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		First Trenton	First Trenton	191.74	90			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Amerihealth	HMO/PPO	125				63.91	1835.46	fee schedule	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Americare	Americare	159.78	75			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Aetna	Commercial	80.96	38			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		UHC	Medicaid	64.85	30.44			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		United	Oxford	1835.46				63.91	1835.46	case rate	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Horizon	Indemnity	81.55	38.28			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		WellPoint	WellPoint	66.13	31.04			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Managed Care Inc	Managed Care Inc	191.74	90			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		First Health	First Health	149.13	70			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Horizon	PPO	81.55	38.28			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Aetna	Medicare	65.62	30.8			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		United	Commercial/PPO	1835.46				63.91	1835.46	case rate	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Wellcare	Medicaid	64.85	30.44			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Horizon	Medicare Blue	63.91	30			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Horizon	MGD	81.55	38.28			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Multiplan	Multiplan	170.43	80			63.91	1835.46	percent of total billed charges	
RMVL SKIN TAGS MLT FIBRQ TAGS ANY EA ADDL 10	11201	CPT				outpatient			213.04		Three Rivers	Three Rivers	202.39	95			63.91	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 First Trenton	First Trenton	1253.47	90			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Aetna	Better Health	423.95	30.44			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Aetna	Commercial	756.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Horizon	PPO	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 UHC	Medicaid	423.95	30.44			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 First Health	First Health	974.92	70			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Aetna	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Consumer	Consumer	1323.1	95			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Horizon	Indemnity	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Horizon	Medicare Blue	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Americare	Americare	1044.56	75			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Corrections	Corrections	1114.19	80			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 United	Oxford	1835.46				125	1835.46	case rate	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Multiplan	Multiplan	1114.19	80			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Qualcare	Qualcare	1044.56	75			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Managed Care Inc	Managed Care Inc	1253.47	90			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Three Rivers	Three Rivers	1323.1	95			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Horizon	MGD	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 UHC	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 WellPoint	WellPoint	432.31	31.04			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Wellcare	Medicaid	423.95	30.44			125	1835.46	percent of total billed charges	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 United	Commercial/PPO	1835.46				125	1835.46	case rate	
SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	11300	CPT				outpatient			1392.74		533.12 Wellcare	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Aetna	Better Health	204.61	30.44			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 First Trenton	First Trenton	604.96	90			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Consumer	Consumer	638.57	95			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Aetna	Commercial	376.27				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 First Health	First Health	470.53	70			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 United	Commercial/PPO	1835.46				125	1835.46	case rate	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Corrections	Corrections	537.74	80			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Aetna	Medicare	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 UHC	Medicare	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Horizon	Indemnity	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Horizon	PPO	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Americare	Americare	504.14	75			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Multiplan	Multiplan	537.74	80			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 United	Oxford	1835.46				125	1835.46	case rate	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Wellcare	Medicaid	204.61	30.44		192.94	125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 WellPoint	WellPoint	208.64	31.04			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Horizon	Medicare Blue	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Qualcare	Qualcare	504.14	75			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Horizon	MGD	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Three Rivers	Three Rivers	638.57	95			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Managed Care Inc	Managed Care Inc	604.96	90			125	1835.46	percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 Wellcare	Medicare	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	11301	CPT				outpatient			672.18		265.14 UHC	Medicaid	204.61	30.44		210.25	125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Corrections	Corrections	582.73	80			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Horizon	Indemnity	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Aetna	Better Health	221.73	30.44			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Americare	Americare	546.31	75			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Aetna	Commercial	376.27				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Aetna	Medicare	224.35	30.8			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Consumer	Consumer	691.99	95			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 First Trenton	First Trenton	655.57	90			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Horizon	MGD	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 United	Commercial/PPO	1835.46				125	1835.46	case rate	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Horizon	PPO	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Managed Care Inc	Managed Care Inc	655.57	90			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 UHC	Medicare	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Multiplan	Multiplan	582.73	80			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 First Health	First Health	509.89	70			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Three Rivers	Three Rivers	691.99	95			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 WellPoint	WellPoint	226.1	31.04			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Wellcare	Medicaid	221.73	30.44			125	1835.46	percent of total billed charges	
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 Horizon	Medicare Blue	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	11302	CPT				outpatient			728.41		265.14 United	Oxford	1835.46				125	1835.46	case rate	
SHVG SKN LESION 1 TRUNK/ARM/L

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	11303	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	11303	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	11303	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	11303	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	11303	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	11303	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				125		1835.46 case rate	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	11303	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44		401.87	125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	11303	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	11303	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Aetna	Commercial	376.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Qualcare	Qualcare	504.14	75			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Consumer	Consumer	638.57	95			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Aetna	Medicare	207.03	30.8			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	First Trenton	First Trenton	694.96	90			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Aetna	Better Health	204.61	30.44			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Americare	Americare	504.14	75			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	First Health	First Health	470.53	70			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	UHC	Medicaid	204.61	30.44			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Corrections	Corrections	537.74	80			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	United	Oxford	1835.46				125		1835.46 case rate	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Multiplan	Multiplan	537.74	80			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	United	CommercialPPO	1835.46				125		1835.46 case rate	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	UHC	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Wellcare	Medicaid	204.61	30.44			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Three Rivers	Three Rivers	638.57	95			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Managed Care Inc	Managed Care Inc	604.96	90			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	WellPoint	WellPoint	208.64	31.04			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 0.5 CM/<	11305	CPT				outpatient			672.18	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Aetna	Commercial	376.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Aetna	Better Health	221.73	30.44			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Americare	Americare	546.31	75			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Qualcare	Qualcare	546.31	75			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Aetna	Medicare	224.35	30.8			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Corrections	Corrections	582.73	80			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Three Rivers	Three Rivers	691.99	95			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Consumer	Consumer	691.99	95			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	First Trenton	First Trenton	655.57	90			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	United	CommercialPPO	1835.46				125		1835.46 case rate	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	UHC	Medicare	230.56			154.56	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Managed Care Inc	Managed Care Inc	655.57	90			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Multiplan	Multiplan	582.73	80			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	United	Oxford	1835.46				125		1835.46 case rate	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	First Health	First Health	509.89	70			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	WellPoint	WellPoint	226.1	31.04			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Wellcare	Medicaid	221.73	30.44			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	UHC	Medicaid	221.73	30.44			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 SN/HI/F/G DIAM 1.1-2.0 CM	11307	CPT				outpatient			728.41	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	First Trenton	First Trenton	629.34	90			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Aetna	Better Health	212.86	30.44			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Aetna	Commercial	376.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Corrections	Corrections	559.42	80			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Aetna	Medicare	215.38	30.8			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Managed Care Inc	Managed Care Inc	629.34	90			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Consumer	Consumer	664.31	95			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Americare	Americare	524.45	75			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	First Health	First Health	489.49	70			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Three Rivers	Three Rivers	664.31	95			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	United	Oxford	1835.46				125		1835.46 case rate	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Multiplan	Multiplan	559.42	80			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Qualcare	Qualcare	524.45	75			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	UHC	Medicaid	212.86	30.44			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	United	CommercialPPO	1835.46				125		1835.46 case rate	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	UHC	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	WellPoint	WellPoint	217.05	31.04			125		1835.46 percent of total billed charges	
SHAVING SKIN LESION 1 F/E/E/N/LM DIAM 0.5 CM/<	11310	CPT				outpatient			699.27	265.14	Wellcare	Medicaid	212.86	30.44			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Americare	Americare	524.45	75			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Consumer	Consumer	664.3	95			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	UHC	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Aetna	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Aetna	Better Health	212.85	30.44			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Aetna	Commercial	376.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Corrections	Corrections	559.41	80			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Multiplan	Multiplan	559.41	80			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	United	CommercialPPO	1835.46				125		1835.46 case rate	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	First Trenton	First Trenton	629.33	90			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	First Health	First Health	489.48	70			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Qualcare	Qualcare	524.45	75			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Three Rivers	Three Rivers	664.3	95			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Managed Care Inc	Managed Care Inc	629.33	90			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	UHC	Medicaid	212.85	30.44			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	WellPoint	WellPoint	217.05	31.04		220.42	125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Wellcare	Medicaid	212.85	30.44			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	United	Oxford	1835.46				125		1835.46 case rate	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 0.6-1.0 CM	11311	CPT				outpatient			699.26	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Aetna	Better Health	422.26	30.44			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Aetna	Commercial	796.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	First Trenton	First Trenton	1248.48	90			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Aetna	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46				125		1835.46 case rate	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				125		1835.46 case rate	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			125		1835.46 percent of total billed charges	
SHVG SKIN LESION 1 F/E/E/N/LM DIAM 1.1-2.0 CM	11312	CPT				outpatient			1387.2	533.12	Amerihealth	HMO

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC B9 LESION MRGN XCP SK TG TIAIL 0.6-1.0 CM	11401	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			125	1835.46	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 0.6-1.0 CM	11401	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			125	1835.46	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 0.6-1.0 CM	11401	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			125	1835.46	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 0.6-1.0 CM	11401	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			125	1835.46	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 0.6-1.0 CM	11401	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Americare	Americare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Aetna	Better Health	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Aetna	Commercial	1332.35				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Amerihealth	HMO/PPO	125				125	2290.72	fee schedule	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Corrections	Corrections	1929.02	80			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	First Health	First Health	1687.9	70			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Multiplan	Multiplan	1929.02	80			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Horizon	PPO	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Consumer	Consumer	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	UHC	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Aetna	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Horizon	MGD	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Horizon	Indemnity	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Wellcare	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Qualcare	Qualcare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	WellPoint	WellPoint	748.46	31.04			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	First Trenton	First Trenton	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	UHC	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Horizon	Medicare Blue	816.39			250.69	125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	United	Commercial\PPO	1871.51				125	2290.72	case rate	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Managed Care Inc	Managed Care Inc	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	United	Oxford	1871.51				125	2290.72	case rate	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Wellcare	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 1.1-2.0 CM	11402	CPT				outpatient			2411.28	938.85	Three Rivers	Three Rivers	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Consumer	Consumer	3128.9	95			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Aetna	Commercial	1332.35				125	3128.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Horizon	Indemnity	1579.71				125	3128.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	First Trenton	First Trenton	2964.22	90			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Aetna	Better Health	1002.57	30.44			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Aetna	Medicare	816.39				125	3128.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	United	Commercial\PPO	1871.51				125	3128.9	case rate	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Horizon	Medicare Blue	816.39			342.42	125	3128.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Corrections	Corrections	2634.86	80			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Americare	Americare	2470.19	75			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	First Health	First Health	2305.51	70			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Managed Care Inc	Managed Care Inc	2964.22	90			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Horizon	PPO	1579.71				125	3128.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Amerihealth	HMO/PPO	125				125	3128.9	fee schedule	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Three Rivers	Three Rivers	3128.9	95			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Multiplan	Multiplan	2634.86	80			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	UHC	Medicaid	1002.57	30.44			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Horizon	MGD	1579.71				125	3128.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Wellcare	Medicaid	1002.57	30.44			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	UHC	Medicare	816.39				125	3128.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	United	Oxford	1871.51				125	3128.9	case rate	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Qualcare	Qualcare	2470.19	75			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	Wellcare	Medicare	816.39				125	3128.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL 2.1-3.0 CM	11403	CPT				outpatient			3293.58	938.85	WellPoint	WellPoint	1022.33	31.04			125	3128.9	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	UHC	Medicare	1880				550	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Consumer	Consumer	5294.62	95			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Amerihealth	HMO/PPO	550				550	5294.62	fee schedule	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Qualcare	Qualcare	4179.96	75			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Aetna	Medicare	1716.57	30.8			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Aetna	Commercial	3068.16				550	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	First Health	First Health	3901.3	70			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Aetna	Better Health	1696.51	30.44			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Horizon	MGD	3637.8				550	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Corrections	Corrections	4458.62	80			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Wellcare	Medicare	1880				550	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Horizon	Indemnity	3637.8				550	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Horizon	PPO	3637.8				550	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Americare	Americare	4179.96	75			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	UHC	Medicaid	1696.51	30.44			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Horizon	Medicare Blue	1880			579.43	550	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	United	Oxford	2567.79				550	5294.62	case rate	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	First Trenton	First Trenton	5015.95	90			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	WellPoint	WellPoint	1729.95	31.04			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Multiplan	Multiplan	4458.62	80			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Three Rivers	Three Rivers	5294.62	95			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	United	Commercial\PPO	2567.79				550	5294.62	case rate	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Managed Care Inc	Managed Care Inc	5015.95	90			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG TIAIL >4.0 CM	11406	CPT				outpatient			5573.28	2162	Wellcare	Medicaid	1696.51	30.44			550	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Aetna	Commercial	3068.16				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	First Trenton	First Trenton	5015.95	90			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Corrections	Corrections	4458.62	80			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	First Health	First Health	3901.3	70			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	United	Commercial\PPO	1871.51			1568.35	125	5294.62	case rate	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	UHC	Medicare	1880				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Aetna	Better Health	1696.51	30.44			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Consumer	Consumer	5294.62	95			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Aetna	Medicare	1880				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Managed Care Inc	Managed Care Inc	5015.95	90			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Horizon	Indemnity	3637.8				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Multiplan	Multiplan	4458.62	80			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Americare	Americare	4179.96	75			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	WellPoint	WellPoint	1729.95	31.04			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Horizon	PPO	3637.8				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Three Rivers	Three Rivers	5294.62	95			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Amerihealth	HMO/PPO	125				125	5294.62	fee schedule	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Qualcare	Qualcare	4179.96	75			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Horizon	Medicare Blue	1880				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	UHC	Medicaid	1696.51	30.44			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Horizon	MGD	3637.8				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Wellcare	Medicare	1880				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	Wellcare	Medicaid	1696.51	30.44		1624.2	125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.5 CM/<	11420	CPT				outpatient			5573.28	2162	United	Oxford	1871.51				125	5294.62	case rate	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Aetna	Better Health	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	UHC	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	First Health	First Health	1687.9	70			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Aetna	Commercial	1332.35				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Consumer	Consumer	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	First Trenton	First Trenton	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Multiplan	Multiplan	1929.02	80			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Americare	Americare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Horizon	MGD	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Wellcare	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Horizon	Indemnity	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Aetna	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Horizon	Medicare Blue	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Managed Care Inc	Managed Care Inc	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Qualcare	Qualcare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Amerihealth	HMO/PPO	125				125	2290.72	fee schedule	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Horizon	PPO	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	United	Oxford	1871.51				125	2290.72	case rate	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Three Rivers	Three Rivers	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Corrections	Corrections	1929.02	80		782.74	125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	WellPoint	WellPoint	748.46	31.04			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	UHC	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	United	Commercial\PPO	1871.51				125	2290.72	case rate	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 0.6-1.0CM	11421	CPT				outpatient			2411.28	938.85	Wellcare	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 1.1-2.0CM	11422	CPT				outpatient			5573.28	2162	Americare	Americare	4179.96	75			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 1.1-2.0CM	11422	CPT				outpatient			5573.28	2162	First Trenton	First Trenton	5015.95	90			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 1.1-2.0CM	11422	CPT				outpatient			5573.28	2162	Aetna	Commercial	3068.16				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 1.1-2.0CM	11422	CPT				outpatient			5573.28	2162	First Health	First Health	3901.3	70			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN/H/F/G 1.1-2.0CM	11422	CPT				outpatient			5573.28	2162	Corrections	Corrections	4458.62	80			125	5294.62	percent of total billed charges

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC B9 LESION MRGN XCP SK TG SN|HF/G 1.1-2.0CM	11422	CPT				outpatient			5573.28		2162 Wellcare	Medicaid	1696.51	30.44			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Aetna	Commercial	3068.16				125	5294.62	other	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Horizon	MGD	3637.8				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Aetna	Medicare	1716.57	30.8			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Amerihealth	HMO/PPO	125				125	5294.62	fee schedule	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Horizon	Indemnity	3637.8				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 UHC	Medicaid	1696.51	30.44			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Qualcare	Qualcare	4179.96	75			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Aetna	Better Health	1696.51	30.44			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Americare	Americare	4179.96	75			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 United	CommercialPPO	2567.79				125	5294.62	case rate	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Consumer	Consumer	5294.62	95			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 First Health	First Health	3901.3	70			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Horizon	Medicare Blue	1880				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Multiplan	Multiplan	4458.62	80			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 WellPoint	WellPoint	1729.95	31.04			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Three Rivers	Three Rivers	5294.62	95			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Corrections	Corrections	4458.62	80			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 UHC	Medicare	1880				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 First Trenton	First Trenton	5015.95	90			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Wellcare	Medicare	1880				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G 2.1-3.0CM	11423	CPT				outpatient			5573.28		2162 Horizon	PPO	3637.8				125	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G 3.1-4.0CM	11423	CPT				outpatient			5573.28		2162 Wellcare	Medicaid	1696.51	30.44			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 3.1-4.0CM	11423	CPT				outpatient			5573.28		2162 Managed Care Inc	Managed Care Inc	5015.95	90			125	5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G 3.1-4.0CM	11423	CPT				outpatient			5573.28		2162 United	Oxford	2567.79				125	5294.62	case rate	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 First Trenton	First Trenton	9442.74	90			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 First Health	First Health	7344.35	70			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Aetna	Commercial	5419.69				550	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Corrections	Corrections	8393.54	80			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Horizon	PPO	6425.92				550	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Amerihealth	HMO/PPO	550				550	9967.33	fee schedule	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Consumer	Consumer	9967.33	95			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Aetna	Better Health	3193.74	30.44			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Horizon	Indemnity	6425.92				550	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Wellcare	Medicare	3320.89				550	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Aetna	Medicare	3320.89				550	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Horizon	Medicare Blue	3320.89				550	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 UHC	Medicare	3320.89				550	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 UHC	Medicaid	3193.74	30.44			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Three Rivers	Three Rivers	9967.33	95			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 United	CommercialPPO	2859.28				550	9967.33	case rate	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Managed Care Inc	Managed Care Inc	9442.74	90			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 United	Oxford	2859.28				550	9967.33	case rate	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Americare	Americare	7868.95	75			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Wellcare	Medicaid	3193.74	30.44			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 WellPoint	WellPoint	3256.7	31.04			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Horizon	MGD	6425.92				550	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Multiplan	Multiplan	8393.54	80			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG SN|HF/G > 4.0CM	11426	CPT				outpatient			10491.93		3819.02 Qualcare	Qualcare	7868.95	75			550	9967.33	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 First Health	First Health	1687.9	70			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Aetna	Commercial	1332.35				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Aetna	Better Health	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 First Trenton	First Trenton	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Consumer	Consumer	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Americare	Americare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Horizon	MGD	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Aetna	Medicare	742.67	30.8			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Three Rivers	Three Rivers	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Amerihealth	HMO/PPO	125				125	2290.72	fee schedule	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Corrections	Corrections	1929.02	80			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Managed Care Inc	Managed Care Inc	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Wellcare	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Horizon	Indemnity	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Horizon	Medicare Blue	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Horizon	PPO	1579.71			1543.22	125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 United	Oxford	1871.51				125	2290.72	case rate	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 United	CommercialPPO	1871.51				125	2290.72	case rate	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 WellPoint	WellPoint	748.46	31.04			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 UHC	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Multiplan	Multiplan	1929.02	80			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Wellcare	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 Qualcare	Qualcare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E|E/N|LM 0.5CM<	11440	CPT				outpatient			2411.28		938.85 UHC	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Aetna	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Aetna	Commercial	1332.35				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 First Health	First Health	1687.9	70			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Corrections	Corrections	1929.02	80		785.64	125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Horizon	MGD	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Americare	Americare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Aetna	Better Health	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 UHC	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Horizon	Medicare Blue	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Amerihealth	HMO/PPO	125				125	2290.72	fee schedule	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Consumer	Consumer	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 First Trenton	First Trenton	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Multiplan	Multiplan	1929.02	80			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 UHC	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Horizon	Indemnity	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Wellcare	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Qualcare	Qualcare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 United	CommercialPPO	1871.51				125	2290.72	case rate	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Horizon	PPO	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 WellPoint	WellPoint	748.46	31.04			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Three Rivers	Three Rivers	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Managed Care Inc	Managed Care Inc	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 Wellcare	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 0.6-1.0CM	11441	CPT				outpatient			2411.28		938.85 United	Oxford	1871.51				125	2290.72	case rate	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Aetna	Commercial	1332.35				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Americare	Americare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Consumer	Consumer	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Aetna	Better Health	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 UHC	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Amerihealth	HMO/PPO	125				125	2290.72	fee schedule	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 First Health	First Health	1687.9	70			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Horizon	MGD	1579.71			375.11	125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 UHC	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 First Trenton	First Trenton	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Aetna	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Horizon	Indemnity	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Multiplan	Multiplan	1929.02	80			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Horizon	Medicare Blue	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Corrections	Corrections	1929.02	80			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 United	CommercialPPO	1871.51				125	2290.72	case rate	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Qualcare	Qualcare	1808.46	75			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Three Rivers	Three Rivers	2290.72	95			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Horizon	PPO	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Wellcare	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Managed Care Inc	Managed Care Inc	2170.15	90			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 United	Oxford	1871.51				125	2290.72	case rate	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 WellPoint	WellPoint	748.46	31.04			125	2290.72	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 1.1-2.0CM	11442	CPT				outpatient			2411.28		938.85 Wellcare	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 2.1-3.0CM	11443	CPT				outpatient			5577.76		2162 Aetna	Better Health	1697.88	30.44			125	5298.89	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 2.1-3.0CM	11443	CPT				outpatient			5577.78		2162 Consumer	Consumer	5298.89	95			125	5298.89	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 2.1-3.0CM	11443	CPT				outpatient			5577.78		2162 Americare	Americare	4183.34	75			125	5298.89	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 2.1-3.0CM	11443	CPT				outpatient			5577.78		2162 Corrections	Corrections	4462.22	80			125	5298.89	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 2.1-3.0CM	11443	CPT				outpatient			5577.76		2162 Aetna	Medicare	1880				125	5298.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E|E/N|LM 2.1-3.0CM	11443	CPT				outpatient			5577.76		2162 First Health	First Health	3904.45	70			125	5298.89	percent of total billed charges	
EX

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	First Health	First Health	3901.3	70			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Aetna	Commercial	3068.16				300		5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Corrections	Corrections	4458.62	80			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Horizon	Medicare Blue	1880				300		5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Consumer	Consumer	5294.62	95			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Aetna	Medicare	1880				300		5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	First Trenton	First Trenton	5015.95	90			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Horizon	PPO	3637.8				300		5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Multiplan	Multiplan	4458.62	80			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Horizon	MGD	3637.8				300		5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Managed Care Inc	Managed Care Inc	5015.95	90			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	WellPoint	WellPoint	1729.95	31.04			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Horizon	Indemnity	3637.8				300		5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	UHC	Medicare	1880				300		5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Three Rivers	Three Rivers	5294.62	95			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Quelcare	Quelcare	4179.96	75			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	UHC	Medicaid	1696.51	30.44			300		5294.62	percent of total billed charges	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Wellcare	Medicare	1880				300		5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	United	Commercial|PPO	1871.51				300		5294.62	case rate	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	United	Oxford	1871.51				300		5294.62	case rate	
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	CPT				outpatient			5573.28	2162	Wellcare	Medicaid	1696.51	30.44			300		5294.62	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Horizon	PPO	6425.92				550		9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	First Trenton	First Trenton	8641.13	90			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Aetna	Commercial	5419.69				550		9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Aetna	Better Health	2922.62	30.44			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Aetna	Medicare	3320.89				550		9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Horizon	Indemnity	6425.92				550		9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Americare	Americare	7200.95	75			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	First Health	First Health	6720.88	70			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	WellPoint	WellPoint	2980.23	31.04			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Managed Care Inc	Managed Care Inc	8641.13	90			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Amerihealth	HMO|PPO	550				550		9121.2	fee schedule	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Consumer	Consumer	9121.2	95			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Corrections	Corrections	7681.01	80			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	UHC	Medicaid	2922.62	30.44			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Horizon	MGD	6425.92				550		9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Horizon	Medicare Blue	3320.89				550		9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Three Rivers	Three Rivers	9121.2	95			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	United	Oxford	2859.28				550		9121.2	case rate	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	UHC	Medicare	3320.89				550		9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Multiplan	Multiplan	7681.01	80			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Wellcare	Medicare	3320.89				550		9121.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Wellcare	Medicaid	2922.62	30.44			550		9121.2	percent of total billed charges	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	United	Commercial|PPO	2859.28				550		9121.2	case rate	
EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	CPT				outpatient			9601.26	3819.02	Quelcare	Quelcare	7200.95	75			550		9121.2	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	First Trenton	First Trenton	9257.59	90			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Amerihealth	HMO|PPO	550				550		9771.9	fee schedule	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Consumer	Consumer	9771.9	95			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Aetna	Medicare	3320.89				550		9771.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Quelcare	Quelcare	7714.66	75			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Aetna	Better Health	3131.12	30.44			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Aetna	Commercial	5419.69				550		9771.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Horizon	MGD	6425.92				550		9771.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Horizon	PPO	6425.92				550		9771.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	First Health	First Health	7200.35	70			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Corrections	Corrections	8228.97	80			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	WellPoint	WellPoint	3192.84	31.04			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	UHC	Medicaid	3131.12	30.44			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	United	Oxford	2859.28				550		9771.9	case rate	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Americare	Americare	7714.66	75			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Horizon	Indemnity	6425.92				550		9771.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Managed Care Inc	Managed Care Inc	9257.59	90			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Horizon	Medicare Blue	3320.89				550		9771.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Multiplan	Multiplan	8228.97	80			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Wellcare	Medicaid	3131.12	30.44			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	UHC	Medicare	3320.89				550		9771.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Three Rivers	Three Rivers	9771.9	95			550		9771.9	percent of total billed charges	
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	Wellcare	Medicare	3320.89				550		9771.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION HIDRADENITIS AXILLARY SMPL|INTRM RPR	11450	CPT				outpatient			10286.21	3819.02	United	Commercial|PPO	2859.28				550		9771.9	case rate	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Americare	Americare	1808.46	75			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Aetna	Medicare	816.39				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Aetna	Commercial	1332.35				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	First Health	First Health	1687.9	70			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	United	Oxford	1871.51				125		2290.72	case rate	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Aetna	Better Health	733.99	30.44			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Horizon	Medicare Blue	816.39				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Consumer	Consumer	2290.72	95			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Amerihealth	HMO|PPO	125				125		2290.72	fee schedule	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Multiplan	Multiplan	1929.02	80			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	UHC	Medicare	816.39				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	First Trenton	First Trenton	2170.15	90			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Horizon	MGD	1579.71				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Quelcare	Quelcare	1808.46	75			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Wellcare	Medicare	816.39				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Corrections	Corrections	1929.02	80			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	UHC	Medicaid	733.99	30.44			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Managed Care Inc	Managed Care Inc	2170.15	90			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Wellcare	Medicaid	733.99	30.44			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Horizon	Indemnity	1579.71				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Three Rivers	Three Rivers	2290.72	95			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	Horizon	PPO	1579.71				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	United	Commercial|PPO	1871.51				125		2290.72	case rate	
EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	11600	CPT				outpatient			2411.28	938.85	WellPoint	WellPoint	748.46	31.04			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Consumer	Consumer	2290.72	95			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Aetna	Commercial	1332.35				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Aetna	Better Health	733.99	30.44			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Americare	Americare	1808.46	75			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	First Health	First Health	1687.9	70			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	UHC	Medicare	816.39				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Aetna	Medicare	816.39				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	First Trenton	First Trenton	2170.15	90			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Corrections	Corrections	1929.02	80			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Multiplan	Multiplan	1929.02	80			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Horizon	PPO	1579.71				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Amerihealth	HMO|PPO	125				125		2290.72	fee schedule	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Three Rivers	Three Rivers	2290.72	95			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Wellcare	Medicare	816.39				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Horizon	MGD	1579.71				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Managed Care Inc	Managed Care Inc	2170.15	90			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Horizon	Medicare Blue	816.39				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Quelcare	Quelcare	1808.46	75			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Wellcare	Medicaid	733.99	30.44			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	Horizon	Indemnity	1579.71				125		2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	United	Oxford	1871.51				125		2290.72	case rate	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	UHC	Medicaid	733.99	30.44			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	WellPoint	WellPoint	748.46	31.04			125		2290.72	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	11601	CPT				outpatient			2411.28	938.85	United	Commercial|PPO	1871.51				125		2290.72	case rate	
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	Aetna	Commercial	756.56				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	Amerihealth	HMO|PPO	125				125		1835.46	fee schedule	
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	Aetna	Medicare	463.58				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	Multiplan	Multiplan	1171.7	80			125		1835.46	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	Consumer	Consumer	1391.4	95			125		1835.46	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	Horizon	Medicare Blue	463.58				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	UHC	Medicare	463.58				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	Aetna	Better Health	445.83	30.44			125		1835.46	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	Americare	Americare	1098.47	75			125		1835.46	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	First Health	First Health	1025.24	70			125		1835.46	percent of total billed charges	
EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	11602	CPT				outpatient			1464.63	533.12	Horizon	MGD	897.03				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MAL LESION TRUNK/AR

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Aetna	Better Health	733.99	30.44			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Horizon	PPO	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Corrections	Corrections	1929.02	80			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	First Health	First Health	1687.9	70			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	UHC	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	United	Oxford	1871.51				125	2290.72	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Multiplan	Multiplan	1929.02	80			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	UHC	Medicare	816.39			159.92	125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Aetna	Commercial	1332.35			1183.77	125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	WellPoint	WellPoint	748.46	31.04			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Horizon	Indemnity	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	United	Commercial/PPO	1871.51				125	2290.72	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	First Trenton	First Trenton	2170.15	90			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Wellcare	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Three Rivers	Three Rivers	2290.72	95			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Wellcare	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	11640	CPT				outpatient			2411.28	938.85	Managed Care Inc	Managed Care Inc	2170.15	90			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	First Health	First Health	1687.9	70			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Aetna	Commercial	1332.35				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	First Trenton	First Trenton	2170.15	90			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Consumer	Consumer	2290.72	95			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Aetna	Better Health	733.99	30.44			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Americare	Americare	1808.46	75			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Aetna	Medicare	742.67	30.8			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Amerihealth	HMO/PPO	125				125	2290.72	fee schedule	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Multiplan	Multiplan	1929.02	80			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Horizon	MGD	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Horizon	Indemnity	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	UHC	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Corrections	Corrections	1929.02	80			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Three Rivers	Three Rivers	2290.72	95			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Qualcare	Qualcare	1808.46	75			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Horizon	Medicare Blue	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Horizon	PPO	1579.71				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	UHC	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Wellcare	Medicaid	733.99	30.44			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Managed Care Inc	Managed Care Inc	2170.15	90			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	WellPoint	WellPoint	748.46	31.04			125	2290.72	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	United	Commercial/PPO	1871.51				125	2290.72	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	Wellcare	Medicare	816.39				125	2290.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	11641	CPT				outpatient			2411.28	938.85	United	Oxford	1871.51				125	2290.72	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Americare	Americare	1815.41	75			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	First Trenton	First Trenton	2178.49	90			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Aetna	Medicare	816.39				125	2299.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Aetna	Better Health	736.81	30.44			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Aetna	Commercial	1332.35				125	2299.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	UHC	Medicaid	736.81	30.44			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Multiplan	Multiplan	1936.43	80			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	First Health	First Health	1694.38	70			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Consumer	Consumer	2299.51	95			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Wellcare	Medicare	816.39				125	2299.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Corrections	Corrections	1936.43	80			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Amerihealth	HMO/PPO	125				125	2299.51	fee schedule	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Horizon	Indemnity	1579.71				125	2299.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	UHC	Medicare	816.39				125	2299.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Qualcare	Qualcare	1815.41	75			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Horizon	Medicare Blue	816.39				125	2299.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Managed Care Inc	Managed Care Inc	2178.49	90			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	United	Commercial/PPO	1871.51				125	2299.51	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Horizon	MGD	1579.71				125	2299.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	United	Oxford	1871.51				125	2299.51	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Three Rivers	Three Rivers	2299.51	95			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Wellcare	Medicaid	736.81	30.44			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	Horizon	PPO	1579.71				125	2299.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	11642	CPT				outpatient			2420.54	938.85	WellPoint	WellPoint	751.34	31.04			125	2299.51	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Aetna	Medicare	1880				300	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	First Health	First Health	3901.3	70			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Aetna	Commercial	3068.16				300	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	UHC	Medicaid	1896.51	30.44			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Multiplan	Multiplan	4458.62	80			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Aetna	Better Health	1896.51	30.44			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Americare	Americare	4179.96	75			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	First Trenton	First Trenton	5015.95	90			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Corrections	Corrections	4458.62	80			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Horizon	Medicare Blue	1880				300	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Horizon	Indemnity	3637.8				300	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	UHC	Medicare	1880				300	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Horizon	MGD	3637.8				300	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Amerihealth	HMO/PPO	300				300	5294.62	fee schedule	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Consumer	Consumer	5294.62	95			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Wellcare	Medicare	1880				300	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Horizon	PPO	3637.8				300	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	United	Oxford	1871.51				300	5294.62	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Qualcare	Qualcare	4179.96	75			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	United	Commercial/PPO	1871.51				300	5294.62	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	WellPoint	WellPoint	1729.95	31.04			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Wellcare	Medicaid	1896.51	30.44			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Managed Care Inc	Managed Care Inc	5015.95	90			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	11643	CPT				outpatient			5573.28	2162	Three Rivers	Three Rivers	5294.62	95			300	5294.62	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.76	2162	Three Rivers	Three Rivers	5298.89	95			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Americare	Americare	4183.34	75			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Qualcare	Qualcare	4183.34	75			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Horizon	Medicare Blue	1880				550	5298.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Corrections	Corrections	4462.22	80			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Consumer	Consumer	5298.89	95			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.76	2162	Aetna	Commercial	3068.16				550	5298.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Aetna	Better Health	1697.88	30.44			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	UHC	Medicaid	1697.88	30.44			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	United	Oxford	2567.79				550	5298.89	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.76	2162	Multiplan	Multiplan	4462.22	80			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.76	2162	UHC	Medicare	1880				550	5298.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	First Trenton	First Trenton	5020	90			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Aetna	Medicare	1880				550	5298.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Wellcare	Medicare	1880				550	5298.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Amerihealth	HMO/PPO	550				550	5298.89	fee schedule	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Horizon	Indemnity	3637.8				550	5298.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	First Health	First Health	3904.45	70			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Horizon	PPO	3637.8				550	5298.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Horizon	MGD	3637.8				550	5298.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Managed Care Inc	Managed Care Inc	5020	90			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	Wellcare	Medicaid	1697.88	30.44			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	United	Commercial/PPO	2567.79				550	5298.89	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11644	CPT				outpatient			5577.78	2162	WellPoint	WellPoint	1731.34	31.04			550	5298.89	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Corrections	Corrections	7820.56	80			550	9286.92	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	UHC	Medicaid	2975.72	30.44			550	9286.92	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Consumer	Consumer	9286.92	95			550	9286.92	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	UHC	Medicare	3320.89				550	9286.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Aetna	Better Health	2975.72	30.44			550	9286.92	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Amerihealth	HMO/PPO	550				550	9286.92	fee schedule	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Aetna	Commercial	5419.69				550	9286.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	First Trenton	First Trenton	8798.13	90			550	9286.92	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Horizon	Medicare Blue	3320.89				550	9286.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	United	Commercial/PPO	2859.28				550	9286.92	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Three Rivers	Three Rivers	9286.92	95			550	9286.92	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Managed Care Inc	Managed Care Inc	8798.13	90			550	9286.92	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Horizon	Indemnity	6425.92				550	9286.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	First Health	First Health	6842.99	70			550	9286.92	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Aetna	Medicare	3320.89				550	9286.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	United	Oxford	2859.28				550	9286.92	case rate	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Horizon	PPO	6425.92				550	9286.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Wellcare	Medicaid	2975.72	30.44			550	9286.92	percent of total billed charges	
EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	11646	CPT				outpatient			9775.7	3819.02	Americare	Americare	7331.78	75			550	9286.92	percent of total billed charges

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 Corrections	Corrections	172.18	80			65.51	65.51	1835.46 percent of total billed charges	
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 UHC	Medicare	68.92			62.63	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 Multiplan	Multiplan	172.18	80			65.51	65.51	1835.46 percent of total billed charges	
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 United	Oxford	1835.46				65.51	65.51	1835.46 case rate	
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 Horizon	Medicare Blue	68.92			24.3	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 Horizon	PPO	133.36				65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 Three Rivers	Three Rivers	204.46	95			65.51	65.51	1835.46 percent of total billed charges	
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 Horizon	Indemnity	133.36				65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 Managed Care Inc	Managed Care Inc	193.7	90			65.51	65.51	1835.46 percent of total billed charges	
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 WellPoint	WellPoint	66.8	31.04		58.2	65.51	65.51	1835.46 percent of total billed charges	
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 Wellcare	Medicare	68.92				65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 UHC	Medicaid	65.51	30.44		63.36	65.51	65.51	1835.46 percent of total billed charges	
TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	11719	CPT				outpatient			215.22		79.26 Wellcare	Medicaid	65.51	30.44			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Horizon	PPO	133.36			59.11	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Corrections	Corrections	172.18	80		66.57	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Americare	Americare	161.42	75			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Aetna	Better Health	65.51	30.44		63.36	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Aetna	Medicare	68.92				65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Aetna	Commercial	112.48			74.64	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Consumer	Consumer	204.46	95			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 First Trenton	First Trenton	193.7	90			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Horizon	Indemnity	133.36				65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Amerihealth	HMO/PPO	125				65.51	65.51	1835.46 fee schedule	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Multiplan	Multiplan	172.18	80			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Horizon	Medicare Blue	68.92			34.25	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Horizon	MGD	133.36			44.57	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 First Health	First Health	150.65	70			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Qualcare	Qualcare	161.42	75			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Managed Care Inc	Managed Care Inc	193.7	90			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Wellcare	Medicaid	65.51	30.44		65.5	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Wellcare	Medicare	68.92				65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 UHC	Medicare	68.92			51.7	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 Three Rivers	Three Rivers	204.46	95			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 United	CommercialPPO	1835.46			22.94	65.51	65.51	1835.46 case rate	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 UHC	Medicaid	65.51	30.44		64.13	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 United	Oxford	1835.46				65.51	65.51	1835.46 case rate	
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	CPT				outpatient			215.22		79.26 WellPoint	WellPoint	66.8	31.04		44.39	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 First Health	First Health	150.65	70			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Aetna	Medicare	66.29	30.8		23.61	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 First Trenton	First Trenton	193.7	90			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Aetna	Better Health	65.51	30.44		64.97	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Multiplan	Multiplan	172.18	80			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Americare	Americare	161.42	75			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Aetna	Commercial	112.48			33.7	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Corrections	Corrections	172.18	80		66.57	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Three Rivers	Three Rivers	204.46	95			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Horizon	PPO	133.36			86.12	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Horizon	Medicare Blue	68.92			31.62	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Consumer	Consumer	204.46	95			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Qualcare	Qualcare	161.42	75			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Amerihealth	HMO/PPO	125			18.44	65.51	65.51	1835.46 fee schedule	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 United	CommercialPPO	1835.46			83.62	65.51	65.51	1835.46 case rate	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Horizon	Indemnity	133.36			67.88	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Wellcare	Medicaid	65.51	30.44		60.52	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 UHC	Medicaid	65.51	30.44		63	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Horizon	MGD	133.36			55.8	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 WellPoint	WellPoint	66.8	31.04		44.41	65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Managed Care Inc	Managed Care Inc	193.7	90			65.51	65.51	1835.46 percent of total billed charges	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 UHC	Medicare	68.92			45.2	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 United	Oxford	1835.46				65.51	65.51	1835.46 case rate	
DEBRIDEMENT NAIL ANY METHOD 6/>	11721	CPT				both			215.22		79.26 Wellcare	Medicare	68.92			26.85	65.51	65.51	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 UHC	Medicare	230.56				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 First Health	First Health	505.51	70			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Americare	Americare	541.62	75			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Aetna	Medicare	230.56				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Aetna	Better Health	219.83	30.44			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Horizon	Indemnity	446.13			163.07	125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Corrections	Corrections	577.73	80		206.77	125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Aetna	Commercial	376.27				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Horizon	MGD	446.13				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 First Trenton	First Trenton	649.94	90			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Consumer	Consumer	686.05	95			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Amerihealth	HMO/PPO	125			68.22	125	125	1835.46 fee schedule	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Wellcare	Medicaid	219.83	30.44			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Horizon	PPO	446.13			266.4	125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Horizon	Medicare Blue	230.56				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Multiplan	Multiplan	577.73	80			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 United	Oxford	1835.46				125	125	1835.46 case rate	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Managed Care Inc	Managed Care Inc	649.94	90			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 WellPoint	WellPoint	224.16	31.04		98.28	125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Qualcare	Qualcare	541.62	75			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 United	CommercialPPO	1835.46				125	125	1835.46 case rate	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Three Rivers	Three Rivers	686.05	95			125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 Wellcare	Medicare	230.56			85.69	125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	CPT				outpatient			722.16		265.14 UHC	Medicaid	219.83	30.44		213.2	125	125	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Americare	Americare	91.04	75			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Aetna	Better Health	36.95	30.44			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Consumer	Consumer	115.31	95			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		First Trenton	First Trenton	109.24	90			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Horizon	Indemnity	46.46	38.28			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Amerihealth	HMO/PPO	125				36.41	36.41	1835.46 fee schedule	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Aetna	Commercial	46.12	38			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Managed Care Inc	Managed Care Inc	109.24	90			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Horizon	Medicare Blue	36.41	30			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		First Health	First Health	84.97	70			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Corrections	Corrections	97.1	80			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		UHC	Medicaid	36.95	30.44			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Multiplan	Multiplan	97.1	80			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Wellcare	Medicaid	36.95	30.44			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Aetna	Medicare	37.39	30.8			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		United	CommercialPPO	1835.46				36.41	36.41	1835.46 case rate	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Horizon	PPO	46.46	38.28			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Horizon	MGD	46.46	38.28			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Qualcare	Qualcare	91.04	75			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Horizon	NJ Health	52.36				36.41	36.41	1835.46 fee schedule	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		Three Rivers	Three Rivers	115.31	95			36.41	36.41	1835.46 percent of total billed charges	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		United	Oxford	1835.46				36.41	36.41	1835.46 case rate	
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	CPT				outpatient			121.38		WellPoint	WellPoint	37.68	31.04			36.41	36.41	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Amerihealth	HMO/PPO	125				42.36	42.36	1835.46 fee schedule	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Aetna	Commercial	244.1				42.36	42.36	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Aetna	Medicare	149.57				42.36	42.36	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Horizon	Indemnity	289.42			116.37	42.36	42.36	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Horizon	NJ Health	42.36			152.93	42.36	42.36	1835.46 fee schedule	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Consumer	Consumer	410.86	95			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Multiplan	Multiplan	345.98	80			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Aetna	Better Health	131.65	30.44			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 First Health	First Health	302.74	70			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Americare	Americare	324.36	75			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Horizon	Medicare Blue	149.57				42.36	42.36	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Horizon	MGD	289.42				42.36	42.36	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Horizon	PPO	289.42				42.36	42.36	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Corrections	Corrections	345.98	80			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Wellcare	Medicaid	131.65	30.44			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 UHC	Medicare	149.57				42.36	42.36	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 United	Oxford	1835.46				42.36	42.36	1835.46 case rate	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Three Rivers	Three Rivers	410.86	95			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Qualcare	Qualcare	324.36	75			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 UHC	Medicaid	131.65	30.44			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 WellPoint	WellPoint	134.24	31.04			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 First Trenton	First Trenton	389.23	90			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Wellcare	Medicare	149.57				42.36	42.36	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 Managed Care Inc	Managed Care Inc	389.23	90			42.36	42.36	1835.46 percent of total billed charges	
EVACUATION SUBUNGUAL HEMATOMA	11740	CPT				outpatient			432.48		172.01 United	CommercialPPO	1835.46				42.36	42.36	1835.46 case rate	
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2		533.12 Aetna	Commerc

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04		416.58	125	1835.46	percent of total billed charges	
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			125	1835.46	percent of total billed charges	
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			125	1835.46	percent of total billed charges	
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			125	1835.46	percent of total billed charges	
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	United	Commercial/PPO	1835.46				125	1835.46	case rate	
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				125	1835.46	case rate	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	First Health	First Health	1688.61	70			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Horizon	PPO	1579.71				125	2291.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Corrections	Corrections	1929.84	80			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Amerihealth	HMO/PPO	125				125	2291.69	fee schedule	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Aetna	Better Health	734.3	30.44			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Aetna	Medicare	816.39				125	2291.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	First Trenton	First Trenton	2171.07	90			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Aetna	Commercial	1332.35				125	2291.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Horizon	Medicare Blue	816.39				125	2291.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	WellPoint	WellPoint	748.78	31.04			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	UHC	Medicaid	734.3	30.44			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Americare	Americare	1809.23	75			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Consumer	Consumer	2291.69	95			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Horizon	MGD	1579.71				125	2291.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Managed Care Inc	Managed Care Inc	2171.07	90			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Horizon	Indemnity	1579.71				125	2291.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Multiplan	Multiplan	1926.84	80			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	UHC	Medicare	816.39				125	2291.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	United	Commercial/PPO	1871.51				125	2291.69	case rate	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	United	Oxford	1871.51				125	2291.69	case rate	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Three Rivers	Three Rivers	2291.69	95			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Qualcare	Qualcare	1809.23	75			125	2291.69	percent of total billed charges	
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Wellcare	Medicare	816.39				125	2291.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	CPT				outpatient			2412.3	938.85	Wellcare	Medicaid	734.3	30.44			125	2291.69	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	WellPoint	WellPoint	703.5	31.04			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Qualcare	Qualcare	1699.83	75			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Aetna	Better Health	689.9	30.44			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Aetna	Commercial	1159.16				125	2153.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Aetna	Medicare	710.27				125	2153.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	First Trenton	First Trenton	2039.8	90			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	First Health	First Health	1586.51	70			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Americare	Americare	1699.83	75			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Horizon	MGD	1374.37				125	2153.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	UHC	Medicaid	689.9	30.44			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Consumer	Consumer	2153.12	95			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Amerihealth	HMO/PPO	125				125	2153.12	fee schedule	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Horizon	PPO	1374.37				125	2153.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Managed Care Inc	Managed Care Inc	2039.8	90			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Horizon	Medicare Blue	710.27				125	2153.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Horizon	Indemnity	1374.37				125	2153.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Corrections	Corrections	1813.15	80			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	UHC	Medicare	710.27				125	2153.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Multiplan	Multiplan	1813.15	80			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Wellcare	Medicare	710.27				125	2153.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	United	Oxford	1835.46				125	2153.12	case rate	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	United	Commercial/PPO	1835.46				125	2153.12	case rate	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Three Rivers	Three Rivers	2153.12	95			125	2153.12	percent of total billed charges	
REPAIR NAIL BED	11760	CPT				outpatient			2266.44	816.81	Wellcare	Medicaid	689.9	30.44			125	2153.12	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Americare	Americare	4931.19	75			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	UHC	Medicare	2122.49				300	6246.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Horizon	Medicare Blue	2122.49				300	6246.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Aetna	Better Health	2001.41	30.44			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Aetna	Medicare	2122.49				300	6246.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Aetna	Commercial	3463.9				300	6246.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	United	Commercial/PPO	2567.79				300	6246.17	case rate	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Consumer	Consumer	6246.17	95			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Amerihealth	HMO/PPO	300				300	6246.17	fee schedule	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Horizon	Indemnity	4107.02				300	6246.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	First Trenton	First Trenton	5917.43	90			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	First Health	First Health	4602.44	70			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Horizon	MGD	4107.02				300	6246.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Multiplan	Multiplan	5259.94	80			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Corrections	Corrections	5259.94	80			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Qualcare	Qualcare	4931.19	75			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Three Rivers	Three Rivers	6246.17	95			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Horizon	PPO	4107.02				300	6246.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Wellcare	Medicaid	2001.41	30.44			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Managed Care Inc	Managed Care Inc	5917.43	90			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	Wellcare	Medicare	2122.49				300	6246.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	UHC	Medicaid	2001.41	30.44			300	6246.17	percent of total billed charges	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	United	Oxford	2567.79				300	6246.17	case rate	
RECONSTRUCTION NAIL BED W/GRAFT	11762	CPT				outpatient			6574.92	2440.86	WellPoint	WellPoint	2040.86	31.04			300	6246.17	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Aetna	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	United	Commercial/PPO	1835.46				125	1835.46	case rate	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Horizon	Medicare Blue	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Americare	Americare	1044.56	75			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Consumer	Consumer	1323.1	95			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	First Trenton	First Trenton	1253.47	90			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Aetna	Better Health	423.95	30.44			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Aetna	Commercial	756.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Corrections	Corrections	1114.19	80			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Managed Care Inc	Managed Care Inc	1253.47	90			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Multiplan	Multiplan	1114.19	80			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	UHC	Medicare	463.58			85.52	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	United	Oxford	1835.46				125	1835.46	case rate	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	First Health	First Health	974.92	70			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Horizon	MGD	897.03			133.99	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	WellPoint	WellPoint	432.31	31.04		308.2	125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Horizon	Indemnity	897.03			119.17	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Qualcare	Qualcare	1044.56	75			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Horizon	PPO	897.03			208.4	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Three Rivers	Three Rivers	1323.1	95			125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	UHC	Medicaid	423.95	30.44		417.99	125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Wellcare	Medicaid	423.95	30.44		410.04	125	1835.46	percent of total billed charges	
WEDGE EXCISION SKIN NAIL FOLD	11765	CPT				outpatient			1392.74	533.12	Wellcare	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Aetna	Commercial	376.27			193.16	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Aetna	Medicare	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Aetna	Better Health	204.61	30.44			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Qualcare	Qualcare	504.14	75			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	United	Commercial/PPO	1835.46				125	1835.46	case rate	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Consumer	Consumer	638.57	95			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Corrections	Corrections	537.74	80			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	First Trenton	First Trenton	604.96	90			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Americare	Americare	504.14	75			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Horizon	Medicare Blue	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	UHC	Medicare	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	United	Oxford	1835.46				125	1835.46	case rate	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	UHC	Medicaid	204.61	30.44		195.46	125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	First Health	First Health	470.53	70			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Horizon	Indemnity	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Wellcare	Medicaid	204.61	30.44			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Horizon	MGD	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Wellcare	Medicare	230.56				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	WellPoint	WellPoint	208.64	31.04			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Multiplan	Multiplan	537.74	80			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Horizon	PPO	446.13				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Three Rivers	Three Rivers	638.57	95			125	1835.46	percent of total billed charges	
INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	11900	CPT				outpatient			672.18	265.14	Managed Care Inc	Managed Care Inc	604.96	90			125	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Aetna	Commercial	1159.16				125	2001.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Wellcare	Medicare	710.27				125	2001.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Aetna	Medicare	710.27				125	2001.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	First Health	First Health	1475.12	70			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Multiplan	Multiplan	1685.86	80			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Amerihealth	Medicare	710.27				125	2001.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Aetna	Better Health	641.47	30.44			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Amerihealth	HMO/PPO	125				125	2001.95	fee schedule	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Americare	Americare	1580.49	75			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	WellPoint	WellPoint	654.11	31.04			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Corrections	Corrections	1685.86	80			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Three Rivers	Three Rivers	2001.95	95			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Qualcare	Qualcare	1580.49	75			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32	816.81	Horizon	Indemnity	1374.37				125	2001.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING IN

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32		816.81	First Trenton	First Trenton	1896.59	90			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32		816.81	UHC	Medicaid	641.47	30.44			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32		816.81	Wellcare	Medicaid	641.47	30.44			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32		816.81	Horizon	PPO	1374.37				125	2001.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32		816.81	Managed Care Inc	Managed Care Inc	1896.59	90			125	2001.95	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32		816.81	UHC	Medicare	710.27				125	2001.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	11920	CPT				both			2107.32		816.81	United	Oxford	1835.46				125	2001.95	case rate	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	First Health	First Health	1511.54	70			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Americare	Americare	1619.51	75			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Aetna	Better Health	657.3	30.44			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Horizon	Medicare Blue	710.27				125	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Consumer	Consumer	2051.37	95			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Amerihealth	Medicare	710.27				125	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Aetna	Medicare	710.27				125	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Aetna	Commercial	1159.16			938.3	125	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Three Rivers	Three Rivers	2051.37	95			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	United	Oxford	1835.46				125	2051.37	case rate	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Multiplan	Multiplan	1727.47	80			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	UHC	Medicare	710.27				125	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Corrections	Corrections	1727.47	80			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Amerihealth	HMO/PPO	125				125	2051.37	fee schedule	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Qualcare	Qualcare	1619.51	75			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Wellcare	Medicare	710.27				125	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	First Trenton	First Trenton	1943.41	90			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Horizon	MGD	1374.37				125	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Horizon	Indemnity	1374.37				125	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	UHC	Medicaid	657.3	30.44			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Horizon	PPO	1374.37				125	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Wellcare	Medicaid	657.3	30.44			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	Managed Care Inc	Managed Care Inc	1943.41	90			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	United	CommercialPPO	1835.46				125	2051.37	case rate	
TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	11921	CPT				outpatient			2159.34		816.81	WellPoint	WellPoint	670.26	31.04			125	2051.37	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Corrections	Corrections	78.07	80			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Horizon	Medicare Blue	29.28	30			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Aetna	Medicare	30.06	30.8			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Horizon	MGD	37.36	38.28			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Aetna	Better Health	29.71	30.44			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Americare	Americare	73.19	75			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Consumer	Consumer	92.71	95			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			United	Oxford	1835.46				29.28	1835.46	case rate	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			United	CommercialPPO	1835.46				29.28	1835.46	case rate	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			First Trenton	First Trenton	87.83	90			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			UHC	Medicaid	29.71	30.44			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Wellcare	Medicaid	29.71	30.44			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Aetna	Commercial	37.08	38			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Horizon	PPO	37.36	38.28			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			First Health	First Health	68.31	70			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Managed Care Inc	Managed Care Inc	87.83	90			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			WellPoint	WellPoint	30.29	31.04			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Three Rivers	Three Rivers	92.71	95			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Amerihealth	HMO/PPO	63.43	65			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Horizon	Indemnity	37.36	38.28			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Multiplan	Multiplan	78.07	80			29.28	1835.46	percent of total billed charges	
TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	11922	CPT				outpatient			97.59			Qualcare	Qualcare	73.19	75			29.28	1835.46	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Horizon	MGD	1579.71				125	2334.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Aetna	Commercial	1332.35				125	2334.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Aetna	Better Health	748.05	30.44			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Multiplan	Multiplan	1965.97	80			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	UHC	Medicaid	748.05	30.44			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Americare	Americare	1843.1	75			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Amerihealth	HMO/PPO	125				125	2334.59	fee schedule	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Aetna	Medicare	816.39				125	2334.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	UHC	Medicare	816.39				125	2334.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Amerihealth	Medicare	816.39				125	2334.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	First Health	First Health	1720.22	70			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Qualcare	Qualcare	1843.1	75			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	United	CommercialPPO	1871.51				125	2334.59	case rate	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	First Trenton	First Trenton	2211.71	90			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Consumer	Consumer	2334.59	95			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Horizon	Indemnity	1579.71				125	2334.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Corrections	Corrections	1965.97	80			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Horizon	Medicare Blue	816.39				125	2334.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Horizon	PPO	1579.71				125	2334.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Wellcare	Medicaid	748.05	30.44			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	United	Oxford	1871.51				125	2334.59	case rate	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Managed Care Inc	Managed Care Inc	2211.71	90			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	WellPoint	WellPoint	762.8	31.04			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Three Rivers	Three Rivers	2334.59	95			125	2334.59	percent of total billed charges	
REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	11976	CPT				outpatient			2457.46		938.85	Wellcare	Medicare	816.39				125	2334.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Aetna	Commercial	244.1			95.43	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Amerihealth	Medicare	149.57				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Corrections	Corrections	345.98	80			125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	First Health	First Health	302.74	70			125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Aetna	Medicare	149.57				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Aetna	Better Health	131.65	30.44			125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Horizon	MGD	289.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Americare	Americare	324.36	75			125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Horizon	Medicare Blue	149.57				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Horizon	Indemnity	289.42			50.79	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	WellPoint	WellPoint	134.24	31.04		120.6	125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	UHC	Medicare	149.57				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	UHC	Medicaid	131.65	30.44		113.2	125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Consumer	Consumer	410.86	95			125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Multiplan	Multiplan	345.98	80			125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	United	CommercialPPO	1835.46				125	1835.46	case rate	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Qualcare	Qualcare	324.36	75			125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Horizon	PPO	289.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	United	Oxford	1835.46				125	1835.46	case rate	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	First Trenton	First Trenton	389.23	90			125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Wellcare	Medicaid	131.65	30.44		115.21	125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Managed Care Inc	Managed Care Inc	389.23	90			125	1835.46	percent of total billed charges	
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Wellcare	Medicare	149.57				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION DRUG DELIVERY IMPLANT	11981	CPT				both			432.48		172.01	Three Rivers	Three Rivers	410.86	95			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Consumer	Consumer	1374.04	95			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Aetna	Medicare	463.01				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Horizon	Medicare Blue	463.01				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Americare	Americare	1084.77	75			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	First Health	First Health	1012.45	70			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Aetna	Better Health	440.27	30.44			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Aetna	Commercial	755.63				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Amerihealth	Medicare	463.01				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Corrections	Corrections	1157.09	80			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	WellPoint	WellPoint	448.95	31.04		434.34	125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	UHC	Medicare	463.01				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	First Trenton	First Trenton	1301.72	90			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Horizon	PPO	895.92			218.97	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Wellcare	Medicaid	440.27	30.44			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	United	CommercialPPO	1835.46				125	1835.46	case rate	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Horizon	Indemnity	895.92				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Multiplan	Multiplan	1157.09	80			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Wellcare	Medicare	463.01				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Qualcare	Qualcare	1084.77	75			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Horizon	MGD	895.92			362.41	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Managed Care Inc	Managed Care Inc	1301.72	90			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	Three Rivers	Three Rivers	1374.04	95			125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	UHC	Medicaid	440.27	30.44		417.48	125	1835.46	percent of total billed charges	
REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	11982	CPT				outpatient			1446.36		532.46	United	Oxford	1835.46				125	1835.46	case rate	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38		532.46	Consumer	Consumer	1132.76	95			125	1835.46	percent of total billed charges	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38		532.46	Qualcare	Qualcare	894.29	75			125	1835.46	percent of total billed charges	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38		532.46	Aetna	Medicare	367.25	30.8			125	1835.46	percent of total billed charges	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38		532.46	First Trenton	First Trenton	1073.14	90			125	1835.46	percent of total billed charges	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38		532.46	Aetna	Better Health	362.96	30.44			125	1835.46	percent of total billed charges	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38		532.46	Aetna	Commercial	755.63				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38		532.46	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38		532.46	Three Rivers	Three Rivers	1132.76	95			125	1835.46	percent of total billed charges	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,	310119	true	

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38	532.46	Wellcare	Medicare	463.01				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38	532.46	Horizon	Indemnity	895.92				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38	532.46	UHC	Medicaid	362.96	30.44		316.02	125		1835.46 percent of total billed charges	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38	532.46	United	CommercialPPO	1835.46				125		1835.46 case rate	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38	532.46	United	Oxford	1835.46				125		1835.46 case rate	
RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	11983	CPT				outpatient			1192.38	532.46	WellPoint	WellPoint	370.11	31.04		115.28	125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	United	Oxford	1835.46			232.15	125		1835.46 case rate	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Aetna	Commercial	376.27			121.11	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Aetna	Medicare	223.68	30.8		48.47	125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Horizon	Indemnity	446.13			153.42	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Americare	Americare	544.68	75			125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	First Trenton	First Trenton	653.62	90			125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	UHC	Medicare	230.56			95.63	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Aetna	Better Health	221.07	30.44		204.95	125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	WellPoint	WellPoint	225.42	31.04		206.88	125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Qualcare	Qualcare	544.68	75			125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Amerihealth	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Horizon	Medicare Blue	230.56			93.66	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Amerihealth	HMO/PPO	125			45.65	125		1835.46 fee schedule	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Horizon	MGD	446.13			128.53	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Horizon	PPO	446.13			156.81	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Consumer	Consumer	689.93	95			125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Three Rivers	Three Rivers	689.93	95			125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Multiplan	Multiplan	580.99	80			125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Managed Care Inc	Managed Care Inc	653.62	90			125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Corrections	Corrections	580.99	80		205.45	125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	UHC	Medicaid	221.07	30.44		190.27	125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	United	CommercialPPO	1835.46			41.96	125		1835.46 case rate	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	Wellcare	Medicaid	221.07	30.44		209.41	125		1835.46 percent of total billed charges	
SIMPLE REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.5CM/<	12001	CPT				both			726.24	265.14	First Health	First Health	508.37	70			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Qualcare	Qualcare	541.62	75			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Aetna	Better Health	219.83	30.44			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	First Health	First Health	505.51	70			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Americare	Americare	541.62	75			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Aetna	Medicare	230.56			68.42	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Aetna	Commercial	376.27			93.8	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Corrections	Corrections	577.73	80		223.03	125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Consumer	Consumer	686.05	95			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	United	Oxford	1835.46			306.48	125		1835.46 case rate	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	WellPoint	WellPoint	224.16	31.04		164.45	125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Horizon	Indemnity	446.13			94.22	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Amerihealth	HMO/PPO	125			79.71	125		1835.46 fee schedule	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	First Trenton	First Trenton	649.94	90			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Amerihealth	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Horizon	MGD	446.13			29.41	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Multiplan	Multiplan	577.73	80			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Horizon	Medicare Blue	230.56			56.26	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	UHC	Medicaid	219.83	30.44		200.76	125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Horizon	PPO	446.13			179.82	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Three Rivers	Three Rivers	686.05	95			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Managed Care Inc	Managed Care Inc	649.94	90			125		1835.46 percent of total billed charges	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	UHC	Medicare	230.56			64.94	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	United	CommercialPPO	1835.46			197.59	125		1835.46 case rate	
SMPL REPAIR SCALP/NECK/AX/GEN/T/TRUNK 2.6-7.5CM	12002	CPT				both			722.16	265.14	Wellcare	Medicaid	219.83	30.44		102.39	125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Aetna	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Aetna	Commercial	376.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Consumer	Consumer	686.05	95			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Americare	Americare	541.62	75			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Aetna	Better Health	219.83	30.44		216.07	125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Amerihealth	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Corrections	Corrections	577.73	80			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	United	CommercialPPO	1835.46				125		1835.46 case rate	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	UHC	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	First Health	First Health	505.51	70			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	First Trenton	First Trenton	649.94	90			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Multiplan	Multiplan	577.73	80			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Wellcare	Medicaid	219.83	30.44		189.6	125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	UHC	Medicaid	219.83	30.44		213.18	125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Managed Care Inc	Managed Care Inc	649.94	90			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Qualcare	Qualcare	541.62	75			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Three Rivers	Three Rivers	686.05	95			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	United	Oxford	1835.46				125		1835.46 case rate	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	WellPoint	WellPoint	224.16	31.04			125		1835.46 percent of total billed charges	
SIMPLE RPR SCALP/NECK/AX/GEN/T/TRUNK 7.6-12.5CM	12004	CPT				outpatient			722.16	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Aetna	Better Health	437.79	30.44			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Amerihealth	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	First Trenton	First Trenton	1294.38	90			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Aetna	Medicare	442.97	30.8			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	First Health	First Health	1006.74	70			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Americare	Americare	1078.65	75			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Corrections	Corrections	1150.56	80			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Horizon	PPO	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Aetna	Commercial	756.56				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Horizon	Medicare Blue	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Managed Care Inc	Managed Care Inc	1294.38	90			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Horizon	MGD	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Wellcare	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Consumer	Consumer	1366.29	95			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	United	CommercialPPO	1835.46				437.79		1835.46 case rate	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	WellPoint	WellPoint	446.42	31.04			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Amerihealth	HMO/PPO	550				437.79		1835.46 fee schedule	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Multiplan	Multiplan	1150.56	80			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Three Rivers	Three Rivers	1366.29	95			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	UHC	Medicaid	437.79	30.44			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Horizon	Indemnity	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	United	Oxford	1835.46				437.79		1835.46 case rate	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	UHC	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 12.6-20.0CM	12005	CPT				outpatient			1438.2	533.12	Qualcare	Qualcare	1078.65	75			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Wellcare	Medicaid	437.79	30.44			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	UHC	Medicaid	437.79	30.44			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Qualcare	Qualcare	1078.65	75			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Aetna	Better Health	437.79	30.44			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Aetna	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Amerihealth	HMO/PPO	550				437.79		1835.46 fee schedule	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Aetna	Commercial	756.56				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Wellcare	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	First Trenton	First Trenton	1294.38	90			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Amerihealth	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	UHC	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Consumer	Consumer	1366.29	95			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Horizon	MGD	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	First Health	First Health	1006.74	70			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Americare	Americare	1078.65	75			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Corrections	Corrections	1150.56	80			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Horizon	PPO	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Horizon	Indemnity	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMPL RPR SCALP/NECK/AX/GEN/T/TRUNK 20.1-30.0CM	12006	CPT				outpatient			1438.2	533.12	Multiplan	Multiplan	1150.56	80			437.79		1835.46 percent of total billed charges	
SMPL RPR SCALP/NECK/AX/GEN/T/TR

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT				both			672.18		265.14 Horizon	Indemnity	446.13			101.4	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT				both			672.18		265.14 UHC	Medicare	230.56			72.23	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT				both			672.18		265.14 WellPoint	WellPoint	208.64	31.04		196	125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT				both			672.18		265.14 United	CommercialPPO	1835.46			78.74	125		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT				both			672.18		265.14 Managed Care Inc	Managed Care Inc	604.96	90			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT				both			672.18		265.14 Qualcare	Qualcare	504.14	75			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT				both			672.18		265.14 United	Oxford	1835.46			195.7	125		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	12011	CPT				both			672.18		265.14 Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Aetna	Commercial	376.27			144.61	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Aetna	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 First Health	First Health	470.53	70			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Consumer	Consumer	638.57	95			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Americare	Americare	504.14	75			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Aetna	Better Health	204.61	30.44		193.29	125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 WellPoint	WellPoint	208.64	31.04		178.73	125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 First Trenton	First Trenton	604.96	90			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Multiplan	Multiplan	537.74	80			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Managed Care Inc	Managed Care Inc	604.96	90			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Corrections	Corrections	537.74	80		196.65	125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Amerihealth	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 United	Oxford	1835.46				125		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 United	CommercialPPO	1835.46			195.4	125		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Qualcare	Qualcare	504.14	75			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Horizon	MGD	446.13			136.71	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Wellcare	Medicare	230.56			50.39	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Three Rivers	Three Rivers	638.57	95			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 UHC	Medicaid	204.61	30.44		191.36	125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 Wellcare	Medicaid	204.61	30.44		200.85	125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	12013	CPT				both			672.18		265.14 UHC	Medicare	230.56			76.94	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 First Health	First Health	470.53	70			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Aetna	Commercial	376.27			98.01	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Americare	Americare	504.14	75			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Aetna	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Multiplan	Multiplan	537.74	80			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Aetna	Better Health	204.61	30.44			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Corrections	Corrections	537.74	80			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Amerihealth	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Consumer	Consumer	638.57	95			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 First Trenton	First Trenton	604.96	90			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 UHC	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Qualcare	Qualcare	504.14	75			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Managed Care Inc	Managed Care Inc	604.96	90			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Horizon	PPO	446.13			117.98	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 WellPoint	WellPoint	208.64	31.04			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Three Rivers	Three Rivers	638.57	95			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 UHC	Medicaid	204.61	30.44			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 United	CommercialPPO	1835.46				125		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 United	Oxford	1835.46				125		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	12014	CPT				outpatient			672.18		265.14 Wellcare	Medicaid	204.61	30.44			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Corrections	Corrections	537.74	80			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Aetna	Commercial	376.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Americare	Americare	504.14	75			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Consumer	Consumer	638.57	95			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Aetna	Better Health	204.61	30.44		199.16	125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 First Health	First Health	470.53	70			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Aetna	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Amerihealth	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Multiplan	Multiplan	537.74	80			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 First Trenton	First Trenton	604.96	90			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 UHC	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 UHC	Medicaid	204.61	30.44		207.91	125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Qualcare	Qualcare	504.14	75			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Wellcare	Medicaid	204.61	30.44			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Managed Care Inc	Managed Care Inc	604.96	90			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 United	CommercialPPO	1835.46				125		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 WellPoint	WellPoint	208.64	31.04			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 Three Rivers	Three Rivers	638.57	95			125		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	12015	CPT				outpatient			672.18		265.14 United	Oxford	1835.46				125		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Horizon	Medicare Blue	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Americare	Americare	1078.65	75			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Horizon	PPO	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Aetna	Better Health	437.79	30.44			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Aetna	Commercial	756.56				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Amerihealth	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Amerihealth	HMO/PPO	550				437.79		1835.46 fee schedule	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 First Health	First Health	1006.74	70			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Multiplan	Multiplan	1150.56	80			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 First Trenton	First Trenton	1294.38	90			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 United	Oxford	1835.46				437.79		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 UHC	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Aetna	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Consumer	Consumer	1366.29	95			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Horizon	MGD	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Wellcare	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Qualcare	Qualcare	1078.65	75			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Managed Care Inc	Managed Care Inc	1294.38	90			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 WellPoint	WellPoint	446.42	31.04			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Corrections	Corrections	1150.56	80			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Wellcare	Medicaid	437.79	30.44			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Three Rivers	Three Rivers	1366.29	95			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 UHC	Medicaid	437.79	30.44			437.79		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 Horizon	Indemnity	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	12016	CPT				outpatient			1438.2		533.12 United	CommercialPPO	1835.46				437.79		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Amerihealth	Medicare	463.58				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Consumer	Consumer	1303.23	95			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 UHC	Medicare	463.58				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Aetna	Medicare	463.58				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Americare	Americare	1028.87	75			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Corrections	Corrections	1097.46	80			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Aetna	Commercial	756.56				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Aetna	Better Health	417.58	30.44			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 First Trenton	First Trenton	1234.64	90			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Three Rivers	Three Rivers	1303.23	95			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Multiplan	Multiplan	1097.46	80			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 First Health	First Health	960.27	70			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Amerihealth	HMO/PPO	550				417.58		1835.46 fee schedule	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Horizon	Medicare Blue	463.58				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Qualcare	Qualcare	1028.87	75			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Horizon	PPO	897.03				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Managed Care Inc	Managed Care Inc	1234.64	90			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 United	Oxford	1835.46				417.58		1835.46 case rate	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Wellcare	Medicare	463.58				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Horizon	MGD	897.03				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 Horizon	Indemnity	897.03				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 WellPoint	WellPoint	425.81	31.04			417.58		1835.46 percent of total billed charges	
SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	12017	CPT				outpatient			1371.82		533.12 UHC	Medicaid	417.58	30.44

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	First Health	First Health	1511.54	70			125	125	2051.37 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	WellPoint	WellPoint	670.26	31.04			125	125	2051.37 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	Qualcare	Qualcare	1619.51	75			125	125	2051.37 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	United	Oxford	1835.46				125	125	2051.37 case rate	
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	Three Rivers	Three Rivers	2051.37	95			125	125	2051.37 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	Wellcare	Medicaid	657.3	30.44			125	125	2051.37 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	Horizon	Indemnity	1374.37				125	125	2051.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	Wellcare	Medicare	710.27				125	125	2051.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	UHC	Medicaid	657.3	30.44			125	125	2051.37 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	CPT				outpatient			2159.34	816.81	United	CommercialPPO	1835.46				125	125	2051.37 case rate	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Aetna	Commercial	756.56				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Aetna	Medicare	427.26	30.8			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	First Trenton	First Trenton	1248.48	90			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	125				125	125	1835.46 fee schedule	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Amerihealth	Medicare	463.58				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Aetna	Better Health	422.26	30.44			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				125	125	1835.46 case rate	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			125	125	1835.46 percent of total billed charges	
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46				125	125	1835.46 case rate	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Amerihealth	Medicare	463.58				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Aetna	Commercial	756.56				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	First Trenton	First Trenton	1248.48	90			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Aetna	Medicare	463.58				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	125				125	125	1835.46 fee schedule	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Aetna	Better Health	422.26	30.44		413.65	125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44		389.53	125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46				125	125	1835.46 case rate	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				125	125	1835.46 case rate	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03			522.16	125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			125	125	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2.5 CM/<	12031	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				125	125	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Americare	Americare	1040.4	75		422.26	422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Corrections	Corrections	1109.76	80		422.26	422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Aetna	Commercial	756.56			422.26	422.26	422.26	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Consumer	Consumer	1317.84	95		422.26	422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Aetna	Medicare	463.58			422.26	422.26	422.26	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Aetna	Better Health	422.26	30.44		396.63	422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Amerihealth	Medicare	463.58				422.26	422.26	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Horizon	MGD	897.03				422.26	422.26	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	First Trenton	First Trenton	1248.48	90			422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Horizon	Indemnity	897.03				422.26	422.26	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Horizon	Medicare Blue	463.58				422.26	422.26	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	First Health	First Health	971.04	70			422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Amerihealth	HMO/PPO	550				422.26	422.26	1835.46 fee schedule	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Multiplan	Multiplan	1109.76	80			422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Wellcare	Medicaid	422.26	30.44		332.43	422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Horizon	PPO	897.03				422.26	422.26	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	United	Oxford	1835.46				422.26	422.26	1835.46 case rate	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	UHC	Medicaid	422.26	30.44		421.88	422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Qualcare	Qualcare	1040.4	75			422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	UHC	Medicare	463.58			117.4	422.26	422.26	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	United	CommercialPPO	1835.46				422.26	422.26	1835.46 case rate	
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	Wellcare	Medicare	463.58				422.26	422.26	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 2-6-7.5 CM	12032	CPT				both			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			422.26	422.26	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Corrections	Corrections	1150.56	80			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Aetna	Commercial	756.56				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	First Health	First Health	1006.74	70			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Horizon	Medicare Blue	463.58				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Aetna	Better Health	437.79	30.44			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Americare	Americare	1078.65	75			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Amerihealth	HMO/PPO	550				437.79	437.79	1835.46 fee schedule	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Amerihealth	Medicare	463.58				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Horizon	Indemnity	897.03				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Aetna	Medicare	463.58				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Wellcare	Medicare	463.58				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	UHC	Medicare	463.58				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Multiplan	Multiplan	1150.56	80			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Consumer	Consumer	1366.29	95			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Horizon	MGD	897.03				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Wellcare	Medicaid	437.79	30.44			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Horizon	PPO	897.03				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	First Trenton	First Trenton	1294.38	90			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	UHC	Medicaid	437.79	30.44			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Managed Care Inc	Managed Care Inc	1294.38	90			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Qualcare	Qualcare	1078.65	75			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	Three Rivers	Three Rivers	1366.29	95			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	United	CommercialPPO	1835.46				437.79	437.79	1835.46 case rate	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	WellPoint	WellPoint	446.42	31.04			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 7.6-12.5 CM	12034	CPT				outpatient			1438.2	533.12	United	Oxford	1835.46				437.79	437.79	1835.46 case rate	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Aetna	Medicare	463.58				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Aetna	Better Health	437.79	30.44			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Amerihealth	Medicare	463.58				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Corrections	Corrections	1150.56	80			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Americare	Americare	1078.65	75			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	First Health	First Health	1006.74	70			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Aetna	Commercial	756.56			333.31	437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Consumer	Consumer	1366.29	95			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Amerihealth	HMO/PPO	550				437.79	437.79	1835.46 fee schedule	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Horizon	PPO	897.03				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	First Trenton	First Trenton	1294.38	90			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Three Rivers	Three Rivers	1366.29	95			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Horizon	MGD	897.03				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Multiplan	Multiplan	1150.56	80			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	UHC	Medicaid	437.79	30.44			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	UHC	Medicare	463.58				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Horizon	Indemnity	897.03				437.79	437.79	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	Qualcare	Qualcare	1078.65	75			437.79	437.79	1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035	CPT				outpatient			1438.2	533.12	United	CommercialPPO	1835.46				437.79	437.79	1835.46 case rate	
REPAIR INTERMEDIATE S/A/TIE 12.6-20.0CM	12035

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	First Health	First Health	1586.51	70			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	Americare	Americare	1699.83	75			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	Qualcare	Qualcare	1699.83	75			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	WellPoint	WellPoint	703.5	31.04			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	United	Commercial/PPO	1835.46				550		2153.12 case rate	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	Consumer	Consumer	2153.12	95			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	First Trenton	First Trenton	2039.8	90			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	Horizon	Medicare Blue	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	Three Rivers	Three Rivers	2153.12	95			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	United	Oxford	1835.46				550		2153.12 case rate	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	Managed Care Inc	Managed Care Inc	2039.8	90			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	12036	CPT				outpatient			2266.44	816.81	Wellcare	Medicare	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Amerihealth	Medicare	2122.49				550		6246.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Consumer	Consumer	6246.17	95			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	First Trenton	First Trenton	5917.43	90			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Americare	Americare	4931.19	75			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Horizon	Medicare Blue	2122.49				550		6246.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Aetna	Better Health	2001.41	30.44			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	First Health	First Health	4602.44	70			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Aetna	Commercial	3463.9				550		6246.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Horizon	Indemnity	4107.02				550		6246.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Corrections	Corrections	5259.94	80			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Managed Care Inc	Managed Care Inc	5917.43	90			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Amerihealth	HMO/PPO	550				550		6246.17 fee schedule	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	UHC	Medicare	2122.49				550		6246.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Multiplan	Multiplan	5259.94	80			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Three Rivers	Three Rivers	6246.17	95			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Aetna	Medicare	2122.49				550		6246.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Horizon	PPO	4107.02				550		6246.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Qualcare	Qualcare	4931.19	75			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	UHC	Medicaid	2001.41	30.44			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Horizon	MGD	4107.02				550		6246.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Wellcare	Medicare	2122.49				550		6246.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	United	Commercial/PPO	2567.79				550		6246.17 case rate	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	United	Oxford	2567.79				550		6246.17 case rate	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	Wellcare	Medicaid	2001.41	30.44			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E >30.0 CM	12037	CPT				outpatient			6574.92	2440.86	WellPoint	WellPoint	2040.86	31.04			550		6246.17 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Aetna	Better Health	437.79	30.44			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Aetna	Medicare	442.97	30.8			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	First Trenton	First Trenton	1294.38	90			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Aetna	Commercial	756.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Horizon	MGD	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Qualcare	Qualcare	1078.65	75			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Amerihealth	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Horizon	Medicare Blue	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	WellPoint	WellPoint	446.42	31.04			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Horizon	PPO	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Americare	Americare	1078.65	75			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	First Health	First Health	1006.74	70			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Consumer	Consumer	1366.29	95			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	UHC	Medicaid	437.79	30.44			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Multiplan	Multiplan	1150.56	80			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	United	Oxford	1835.46				125		1835.46 case rate	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Corrections	Corrections	1150.56	80			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Managed Care Inc	Managed Care Inc	1294.38	90			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Three Rivers	Three Rivers	1366.29	95			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Horizon	Indemnity	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	UHC	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Wellcare	Medicaid	437.79	30.44			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	Wellcare	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E <30.0 CM	12041	CPT				outpatient			1438.2	533.12	United	Commercial/PPO	1835.46				125		1835.46 case rate	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Aetna	Better Health	437.79	30.44			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Multiplan	Multiplan	1150.56	80			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Aetna	Commercial	756.56				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Aetna	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Corrections	Corrections	1150.56	80			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	First Health	First Health	1006.74	70			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Amerihealth	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Americare	Americare	1078.65	75			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Consumer	Consumer	1366.29	95			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Qualcare	Qualcare	1078.65	75			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Horizon	Indemnity	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	First Trenton	First Trenton	1294.38	90			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Horizon	PPO	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Horizon	Medicare Blue	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Managed Care Inc	Managed Care Inc	1294.38	90			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Amerihealth	HMO/PPO	550				437.79		1835.46 fee schedule	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	UHC	Medicare	463.58			347.28	437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	United	Commercial/PPO	1835.46				437.79		1835.46 case rate	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Three Rivers	Three Rivers	1366.29	95			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Horizon	MGD	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Wellcare	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	UHC	Medicaid	437.79	30.44		423.18	437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	United	Oxford	1835.46				437.79		1835.46 case rate	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	WellPoint	WellPoint	446.42	31.04			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12042	CPT				outpatient			1438.2	533.12	Wellcare	Medicaid	437.79	30.44			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Amerihealth	HMO/PPO	550				550		2153.12 fee schedule	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Horizon	PPO	1374.37				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Corrections	Corrections	1813.15	80			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Wellcare	Medicare	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Aetna	Medicare	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Amerihealth	Medicare	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Aetna	Commercial	1159.16				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Aetna	Better Health	689.9	30.44			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	First Trenton	First Trenton	2039.8	90			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	UHC	Medicaid	689.9	30.44			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Americare	Americare	1699.83	75			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Consumer	Consumer	2153.12	95			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Horizon	MGD	1374.37				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	First Health	First Health	1586.51	70			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Multiplan	Multiplan	1813.15	80			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	United	Oxford	1835.46				550		2153.12 case rate	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Managed Care Inc	Managed Care Inc	2039.8	90			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	United	Commercial/PPO	1835.46				550		2153.12 case rate	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Qualcare	Qualcare	1699.83	75			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Wellcare	Medicaid	689.9	30.44			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Three Rivers	Three Rivers	2153.12	95			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Horizon	Indemnity	1374.37				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	WellPoint	WellPoint	703.5	31.04			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	Horizon	Medicare Blue	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 7.6-12.5CM	12044	CPT				outpatient			2266.44	816.81	UHC	Medicare	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Aetna	Commercial	1159.16				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Aetna	Better Health	689.9	30.44			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	First Trenton	First Trenton	2039.8	90			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	First Health	First Health	1586.51	70			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Americare	Americare	1699.83	75			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Horizon	Medicare Blue	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Corrections	Corrections	1813.15	80			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Amerihealth	HMO/PPO	550				550		2153.12 fee schedule	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Aetna	Medicare	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	UHC	Medicare	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Managed Care Inc	Managed Care Inc	2039.8	90			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Amerihealth	Medicare	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Consumer	Consumer	2153.12	95			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Wellcare	Medicare	710.27				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Horizon	PPO	1374.37				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Horizon	Indemnity	1374.37				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Horizon	MGD	1374.37				550		2153.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	UHC	Medicaid	689.9	30.44			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Three Rivers	Three Rivers	2153.12	95			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	United	Commercial/PPO	1835.46				550		2153.12 case rate	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	Multiplan	Multiplan	1813.15	80			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	United	Oxford	1835.46				550		2153.12 case rate	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.44	816.81	WellPoint	WellPoint	703.5	31.04			550		2153.12 percent of total billed charges	
REPAIR INTERMEDIATE S/A/T/E 12.6-20 CM	12045	CPT				outpatient			2266.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03			506.2	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				125		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04		426.97	125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46				125		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44		378.37	125		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.5 CM/<	12051	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Corrections	Corrections	1117.1	80			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Amerihealth	HMO/PPO	550				425.06		1835.46 fee schedule	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Aetna	Medicare	463.58				425.06		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Aetna	Better Health	425.06	30.44		411.11	425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	First Health	First Health	977.47	70			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Americare	Americare	1047.29	75			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Consumer	Consumer	1326.56	95			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Aetna	Commercial	756.56				425.06		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Horizon	Indemnity	897.03				425.06		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Wellcare	Medicaid	425.06	30.44			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Horizon	MGD	897.03				425.06		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Amerihealth	Medicare	463.58				425.06		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Multiplan	Multiplan	1117.1	80			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	First Trenton	First Trenton	1256.74	90			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Horizon	PPO	897.03			320.54	425.06		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Horizon	Medicare Blue	463.58				425.06		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	United	CommercialPPO	1835.46				425.06		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Wellcare	Medicare	463.58				425.06		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Qualcare	Qualcare	1047.29	75			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	UHC	Medicare	463.58				425.06		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	UHC	Medicaid	425.06	30.44		406.06	425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Managed Care Inc	Managed Care Inc	1256.74	90			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	WellPoint	WellPoint	433.44	31.04		419.33	425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	Three Rivers	Three Rivers	1326.56	95			425.06		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 2.6-5.0 CM	12052	CPT				outpatient			1396.38	533.12	United	Oxford	1835.46				425.06		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Aetna	Better Health	422.26	30.44			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Aetna	Commercial	756.56				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Amerihealth	Medicare	463.58				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Aetna	Medicare	427.26	30.8			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	First Trenton	First Trenton	1248.48	90			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	550				422.26		1835.46 fee schedule	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				422.26		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46				422.26		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 5.1-7.5 CM	12053	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Amerihealth	Medicare	463.58				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	First Trenton	First Trenton	1248.48	90			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Aetna	Better Health	422.26	30.44			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Aetna	Commercial	756.56				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Aetna	Medicare	427.26	30.8			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	550				422.26		1835.46 fee schedule	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				422.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46				422.26		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			422.26		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 7.6-12.5 CM	12054	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				422.26		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Aetna	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Aetna	Commercial	756.56				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Amerihealth	HMO/PPO	550				437.79		1835.46 fee schedule	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	First Trenton	First Trenton	1294.38	90			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Corrections	Corrections	1150.56	80			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Consumer	Consumer	1366.29	95			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Aetna	Better Health	437.79	30.44			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Horizon	PPO	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Horizon	MGD	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Americare	Americare	1076.65	75			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Amerihealth	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Managed Care Inc	Managed Care Inc	1294.38	90			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	United	Oxford	1835.46				437.79		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Three Rivers	Three Rivers	1366.29	95			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	First Health	First Health	1006.74	70			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	UHC	Medicaid	437.79	30.44			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Horizon	Indemnity	897.03				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Multiplan	Multiplan	1150.56	80			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Horizon	Medicare Blue	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Wellcare	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Wellcare	Medicaid	437.79	30.44			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	Qualcare	Qualcare	1078.65	75			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	UHC	Medicare	463.58				437.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	United	CommercialPPO	1835.46				437.79		1835.46 case rate	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 12.6-20.0CM	12055	CPT				outpatient			1438.2	533.12	WellPoint	WellPoint	446.42	31.04			437.79		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Corrections	Corrections	1097.46	80			417.58		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Aetna	Medicare	422.52	30.8			417.58		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Aetna	Commercial	756.56				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Americare	Americare	1028.87	75			417.58		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	First Health	First Health	960.27	70			417.58		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Aetna	Better Health	417.58	30.44			417.58		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Qualcare	Qualcare	1028.87	75			417.58		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Amerihealth	Medicare	463.58				417.58		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	First Trenton	First Trenton	1234.64	90			417.58		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Amerihealth	HMO/PPO	550				417.58		1835.46 fee schedule	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Multiplan	Multiplan	1097.46	80			417.58		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/EN/L&/MUC 20.1-30.0CM	12056	CPT				outpatient			1371.82	533.12	Consumer	Consumer	1303.23	95			417.58		1835.46 percent of total billed charges	
REPAIR INTERMEDIATE F/E/

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Horizon	MCD	1374.37				566.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Managed Care Inc	Managed Care Inc	1675.46	90			566.68	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Amerihealth	Medicare	710.27				566.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Multiplan	Multiplan	1489.3	80			566.68	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Consumer	Consumer	1768.54	95			566.68	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	United	Oxford	1835.46				566.68	1835.46	case rate	
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Horizon	Medicare Blue	710.27				566.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Horizon	PPO	1374.37				566.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	UHC	Medicare	710.27				566.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Three Rivers	Three Rivers	1768.54	95			566.68	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Qualcare	Qualcare	1396.22	75			566.68	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Wellcare	Medicaid	566.68	30.44			566.68	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	UHC	Medicaid	566.68	30.44			566.68	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	Wellcare	Medicare	710.27				566.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	United	CommercialPPO	1835.46				566.68	1835.46	case rate	
REPAIR COMPLEX TRUNK 2.6-7.5 CM	13101	CPT				outpatient			1861.62		816.81	WellPoint	WellPoint	577.85	31.04			566.68	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Corrections	Corrections	325.45	80			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Aetna	Better Health	123.83	30.44			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Amerihealth	HMO/PPO	650				122.04	1835.46	fee schedule	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Americare	Americare	305.11	75			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			First Trenton	First Trenton	366.13	90			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			WellPoint	WellPoint	126.27	31.04			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			First Health	First Health	284.77	70			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Aetna	Commercial	154.59	38			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Horizon	Indemnity	155.73	38.28			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Consumer	Consumer	386.47	95			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			UHC	Medicaid	123.83	30.44			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Aetna	Medicare	125.3	30.8			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Horizon	PPO	155.73	38.28			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			United	CommercialPPO	1835.46				122.04	1835.46	case rate	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Horizon	MCD	155.73	38.28			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Multiplan	Multiplan	325.45	80			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Horizon	Medicare Blue	122.04	30			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			United	Oxford	1835.46				122.04	1835.46	case rate	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Managed Care Inc	Managed Care Inc	366.13	90			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Qualcare	Qualcare	305.11	75			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Three Rivers	Three Rivers	386.47	95			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	13102	CPT				outpatient			406.81			Wellcare	Medicaid	123.83	30.44			122.04	1835.46	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Corrections	Corrections	1727.47	80			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	First Health	First Health	1511.54	70			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Consumer	Consumer	2051.37	95			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Amerihealth	Medicare	710.27				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Aetna	Better Health	657.3	30.44			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Amerihealth	HMO/PPO	550				550	2051.37	fee schedule	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Aetna	Commercial	1159.16				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	First Trenton	First Trenton	1943.41	90			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Horizon	Medicare Blue	710.27				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Wellcare	Medicare	710.27				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Three Rivers	Three Rivers	2051.37	95			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Horizon	PPO	1374.37				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	WellPoint	WellPoint	670.26	31.04			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Horizon	Indemnity	1374.37				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Aetna	Medicare	710.27				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Managed Care Inc	Managed Care Inc	1943.41	90			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Americare	Americare	1619.51	75			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	UHC	Medicaid	657.3	30.44			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Horizon	MCD	1374.37				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	UHC	Medicare	710.27				550	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Multiplan	Multiplan	1727.47	80			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	United	CommercialPPO	1835.46				550	2051.37	case rate	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Qualcare	Qualcare	1619.51	75			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	United	Oxford	1835.46				550	2051.37	case rate	
REPAIR COMPLEX SCALP/ARMLEG 1.1-2.5 CM	13120	CPT				outpatient			2159.34		816.81	Wellcare	Medicaid	657.3	30.44			550	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Aetna	Commercial	1159.16				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	UHC	Medicare	710.27			229.61	650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	First Trenton	First Trenton	1943.41	90			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Aetna	Better Health	657.3	30.44			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Horizon	Indemnity	1374.37				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Amerihealth	Medicare	710.27				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Amerihealth	HMO/PPO	650				650	2051.37	fee schedule	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Aetna	Medicare	710.27				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Horizon	Medicare Blue	710.27				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	United	CommercialPPO	1835.46				650	2051.37	case rate	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Horizon	PPO	1374.37				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Americare	Americare	1619.51	75			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	United	Oxford	1835.46				650	2051.37	case rate	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	First Health	First Health	1511.54	70			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Managed Care Inc	Managed Care Inc	1943.41	90			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Corrections	Corrections	1727.47	80			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Wellcare	Medicaid	657.3	30.44			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Multiplan	Multiplan	1727.47	80			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	UHC	Medicaid	657.3	30.44		629.27	650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Consumer	Consumer	2051.37	95			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Wellcare	Medicare	710.27				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Qualcare	Qualcare	1619.51	75			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	WellPoint	WellPoint	670.26	31.04		648.44	650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Horizon	MCD	1374.37				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX SCALP/ARMLEG 2.6-7.5 CM	13121	CPT				outpatient			2159.34		816.81	Three Rivers	Three Rivers	2051.37	95			650	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Amerihealth	HMO/PPO	650				647.8	2051.37	fee schedule	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Aetna	Better Health	657.3	30.44			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Aetna	Medicare	665.08	30.8			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Corrections	Corrections	1727.47	80			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Americare	Americare	1619.51	75			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			First Health	First Health	1511.54	70			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			WellPoint	WellPoint	670.26	31.04		648.44	647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Aetna	Commercial	820.55	38			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Wellcare	Medicaid	657.3	30.44			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Consumer	Consumer	2051.37	95			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Horizon	MGD	826.6	38.28			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Horizon	Indemnity	826.6	38.28			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			UHC	Medicaid	657.3	30.44			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			First Trenton	First Trenton	1943.41	90			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			United	CommercialPPO	1835.46				647.8	2051.37	case rate	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Multiplan	Multiplan	1727.47	80			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Horizon	Medicare Blue	647.8	30			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Qualcare	Qualcare	1619.51	75			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Horizon	PPO	826.6	38.28			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Managed Care Inc	Managed Care Inc	1943.41	90			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			Three Rivers	Three Rivers	2051.37	95			647.8	2051.37	percent of total billed charges	
REPAIR COMPLEX SCALP/ARMLEG EA ADDL 5 CM/<	13122	CPT				outpatient			2159.34			United	Oxford	1835.46				647.8	2051.37	case rate	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Americare	Americare	1619.51	75			463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Aetna	Medicare	463.58				463.58	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Aetna	Commercial	796.56			506.92	463.58	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	First Health	First Health	1511.54	70			463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Amerihealth	Medicare	463.58				463.58	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Corrections	Corrections	1727.47	80			463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	UHC	Medicare	463.58				463.58	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Aetna	Better Health	657.3	30.44			463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Amerihealth	HMO/PPO	550				463.58	2051.37	fee schedule	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Horizon	MGD	897.03				463.58	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	First Trenton	First Trenton	1943.41	90			463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Horizon	Indemnity	897.03				463.58	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	UHC	Medicaid	657.3	30.44		615	463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Consumer	Consumer	2051.37	95			463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	United	CommercialPPO	1835.46				463.58	2051.37	case rate	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Horizon	Medicare Blue	463.58				463.58	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Horizon	PPO	897.03				463.58	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Three Rivers	Three Rivers	2051.37	95			463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Managed Care Inc	Managed Care Inc	1943.41	90			463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Multiplan	Multiplan	1727.47	80			463.58	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	Wellcare	Medicare	463.58				463.58	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	United	Oxford	1835.46				463.58	2051.37	case rate	
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	CPT				outpatient			2159.34		533.12	WellPo

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	Corrections	Corrections	1727.47	80			650	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	UHC	Medicaid	657.3	30.44			650	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	WellPoint	WellPoint	670.26	31.04		630.78	650	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	Managed Care Inc	Managed Care Inc	1943.41	90			650	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	Americare	Americare	1619.51	75			650	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	Wellcare	Medicare	710.27				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	Horizon	MGD	1374.37				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	UHC	Medicare	710.27				650	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	Multiplan	Multiplan	1727.47	80			650	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	United	Oxford	1835.46				650	2051.37	case rate	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	Three Rivers	Three Rivers	2051.37	95			650	2051.37	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F 2.6-7.5 CM	13132	CPT				outpatient			2159.34	816.81	United	CommercialPPO	1835.46				650	2051.37	case rate	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		First Health	First Health	408.1	70			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Horizon	MGD	223.17	38.28			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Aetna	Better Health	177.47	30.44			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Americare	Americare	437.25	75			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Consumer	Consumer	553.85	95			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Corrections	Corrections	466.4	80			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Aetna	Medicare	179.56	30.8			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		First Trenton	First Trenton	524.7	90			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Wellcare	Medicaid	177.47	30.44			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Multiplan	Multiplan	466.4	80			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Aetna	Commercial	221.54	38			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Amerihealth	HMO/PPO	650				130.5	1835.46	fee schedule	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		United	Oxford	1835.46				130.5	1835.46	case rate	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Horizon	Medicare Blue	174.9	30			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Horizon	Indemnity	223.17	38.28			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Qualcare	Qualcare	437.25	75			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		United	CommercialPPO	1835.46				130.5	1835.46	case rate	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Horizon	NJ Health	130.5				130.5	1835.46	fee schedule	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Horizon	PPO	223.17	38.28			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		UHC	Medicaid	177.47	30.44			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Three Rivers	Three Rivers	553.85	95			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		Managed Care Inc	Managed Care Inc	524.7	90			130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX F/C/C/MIN/AX/G/H/F EA ADDL 5 CM/<	13133	CPT				outpatient			583		WellPoint	WellPoint	180.96	31.04		170.3	130.5	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	First Trenton	First Trenton	1943.41	90			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Amerihealth	Medicare	710.27				417.86	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Aetna	Better Health	657.3	30.44			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Horizon	MGD	1374.37				417.86	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Amerihealth	HMO/PPO	650				417.86	2051.37	fee schedule	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Americare	Americare	1619.51	75			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	UHC	Medicaid	657.3	30.44			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Aetna	Commercial	1159.16				417.86	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Horizon	Medicare Blue	710.27				417.86	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Consumer	Consumer	2051.37	95			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	UHC	Medicare	710.27				417.86	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Multiplan	Multiplan	1727.47	80			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	First Health	First Health	1511.54	70			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Managed Care Inc	Managed Care Inc	1943.41	90			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Wellcare	Medicare	710.27				417.86	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Aetna	Medicare	710.27				417.86	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Horizon	NJ Health	417.86			66.77	417.86	2051.37	fee schedule	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Corrections	Corrections	1727.47	80			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	United	CommercialPPO	1835.46				417.86	2051.37	case rate	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Qualcare	Qualcare	1619.51	75			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Horizon	PPO	1374.37				417.86	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Three Rivers	Three Rivers	2051.37	95			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Wellcare	Medicaid	657.3	30.44			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	Horizon	Indemnity	1374.37				417.86	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	United	Oxford	1835.46				417.86	2051.37	case rate	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	13151	CPT				outpatient			2159.34	816.81	WellPoint	WellPoint	670.26	31.04			417.86	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Americare	Americare	1619.51	75			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Aetna	Better Health	657.3	30.44			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	First Trenton	First Trenton	1943.41	90			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Corrections	Corrections	1727.47	80			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Aetna	Commercial	1159.16				558.02	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	First Health	First Health	1511.54	70			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Aetna	Medicare	665.08	30.8			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Horizon	PPO	1374.37				558.02	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Amerihealth	HMO/PPO	650				558.02	2051.37	fee schedule	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Consumer	Consumer	2051.37	95			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Managed Care Inc	Managed Care Inc	1943.41	90			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Horizon	MGD	1374.37				558.02	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Amerihealth	Medicare	710.27				558.02	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Horizon	Medicare Blue	710.27				558.02	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Horizon	Indemnity	1374.37				558.02	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	UHC	Medicaid	657.3	30.44		650.06	558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Wellcare	Medicare	710.27				558.02	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Horizon	NJ Health	558.02				558.02	2051.37	fee schedule	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	UHC	Medicare	710.27				558.02	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Multiplan	Multiplan	1727.47	80			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	WellPoint	WellPoint	670.26	31.04			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Three Rivers	Three Rivers	2051.37	95			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	United	CommercialPPO	1835.46				558.02	2051.37	case rate	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Qualcare	Qualcare	1619.51	75			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	United	Oxford	1835.46				558.02	2051.37	case rate	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	13152	CPT				outpatient			2159.34	816.81	Wellcare	Medicaid	657.3	30.44			558.02	2051.37	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Consumer	Consumer	608.39	95			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Multiplan	Multiplan	512.33	80			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Aetna	Medicare	197.25	30.8			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Corrections	Corrections	512.33	80			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Aetna	Better Health	194.94	30.44			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Americare	Americare	480.31	75			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Amerihealth	HMO/PPO	650				170.28	1835.46	fee schedule	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		First Trenton	First Trenton	576.37	90			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		United	Oxford	1835.46				170.28	1835.46	case rate	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Qualcare	Qualcare	480.31	75			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		First Health	First Health	448.29	70			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		WellPoint	WellPoint	198.78	31.04			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Aetna	Commercial	243.36	38			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Horizon	Indemnity	245.15	38.28			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Horizon	MGD	245.15	38.28			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Horizon	NJ Health	170.28				170.28	1835.46	fee schedule	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Horizon	Medicare Blue	192.12	30			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Horizon	PPO	245.15	38.28			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		UHC	Medicaid	194.94	30.44			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Managed Care Inc	Managed Care Inc	576.37	90			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		United	CommercialPPO	1835.46				170.28	1835.46	case rate	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Three Rivers	Three Rivers	608.39	95			170.28	1835.46	percent of total billed charges	
REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	13153	CPT				outpatient			640.41		Wellcare	Medicaid	194.94	30.44			170.28	1835.46	percent of total billed charges	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Horizon	Medicare Blue	2122.49				550	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Americare	Americare	4705.4	75			550	5960.18	percent of total billed charges	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Consumer	Consumer	5960.18	95			550	5960.18	percent of total billed charges	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Corrections	Corrections	5019.1	80			550	5960.18	percent of total billed charges	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Amerihealth	Medicare	2122.49				550	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Aetna	Medicare	2122.49				550	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Aetna	Better Health	1909.77	30.44			550	5960.18	percent of total billed charges	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Aetna	Commercial	3463.9				550	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	UHC	Medicare	2122.49				550	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Amerihealth	HMO/PPO	650				550	5960.18	fee schedule	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	UHC	Medicaid	1909.77	30.44			550	5960.18	percent of total billed charges	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Horizon	NJ Health	663.2				550	5960.18	fee schedule	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Horizon	Indemnity	4107.02				550	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	First Trenton	First Trenton	5646.48	90			550	5960.18	percent of total billed charges	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	First Health	First Health	4391.71	70			550	5960.18	percent of total billed charges	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Multiplan	Multiplan	5019.1	80			550	5960.18	percent of total billed charges	
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Horizon	PPO	4107.02				550	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	Horizon	MGD	4107.02				550	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSURE SURG WOUND/DEHSN XTNSV/COMP	13160	CPT				outpatient			6273.87	2440.86	United	Oxford	2567.79				550	5960.18	case rate	
SECONDARY CLOSURE SURG WOUND/DEHS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	Horizon	Indemnity	4107.02				550	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	WellPoint	WellPoint	1991.15	31.04			550	6094.04	percent of total billed charges	
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	UHC	Medicare	2122.49				550	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	Corrections	Corrections	5131.82	80			550	6094.04	percent of total billed charges	
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	United	Commercial/PPO	2567.79				550	6094.04	case rate	
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	First Health	First Health	4480.35	70			550	6094.04	percent of total billed charges	
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	Qualcare	Qualcare	4811.09	75			550	6094.04	percent of total billed charges	
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	Horizon	Medicare Blue	2122.49				550	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	Wellcare	Medicare	2122.49				550	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	Three Rivers	Three Rivers	6094.04	95			550	6094.04	percent of total billed charges	
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	UHC	Medicaid	1952.66	30.44			550	6094.04	percent of total billed charges	
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	Horizon	NJ Health	759.12				550	6094.04	fee schedule	
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	Wellcare	Medicaid	1952.66	30.44			550	6094.04	percent of total billed charges	
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	CPT				outpatient			6414.78	2440.86	United	Oxford	2567.79				550	6094.04	case rate	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Horizon	MGD	4107.02				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Amerihealth	HMO/PPO	650				650	5960.18	fee schedule	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Aetna	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Aetna	Commercial	3463.9				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Amerihealth	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Horizon	PPO	4107.02				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Aetna	Better Health	1909.77	30.44			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Multiplan	Multiplan	5019.1	80			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	UHC	Medicaid	1909.77	30.44			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Horizon	Medicare Blue	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Corrections	Corrections	5019.1	80			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Horizon	Indemnity	4107.02				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	First Health	First Health	4391.71	70			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Wellcare	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Americare	Americare	4705.4	75			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Qualcare	Qualcare	4705.4	75			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	UHC	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	United	Oxford	2567.79				650	5960.18	case rate	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Consumer	Consumer	5960.18	95			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Wellcare	Medicaid	1909.77	30.44			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	United	Commercial/PPO	2567.79				650	5960.18	case rate	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	WellPoint	WellPoint	1947.41	31.04			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	First Trenton	First Trenton	5646.48	90			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Horizon	NJ Health	996.24				650	5960.18	fee schedule	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Managed Care Inc	Managed Care Inc	5646.48	90			650	5960.18	percent of total billed charges	
ADJT/REARGMT F/C/C/M/N/A/G/H/F 10.1-30.0 SQ CM	14041	CPT				outpatient			6273.87	2440.86	Three Rivers	Three Rivers	5960.18	95			650	5960.18	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Corrections	Corrections	5131.82	80			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Americare	Americare	4811.09	75			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Aetna	Commercial	3463.9				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Horizon	Medicare Blue	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Three Rivers	Three Rivers	6094.04	95			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Amerihealth	Medicare	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Qualcare	Qualcare	4811.09	75			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Aetna	Better Health	1952.66	30.44			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	First Trenton	First Trenton	5773.3	90			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Consumer	Consumer	6094.04	95			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Multiplan	Multiplan	5131.82	80			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	UHC	Medicare	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	UHC	Medicaid	1952.66	30.44			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Horizon	NJ Health	786.71			39.92	650	6094.04	fee schedule	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Wellcare	Medicare	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Aetna	Medicare	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Horizon	Indemnity	4107.02				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	United	Oxford	2567.79				650	6094.04	case rate	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Horizon	PPO	4107.02				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Amerihealth	HMO/PPO	650				650	6094.04	fee schedule	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Managed Care Inc	Managed Care Inc	5773.3	90			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	First Health	First Health	4480.35	70			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	United	Commercial/PPO	2567.79				650	6094.04	case rate	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Horizon	MGD	4107.02				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	WellPoint	WellPoint	1991.15	31.04			650	6094.04	percent of total billed charges	
ADJT TIS TRNS/FR/REARRGMT E/IN/E/L DFCT 10 SQ CM/<	14060	CPT				outpatient			6414.78	2440.86	Wellcare	Medicaid	1952.66	30.44			650	6094.04	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Aetna	Medicare	2122.49				504.46	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Aetna	Better Health	1909.77	30.44			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Aetna	Commercial	3463.9				504.46	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	First Trenton	First Trenton	5646.48	90			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Horizon	PPO	4107.02				504.46	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	First Health	First Health	4391.71	70			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Americare	Americare	4705.4	75			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Amerihealth	Medicare	2122.49				504.46	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Horizon	MGD	4107.02				504.46	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Consumer	Consumer	5960.18	95			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	UHC	Medicare	2122.49				504.46	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Horizon	NJ Health	504.46				504.46	5960.18	fee schedule	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	WellPoint	WellPoint	1947.41	31.04			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Horizon	Medicare Blue	2122.49				504.46	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Amerihealth	HMO/PPO	550				504.46	5960.18	fee schedule	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Corrections	Corrections	5019.1	80			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	United	Oxford	2567.79				504.46	5960.18	case rate	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Managed Care Inc	Managed Care Inc	5646.48	90			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Multiplan	Multiplan	5019.1	80			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Horizon	Indemnity	4107.02				504.46	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Wellcare	Medicaid	1909.77	30.44			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Three Rivers	Three Rivers	5960.18	95			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Qualcare	Qualcare	4705.4	75			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	UHC	Medicaid	1909.77	30.44			504.46	5960.18	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	Wellcare	Medicare	2122.49				504.46	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	15002	CPT				outpatient			6273.87	2440.86	United	Commercial/PPO	2567.79				504.46	5960.18	case rate	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Amerihealth	HMO/PPO	1760.27	65			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		First Health	First Health	1895.67	70			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Aetna	Medicare	834.09	30.8			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Aetna	Better Health	824.35	30.44			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		First Trenton	First Trenton	2437.29	90			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Consumer	Consumer	2572.7	95			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Americare	Americare	2031.08	75			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Aetna	Commercial	1029.08	38			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Horizon	Indemnity	1036.66	38.28			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Horizon	Medicare Blue	812.43	30			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Horizon	MGD	1036.66	38.28			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Corrections	Corrections	2166.48	80			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		WellPoint	WellPoint	840.59	31.04			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Horizon	PPO	1036.66	38.28			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Qualcare	Qualcare	2031.08	75			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Managed Care Inc	Managed Care Inc	2437.29	90			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Multiplan	Multiplan	2166.48	80			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		UHC	Medicaid	824.35	30.44			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Three Rivers	Three Rivers	2572.7	95			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		United	Commercial/PPO	1835.46				812.43	2572.7	case rate	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		Wellcare	Medicaid	824.35	30.44			812.43	2572.7	percent of total billed charges	
PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	15003	CPT				outpatient			2708.1		United	Oxford	1835.46				812.43	2572.7	case rate	
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	Horizon	PPO	1374.37				657.3	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	Consumer	Consumer	2051.37	95			657.3	2051.37	percent of total billed charges	
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	Aetna	Better Health	657.3	30.44			657.3	2051.37	percent of total billed charges	
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	Aetna	Medicare	710.27				657.3	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	First Trenton	First Trenton	1943.41	90			657.3	2051.37	percent of total billed charges	
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	Aetna	Commercial	1159.16				657.3	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	Amerihealth	Medicare	710.27				657.3	2051.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	Corrections	Corrections	1727.47	80			657.3	2051.37	percent of total billed charges	
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	UHC	Medicaid	657.3	30.44			657.3	2051.37	percent of total billed charges	
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	Three Rivers	Three Rivers	2051.37	95			657.3	2051.37	percent of total billed charges	
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	United	Oxford	1835.46				657.3	2051.37	case rate	
PREP SITE F/SIN/HF/G/M/D GT 1ST 100 SQ CM/1PCT	15004	CPT				outpatient			2159.34	816.81	Horizon	MGD	1374.37				657.3

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	United	CommercialPPO	2567.79				125	6094.04	case rate	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	UHC	Medicare	2122.49				125	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Consumer	Consumer	6094.04	95			125	6094.04	percent of total billed charges	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Horizon	MGD	4107.02				125	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Amerihealth	Medicare	2122.49				125	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Americare	Americare	4811.09	75			125	6094.04	percent of total billed charges	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Corrections	Corrections	5131.82	80			125	6094.04	percent of total billed charges	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Horizon	PPO	4107.02				125	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	WellPoint	WellPoint	1991.15	31.04			125	6094.04	percent of total billed charges	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Multiplan	Multiplan	5131.82	80			125	6094.04	percent of total billed charges	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Horizon	Medicare Blue	2122.49				125	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Managed Care Inc	Managed Care Inc	5773.3	90			125	6094.04	percent of total billed charges	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	First Health	First Health	4480.35	70			125	6094.04	percent of total billed charges	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Horizon	NJ Health	382.29				125	6094.04	fee schedule	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Horizon	Indemnity	4107.02				125	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	United	Oxford	2567.79				125	6094.04	case rate	
HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	15040	CPT				outpatient			6414.78	2440.86	Wellcare	Medicaid	1952.66	30.44			125	6094.04	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Aetna	Medicare	4247.9				550	13364.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Aetna	Commercial	6932.57				550	13364.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Aetna	Better Health	4282.25	30.44			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	UHC	Medicaid	4282.25	30.44			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Consumer	Consumer	13364.45	95			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Americare	Americare	10550.88	75			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Horizon	Indemnity	8219.69				550	13364.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	First Trenton	First Trenton	12661.06	90			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Corrections	Corrections	11254.27	80			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Amerihealth	Medicare	4247.9				550	13364.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	First Health	First Health	9847.49	70			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	UHC	Medicare	4247.9				550	13364.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Horizon	MGD	8219.69				550	13364.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Amerihealth	HMO/PPO	550				550	13364.45	fee schedule	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Horizon	Medicare Blue	4247.9				550	13364.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Horizon	PPO	8219.69				550	13364.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Horizon	NJ Health	1269.92				550	13364.45	fee schedule	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	United	CommercialPPO	3596.76				550	13364.45	case rate	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Multiplan	Multiplan	11254.27	80			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Managed Care Inc	Managed Care Inc	12661.06	90			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Three Rivers	Three Rivers	13364.45	95			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	United	Oxford	3596.76				550	13364.45	case rate	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Qualcare	Qualcare	10550.88	75			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	WellPoint	WellPoint	4366.66	31.04			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Wellcare	Medicaid	4282.25	30.44			550	13364.45	percent of total billed charges	
SPLT AGRFT F/S/N/H/FIG/M/DGT 1ST 100 SQCM/<1%	15120	CPT				outpatient			14067.84	4885.09	Wellcare	Medicare	4247.9				550	13364.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Horizon	MGD	8219.69				650	11483.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Aetna	Better Health	3679.59	30.44			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Aetna	Medicare	4247.9				650	11483.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Corrections	Corrections	9670.42	80			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	UHC	Medicaid	3679.59	30.44			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Amerihealth	HMO/PPO	650				650	11483.62	fee schedule	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Aetna	Commercial	6932.57				650	11483.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Qualcare	Qualcare	9066.02	75			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Consumer	Consumer	11483.62	95			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Americare	Americare	9066.02	75			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Multiplan	Multiplan	9670.42	80			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	First Trenton	First Trenton	10879.22	90			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	First Health	First Health	8461.61	70			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Amerihealth	Medicare	4247.9				650	11483.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	WellPoint	WellPoint	3752.12	31.04			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Horizon	Medicare Blue	4247.9				650	11483.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Horizon	NJ Health	997.54				650	11483.62	fee schedule	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Horizon	Indemnity	8219.69				650	11483.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Horizon	PPO	8219.69				650	11483.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Three Rivers	Three Rivers	11483.62	95			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Managed Care Inc	Managed Care Inc	10879.22	90			650	11483.62	percent of total billed charges	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	UHC	Medicare	4247.9				650	11483.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	United	Oxford	3596.76				650	11483.62	case rate	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	United	CommercialPPO	3596.76				650	11483.62	case rate	
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Wellcare	Medicare	4247.9				650	11483.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIS CLTR SKN AGRFT F/S/N/H/FIG/M/DGT 1ST 25SQCM/	15155	CPT				outpatient			12088.02	4885.09	Wellcare	Medicaid	3679.59	30.44			650	11483.62	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Amerihealth	Medicare	2122.49				650	7072.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	First Trenton	First Trenton	6700.48	90			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Corrections	Corrections	5955.98	80			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Amerihealth	HMO/PPO	650				650	7072.73	fee schedule	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Aetna	Medicare	2293.05	30.8			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	UHC	Medicaid	2266.25	30.44			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Aetna	Commercial	3463.9				650	7072.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Aetna	Better Health	2266.25	30.44			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Horizon	Medicare Blue	2122.49				650	7072.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Horizon	Indemnity	4107.02				650	7072.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Americare	Americare	5583.74	75			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	First Health	First Health	5211.49	70			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Consumer	Consumer	7072.73	95			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	United	CommercialPPO	2567.79				650	7072.73	case rate	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Multiplan	Multiplan	5955.98	80			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Horizon	PPO	4107.02				650	7072.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	United	Oxford	2567.79				650	7072.73	case rate	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Horizon	NJ Health	827.63				650	7072.73	fee schedule	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Qualcare	Qualcare	5583.74	75			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Horizon	MGD	4107.02				650	7072.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Wellcare	Medicare	2122.49				650	7072.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Managed Care Inc	Managed Care Inc	6700.48	90			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	WellPoint	WellPoint	2310.92	31.04			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Three Rivers	Three Rivers	7072.73	95			650	7072.73	percent of total billed charges	
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	UHC	Medicare	2122.49				650	7072.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FR DIR CLSR F/C/C.M/N/AX/GI/H/F 20SQCM/<	15240	CPT				outpatient			7444.98	2440.86	Wellcare	Medicaid	2266.25	30.44			650	7072.73	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Amerihealth	Medicare	2122.49				550	6509.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	First Health	First Health	4796.65	70			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Aetna	Medicare	2122.49				550	6509.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	First Trenton	First Trenton	6167.12	90			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Aetna	Commercial	3463.9				550	6509.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Corrections	Corrections	5481.89	80			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Aetna	Better Health	2085.86	30.44			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Amerihealth	HMO/PPO	550				550	6509.74	fee schedule	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Horizon	Medicare Blue	2122.49				550	6509.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Multiplan	Multiplan	5481.89	80			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Horizon	MGD	4107.02				550	6509.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Horizon	NJ Health	917.68				550	6509.74	fee schedule	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	UHC	Medicare	2122.49				550	6509.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Horizon	Indemnity	4107.02				550	6509.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Americare	Americare	5139.27	75			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	United	Oxford	2567.79				550	6509.74	case rate	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Consumer	Consumer	6509.74	95			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Qualcare	Qualcare	5139.27	75			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Managed Care Inc	Managed Care Inc	6167.12	90			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Horizon	PPO	4107.02				550	6509.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Wellcare	Medicaid	2085.86	30.44			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	UHC	Medicaid	2085.86	30.44			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Three Rivers	Three Rivers	6509.74	95			550	6509.74	percent of total billed charges	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	United	CommercialPPO	2567.79				550	6509.74	case rate	
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	Wellcare	Medicare	2122.49				550	6509.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	CPT				outpatient			6852.36	2440.86	WellPoint	WellPoint	2126.97	31.04			550	6509.74	percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM /<1ST 25	15271	CPT				outpatient			6574.92	2440.86	Qualcare	Qualcare	4931.19	75			212.35	6246.17	percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM /<1ST 25	15271	CPT				outpatient			6574.92	2440.86	Three Rivers	Three Rivers	6246.17	95			212.35	6246.17	percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM /<1ST 25	15271	CPT				outpatient			6574.92

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Amerihealth	HMO/PPO	650				16.88		1835.46 fee schedule	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Consumer	Consumer	53.46	95			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Horizon	Indemnity	21.54	38.28			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Americare	Americare	42.2	75			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Aetna	Commercial	21.38	38			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Aetna	Better Health	17.13	30.44			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		First Trenton	First Trenton	50.64	90			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Multiplan	Multiplan	45.02	80			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		First Health	First Health	39.39	70			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Corrections	Corrections	45.02	80			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Horizon	PPO	21.54	38.28			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Horizon	Medicare Blue	16.88	30			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Aetna	Medicare	17.33	30.8			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Horizon	NJ Health	39.83				16.88		1835.46 fee schedule	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Managed Care Inc	Managed Care Inc	50.64	90			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		United	Oxford	1835.46				16.88		1835.46 case rate	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		United	Commercial/PPO	1835.46				16.88		1835.46 case rate	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Three Rivers	Three Rivers	53.46	95			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Horizon	MGD	21.54	38.28			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		WellPoint	WellPoint	17.47	31.04			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		Wellcare	Medicaid	17.13	30.44			16.88		1835.46 percent of total billed charges	
APP SKN SUB GRFT T/AL AREA/100SQ CM EA ADL 2SSC	15272	CPT				outpatient			56.27		UHC	Medicaid	17.13	30.44			16.88		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Aetna	Better Health	2085.86	30.44			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Multiplan	Multiplan	5481.89	80			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Horizon	MGD	4107.02				226.21		6509.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Aetna	Commercial	3463.9				226.21		6509.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 First Health	First Health	4796.65	70			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Aetna	Medicare	2122.49				226.21		6509.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 UHC	Medicaid	2085.86	30.44			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Americare	Americare	5139.27	75			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Amerihealth	HMO/PPO	650				226.21		6509.74 fee schedule	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Qualcare	Qualcare	5139.27	75			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 UHC	Medicare	2122.49				226.21		6509.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Amerihealth	Medicare	2122.49				226.21		6509.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 United	Commercial/PPO	2567.79				226.21		6509.74 case rate	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Corrections	Corrections	5481.89	80			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Consumer	Consumer	6509.74	95			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Horizon	PPO	4107.02				226.21		6509.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Horizon	Indemnity	4107.02				226.21		6509.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 United	Oxford	2567.79				226.21		6509.74 case rate	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 First Trenton	First Trenton	6167.12	90			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 WellPoint	WellPoint	2126.97	31.04			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Wellcare	Medicaid	2085.86	30.44			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Horizon	Medicare Blue	2122.49				226.21		6509.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Horizon	NJ Health	226.21				226.21		6509.74 fee schedule	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Managed Care Inc	Managed Care Inc	6167.12	90			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Three Rivers	Three Rivers	6509.74	95			226.21		6509.74 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	CPT				outpatient			6852.36		2440.86 Wellcare	Medicare	2122.49				226.21		6509.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Horizon	Indemnity	40.22	38.28			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Aetna	Commercial	39.92	38			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		First Trenton	First Trenton	94.55	90			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		First Health	First Health	73.54	70			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Americare	Americare	78.8	75			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Corrections	Corrections	84.05	80			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		UHC	Medicaid	31.98	30.44			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Aetna	Better Health	31.98	30.44			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Multiplan	Multiplan	84.05	80			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Aetna	Medicare	32.36	30.8			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Horizon	PPO	40.22	38.28			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Amerihealth	HMO/PPO	650				31.52		1835.46 fee schedule	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Consumer	Consumer	99.81	95			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Horizon	MGD	40.22	38.28			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		United	Commercial/PPO	1835.46				31.52		1835.46 case rate	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		United	Oxford	1835.46				31.52		1835.46 case rate	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Qualcare	Qualcare	78.8	75			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Wellcare	Medicaid	31.98	30.44			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Managed Care Inc	Managed Care Inc	94.55	90			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Horizon	Medicare Blue	31.52	30			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		WellPoint	WellPoint	32.61	31.04			31.52		1835.46 percent of total billed charges	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Horizon	NJ Health	48.62				31.52		1835.46 fee schedule	
SUB GRFT F/SN/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	15276	CPT				outpatient			105.06		Three Rivers	Three Rivers	99.81	95			31.52		1835.46 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Horizon	Medicare Blue	2122.49				475.67		5960.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Multiplan	Multiplan	5019.1	80			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 UHC	Medicaid	1909.77	30.44			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Consumer	Consumer	5960.18	95			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Amerihealth	Medicare	2122.49				475.67		5960.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 First Trenton	First Trenton	5646.48	90			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Amerihealth	HMO/PPO	650				475.67		5960.18 fee schedule	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Aetna	Better Health	1909.77	30.44			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 United	Oxford	2567.79				475.67		5960.18 case rate	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Qualcare	Qualcare	4705.4	75			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 First Health	First Health	4391.71	70			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Corrections	Corrections	5019.1	80			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Wellcare	Medicaid	1909.77	30.44			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Horizon	Indemnity	4107.02				475.67		5960.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Wellcare	Medicare	2122.49				475.67		5960.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Aetna	Commercial	3463.9				475.67		5960.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Horizon	PPO	4107.02				475.67		5960.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Horizon	NJ Health	475.67				475.67		5960.18 fee schedule	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Managed Care Inc	Managed Care Inc	5646.48	90			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Aetna	Medicare	2122.49				475.67		5960.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 UHC	Medicare	2122.49				475.67		5960.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Americare	Americare	4705.4	75			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 United	Commercial/PPO	2567.79				475.67		5960.18 case rate	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Horizon	MGD	4107.02				475.67		5960.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 WellPoint	WellPoint	1947.41	31.04			475.67		5960.18 percent of total billed charges	
DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	15630	CPT				outpatient			6273.87		2440.86 Three Rivers	Three Rivers	5960.18	95			475.67		5960.18 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 First Health	First Health	4162.64	70			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Americare	Americare	4395.69	75			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Horizon	Medicare Blue	2122.49				535.31		5567.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Aetna	Better Health	1784.06	30.44			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Corrections	Corrections	4688.74	80			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Amerihealth	Medicare	2122.49				535.31		5567.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Aetna	Commercial	3463.9				535.31		5567.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Aetna	Medicare	2122.49				535.31		5567.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 First Trenton	First Trenton	5274.83	90			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Consumer	Consumer	5567.87	95			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 UHC	Medicare	2122.49				535.31		5567.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Multiplan	Multiplan	4688.74	80			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Horizon	Indemnity	4107.02				535.31		5567.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Horizon	MGD	4107.02				535.31		5567.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Amerihealth	HMO/PPO	550				535.31		5567.87 fee schedule	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Qualcare	Qualcare	4395.69	75			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Managed Care Inc	Managed Care Inc	5274.83	90			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 United	Oxford	2567.79				535.31		5567.87 case rate	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Wellcare	Medicare	2122.49				535.31		5567.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Horizon	NJ Health	535.31				535.31		5567.87 fee schedule	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 UHC	Medicaid	1784.06	30.44			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Three Rivers	Three Rivers	5567.87	95			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Wellcare	Medicaid	1784.06	30.44			535.31		5567.87 percent of total billed charges	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 Horizon	PPO	4107.02				535.31		5567.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 United	Commercial/PPO	2567.79				535.31		5567.87 case rate	
GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	15760	CPT				outpatient			5860.92		2440.86 WellPoint	WellPoint	1819.23	31.04			535.31		5567.87 percent of total billed charges	
GRAFT DERMA-FAT-FASCIA	15770	CPT				outpatient			12342.65		4885.09 Aetna	Commercial	6932.57				650		11725.52 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT DERMA-FAT-FASCIA	15770	CPT				outpatient			12342.65		4885.09 Horizon	MGD	8219.69				650		11725.52 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT DERMA-FAT-FASCIA	15770	CPT				outpatient			12342.65		4885.09 Corrections	Corrections	9874.12	80			650		11725.52 percent of total billed charges	
GRAFT DERMA-FAT-FASCIA	15770	CPT				outpatient			12342.65		4885.09 Amerihealth	HMO/PPO	650				650		11725.52 fee schedule	
GRAFT DERMA-FAT-FASCIA	15770	CPT				outpatient			12342.65		4885.09 Consumer	Consumer	11725.52	95			650		11725.52 percent of total billed charges	
GRAFT DERMA-FAT-FASCIA	15770	CPT				outpatient			12342.65		4885.09 First Health	First Health	8639.86	70			650		11725.52 percent of total billed charges	
GRAFT DERMA-FAT-FASCIA	15770	CPT				outpatient			12342.65		4885.09 Aetna	Better Health	3757.1	30.44			650		11725.52 percent of total billed charges	
GRAFT DERMA-FAT-FASCIA	15770	CPT				outpatient			12342.65		4885.09 Amerihealth	Medicare	4247.9				650		11725.52 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT DERMA

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GRAFT DERMA-FAT-FASCIA	15770	CPT				outpatient			12342.65	4885.09	Wellcare	Medicaid	3757.1	30.44			650	11725.52	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	First Trenton	First Trenton	5646.48	90			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Amerihealth	HMO/PPO	650				650	5960.18	fee schedule	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Aetna	Better Health	1909.77	30.44			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Multiplan	Multiplan	5019.1	80			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Amerihealth	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Horizon	PPO	4107.02				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Aetna	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Horizon	Indemnity	4107.02				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	UHC	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	First Health	First Health	4391.71	70			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Aetna	Commercial	3463.9				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Qualcare	Qualcare	4705.4	75			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	United	Commercial/PPO	2567.79				650	5960.18	case rate	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	UHC	Medicaid	1909.77	30.44			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Consumer	Consumer	5960.18	95			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Horizon	Medicare Blue	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Americare	Americare	4705.4	75			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	United	Oxford	2567.79				650	5960.18	case rate	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Corrections	Corrections	5019.1	80			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Wellcare	Medicaid	1909.77	30.44			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Horizon	MGD	4107.02				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	WellPoint	WellPoint	1947.41	31.04			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Horizon	NJ Health	707.31				650	5960.18	fee schedule	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Wellcare	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Three Rivers	Three Rivers	5960.18	95			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID	15820	CPT				outpatient			6273.87	2440.86	Managed Care Inc	Managed Care Inc	5646.48	90			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	First Trenton	First Trenton	5646.48	90			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Americare	Americare	4705.4	75			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Aetna	Commercial	3463.9				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Aetna	Better Health	1909.77	30.44			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Corrections	Corrections	5019.1	80			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Amerihealth	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Aetna	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Horizon	Medicare Blue	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Three Rivers	Three Rivers	5960.18	95			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Consumer	Consumer	5960.18	95			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Multiplan	Multiplan	5019.1	80			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Amerihealth	HMO/PPO	650				650	5960.18	fee schedule	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Horizon	Indemnity	4107.02				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	United	Oxford	2567.79				650	5960.18	case rate	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Wellcare	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	UHC	Medicare	2122.49				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	UHC	Medicaid	1909.77	30.44			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	First Health	First Health	4391.71	70			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Qualcare	Qualcare	4705.4	75			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Horizon	MGD	4107.02				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Horizon	NJ Health	707.31				650	5960.18	fee schedule	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Wellcare	Medicaid	1909.77	30.44			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Horizon	PPO	4107.02				650	5960.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	Managed Care Inc	Managed Care Inc	5646.48	90			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	United	Commercial/PPO	2567.79				650	5960.18	case rate	
BLEPHAROPLASTY LOWER EYELID WHERNIATED FAT PAD	15821	CPT				outpatient			6273.87	2440.86	WellPoint	WellPoint	1947.41	31.04			650	5960.18	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Amerihealth	Medicare	2122.49				472.41	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Aetna	Commercial	3463.9				472.41	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Aetna	Medicare	1975.75	30.8			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Aetna	Better Health	1952.66	30.44			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Horizon	MGD	4107.02				472.41	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Americare	Americare	4811.09	75			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	UHC	Medicaid	1952.66	30.44			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Consumer	Consumer	6094.04	95			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	First Trenton	First Trenton	5773.3	90			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Multiplan	Multiplan	5131.82	80			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Amerihealth	HMO/PPO	650				472.41	6094.04	fee schedule	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Wellcare	Medicare	2122.49				472.41	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	UHC	Medicare	2122.49				472.41	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Three Rivers	Three Rivers	6094.04	95			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	First Health	First Health	4490.35	70			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Corrections	Corrections	5131.82	80			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Managed Care Inc	Managed Care Inc	5773.3	90			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Qualcare	Qualcare	4811.09	75			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	United	Commercial/PPO	2567.79				472.41	6094.04	case rate	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Horizon	Indemnity	4107.02				472.41	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Wellcare	Medicaid	1952.66	30.44			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Horizon	Medicare Blue	2122.49				472.41	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Horizon	NJ Health	472.41				472.41	6094.04	fee schedule	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	Horizon	PPO	4107.02				472.41	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	United	Oxford	2567.79				472.41	6094.04	case rate	
BLEPHAROPLASTY UPPER EYELID	15822	CPT				outpatient			6414.78	2440.86	WellPoint	WellPoint	1991.15	31.04			472.41	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Amerihealth	HMO/PPO	650				650	6094.04	fee schedule	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	UHC	Medicare	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Aetna	Medicare	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Consumer	Consumer	6094.04	95			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	First Trenton	First Trenton	5773.3	90			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Aetna	Commercial	3463.9				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Aetna	Better Health	1952.66	30.44			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Amerihealth	Medicare	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Horizon	Indemnity	4107.02				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Americare	Americare	4811.09	75			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	First Health	First Health	4490.35	70			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Horizon	NJ Health	663.02				650	6094.04	fee schedule	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Managed Care Inc	Managed Care Inc	5773.3	90			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Multiplan	Multiplan	5131.82	80			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Horizon	PPO	4107.02				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Corrections	Corrections	5131.82	80			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	UHC	Medicaid	1952.66	30.44			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Qualcare	Qualcare	4811.09	75			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Horizon	MGD	4107.02				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Three Rivers	Three Rivers	6094.04	95			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	United	Commercial/PPO	2567.79			2024.23	650	6094.04	case rate	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Wellcare	Medicare	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	WellPoint	WellPoint	1991.15	31.04			650	6094.04	percent of total billed charges	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Horizon	Medicare Blue	2122.49				650	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	United	Oxford	2567.79				650	6094.04	case rate	
BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	15823	CPT				outpatient			6414.78	2440.86	Wellcare	Medicaid	1952.66	30.44			650	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	First Health	First Health	4490.35	70			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	First Trenton	First Trenton	5773.3	90			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Aetna	Better Health	1952.66	30.44			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Amerihealth	Medicare	2122.49				91.35	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Horizon	Indemnity	4107.02				91.35	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Amerihealth	HMO/PPO	300				91.35	6094.04	fee schedule	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Aetna	Medicare	2122.49				91.35	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Aetna	Commercial	3463.9				91.35	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Multiplan	Multiplan	5131.82	80			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Managed Care Inc	Managed Care Inc	5773.3	90			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Americare	Americare	4811.09	75			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Horizon	Medicare Blue	2122.49				91.35	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Horizon	PPO	4107.02				91.35	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	United	Oxford	2567.79				91.35	6094.04	case rate	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Corrections	Corrections	5131.82	80			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Wellcare	Medicare	2122.49				91.35	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Qualcare	Qualcare	4811.09	75			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Wellcare	Medicaid	1952.66	30.44			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Consumer	Consumer	6094.04	95			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	WellPoint	WellPoint	1991.15	31.04			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	UHC	Medicaid	1952.66	30.44			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Horizon	MGD	4107.02				91.35	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	UHC	Medicare	2122.49				91.35	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Horizon	NJ Health	91.35				91.35	6094.04	fee schedule	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	United	Commercial/PPO	2567.79				91.35	6094.04	case rate	
REMOVAL SUTURES/STAPLES REQUIRING ANESTHESIA	15851	CPT				outpatient			6414.78	2440.86	Three Rivers	Three Rivers	6094.04	95			91.35	6094.04	percent of total billed charges	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			153	1835.46	percent of total billed charges	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		Corrections	Corrections	408	80			153	1835.46	percent of total billed charges	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		Amerihealth	HMO/PPO	331.5	65			153	1835.46	percent of total billed charges	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			153	1835.46	percent of total billed charges	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		Aetna	Commercial	193.8	38			153	1835.46	percent of total billed charges	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		First Trenton	First Trenton	459	90			153	1835.46	percent of total billed charges	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANEST

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		United	Commercial|PPO	1835.46				153		1835.46 case rate	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			153		1835.46 percent of total billed charges	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		United	Oxford	1835.46				153		1835.46 case rate	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			153		1835.46 percent of total billed charges	
REMOVAL SUTURES&STAPLES NOT REQUIRING ANESTHESIA	15854	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			153		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Corrections	Corrections	537.74	80			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Aetna	Medicare	230.56				100.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Aetna	Commercial	376.27				100.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Aetna	Better Health	204.61	30.44			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	First Trenton	First Trenton	604.96	90			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Amerihealth	Medicare	230.56				100.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Americare	Americare	504.14	75			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Horizon	Medicare Blue	230.56				100.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Horizon	Indemnity	446.13				100.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Consumer	Consumer	638.57	95			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Multiplan	Multiplan	537.74	80			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Amerihealth	HMO/PPO	125				100.07		1835.46 fee schedule	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Horizon	NJ Health	100.07				100.07		1835.46 fee schedule	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Horizon	MGD	446.13				100.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Wellcare	Medicare	230.56				100.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	UHC	Medicare	230.56				100.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Horizon	PPO	446.13				100.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	United	Oxford	1835.46				100.07		1835.46 case rate	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Qualcare	Qualcare	504.14	75			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	First Health	First Health	470.53	70			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Managed Care Inc	Managed Care Inc	604.96	90			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Wellcare	Medicaid	204.61	30.44			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	United	Commercial|PPO	1835.46				100.07		1835.46 case rate	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	Three Rivers	Three Rivers	638.57	95			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	WellPoint	WellPoint	208.64	31.04			100.07		1835.46 percent of total billed charges	
INITIAL TX 1ST DEGREE BURN LOCAL TX	16000	CPT				outpatient			672.18	265.14	UHC	Medicaid	204.61	30.44			100.07		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Aetna	Better Health	355.51	30.44			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Corrections	Corrections	934.32	80			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Aetna	Medicare	230.56				119.75		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Three Rivers	Three Rivers	1109.51	95			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Amerihealth	Medicare	230.56				119.75		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	First Trenton	First Trenton	1051.11	90			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Horizon	PPO	446.13				119.75		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Aetna	Commercial	376.27				119.75		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Consumer	Consumer	1109.51	95			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	United	Commercial|PPO	1835.46				119.75		1835.46 case rate	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Horizon	MGD	446.13				119.75		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Americare	Americare	875.93	75			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	First Health	First Health	817.53	70			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Managed Care Inc	Managed Care Inc	1051.11	90			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Horizon	NJ Health	119.75			187.79	119.75		1835.46 fee schedule	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Amerihealth	HMO/PPO	125				119.75		1835.46 fee schedule	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	United	Oxford	1835.46				119.75		1835.46 case rate	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	UHC	Medicaid	355.51	30.44		355.5	119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Horizon	Medicare Blue	230.56				119.75		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Horizon	Indemnity	446.13				119.75		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Multiplan	Multiplan	934.32	80			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Wellcare	Medicare	230.56				119.75		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Qualcare	Qualcare	875.93	75			119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	UHC	Medicare	230.56				119.75		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	WellPoint	WellPoint	362.52	31.04		354.83	119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	16020	CPT				outpatient			1167.9	265.14	Wellcare	Medicaid	355.51	30.44		162.48	119.75		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Aetna	Commercial	376.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	First Health	First Health	509.89	70			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Corrections	Corrections	582.73	80			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	First Trenton	First Trenton	655.57	90			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Americare	Americare	546.31	75			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Aetna	Better Health	221.73	30.44			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Aetna	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Managed Care Inc	Managed Care Inc	655.57	90			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Consumer	Consumer	691.99	95			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Amerihealth	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	UHC	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Horizon	NJ Health	213.73				125		1835.46 fee schedule	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Multiplan	Multiplan	582.73	80			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	WellPoint	WellPoint	226.1	31.04			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Three Rivers	Three Rivers	691.99	95			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	UHC	Medicaid	221.73	30.44			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Qualcare	Qualcare	546.31	75			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	United	Commercial|PPO	1835.46				125		1835.46 case rate	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	United	Oxford	1835.46				125		1835.46 case rate	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	16025	CPT				outpatient			728.41	265.14	Wellcare	Medicaid	221.73	30.44			125		1835.46 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Amerihealth	Medicare	463.58				125		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Corrections	Corrections	1790.3	80			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Horizon	MGD	897.03				125		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Aetna	Commercial	756.56				125		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Horizon	Medicare Blue	463.58				125		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Aetna	Better Health	681.21	30.44			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Amerihealth	HMO/PPO	125				125		2125.99 fee schedule	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Consumer	Consumer	2125.99	95			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	UHC	Medicare	463.58				125		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	United	Commercial|PPO	1835.46				125		2125.99 case rate	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Horizon	PPO	897.03				125		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Aetna	Medicare	463.58				125		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	First Health	First Health	1566.52	70			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Horizon	Indemnity	897.03				125		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	UHC	Medicaid	681.21	30.44			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	First Trenton	First Trenton	2014.09	90			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Wellcare	Medicare	463.58				125		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	WellPoint	WellPoint	694.64	31.04			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	United	Oxford	1835.46				125		2125.99 case rate	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Americare	Americare	1678.41	75			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Multiplan	Multiplan	1790.3	80			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Horizon	NJ Health	264.31				125		2125.99 fee schedule	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Qualcare	Qualcare	1678.41	75			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Three Rivers	Three Rivers	2125.99	95			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Wellcare	Medicaid	681.21	30.44			125		2125.99 percent of total billed charges	
DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	16030	CPT				outpatient			2237.88	533.12	Managed Care Inc	Managed Care Inc	2014.09	90			125		2125.99 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Aetna	Commercial	376.27				120.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Multiplan	Multiplan	551.01	80			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Consumer	Consumer	654.32	95			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	First Trenton	First Trenton	619.88	90			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Americare	Americare	516.57	75			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	First Health	First Health	482.13	70			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Aetna	Better Health	209.66	30.44			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Corrections	Corrections	551.01	80			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Aetna	Medicare	230.56				120.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Qualcare	Qualcare	516.57	75			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Horizon	Medicare Blue	230.56				120.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Managed Care Inc	Managed Care Inc	619.88	90			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Amerihealth	HMO/PPO	125				120.79		1835.46 fee schedule	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Horizon	Indemnity	446.13				120.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Horizon	PPO	446.13				120.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Horizon	NJ Health	120.79				120.79		1835.46 fee schedule	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Horizon	MGD	446.13				120.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	UHC	Medicaid	209.66	30.44			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	WellPoint	WellPoint	213.79	31.04			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Three Rivers	Three Rivers	654.32	95			120.79		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	Amerihealth	Medicare	230.56				120.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	United	Commercial|PPO	1835.46				120.79		1835.46 case rate	
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14	UHC	Medicare	230.56				120.79		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 1ST	17000	CPT				outpatient			688.76	265.14

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		Corrections	Corrections	368.3	80			10.57		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		Managed Care Inc	Managed Care Inc	414.34	90			10.57		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		Wellcare	Medicaid	140.14	30.44			10.57		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		Three Rivers	Three Rivers	437.36	95			10.57		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		Horizon	MGD	176.23	38.28			10.57		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		UHC	Medicaid	140.14	30.44			10.57		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		Horizon	NJ Health	10.57				10.57		1835.46 fee schedule	
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		Qualcare	Qualcare	345.29	75			10.57		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		United	Oxford	1835.46				10.57		1835.46 case rate	
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	CPT				outpatient			460.38		WellPoint	WellPoint	142.9	31.04			10.57		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	UHC	Medicare	463.58				227.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	First Trenton	First Trenton	1234.64	90			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Aetna	Better Health	417.58	30.44			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Aetna	Commercial	756.56				227.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Amerihealth	Medicare	463.58				227.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Amerihealth	HMO/PPO	300				227.07		1835.46 fee schedule	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Aetna	Medicare	463.58				227.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Horizon	Indemnity	897.03				227.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	United	Commercial|PPO	1835.46				227.07		1835.46 case rate	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Horizon	PPO	897.03				227.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Americare	Americare	1028.87	75			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Horizon	Medicare Blue	463.58				227.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Multiplan	Multiplan	1097.46	80			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	First Health	First Health	960.27	70			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Consumer	Consumer	1303.23	95			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Managed Care Inc	Managed Care Inc	1234.64	90			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Qualcare	Qualcare	1028.87	75			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Wellcare	Medicaid	417.58	30.44			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Three Rivers	Three Rivers	1303.23	95			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	UHC	Medicaid	417.58	30.44			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Corrections	Corrections	1097.46	80			227.07		1835.46 percent of total billed charges	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Wellcare	Medicare	463.58				227.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Horizon	MGD	897.03				227.07		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	United	Oxford	1835.46				227.07		1835.46 case rate	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	Horizon	NJ Health	227.07				227.07		1835.46 fee schedule	
DESTRUCTION PREMALIGNANT LESION 15/>	17004	CPT				outpatient			1371.82	533.12	WellPoint	WellPoint	425.81	31.04			227.07		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	First Health	First Health	470.53	70			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Aetna	Commercial	376.27				93.96		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Corrections	Corrections	537.74	80			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	First Trenton	First Trenton	604.96	90			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Aetna	Better Health	204.61	30.44			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Horizon	NJ Health	93.96			40.85	93.96		1835.46 fee schedule	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Americare	Americare	504.14	75			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Amerihealth	HMO/PPO	300				93.96		1835.46 fee schedule	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Multiplan	Multiplan	537.74	80			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Aetna	Medicare	230.56				93.96		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Consumer	Consumer	638.57	95			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Horizon	Medicare Blue	230.56				93.96		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Horizon	PPO	446.13				93.96		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Amerihealth	Medicare	230.56				93.96		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Three Rivers	Three Rivers	638.57	95			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Managed Care Inc	Managed Care Inc	604.96	90			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Qualcare	Qualcare	504.14	75			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Horizon	Indemnity	446.13				93.96		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	UHC	Medicare	230.56				93.96		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Horizon	MGD	446.13			165.38	93.96		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Wellcare	Medicare	230.56				93.96		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	UHC	Medicaid	204.61	30.44			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	WellPoint	WellPoint	208.64	31.04			93.96		1835.46 percent of total billed charges	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	United	Commercial|PPO	1835.46				93.96		1835.46 case rate	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	United	Oxford	1835.46				93.96		1835.46 case rate	
DESTRUCTION BENIGN LESIONS UP TO 14	17110	CPT				outpatient			672.18	265.14	Wellcare	Medicaid	204.61	30.44			93.96		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	UHC	Medicaid	206.47	30.44		189.7	113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Aetna	Commercial	376.27				113.82		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Consumer	Consumer	644.39	95			113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Aetna	Medicare	230.56				113.82		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Aetna	Better Health	206.47	30.44		199.7	113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Amerihealth	HMO/PPO	125				113.82		1835.46 fee schedule	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	First Health	First Health	474.81	70			113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Corrections	Corrections	542.64	80			113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	First Trenton	First Trenton	610.47	90			113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Americare	Americare	508.73	75			113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Horizon	Medicare Blue	230.56			65.78	113.82		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Amerihealth	Medicare	230.56				113.82		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Horizon	NJ Health	113.82			44.91	113.82		1835.46 fee schedule	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	UHC	Medicare	230.56			49.4	113.82		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Horizon	Indemnity	446.13				113.82		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	WellPoint	WellPoint	210.54	31.04		181.39	113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Horizon	PPO	446.13				113.82		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Horizon	MGD	446.13			93.78	113.82		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Managed Care Inc	Managed Care Inc	610.47	90			113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Multiplan	Multiplan	542.64	80			113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Wellcare	Medicare	230.56				113.82		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Three Rivers	Three Rivers	644.39	95			113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Qualcare	Qualcare	508.73	75			113.82		1835.46 percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	United	Oxford	1835.46				113.82		1835.46 case rate	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	United	Commercial|PPO	1835.46			209.81	113.82		1835.46 case rate	
CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	17250	CPT				outpatient			678.3	265.14	Wellcare	Medicaid	206.47	30.44			113.82		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	First Health	First Health	482.13	70			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Aetna	Commercial	376.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	First Trenton	First Trenton	619.88	90			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Aetna	Medicare	212.14	30.8			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Aetna	Better Health	209.66	30.44			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	UHC	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Americare	Americare	516.57	75			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Corrections	Corrections	551.01	80			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Multiplan	Multiplan	551.01	80			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Managed Care Inc	Managed Care Inc	619.88	90			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Amerihealth	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	WellPoint	WellPoint	213.79	31.04			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Qualcare	Qualcare	516.57	75			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Consumer	Consumer	654.32	95			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	UHC	Medicaid	209.66	30.44			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	United	Oxford	1835.46				125		1835.46 case rate	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	United	Commercial|PPO	1835.46				125		1835.46 case rate	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Horizon	NJ Health	125.05				125		1835.46 fee schedule	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Three Rivers	Three Rivers	654.32	95			125		1835.46 percent of total billed charges	
DESTRUCTION MALIGNANT LESION F/E/EN/LIM 0.5CM/<	17280	CPT				outpatient			688.76	265.14	Wellcare	Medicaid	209.66	30.44			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Aetna	Commercial	376.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	First Trenton	First Trenton	1234.64	90			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Corrections	Corrections	1097.46	80			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Americare	Americare	1028.87	75			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	First Health	First Health	960.27	70			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Horizon	PPO	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Aetna	Better Health	417.58	30.44			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Aetna	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Amerihealth	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Managed Care Inc	Managed Care Inc	1234.64	90			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Horizon	Medicare Blue	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Consumer	Consumer	1303.23	95			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Wellcare	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	UHC	Medicare	230.56				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Horizon	Indemnity	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Horizon	MGD	446.13				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	UHC	Medicaid	417.58	30.44			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	WellPoint	WellPoint	425.81	31.04			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	United	Commercial|PPO	1835.46				125		1835.46 case rate	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Horizon	NJ Health	162.55				125		1835.46 fee schedule	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	United	Oxford	1835.46				125		1835.46 case rate	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM	17281	CPT				outpatient			1371.82	265.14	Multiplan	Multiplan	1097.46	80			125		1835.46 percent of total billed charges	
DESTRUCTION MAL LESION F/E/EN/LIM 0.6-1.0CM

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Consumer	Consumer	1303.23	95			125	1835.46	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Horizon	Indemnity	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Multiplan	Multiplan	1097.46	80			125	1835.46	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Horizon	PPO	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Horizon	Medicare Blue	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	United	Commercial|PPO	1835.46				125	1835.46	case rate	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Qualcare	Qualcare	1028.87	75			125	1835.46	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Amerihealth	HMO|PPO	125				125	1835.46	fee schedule	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	United	Oxford	1835.46				125	1835.46	case rate	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Horizon	NJ Health	231.95				125	1835.46	fee schedule	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Wellcare	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Managed Care Inc	Managed Care Inc	1234.64	90			125	1835.46	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Horizon	MGD	897.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Three Rivers	Three Rivers	1303.23	95			125	1835.46	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	WellPoint	WellPoint	425.81	31.04			125	1835.46	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	UHC	Medicaid	417.58	30.44			125	1835.46	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	UHC	Medicare	463.58				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	17283	CPT				outpatient			1371.82	533.12	Wellcare	Medicaid	417.58	30.44			125	1835.46	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Aetna	Better Health	657.72	30.44			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Amerihealth	Medicare	710.27				300	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Aetna	Commercial	1159.16				300	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	First Trenton	First Trenton	1944.63	90			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Aetna	Medicare	710.27				300	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Consumer	Consumer	2052.67	95			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Americare	Americare	1620.53	75			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Multiplan	Multiplan	1728.56	80			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Horizon	MGD	1374.37				300	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	First Health	First Health	1512.49	70			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Amerihealth	HMO|PPO	300				300	2052.67	fee schedule	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Managed Care Inc	Managed Care Inc	1944.63	90			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Horizon	PPO	1374.37				300	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Corrections	Corrections	1728.56	80			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Horizon	Indemnity	1374.37				300	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Qualcare	Qualcare	1620.53	75			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	WellPoint	WellPoint	670.68	31.04			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Three Rivers	Three Rivers	2052.67	95			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	United	Commercial|PPO	1835.46				300	2052.67	case rate	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	UHC	Medicare	710.27				300	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Horizon	Medicare Blue	710.27				300	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	UHC	Medicaid	657.72	30.44			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Wellcare	Medicaid	657.72	30.44			300	2052.67	percent of total billed charges	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Wellcare	Medicare	710.27				300	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	Horizon	NJ Health	363.26				300	2052.67	fee schedule	
DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	17286	CPT				outpatient			2160.7	816.81	United	Oxford	1835.46				300	2052.67	case rate	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	United	Commercial|PPO	1835.46				37.9	2052.67	case rate	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Corrections	Corrections	1728.56	80			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Aetna	Better Health	657.72	30.44			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	First Trenton	First Trenton	1944.63	90			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Amerihealth	HMO|PPO	300				37.9	2052.67	fee schedule	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Aetna	Commercial	1159.16				37.9	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Aetna	Medicare	665.5	30.8			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	First Health	First Health	1512.49	70			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	WellPoint	WellPoint	670.68	31.04			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Multiplan	Multiplan	1728.56	80			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Americare	Americare	1620.53	75			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Horizon	MGD	1374.37				37.9	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Amerihealth	Medicare	710.27				37.9	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Qualcare	Qualcare	1620.53	75			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Consumer	Consumer	2052.67	95			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Three Rivers	Three Rivers	2052.67	95			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Horizon	Indemnity	1374.37				37.9	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Horizon	NJ Health	37.9				37.9	2052.67	fee schedule	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	United	Oxford	1835.46				37.9	2052.67	case rate	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Wellcare	Medicare	710.27				37.9	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Horizon	Medicare Blue	710.27				37.9	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Horizon	PPO	1374.37				37.9	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	UHC	Medicare	710.27				37.9	2052.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Managed Care Inc	Managed Care Inc	1944.63	90			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	Wellcare	Medicaid	657.72	30.44			37.9	2052.67	percent of total billed charges	
ELECTROLYSIS EPILATION EACH 30 MINUTES	17380	CPT				outpatient			2160.7	816.81	UHC	Medicaid	657.72	30.44			37.9	2052.67	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Amerihealth	HMO|PPO	300				164.72	2360.48	fee schedule	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Horizon	MGD	1579.71				164.72	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Aetna	Commercial	1332.35				164.72	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Americare	Americare	1863.54	75			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Aetna	Better Health	756.35	30.44			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Horizon	PPO	1579.71				164.72	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Aetna	Medicare	816.39				164.72	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Amerihealth	Medicare	816.39				164.72	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Horizon	Indemnity	1579.71				164.72	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	UHC	Medicare	816.39				164.72	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Multiplan	Multiplan	1987.78	80			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Consumer	Consumer	2360.48	95			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	First Health	First Health	1739.3	70			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	UHC	Medicaid	756.35	30.44			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Corrections	Corrections	1987.78	80			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Wellcare	Medicaid	756.35	30.44			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	United	Commercial|PPO	1871.51				164.72	2360.48	case rate	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	WellPoint	WellPoint	771.26	31.04			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Qualcare	Qualcare	1863.54	75			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Horizon	Medicare Blue	816.39				164.72	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	First Trenton	First Trenton	2236.25	90			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	United	Oxford	1871.51				164.72	2360.48	case rate	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Horizon	NJ Health	164.72				164.72	2360.48	fee schedule	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Managed Care Inc	Managed Care Inc	2236.25	90			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Three Rivers	Three Rivers	2360.48	95			164.72	2360.48	percent of total billed charges	
PUNCTURE ASPIRATION CYST OF BREAST	19000	CPT				both			2484.72	938.85	Wellcare	Medicare	816.39				164.72	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Aetna	Better Health	413.88	30.44			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Amerihealth	HMO|PPO	125				37.61	1835.46	fee schedule	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		First Health	First Health	951.76	70			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Aetna	Commercial	516.67	38			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Corrections	Corrections	1087.73	80			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		First Trenton	First Trenton	1223.69	90			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		UHC	Medicaid	413.88	30.44			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Aetna	Medicare	418.78	30.8			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Americare	Americare	1019.75	75			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Horizon	Medicare Blue	407.9	30			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Horizon	Indemnity	520.48	38.28			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Horizon	MGD	520.48	38.28			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Consumer	Consumer	1291.68	95			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Horizon	PPO	520.48	38.28			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		United	Commercial|PPO	1835.46				37.61	1835.46	case rate	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Wellcare	Medicaid	413.88	30.44			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Horizon	NJ Health	37.61				37.61	1835.46	fee schedule	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Managed Care Inc	Managed Care Inc	1223.69	90			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Multiplan	Multiplan	1087.73	80			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		United	Oxford	1835.46				37.61	1835.46	case rate	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Three Rivers	Three Rivers	1291.68	95			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		WellPoint	WellPoint	422.04	31.04			37.61	1835.46	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST EACH ADDL CYST	19001	CPT				outpatient			1359.66		Qualcare	Qualcare	1019.75	75			37.61	1835.46	percent of total billed charges	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Horizon	Medicare Blue	1880				293.29	7132.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Horizon	MGD	3637.8				293.29	7132.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Aetna	Commercial	3068.16				293.29	7132.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Corrections	Corrections	6006.58	80			293.29	7132.81	percent of total billed charges	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Amerihealth	Medicare	1880				293.29	7132.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Consumer	Consumer	7132.81	95			293.29	7132.81	percent of total billed charges	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Americare	Americare	5631.17	75			293.29	7132.81	percent of total billed charges	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Aetna	Better Health	2285.5	30.44			293.29	7132.81	percent of total billed charges	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	UHC	Medicare	1880				293.29	7132.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	UHC	Medicaid	2285.5	30.44			293.29	7132.81	percent of total billed charges	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Aetna	Medicare	1880				293.29	7132.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Horizon	Indemnity	3637.8				293.29	7132.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	First Trenton	First Trenton	6757.4	90			293.29	7132.81	percent of total billed charges	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	First Health	First Health	5255.75	70			293.29	7132.81	percent of total billed charges	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Amerihealth	HMO|PPO	550				293.29	7132.81	fee schedule	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Multiplan	Multiplan	6006.58	80			293.29	7132.81	percent of total billed charges	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Horizon	NJ Health	293.29				293.29	7132.81	fee schedule	
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Horizon	PPO	3637.8				293.29	7132.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	19020	CPT				outpatient			7508.22	2162	Wellcare	Medicaid	2285.5	30.44

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Aetna	Commercial	93.39	38			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Aetna	Better Health	74.81	30.44			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		First Trenton	First Trenton	221.19	90			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Americare	Americare	184.33	75			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Horizon	MGD	94.08	38.28			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Qualcare	Qualcare	184.33	75			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Amerihealth	HMO/PPO	125				56.92	1835.46	fee schedule	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Corrections	Corrections	196.62	80			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Horizon	PPO	94.08	38.28			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Horizon	Medicare Blue	73.73	30			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		First Health	First Health	172.04	70			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Horizon	Indemnity	94.08	38.28			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Managed Care Inc	Managed Care Inc	221.19	90			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		UHC	Medicaid	74.81	30.44			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		United	Commercial/PPO	1835.46				56.92	1835.46	case rate	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Horizon	NJ Health	56.92				56.92	1835.46	fee schedule	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Three Rivers	Three Rivers	233.48	95			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		WellPoint	WellPoint	76.29	31.04			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		Wellcare	Medicaid	74.81	30.44			56.92	1835.46	percent of total billed charges	
INJECTION PX ONLY MAMMARY DUCTOGRAM/GALACTOGRAM	19030	CPT				outpatient			245.77		United	Oxford	1835.46				56.92	1835.46	case rate	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Aetna	Better Health	1696.51	30.44			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Horizon	NJ Health	154.68			2492.85	154.68	5294.62	fee schedule	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Amerihealth	HMO/PPO	650			1626.1	154.68	5294.62	fee schedule	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Corrections	Corrections	4458.62	80			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 First Health	First Health	3901.3	70			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Aetna	Medicare	1880			1549.78	154.68	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Consumer	Consumer	5294.62	95			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Aetna	Commercial	3068.16			2889.65	154.68	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Horizon	MGD	3637.8				154.68	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Three Rivers	Three Rivers	5294.62	95			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Amerihealth	Medicare	1880				154.68	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Qualcare	Qualcare	4179.96	75			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Wellcare	Medicaid	1696.51	30.44			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 First Trenton	First Trenton	5015.95	90			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 UHC	Medicare	1880			1205.96	154.68	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Americare	Americare	4179.96	75			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 WellPoint	WellPoint	1729.95	31.04		1323.04	154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 United	Commercial/PPO	2567.79				154.68	5294.62	case rate	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Horizon	Medicare Blue	1880				154.68	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Multiplan	Multiplan	4458.62	80			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 United	Oxford	2567.79				154.68	5294.62	case rate	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Horizon	Indemnity	3637.8				154.68	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Wellcare	Medicare	1880				154.68	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Horizon	PPO	3637.8				154.68	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 Managed Care Inc	Managed Care Inc	5015.95	90			154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19081	CPT				both			5573.28		2162 UHC	Medicaid	1696.51	30.44		1658.08	154.68	5294.62	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Horizon	MGD	1313.1	38.28			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Aetna	Better Health	1044.17	30.44			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Americare	Americare	2572.7	75			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Aetna	Medicare	1056.52	30.8			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		UHC	Medicaid	1044.17	30.44			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Horizon	Medicare Blue	1029.08	30			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Amerihealth	HMO/PPO	550				73.58	3258.75	fee schedule	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Consumer	Consumer	3258.75	95			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Wellcare	Medicaid	1044.17	30.44			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Aetna	Commercial	1303.5	38			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		United	Commercial/PPO	1835.46				73.58	3258.75	case rate	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		First Health	First Health	2401.18	70			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Horizon	Indemnity	1313.1	38.28			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Corrections	Corrections	2744.21	80			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Multiplan	Multiplan	2744.21	80			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		First Trenton	First Trenton	3087.23	90			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Qualcare	Qualcare	2572.7	75			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Horizon	NJ Health	73.58				73.58	3258.75	fee schedule	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Horizon	PPO	1313.1	38.28			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Managed Care Inc	Managed Care Inc	3087.23	90			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		Three Rivers	Three Rivers	3258.75	95			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		United	Oxford	1835.46				73.58	3258.75	case rate	
BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	19082	CPT				outpatient			3430.26		WellPoint	WellPoint	1064.75	31.04			73.58	3258.75	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Horizon	MGD	3637.8			2689.17	144.92	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Qualcare	Qualcare	2572.7	75			144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 First Health	First Health	2401.18	70			144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Aetna	Better Health	1044.17	30.44		1025.59	144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Horizon	PPO	3637.8				144.92	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Consumer	Consumer	3258.75	95			144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Horizon	Indemnity	3637.8				144.92	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Aetna	Commercial	3068.16			1500.33	144.92	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 United	Oxford	2567.79				144.92	3637.8	case rate	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Wellcare	Medicaid	1044.17	30.44		985.64	144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Three Rivers	Three Rivers	3258.75	95			144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Amerihealth	Medicare	1880				144.92	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 United	Commercial/PPO	2567.79			1727.75	144.92	3637.8	case rate	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Corrections	Corrections	2744.21	80			144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 UHC	Medicaid	1044.17	30.44		1071.18	144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Aetna	Medicare	1880				144.92	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 WellPoint	WellPoint	1064.75	31.04		1030.11	144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 First Trenton	First Trenton	3087.23	90			144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Wellcare	Medicare	1880			1069.97	144.92	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Horizon	Medicare Blue	1880			866.2	144.92	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Managed Care Inc	Managed Care Inc	3087.23	90			144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Americare	Americare	2572.7	75			144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Multiplan	Multiplan	2744.21	80			144.92	3637.8	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Amerihealth	HMO/PPO	650				144.92	3637.8	fee schedule	
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 UHC	Medicare	1880			214.66	144.92	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19083	CPT				both			3430.26		2162 Horizon	NJ Health	144.92			1410.16	144.92	3637.8	fee schedule	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Qualcare	Qualcare	2572.7	75			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Aetna	Medicare	1056.52	30.8			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Multiplan	Multiplan	2744.21	80			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Aetna	Commercial	1303.5	38		1129.32	69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Consumer	Consumer	3258.75	95			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		UHC	Medicaid	1044.17	30.44			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Americare	Americare	2572.7	75			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Aetna	Better Health	1044.17	30.44			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Corrections	Corrections	2744.21	80			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		United	Oxford	1835.46				69.15	3258.75	case rate	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Wellcare	Medicaid	1044.17	30.44			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Horizon	MGD	1313.1	38.28		1494.3	69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		First Trenton	First Trenton	3087.23	90			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		First Health	First Health	2401.18	70			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Amerihealth	HMO/PPO	550				69.15	3258.75	fee schedule	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		United	Commercial/PPO	1835.46				69.15	3258.75	case rate	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Managed Care Inc	Managed Care Inc	3087.23	90			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Horizon	Indemnity	1313.1	38.28			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		WellPoint	WellPoint	1064.75	31.04		1030.11	69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Horizon	Medicare Blue	1029.08	30		677.69	69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Horizon	NJ Health	69.15			639.33	69.15	3258.75	fee schedule	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Horizon	PPO	1313.1	38.28			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	19084	CPT				both			3430.26		Three Rivers	Three Rivers	3258.75	95			69.15	3258.75	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Aetna	Commercial	3068.16				169.15	6179.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Aetna	Medicare	2003.4	30.8			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Horizon	PPO	3637.8				169.15	6179.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Amerihealth	Medicare	1880				169.15	6179.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Americare	Americare	4878.41	75			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 First Trenton	First Trenton	5854.09	90			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Corrections	Corrections	5203.63	80			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Aetna	Better Health	1979.98	30.44			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Amerihealth	HMO/PPO	650				169.15	6179.31	fee schedule	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 UHC	Medicaid	1979.98	30.44			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 WellPoint	WellPoint	2019.01	31.04			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 First Health	First Health	4553.18	70			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Horizon	Indemnity	3637.8				169.15	6179.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Managed Care Inc	Managed Care Inc	5854.09	90			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Horizon	MGD	3637.8				169.15	6179.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Consumer	Consumer	6179.31	95			169.15	6179.31	percent of total billed charges	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 UHC	Medicare	1880				169.15	6179.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Horizon	Medicare Blue	1880				169.15	6179.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Wellcare	Medicare	1880				169.15	6179.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 Horizon	NJ Health	169.15				169.15	6179.31	fee schedule	
BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	19085	CPT				outpatient			6504.54		2162 United	Commercial/PPO	2567.79				169.15	6179.31	case rate	
BX

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Americare	Americare	75				75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		First Health	First Health	70				75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Wellcare	Medicaid	991.08	30.44			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Aetna	Better Health	991.08	30.44			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Consumer	Consumer	3093.05	95			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Amerihealth	HMO/PPO	550				75.28	3093.05	fee schedule	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		First Trenton	First Trenton	2930.26	90			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		United	Commercial/PPO	1835.46				75.28	3093.05	case rate	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Horizon	NJ Health	75.28				75.28	3093.05	fee schedule	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		UHC	Medicaid	991.08	30.44			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Horizon	PPO	1246.34	38.28			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Aetna	Commercial	1237.22	38			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Managed Care Inc	Managed Care Inc	2930.26	90			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		United	Oxford	1835.46				75.28	3093.05	case rate	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Three Rivers	Three Rivers	3093.05	95			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		WellPoint	WellPoint	1010.61	31.04			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Horizon	Indemnity	1246.34	38.28			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Multiplan	Multiplan	2604.67	80			75.28	3093.05	percent of total billed charges	
BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	19086	CPT				outpatient			3255.84		Qualcare	Qualcare	2441.88	75			75.28	3093.05	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Consumer	Consumer	5477.76	95			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Multiplan	Multiplan	4612.85	80			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 UHC	Medicare	1880				96.47	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Americare	Americare	4324.55	75			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Aetna	Better Health	1755.19	30.44			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Qualcare	Qualcare	4324.55	75			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Aetna	Commercial	3068.16				96.47	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Aetna	Medicare	1880				96.47	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Corrections	Corrections	4612.85	80			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Amerihealth	HMO/PPO	300				96.47	5477.76	fee schedule	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Amerihealth	Medicare	1880				96.47	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Horizon	Medicare Blue	1880				96.47	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 First Health	First Health	4036.24	70			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Horizon	Indemnity	3637.8				96.47	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Horizon	MGD	3637.8				96.47	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 United	Commercial/PPO	2567.79				96.47	5477.76	case rate	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 First Trenton	First Trenton	5189.45	90			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Wellcare	Medicaid	1755.19	30.44			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Horizon	NJ Health	96.47				96.47	5477.76	fee schedule	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Three Rivers	Three Rivers	5477.76	95			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Horizon	PPO	3637.8				96.47	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Wellcare	Medicare	1880				96.47	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 Managed Care Inc	Managed Care Inc	5189.45	90			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 UHC	Medicaid	1755.19	30.44			96.47	5477.76	percent of total billed charges	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 United	Oxford	2567.79				96.47	5477.76	case rate	
BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	19100	CPT				outpatient			5766.06		2162 WellPoint	WellPoint	1789.79	31.04			96.47	5477.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Aetna	Medicare	4443.19				469.3	12135.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Amerihealth	Medicare	4443.19				469.3	12135.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 First Health	First Health	8942.14	70			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Amerihealth	HMO/PPO	650				469.3	12135.76	fee schedule	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Horizon	PPO	8597.57				469.3	12135.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Americare	Americare	9580.86	75			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Aetna	Better Health	3888.55	30.44			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Aetna	Commercial	7251.29				469.3	12135.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Horizon	MGD	8597.57				469.3	12135.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Corrections	Corrections	10219.58	80			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Horizon	Medicare Blue	4443.19				469.3	12135.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 UHC	Medicare	4443.19				469.3	12135.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 WellPoint	WellPoint	3965.2	31.04			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 First Trenton	First Trenton	11497.03	90			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Consumer	Consumer	12135.76	95			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Horizon	Indemnity	8597.57				469.3	12135.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Multiplan	Multiplan	10219.58	80			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Horizon	NJ Health	469.3				469.3	12135.76	fee schedule	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Wellcare	Medicaid	3888.55	30.44			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 UHC	Medicaid	3888.55	30.44			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Qualcare	Qualcare	9580.86	75			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Managed Care Inc	Managed Care Inc	11497.03	90			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Wellcare	Medicare	4443.19				469.3	12135.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 United	Commercial/PPO	2859.28				469.3	12135.76	case rate	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 Three Rivers	Three Rivers	12135.76	95			469.3	12135.76	percent of total billed charges	
EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	19120	CPT				outpatient			12774.48		5109.67 United	Oxford	2859.28				469.3	12135.76	case rate	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 First Trenton	First Trenton	5015.95	90			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Horizon	PPO	3637.8				86.55	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Aetna	Commercial	3068.16				86.55	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Aetna	Better Health	1696.51	30.44			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 United	Oxford	2567.79				86.55	5294.62	case rate	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 First Health	First Health	3901.3	70			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Americare	Americare	4179.96	75			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Aetna	Medicare	1880				86.55	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Managed Care Inc	Managed Care Inc	5015.95	90			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 UHC	Medicaid	1696.51	30.44			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Amerihealth	HMO/PPO	550				86.55	5294.62	fee schedule	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Consumer	Consumer	5294.62	95			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Wellcare	Medicare	1880				86.55	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Horizon	Indemnity	3637.8				86.55	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Amerihealth	Medicare	1880				86.55	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Corrections	Corrections	4458.62	80			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Horizon	Medicare Blue	1880				86.55	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 UHC	Medicare	1880				86.55	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Horizon	NJ Health	86.55				86.55	5294.62	fee schedule	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Multiplan	Multiplan	4458.62	80			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Horizon	MGD	3637.8				86.55	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 United	Commercial/PPO	2567.79				86.55	5294.62	case rate	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Three Rivers	Three Rivers	5294.62	95			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Qualcare	Qualcare	4179.96	75			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 WellPoint	WellPoint	1729.95	31.04			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	19281	CPT				both			5573.28		2162 Wellcare	Medicaid	1696.51	30.44			86.55	5294.62	percent of total billed charges	
PERQ DEVICE PLACEMENT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Consumer	Consumer	462.21	95			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Amerihealth	HMO/PPO	300				41.34	1835.46	fee schedule	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Aetna	Commercial	184.89	38			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Qualcare	Qualcare	364.91	75			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Multiplan	Multiplan	389.23	80			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Aetna	Better Health	148.1	30.44			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Horizon	MGD	186.25	38.28			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Aetna	Medicare	149.85	30.8			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		First Health	First Health	340.58	70			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Wellcare	Medicaid	148.1	30.44			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Horizon	Indemnity	186.25	38.28			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		UHC	Medicaid	148.1	30.44			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Americare	Americare	364.91	75			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Corrections	Corrections	389.23	80			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Horizon	PPO	186.25	38.28			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		United	Commercial/PPO	1835.46				41.34	1835.46	case rate	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Three Rivers	Three Rivers	462.21	95			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		First Trenton	First Trenton	437.89	90			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		United	Oxford	1835.46				41.34	1835.46	case rate	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		WellPoint	WellPoint	151.02	31.04			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Horizon	Medicare Blue	145.96	30			41.34	1835.46	percent of total billed charges	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Horizon	NJ Health	41.34				41.34	1835.46	fee schedule	
PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	19282	CPT				outpatient			486.54		Managed Care Inc	Managed Care Inc	437.89	90			41.34	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Aetna	Better Health	737.1	30.44			87.51	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Amerihealth	HMO/PPO	550				87.51	2300.41	fee schedule	
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Americare	Americare	1816.11	75			87.51	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 First Trenton	First Trenton	2179.33	90			87.51	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Consumer	Consumer	2300.41	95			87.51	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Horizon	PPO	1579.71			917.65	87.51	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Aetna	Commercial	1332.35				87.51	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Horizon	MGD	1579.71				87.51	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Wellcare	Medicare	816.39				87.51	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Amerihealth	Medicare	816.39				87.51	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Aetna	Medicare	816.39				87.51	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Managed Care Inc	Managed Care Inc	2179.33	90			87.51	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 Corrections	Corrections	1937.18	80			87.51	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	19283	CPT				outpatient			2421.48		938.85 UHC	Medicaid	737.1	30.44			87.51	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		First Trenton	First Trenton	437.89	90			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Corrections	Corrections	389.23	80			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Aetna	Commercial	184.89	38			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Consumer	Consumer	462.21	95			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Americare	Americare	364.91	75			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Horizon	Indemnity	186.25	38.28			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Aetna	Medicare	149.85	30.8			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Horizon	Medicare Blue	145.96	30			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Horizon	NJ Health	41.65				41.65	1835.46	fee schedule	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Multiplan	Multiplan	389.23	80			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Horizon	MGD	186.25	38.28			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		United	Oxford	1835.46				41.65	1835.46	case rate	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Amerihealth	HMO/PPO	300				41.65	1835.46	fee schedule	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Qualcare	Qualcare	364.91	75			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		UHC	Medicaid	148.1	30.44			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Wellcare	Medicaid	148.1	30.44			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Horizon	PPO	186.25	38.28			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		United	CommercialPPO	1835.46				41.65	1835.46	case rate	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Managed Care Inc	Managed Care Inc	437.89	90			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		WellPoint	WellPoint	151.02	31.04			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	19284	CPT				outpatient			486.54		Three Rivers	Three Rivers	462.21	95			41.65	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Aetna	Better Health	737.1	30.44			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Multiplan	Multiplan	1937.18	80			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Aetna	Commercial	1332.35			379.71	74.21	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Corrections	Corrections	1937.18	80			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Horizon	Medicare Blue	816.39				74.21	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Americare	Americare	1816.11	75			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Aetna	Medicare	745.82	30.8			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	First Trenton	First Trenton	2179.33	90			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Amerihealth	HMO/PPO	550				74.21	2300.41	fee schedule	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Qualcare	Qualcare	1816.11	75			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Consumer	Consumer	2300.41	95			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Horizon	Indemnity	1579.71				74.21	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	First Health	First Health	1695.04	70			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Wellcare	Medicare	816.39				74.21	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Amerihealth	Medicare	816.39				74.21	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Managed Care Inc	Managed Care Inc	2179.33	90			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	UHC	Medicaid	737.1	30.44		712.91	74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Horizon	MGD	1579.71			896.82	74.21	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	United	Oxford	1871.51				74.21	2300.41	case rate	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Three Rivers	Three Rivers	2300.41	95			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	UHC	Medicare	816.39			539.89	74.21	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Horizon	NJ Health	74.21				74.21	2300.41	fee schedule	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Wellcare	Medicaid	737.1	30.44		725.04	74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	Horizon	PPO	1579.71				74.21	2300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	United	CommercialPPO	1871.51				74.21	2300.41	case rate	
PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	19285	CPT				outpatient			2421.48	938.85	WellPoint	WellPoint	751.63	31.04			74.21	2300.41	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Corrections	Corrections	389.23	80			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		First Trenton	First Trenton	437.89	90			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		First Health	First Health	340.58	70			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Americare	Americare	364.91	75			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Aetna	Commercial	184.89	38			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Aetna	Medicare	149.85	30.8			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Aetna	Better Health	148.1	30.44			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Amerihealth	HMO/PPO	300				35.75	1835.46	fee schedule	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Multiplan	Multiplan	389.23	80			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		WellPoint	WellPoint	151.02	31.04			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Consumer	Consumer	462.21	95			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Horizon	MGD	186.25	38.28			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Qualcare	Qualcare	364.91	75			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		UHC	Medicaid	148.1	30.44			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Horizon	Indemnity	186.25	38.28			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		United	CommercialPPO	1835.46				35.75	1835.46	case rate	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Horizon	Medicare Blue	145.96	30			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Horizon	NJ Health	35.75				35.75	1835.46	fee schedule	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Horizon	PPO	186.25	38.28			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Managed Care Inc	Managed Care Inc	437.89	90			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Three Rivers	Three Rivers	462.21	95			35.75	1835.46	percent of total billed charges	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		United	Oxford	1835.46				35.75	1835.46	case rate	
PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	19286	CPT				outpatient			486.54		Wellcare	Medicaid	148.1	30.44			35.75	1835.46	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Aetna	Better Health	1900.19	30.44			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Consumer	Consumer	5930.28	95			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Three Rivers	Three Rivers	5930.28	95			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Aetna	Commercial	3463.9				285.59	5930.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	First Health	First Health	4369.68	70			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Horizon	PPO	4107.02				285.59	5930.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Amerihealth	Medicare	2122.49				285.59	5930.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Aetna	Medicare	2122.49				285.59	5930.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Horizon	Medicare Blue	2122.49				285.59	5930.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Americare	Americare	4681.8	75			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	UHC	Medicaid	1900.19	30.44			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Amerihealth	HMO/PPO	650				285.59	5930.28	fee schedule	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Multiplan	Multiplan	4993.92	80			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Horizon	MGD	4107.02				285.59	5930.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Corrections	Corrections	4993.92	80			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	UHC	Medicare	2122.49				285.59	5930.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Qualcare	Qualcare	4681.8	75			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	United	CommercialPPO	2567.79				285.59	5930.28	case rate	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Wellcare	Medicaid	1900.19	30.44			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	First Trenton	First Trenton	5618.16	90			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	WellPoint	WellPoint	1937.64	31.04			285.59	5930.28	percent of total billed charges	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	United	Oxford	2567.79				285.59	5930.28	case rate	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Wellcare	Medicare	2122.49				285.59	5930.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Horizon	Indemnity	4107.02				285.59	5930.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Horizon	NJ Health	285.59				285.59	5930.28	fee schedule	
EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	20102	CPT				outpatient			6242.4	2440.86	Managed Care Inc	Managed Care Inc	5618.16	90			285.59	5930.28	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Amerihealth	HMO/PPO	550				317.45	5294.62	fee schedule	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	First Trenton	First Trenton	5015.95	90			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Aetna	Medicare	1880				317.45	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Aetna	Commercial	3068.16				317.45	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Aetna	Better Health	1696.51	30.44			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Horizon	PPO	3637.8				317.45	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Corrections	Corrections	4458.62	80			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Consumer	Consumer	5294.62	95			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Amerihealth	Medicare	1880				317.45	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Managed Care Inc	Managed Care Inc	5015.95	90			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Horizon	MGD	3637.8				317.45	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Americare	Americare	4179.96	75			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	United	Oxford	1871.51				317.45	5294.62	case rate	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	UHC	Medicaid	1696.51	30.44			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	First Health	First Health	3901.3	70			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Horizon	NJ Health	317.45				317.45	5294.62	fee schedule	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Horizon	Indemnity	3637.8				317.45	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Wellcare	Medicare	1880				317.45	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Horizon	Medicare Blue	1880				317.45	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Multiplan	Multiplan	4458.62	80			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Wellcare	Medicaid	1696.51	30.44			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	UHC	Medicare	1880				317.45	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Three Rivers	Three Rivers	5294.62	95			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	United	CommercialPPO	1871.51				317.45	5294.62	case rate	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	Qualcare	Qualcare	4179.96	75			317.45	5294.62	percent of total billed charges	
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	CPT				outpatient			5573.28	2162	WellPoint	WellPoint	1729.95	31.04			317.45	5294.62	percent of total billed charges	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Aetna	Commercial	5419.69				414.7	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	First Trenton	First Trenton	8932.34	90			414.7	9428.58	percent of total billed charges	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Corrections	Corrections	7939.86	80			414.7	9428.58	percent of total billed charges	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Aetna	Better Health	3021.12	30.44			414.7	9428.58	percent of total billed charges	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Aetna	Medicare	3320.89				414.7	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Amerihealth	HMO/PPO	650				414.7	9428.58	fee schedule	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Americare	Americare	7443.62	75			414.7	9428.58	percent of total billed charges	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	First Health	First Health	6947.37	70			414.7	9428.58	percent of total billed charges	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Horizon	MGD	6425.92				414.7	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Horizon	Medicare Blue	3320.89				414.7	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Consumer	Consumer	9428.58	95			414.7	9428.58	percent of total billed charges	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Horizon	PPO	6425.92				414.7	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Horizon	NJ Health	414.7				414.7	9428.58	fee schedule	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Amerihealth	Medicare	3320.89				414.7	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Three Rivers	Three Rivers	9428.58	95			414.7	9428.58	percent of total billed charges	
BIOPSY MUSCLE DEEP	20205	CPT				outpatient			9924.82	3819.02	Multiplan	Multiplan	7939.86

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Aetna	Medicare	1769.66	30.8			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Horizon	MGD	3637.8			1427.92	375.08	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Aetna	Better Health	1748.98	30.44			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Consumer	Consumer	5458.38	95			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Corrections	Corrections	4596.53	80			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 UHC	Medicare	1880			391.9	375.08	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Amerihealth	Medicare	1880				375.08	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Aetna	Commercial	3068.16			1109.76	375.08	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 First Trenton	First Trenton	5171.09	90			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 WellPoint	WellPoint	1783.45	31.04		1725.42	375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Americare	Americare	4309.25	75			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Multiplan	Multiplan	4596.53	80			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Horizon	Indemnity	3637.8				375.08	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Qualcare	Qualcare	4309.25	75			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 First Health	First Health	4021.96	70			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 UHC	Medicaid	1748.98	30.44		1738.51	375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Managed Care Inc	Managed Care Inc	5171.09	90			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Amerihealth	HMO/PPO	550				375.08	5458.38	fee schedule	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Horizon	NJ Health	375.08			2134.03	375.08	5458.38	fee schedule	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Horizon	Medicare Blue	1880				375.08	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Three Rivers	Three Rivers	5458.38	95			375.08	5458.38	percent of total billed charges	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 United	Oxford	2567.79				375.08	5458.38	case rate	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 United	CommercialPPO	2567.79				375.08	5458.38	case rate	
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Horizon	PPO	3637.8			1770.5	375.08	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Wellcare	Medicare	1880				375.08	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	CPT				both			5745.66		2162 Wellcare	Medicaid	1748.98	30.44			375.08	5458.38	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Amerihealth	Medicare	1880				248.92	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Corrections	Corrections	4612.85	80			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Aetna	Medicare	1880				248.92	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Amerihealth	HMO/PPO	300				248.92	5477.76	fee schedule	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Aetna	Commercial	3068.16			2039.68	248.92	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Aetna	Better Health	1755.19	30.44			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Consumer	Consumer	5477.76	95			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 First Health	First Health	4036.24	70			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Horizon	Medicare Blue	1880				248.92	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Horizon	Indemnity	3637.8				248.92	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Americare	Americare	4324.55	75			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Horizon	MGD	3637.8				248.92	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 UHC	Medicare	1880				248.92	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Multiplan	Multiplan	4612.85	80			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 First Trenton	First Trenton	5189.45	90			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Wellcare	Medicare	1880				248.92	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Horizon	NJ Health	248.92			3236.19	248.92	5477.76	fee schedule	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Horizon	PPO	3637.8				248.92	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Managed Care Inc	Managed Care Inc	5189.45	90			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 UHC	Medicaid	1755.19	30.44			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Wellcare	Medicaid	1755.19	30.44			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Qualcare	Qualcare	4324.55	75			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 Three Rivers	Three Rivers	5477.76	95			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 United	CommercialPPO	1871.51				248.92	5477.76	case rate	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 WellPoint	WellPoint	1789.79	31.04			248.92	5477.76	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE SUPERFICIAL	20220	CPT				both			5766.06		2162 United	Oxford	1871.51				248.92	5477.76	case rate	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Multiplan	Multiplan	4980.05	80			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Wellcare	Medicare	1880				650	5913.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Consumer	Consumer	5913.81	95			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Amerihealth	Medicare	1880				650	5913.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Aetna	Better Health	1894.91	30.44			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Aetna	Commercial	3068.16				650	5913.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 First Health	First Health	4357.54	70			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Americare	Americare	4668.8	75			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Qualcare	Qualcare	4668.8	75			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Horizon	MGD	3637.8				650	5913.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Aetna	Medicare	1880				650	5913.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 First Trenton	First Trenton	5602.55	90			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Corrections	Corrections	4980.05	80			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 UHC	Medicaid	1894.91	30.44			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Horizon	NJ Health	894.47			2154.1	650	5913.81	fee schedule	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Amerihealth	HMO/PPO	650				650	5913.81	fee schedule	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Horizon	PPO	3637.8				650	5913.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 UHC	Medicare	1880				650	5913.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 WellPoint	WellPoint	1932.26	31.04			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Horizon	Indemnity	3637.8			2138.27	650	5913.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 United	CommercialPPO	2567.79				650	5913.81	case rate	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Horizon	Medicare Blue	1880				650	5913.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 United	Oxford	2567.79				650	5913.81	case rate	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Managed Care Inc	Managed Care Inc	5602.55	90			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Wellcare	Medicaid	1894.91	30.44			650	5913.81	percent of total billed charges	
BIOPSY BONE TROCARINEEDLE DEEP	20225	CPT				both			6225.06		2162 Three Rivers	Three Rivers	5913.81	95			650	5913.81	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Aetna	Commercial	5419.69				164.43	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Amerihealth	Medicare	3320.89				164.43	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Corrections	Corrections	8393.54	80			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Aetna	Medicare	3231.51	30.8			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Consumer	Consumer	9967.33	95			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 First Trenton	First Trenton	9442.74	90			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Aetna	Better Health	3193.74	30.44			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Amerihealth	HMO/PPO	550				164.43	9967.33	fee schedule	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Americare	Americare	7868.95	75			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Horizon	Medicare Blue	3320.89				164.43	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 WellPoint	WellPoint	3256.7	31.04			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Horizon	PPO	6425.92				164.43	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Horizon	NJ Health	164.43				164.43	9967.33	fee schedule	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 UHC	Medicare	3320.89				164.43	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Horizon	Indemnity	6425.92				164.43	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 First Health	First Health	7344.35	70			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Horizon	MGD	6425.92				164.43	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 UHC	Medicaid	3193.74	30.44			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Multiplan	Multiplan	8393.54	80			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Wellcare	Medicaid	3193.74	30.44			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Managed Care Inc	Managed Care Inc	9442.74	90			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 United	CommercialPPO	2859.28				164.43	9967.33	case rate	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Qualcare	Qualcare	7868.95	75			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Wellcare	Medicare	3320.89				164.43	9967.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 Three Rivers	Three Rivers	9967.33	95			164.43	9967.33	percent of total billed charges	
BIOPSY BONE OPEN SUPERFICIAL	20240	CPT				outpatient			10491.93		3819.02 United	Oxford	2859.28				164.43	9967.33	case rate	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Aetna	Better Health	1657.7	30.44			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Amerihealth	HMO/PPO	550				219.63	5173.49	fee schedule	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Americare	Americare	4084.34	75			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Horizon	PPO	3637.8				219.63	5173.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Horizon	Medicare Blue	1880				219.63	5173.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Aetna	Commercial	3068.16				219.63	5173.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Amerihealth	Medicare	1880				219.63	5173.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Consumer	Consumer	5173.49	95			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Aetna	Medicare	1880				219.63	5173.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 UHC	Medicare	1880				219.63	5173.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 First Trenton	First Trenton	4901.2	90			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 WellPoint	WellPoint	1690.37	31.04			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Multiplan	Multiplan	4356.62	80			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Horizon	MGD	3637.8				219.63	5173.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Corrections	Corrections	4356.62	80			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 First Health	First Health	3812.05	70			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Managed Care Inc	Managed Care Inc	4901.2	90			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Qualcare	Qualcare	4084.34	75			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Horizon	Indemnity	3637.8				219.63	5173.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Wellcare	Medicaid	1657.7	30.44			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Three Rivers	Three Rivers	5173.49	95			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Wellcare	Medicare	1880				219.63	5173.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 Horizon	NJ Health	219.63				219.63	5173.49	fee schedule	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 UHC	Medicaid	1657.7	30.44			219.63	5173.49	percent of total billed charges	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 United	CommercialPPO	1871.51				219.63	5173.49	case rate	
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	CPT				outpatient			5445.78		2162 United	Oxford	1871.51				219.63	5173.49	case rate	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 First Health	First Health	749.7	70			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 Aetna	Medicare	329.87	30.8			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 Qualcare	Qualcare	803.25	75			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 WellPoint	WellPoint	332.44	31.04			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 Consumer	Consumer	1017.45	95			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 Aetna	Commercial	558.98				78.33	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 Aetna	Better Health	326.01	30.44			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 Amerihealth	Medicare	342.51				78.33	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 Three Rivers	Three Rivers	1017.45	95			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071		393.89 Americare	Americare	803.25	75			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNE

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																			
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071	393.89	Wellcare	Medicare	342.51				78.33	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071	393.89	Horizon	MGD	662.76				78.33	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071	393.89	Horizon	NJ Health	78.33				78.33	1835.46	fee schedule	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071	393.89	Horizon	PPO	662.76				78.33	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071	393.89	Managed Care Inc	Managed Care Inc	963.9	90			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071	393.89	UHC	Medicaid	326.01	30.44			78.33	1835.46	percent of total billed charges	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071	393.89	United	CommercialPPO	1835.46				78.33	1835.46	case rate	
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	CPT				outpatient			1071	393.89	United	Oxford	1835.46				78.33	1835.46	case rate	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Aetna	Medicare	486.32	30.8		360.95	83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Americare	Americare	1184.22	75			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	First Health	First Health	1105.27	70			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Aetna	Better Health	480.64	30.44		488.39	83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	First Trenton	First Trenton	1421.06	90			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Aetna	Commercial	558.98			336.77	83.29	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Horizon	Indemnity	662.76				83.29	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Amerihealth	Medicare	342.51				83.29	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Amerihealth	HMO/PPO	125				83.29	1835.46	fee schedule	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Consumer	Consumer	1500.01	95			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Horizon	Medicare Blue	342.51			259.4	83.29	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Corrections	Corrections	1263.17	80			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Horizon	MGD	662.76			617.87	83.29	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Three Rivers	Three Rivers	1500.01	95			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Horizon	NJ Health	83.29			60.44	83.29	1835.46	fee schedule	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	UHC	Medicaid	480.64	30.44		412.15	83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Multiplan	Multiplan	1263.17	80			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Managed Care Inc	Managed Care Inc	1421.06	90			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Horizon	PPO	662.76				83.29	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	UHC	Medicare	342.51			336.76	83.29	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Qualcare	Qualcare	1184.22	75			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	United	Oxford	1835.46				83.29	1835.46	case rate	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	United	CommercialPPO	1835.46			846.76	83.29	1835.46	case rate	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Wellcare	Medicare	342.51				83.29	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	Wellcare	Medicaid	480.64	30.44			83.29	1835.46	percent of total billed charges	
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	CPT				outpatient			1578.96	393.89	WellPoint	WellPoint	490.11	31.04			83.29	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Multiplan	Multiplan	856.8	80			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Amerihealth	Medicare	342.51				65.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	First Trenton	First Trenton	963.9	90			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Aetna	Better Health	326.01	30.44			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Aetna	Commercial	558.98			538.6	65.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Horizon	Medicare Blue	342.51				65.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Amerihealth	HMO/PPO	125				65.72	1835.46	fee schedule	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Aetna	Medicare	342.51				65.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Qualcare	Qualcare	803.25	75			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Americare	Americare	803.25	75			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	UHC	Medicaid	326.01	30.44			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Consumer	Consumer	1017.45	95			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Horizon	Indemnity	662.76				65.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Horizon	MGD	662.76				65.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	First Health	First Health	749.7	70			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Corrections	Corrections	856.8	80			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Horizon	PPO	662.76				65.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Three Rivers	Three Rivers	1017.45	95			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	United	Oxford	1835.46				65.72	1835.46	case rate	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Horizon	NJ Health	65.72				65.72	1835.46	fee schedule	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Managed Care Inc	Managed Care Inc	963.9	90			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Wellcare	Medicaid	326.01	30.44			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	UHC	Medicare	342.51				65.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	Wellcare	Medicare	342.51				65.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	United	CommercialPPO	1835.46				65.72	1835.46	case rate	
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	CPT				outpatient			1071	393.89	WellPoint	WellPoint	332.44	31.04			65.72	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Amerihealth	HMO/PPO	125				78.64	1835.46	fee schedule	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Aetna	Medicare	342.51				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Corrections	Corrections	1065.9	80			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Amerihealth	Medicare	342.51				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Aetna	Commercial	558.98				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Horizon	PPO	662.76				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	First Trenton	First Trenton	1199.14	90			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Aetna	Better Health	405.58	30.44			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	UHC	Medicare	342.51				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Horizon	MGD	662.76				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Horizon	Indemnity	662.76				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	First Health	First Health	932.67	70			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Managed Care Inc	Managed Care Inc	1199.14	90			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	WellPoint	WellPoint	413.57	31.04			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	United	CommercialPPO	1835.46				78.64	1835.46	case rate	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Americare	Americare	999.29	75			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Three Rivers	Three Rivers	1265.76	95			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Horizon	NJ Health	78.64			165.62	78.64	1835.46	fee schedule	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Wellcare	Medicare	342.51				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Consumer	Consumer	1265.76	95			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Multiplan	Multiplan	1065.9	80			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Horizon	Medicare Blue	342.51			170.11	78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Qualcare	Qualcare	999.29	75			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	United	Oxford	1835.46				78.64	1835.46	case rate	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	UHC	Medicaid	405.58	30.44		81.26	78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	CPT				outpatient			1332.38	393.89	Wellcare	Medicaid	405.58	30.44			78.64	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Multiplan	Multiplan	857.62	80			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Aetna	Better Health	326.32	30.44			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Americare	Americare	804.02	75			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Amerihealth	HMO/PPO	125				70.65	1835.46	fee schedule	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Horizon	Indemnity	662.76				70.65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Consumer	Consumer	1018.42	95			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Aetna	Medicare	342.51				70.65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Aetna	Commercial	558.98				70.65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Qualcare	Qualcare	804.02	75			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Horizon	MGD	662.76				70.65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	First Trenton	First Trenton	964.82	90			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Amerihealth	Medicare	342.51				70.65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	United	CommercialPPO	1835.46				70.65	1835.46	case rate	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	First Health	First Health	750.41	70			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Corrections	Corrections	857.62	80			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	UHC	Medicare	342.51			247.56	70.65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	UHC	Medicaid	326.32	30.44			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Horizon	PPO	662.76				70.65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Managed Care Inc	Managed Care Inc	964.82	90			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Horizon	Medicare Blue	342.51				70.65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Wellcare	Medicaid	326.32	30.44		139.01	70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	WellPoint	WellPoint	332.76	31.04		321.93	70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Three Rivers	Three Rivers	1018.42	95			70.65	1835.46	percent of total billed charges	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Horizon	NJ Health	70.65			27.5	70.65	1835.46	fee schedule	
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	Wellcare	Medicare	342.51				70.65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	CPT				outpatient			1072.02	393.89	United	Oxford	1835.46				70.65	1835.46	case rate	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Horizon	Indemnity	662.76				78.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Aetna	Commercial	558.98				78.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Horizon	PPO	662.76				78.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Corrections	Corrections	1160.35	80			78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Qualcare	Qualcare	1087.83	75			78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Aetna	Better Health	441.51	30.44		427.03	78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Consumer	Consumer	1377.92	95			78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Aetna	Medicare	342.51				78.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Multiplan	Multiplan	1160.35	80			78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Amerihealth	HMO/PPO	125				78.48	1835.46	fee schedule	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	First Health	First Health	1015.31	70			78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	First Trenton	First Trenton	1305.4	90			78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	UHC	Medicaid	441.51	30.44		423.64	78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Horizon	MGD	662.76			712.57	78.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Horizon	Medicare Blue	342.51				78.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Americare	Americare	1087.83	75			78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Wellcare	Medicaid	441.51	30.44			78.48	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Amerihealth	Medicare	342.51				78.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Wellcare	Medicare	342.51				78.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	20600	CPT				outpatient			1450.44	393.89	Managed Care Inc	Managed Care Inc	1305.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Wellcare	Medicare	342.51				106.75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Americare	Americare	1002.15	75			106.75	1835.46	percent of total billed charges	
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	United	Commercial/PPO	1835.46				106.75	1835.46	case rate	
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Horizon	MGD	662.76				106.75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Consumer	Consumer	1269.39	95			106.75	1835.46	percent of total billed charges	
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	UHC	Medicare	342.51				106.75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Horizon	Medicare Blue	342.51				106.75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Multiplan	Multiplan	1068.96	80			106.75	1835.46	percent of total billed charges	
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	WellPoint	WellPoint	414.76	31.04			106.75	1835.46	percent of total billed charges	
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Three Rivers	Three Rivers	1269.39	95			106.75	1835.46	percent of total billed charges	
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Wellcare	Medicaid	406.74	30.44			106.75	1835.46	percent of total billed charges	
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Horizon	Indemnity	662.76				106.75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Horizon	NJ Health	106.75				106.75	1835.46	fee schedule	
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Horizon	PPO	662.76				106.75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	Managed Care Inc	Managed Care Inc	1202.58	90			106.75	1835.46	percent of total billed charges	
ARTHROCNT ASPIR&/INJ SMALL JT/BURSA/WUS REC RPRT	20604	CPT				outpatient			1336.2	393.89	United	Oxford	1835.46				106.75	1835.46	case rate	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Aetna	Commercial	558.98				66.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	UHC	Medicaid	441.51	30.44		367.65	66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Amerihealth	Medicare	342.51				66.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Aetna	Better Health	441.51	30.44			66.5	1835.46	fee schedule	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Horizon	Medicare Blue	342.51				66.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Horizon	MGD	662.76				66.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Americare	Americare	1087.83	75			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Amerihealth	HMO/PPO	125			121.05	66.5	1835.46	fee schedule	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Aetna	Medicare	342.51				66.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	UHC	Medicare	342.51			287.13	66.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Corrections	Corrections	1160.35	80			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Horizon	NJ Health	66.5			72.62	66.5	1835.46	fee schedule	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Multiplan	Multiplan	1160.35	80			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	United	Oxford	1835.46				66.5	1835.46	case rate	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Consumer	Consumer	1377.92	95			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	First Health	First Health	1015.31	70			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Wellcare	Medicaid	441.51	30.44			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Wellcare	Medicare	342.51				66.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Horizon	Indemnity	662.76				66.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Qualcare	Qualcare	1087.83	75			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	First Trenton	First Trenton	1305.4	90			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	United	Commercial/PPO	1835.46				66.5	1835.46	case rate	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Horizon	PPO	662.76			418.38	66.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Managed Care Inc	Managed Care Inc	1305.4	90			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	Three Rivers	Three Rivers	1377.92	95			66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	20605	CPT				outpatient			1450.44	393.89	WellPoint	WellPoint	450.22	31.04		414.21	66.5	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Aetna	Medicare	803.54				118.05	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Horizon	MGD	1554.85				118.05	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Consumer	Consumer	3071.73	95			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Aetna	Commercial	1311.38				118.05	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Aetna	Better Health	984.25	30.44			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Amerihealth	HMO/PPO	125				118.05	3071.73	fee schedule	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Horizon	NJ Health	118.05			96.17	118.05	3071.73	fee schedule	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Americare	Americare	2425.05	75			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	First Health	First Health	2263.38	70			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Amerihealth	Medicare	803.54				118.05	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Corrections	Corrections	2586.72	80			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Three Rivers	Three Rivers	3071.73	95			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Multiplan	Multiplan	2586.72	80			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Horizon	Indemnity	1554.85				118.05	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Qualcare	Qualcare	2425.05	75			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Wellcare	Medicare	803.54				118.05	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	UHC	Medicaid	984.25	30.44		787.4	118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	UHC	Medicare	803.54				118.05	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	First Trenton	First Trenton	2910.06	90			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Wellcare	Medicaid	984.25	30.44			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	United	Commercial/PPO	1871.51				118.05	3071.73	case rate	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Horizon	Medicare Blue	803.54			469.39	118.05	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	WellPoint	WellPoint	1003.65	31.04			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Horizon	PPO	1554.85				118.05	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	Managed Care Inc	Managed Care Inc	2910.06	90			118.05	3071.73	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	20606	CPT				outpatient			3233.4	924.07	United	Oxford	1871.51				118.05	3071.73	case rate	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Horizon	Indemnity	662.76				102.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Amerihealth	HMO/PPO	125			181.97	102.26	1835.46	fee schedule	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Aetna	Commercial	558.98			149.32	102.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Amerihealth	Medicare	342.51				102.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	First Trenton	First Trenton	1128	90			102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Americare	Americare	940	75			102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	First Health	First Health	877.33	70			102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Aetna	Better Health	381.51	30.44		288.32	102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Horizon	MGD	662.76			405.32	102.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Multiplan	Multiplan	1002.66	80			102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	UHC	Medicaid	381.51	30.44		231.18	102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Horizon	Medicare Blue	342.51			242.22	102.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Managed Care Inc	Managed Care Inc	1128	90			102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Consumer	Consumer	1190.66	95			102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	UHC	Medicare	342.51			246.8	102.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Aetna	Medicare	342.51			231.02	102.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Horizon	NJ Health	102.26			199.05	102.26	1835.46	fee schedule	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Qualcare	Qualcare	940	75			102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	United	Oxford	1835.46				102.26	1835.46	case rate	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Corrections	Corrections	1002.66	80			102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Horizon	PPO	662.76				102.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Three Rivers	Three Rivers	1190.66	95			102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	WellPoint	WellPoint	389.03	31.04		293.74	102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Wellcare	Medicare	342.51			68.69	102.26	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	United	Commercial/PPO	1835.46			318.6	102.26	1835.46	case rate	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	20610	CPT				both			1253.33	393.89	Wellcare	Medicaid	381.51	30.44		295.39	102.26	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Consumer	Consumer	1269.39	95			125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Aetna	Medicare	342.51				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Corrections	Corrections	1068.96	80			125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Aetna	Commercial	558.98			436.93	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	First Health	First Health	935.34	70			125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Three Rivers	Three Rivers	1269.39	95			125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Aetna	Better Health	406.74	30.44		267.3	125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Amerihealth	Medicare	342.51				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	UHC	Medicare	342.51			102.92	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Americare	Americare	1002.15	75			125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	First Trenton	First Trenton	1202.58	90			125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Horizon	Medicare Blue	342.51			212.92	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Horizon	MGD	662.76			213.36	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Horizon	Indemnity	662.76			100.45	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Horizon	PPO	662.76				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	United	Commercial/PPO	1835.46				125	1835.46	case rate	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Horizon	NJ Health	136.48			43.01	125	1835.46	fee schedule	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Managed Care Inc	Managed Care Inc	1202.58	90			125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Multiplan	Multiplan	1068.96	80			125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	WellPoint	WellPoint	414.76	31.04		178.62	125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	United	Oxford	1835.46				125	1835.46	case rate	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Qualcare	Qualcare	1002.15	75			125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	UHC	Medicaid	406.74	30.44		253.04	125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Wellcare	Medicaid	406.74	30.44		293.39	125	1835.46	percent of total billed charges	
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20611	CPT				both			1336.2	393.89	Wellcare	Medicare	342.51				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20612	CPT				outpatient			1450.44	393.89	Aetna	Better Health	441.51	30.44			75.69	1835.46	percent of total billed charges	
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20612	CPT				outpatient			1450.44	393.89	Aetna	Commercial	558.98				75.69	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20612	CPT				outpatient			1450.44	393.89	Amerihealth	HMO/PPO	125				75.69	1835.46	fee schedule	
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20612	CPT				outpatient			1450.44	393.89	Corrections	Corrections	1160.35	80			75.69	1835.46	percent of total billed charges	
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20612	CPT				outpatient			1450.44	393.89	Aetna	Medicare	342.51				75.69	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20612	CPT				outpatient			1450.44	393.89	Qualcare	Qualcare	1087.83	75			75.69	1835.46	percent of total billed charges	
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20612	CPT				outpatient			1450.44	393.89	Amerihealth	Medicare	342.51				75.69	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20612	CPT				outpatient			1450.44	393.89	First Health	First Health	1015.31	70			75.69	1835.46	percent of total billed charges	
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20612	CPT	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Aetna	Better Health	1904.53	30.44		1299.21	131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Corrections	Corrections	5005.34	80			131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Aetna	Medicare	1880				131.54	5943.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Americare	Americare	4692.51	75			131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Amerihealth	Medicare	1880				131.54	5943.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 First Health	First Health	4379.68	70			131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 UHC	Medicare	1880			1619.89	131.54	5943.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 United	Oxford	2567.79				131.54	5943.85	case rate	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Aetna	Commercial	3068.16				131.54	5943.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Horizon	Indemnity	3637.8				131.54	5943.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Horizon	MGD	3637.8				131.54	5943.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 First Trenton	First Trenton	5631.01	90			131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Horizon	NJ Health	131.54			62.57	131.54	5943.85	fee schedule	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Multiplan	Multiplan	5005.34	80			131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Horizon	Medicare Blue	1880				131.54	5943.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Wellcare	Medicaid	1904.53	30.44			131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Horizon	PPO	3637.8			3306.79	131.54	5943.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 UHC	Medicaid	1904.53	30.44		1837.51	131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 WellPoint	WellPoint	1942.07	31.04		1329.5	131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Managed Care Inc	Managed Care Inc	5631.01	90			131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Qualcare	Qualcare	4692.51	75			131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Three Rivers	Three Rivers	5943.85	95			131.54	5943.85	percent of total billed charges	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 United	CommercialPPO	2567.79				131.54	5943.85	case rate	
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20670	CPT				outpatient			6256.68		2162 Wellcare	Medicare	1880				131.54	5943.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Aetna	Medicare	3320.89				568.04	8987.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Amerihealth	HMO/PPO	650				568.04	8987.48	fee schedule	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Americare	Americare	7095.38	75			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Aetna	Commercial	5419.69				568.04	8987.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Aetna	Better Health	2879.78	30.44			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 First Trenton	First Trenton	8514.45	90			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Amerihealth	Medicare	3320.89				568.04	8987.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Horizon	Indemnity	6425.92			5409.1	568.04	8987.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 UHC	Medicare	3320.89				568.04	8987.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 United	CommercialPPO	2859.28				568.04	8987.48	case rate	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Consumer	Consumer	8987.48	95			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Multiplan	Multiplan	7568.4	80			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Corrections	Corrections	7568.4	80		15.2	568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Horizon	MGD	6425.92			6047.77	568.04	8987.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 First Health	First Health	6622.35	70			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Horizon	NJ Health	568.04			361.95	568.04	8987.48	fee schedule	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Horizon	PPO	6425.92				568.04	8987.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Managed Care Inc	Managed Care Inc	8514.45	90			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Horizon	Medicare Blue	3320.89				568.04	8987.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Qualcare	Qualcare	7095.38	75			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 WellPoint	WellPoint	2936.54	31.04			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Three Rivers	Three Rivers	8987.48	95			568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 United	Oxford	2859.28				568.04	8987.48	case rate	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Wellcare	Medicare	3320.89				568.04	8987.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 Wellcare	Medicaid	2879.78	30.44		230.62	568.04	8987.48	percent of total billed charges	
REMOVAL IMPLANT DEEP	20680	CPT				outpatient			9460.5		3819.02 UHC	Medicaid	2879.78	30.44			568.04	8987.48	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Aetna	Commercial	3030.61				535.31	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Americare	Americare	8049.33	75			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Consumer	Consumer	10195.82	95			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Aetna	Better Health	3266.95	30.44			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 UHC	Medicare	1856.99				535.31	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Amerihealth	Medicare	1856.99				535.31	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Corrections	Corrections	8585.95	80			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Aetna	Medicare	1856.99				535.31	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Multiplan	Multiplan	8585.95	80			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Amerihealth	HMO/PPO	650				535.31	10195.82	fee schedule	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Horizon	NJ Health	535.31				535.31	10195.82	fee schedule	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Horizon	PPO	3593.28				535.31	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Qualcare	Qualcare	8049.33	75			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 First Trenton	First Trenton	9659.2	90			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Horizon	Medicare Blue	1856.99				535.31	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 First Health	First Health	7512.71	70			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Wellcare	Medicare	1856.99				535.31	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Horizon	Indemnity	3593.28				535.31	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Three Rivers	Three Rivers	10195.82	95			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Horizon	MGD	3593.28				535.31	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 United	Oxford	2859.28				535.31	10195.82	case rate	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Managed Care Inc	Managed Care Inc	9659.2	90			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 Wellcare	Medicaid	3266.95	30.44			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 UHC	Medicaid	3266.95	30.44			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 WellPoint	WellPoint	3331.35	31.04			535.31	10195.82	percent of total billed charges	
RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	20822	CPT				outpatient			10732.44		2135.54 United	CommercialPPO	2859.28				535.31	10195.82	case rate	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Aetna	Medicare	14929.63				800	28888.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 First Trenton	First Trenton	15644.56	90			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Aetna	Commercial	24365.16				800	28888.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 UHC	Medicaid	5291.34	30.44			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Aetna	Better Health	5291.34	30.44			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 United	Oxford	6552.86				800	28888.83	case rate	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Americare	Americare	13037.13	75			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 First Health	First Health	12167.99	70			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Corrections	Corrections	13906.27	80			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Managed Care Inc	Managed Care Inc	15644.56	90			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Amerihealth	HMO/PPO	800				800	28888.83	fee schedule	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 UHC	Medicare	14929.63				800	28888.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Consumer	Consumer	16513.7	95			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Wellcare	Medicare	14929.63				800	28888.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Amerihealth	Medicare	14929.63				800	28888.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Horizon	Indemnity	28888.83				800	28888.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Horizon	MGD	28888.83				800	28888.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 WellPoint	WellPoint	5395.63	31.04			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Horizon	Medicare Blue	14929.63				800	28888.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 United	CommercialPPO	6552.86				800	28888.83	case rate	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Horizon	NJ Health	5412.07				800	28888.83	fee schedule	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Multiplan	Multiplan	13906.27	80			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Horizon	PPO	28888.83				800	28888.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Qualcare	Qualcare	13037.13	75			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Three Rivers	Three Rivers	16513.7	95			800	28888.83	percent of total billed charges	
ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	20982	CPT				both			17382.84		17169.07 Wellcare	Medicaid	5291.34	30.44			800	28888.83	percent of total billed charges	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Aetna	Better Health	5480.11	30.44		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Amerihealth	HMO/PPO	11701.95	65		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 UHC	Medicare	8289.01			4843.06	17102.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Americare	Americare	13502.25	75		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Corrections	Corrections	14402.4	80		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 First Health	First Health	12602.1	70		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Aetna	Commercial	13527.66			4843.06	17102.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Aetna	Medicare	8289.01			4843.06	17102.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Consumer	Consumer	17102.85	95		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Horizon	MGD	16039.23			4843.06	17102.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Amerihealth	Medicare	8289.01			4843.06	17102.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Horizon	Medicare Blue	8289.01			4843.06	17102.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Horizon	PPO	16039.23			4843.06	17102.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Multiplan	Multiplan	14402.4	80		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Horizon	Indemnity	16039.23			4843.06	17102.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Qualcare	Qualcare	13502.25	75		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 First Trenton	First Trenton	16202.7	90		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 UHC	Medicaid	5480.11	30.44		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 United	CommercialPPO	4843.06			4843.06	17102.85	case rate		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Wellcare	Medicare	8289.01			4843.06	17102.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Wellcare	Medicaid	5480.11	30.44		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Horizon	NJ Health	10771.13			4843.06	17102.85	fee schedule		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 WellPoint	WellPoint	5588.13	31.04		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Managed Care Inc	Managed Care Inc	16202.7	90		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 Three Rivers	Three Rivers	17102.85	95		4843.06	17102.85	percent of total billed charges		
ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	20983	CPT				both			18003		9532.36 United	Oxford	4843.06			4843.06	17102.85	case rate		
EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	21011	CPT				outpatient			5939.6		2162 Horizon	Indemnity	3637.8				550	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	21011	CPT				outpatient			5939.6		2162 Multiplan	Multiplan	4751.68	80			550	5642.62	percent of total billed charges	
EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	21011	CPT				outpatient			5939.6		2162 Horizon	MGD	3637.8				550	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	21011	CPT				outpatient			5939.6		2162 Aetna	Commercial	3068.16				550	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUM

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	21011	CPT				outpatient			5939.6	2162	Managed Care Inc	Managed Care Inc	6345.64	90			550	5642.62	percent of total billed charges	
EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	21011	CPT				outpatient			5939.6	2162	United	Oxford	1871.51				550	5642.62	case rate	
EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	21011	CPT				outpatient			5939.6	2162	Three Rivers	Three Rivers	5642.62	95			550	5642.62	percent of total billed charges	
EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	21011	CPT				outpatient			5939.6	2162	WellPoint	WellPoint	1843.65	31.04			550	5642.62	percent of total billed charges	
EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	21011	CPT				outpatient			5939.6	2162	Wellcare	Medicare	1880				550	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	First Trenton	First Trenton	9347.08	90			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Corrections	Corrections	8308.51	80			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Aetna	Better Health	3161.39	30.44			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Amerihealth	Medicare	3763				504.02	9866.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Horizon	PPO	7281.41				504.02	9866.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Consumer	Consumer	9866.36	95			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	First Health	First Health	7269.95	70			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Aetna	Commercial	6141.22				504.02	9866.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Horizon	Medicare Blue	3763				504.02	9866.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Horizon	NJ Health	504.02				504.02	9866.36	fee schedule	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Horizon	Indemnity	7281.41				504.02	9866.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Aetna	Medicare	3763				504.02	9866.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	UHC	Medicaid	3161.39	30.44			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Managed Care Inc	Managed Care Inc	9347.08	90			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Multiplan	Multiplan	8308.51	80			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Americare	Americare	7789.23	75			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Wellcare	Medicaid	3161.39	30.44		3099.65	504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Amerihealth	HMO/PPO	550				504.02	9866.36	fee schedule	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	UHC	Medicare	3763				504.02	9866.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Horizon	MGD	7281.41				504.02	9866.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	United	Commercial/PPO	2859.28				504.02	9866.36	case rate	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Qualcare	Qualcare	7789.23	75			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	WellPoint	WellPoint	3223.7	31.04			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Three Rivers	Three Rivers	9866.36	95			504.02	9866.36	percent of total billed charges	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	United	Oxford	2859.28				504.02	9866.36	case rate	
EXCISION BENIGN TUMOR/CYST MANDIBLE EXCL & CURT	21040	CPT				outpatient			10385.64	4327.45	Wellcare	Medicare	3763				504.02	9866.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Amerihealth	Medicare	269.45				125	5724.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	First Trenton	First Trenton	5423.54	90			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Three Rivers	Three Rivers	5724.85	95			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Consumer	Consumer	5724.85	95			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Aetna	Better Health	1834.36	30.44		1863.97	125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Qualcare	Qualcare	4519.62	75			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Aetna	Commercial	439.74				125	5724.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	First Health	First Health	4218.31	70			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Horizon	Indemnity	521.39				125	5724.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Managed Care Inc	Managed Care Inc	5423.54	90			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Aetna	Medicare	269.45				125	5724.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Corrections	Corrections	4820.93	80			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	WellPoint	WellPoint	1870.52	31.04			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	UHC	Medicare	269.45				125	5724.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Americare	Americare	4519.62	75			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Multiplan	Multiplan	4820.93	80			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Horizon	Medicare Blue	269.45				125	5724.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	UHC	Medicaid	1834.36	30.44		1805.89	125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Amerihealth	HMO/PPO	125				125	5724.85	fee schedule	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	United	Commercial/PPO	1835.46				125	5724.85	case rate	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Horizon	PPO	521.39				125	5724.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Wellcare	Medicaid	1834.36	30.44			125	5724.85	percent of total billed charges	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Horizon	MGD	521.39				125	5724.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	United	Oxford	1835.46				125	5724.85	case rate	
IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	21085	CPT				outpatient			6026.16	309.87	Wellcare	Medicare	269.45				125	5724.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	First Trenton	First Trenton	2062.75	90			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Horizon	MGD	3325.8				300	3325.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Amerihealth	Medicare	1718.76				300	3325.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Aetna	Commercial	2805.02				300	3325.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Corrections	Corrections	1833.55	80			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Horizon	PPO	3325.8				300	3325.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Aetna	Better Health	697.67	30.44			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Amerihealth	HMO/PPO	300				300	3325.8	fee schedule	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Managed Care Inc	Managed Care Inc	2062.75	90			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	WellPoint	WellPoint	711.42	31.04			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Horizon	Medicare Blue	1718.76				300	3325.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	UHC	Medicare	1718.76				300	3325.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Horizon	Indemnity	3325.8				300	3325.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	First Health	First Health	1604.36	70			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Aetna	Medicare	1718.76				300	3325.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Wellcare	Medicare	1718.76				300	3325.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Three Rivers	Three Rivers	2177.34	95			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Multiplan	Multiplan	1833.55	80			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	UHC	Medicaid	697.67	30.44			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Americare	Americare	1718.96	75			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	United	Commercial/PPO	2567.79				300	3325.8	case rate	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Qualcare	Qualcare	1718.96	75			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Consumer	Consumer	2177.34	95			300	3325.8	percent of total billed charges	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Horizon	NJ Health	687.58			232.37	300	3325.8	fee schedule	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	United	Oxford	2567.79				300	3325.8	case rate	
APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	21110	CPT				outpatient			2291.94	1976.57	Wellcare	Medicaid	697.67	30.44			300	3325.8	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Qualcare	Qualcare	8307.42	75			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Aetna	Better Health	3371.7	30.44			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	UHC	Medicaid	3371.7	30.44			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Aetna	Medicare	3411.58	30.8			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Aetna	Commercial	6141.22				391.5	10522.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Amerihealth	HMO/PPO	550				391.5	10522.73	fee schedule	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	First Trenton	First Trenton	9968.9	90			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Amerihealth	Medicare	3763				391.5	10522.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	UHC	Medicare	3763				391.5	10522.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Horizon	Medicare Blue	3763				391.5	10522.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	United	Commercial/PPO	2567.79				391.5	10522.73	case rate	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Consumer	Consumer	10522.73	95			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Americare	Americare	8307.42	75			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	First Health	First Health	7753.59	70			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Horizon	Indemnity	7281.41				391.5	10522.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Corrections	Corrections	8861.25	80			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Multiplan	Multiplan	8861.25	80			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	WellPoint	WellPoint	3438.16	31.04			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Horizon	PPO	7281.41				391.5	10522.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Horizon	NJ Health	391.5				391.5	10522.73	fee schedule	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Three Rivers	Three Rivers	10522.73	95			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Horizon	MGD	7281.41				391.5	10522.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Managed Care Inc	Managed Care Inc	9968.9	90			391.5	10522.73	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	United	Oxford	2567.79				391.5	10522.73	case rate	
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Wellcare	Medicare	3763				391.5	10522.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT				outpatient			11076.56	4327.45	Wellcare	Medicaid	3371.7	30.44			391.5	10522.73	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Consumer	Consumer	5225.82	95			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Americare	Americare	4125.65	75			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Aetna	Medicare	1694.26	30.8			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Aetna	Commercial	2805.02				164.43	5225.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Aetna	Better Health	1674.46	30.44			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Amerihealth	HMO/PPO	550				164.43	5225.82	fee schedule	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Multiplan	Multiplan	4400.69	80			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	UHC	Medicare	1718.76				164.43	5225.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Corrections	Corrections	4400.69	80			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Horizon	Medicare Blue	1718.76				164.43	5225.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Qualcare	Qualcare	4125.65	75			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Amerihealth	Medicare	1718.76				164.43	5225.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	First Health	First Health	3850.6	70			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Horizon	Indemnity	3325.8				164.43	5225.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	United	Commercial/PPO	2567.79				164.43	5225.82	case rate	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Wellcare	Medicaid	1674.46	30.44			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Horizon	MGD	3325.8				164.43	5225.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	First Trenton	First Trenton	4950.77	90			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Horizon	NJ Health	164.43			470.05	164.43	5225.82	fee schedule	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Managed Care Inc	Managed Care Inc	4950.77	90			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Horizon	PPO	3325.8				164.43	5225.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Three Rivers	Three Rivers	5225.82	95			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	UHC	Medicaid	1674.46	30.44			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	Wellcare	Medicare	1718.76				164.43	5225.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	United	Oxford	2567.79				164.43	5225.82	case rate	
CLOSED TX NASAL BONE FX W/MNPJ W/O STABILIZATION	21315	CPT				outpatient			5500.86	1976.57	WellPoint	WellPoint	1707.47	31.04			164.43	5225.82	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34	4327.45	Aetna	Commercial	6141.22				265.2	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34	4327.45	First Trenton	First Tr

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	First Health	First Health	7402.04	70			265.2	10045.62	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	Multiplan	Multiplan	8459.47	80			265.2	10045.62	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	Horizon	Medicare Blue	3763				265.2	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			265.2	10045.62	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	UHC	Medicare	3763			1574.18	265.2	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	United	Commercial/PPO	2567.79				265.2	10045.62	case rate	
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	Wellcare	Medicare	3763				265.2	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	United	Oxford	2567.79				265.2	10045.62	case rate	
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	Qualcare	Qualcare	7930.76	75			265.2	10045.62	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	Three Rivers	Three Rivers	10045.62	95			265.2	10045.62	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	WellPoint	WellPoint	3282.28	31.04			265.2	10045.62	percent of total billed charges	
CLOSED TX NASAL BONE FX W/MNPJ W/STABILIZATION	21320	CPT				outpatient			10574.34		4327.45	Wellcare	Medicaid	3218.83	30.44			265.2	10045.62	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Amerihealth	Medicare	3764.79				414.49	8913.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Aetna	Better Health	2856.18	30.44			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Multiplan	Multiplan	7506.38	80			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Corrections	Corrections	7506.38	80			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Aetna	Medicare	3764.79				414.49	8913.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Horizon	Medicare Blue	3764.79				414.49	8913.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Aetna	Commercial	6144.14				414.49	8913.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Three Rivers	Three Rivers	8913.83	95			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Consumer	Consumer	8913.83	95			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Amerihealth	HMO/PPO	950				414.49	8913.83	fee schedule	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Qualcare	Qualcare	7037.24	75			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	First Trenton	First Trenton	8444.68	90			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	United	Oxford	2859.28				414.49	8913.83	case rate	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	UHC	Medicare	3764.79				414.49	8913.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Americare	Americare	7037.24	75			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	UHC	Medicaid	2856.18	30.44			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Wellcare	Medicare	3764.79				414.49	8913.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	First Health	First Health	6568.09	70			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Horizon	Indemnity	7284.87				414.49	8913.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Horizon	MGD	7284.87				414.49	8913.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Horizon	NJ Health	414.49				414.49	8913.83	fee schedule	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Wellcare	Medicaid	2856.18	30.44			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Horizon	PPO	7284.87				414.49	8913.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	Managed Care Inc	Managed Care Inc	8444.68	90			414.49	8913.83	percent of total billed charges	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	United	Commercial/PPO	2859.28				414.49	8913.83	case rate	
OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	21336	CPT				outpatient			9382.98		4329.51	WellPoint	WellPoint	2912.48	31.04			414.49	8913.83	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Horizon	NJ Health	164.43			327.15	164.43	10045.62	fee schedule	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Amerihealth	Medicare	3763				164.43	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Aetna	Better Health	3218.83	30.44			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Consumer	Consumer	10045.62	95			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Horizon	MGD	7281.41				164.43	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Aetna	Commercial	6141.22				164.43	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Aetna	Medicare	3763				164.43	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Qualcare	Qualcare	7930.76	75			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	UHC	Medicaid	3218.83	30.44		3270.79	164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Horizon	Indemnity	7281.41				164.43	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Multiplan	Multiplan	8459.47	80			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Corrections	Corrections	8459.47	80			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Amerihealth	HMO/PPO	550				164.43	10045.62	fee schedule	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Americare	Americare	7930.76	75			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	First Health	First Health	7402.04	70			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	WellPoint	WellPoint	3282.28	31.04			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	UHC	Medicare	3763				164.43	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	First Trenton	First Trenton	9516.91	90			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Horizon	Medicare Blue	3763				164.43	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Horizon	PPO	7281.41				164.43	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	United	Commercial/PPO	2567.79				164.43	10045.62	case rate	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Three Rivers	Three Rivers	10045.62	95			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	United	Oxford	2567.79				164.43	10045.62	case rate	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Wellcare	Medicaid	3218.83	30.44			164.43	10045.62	percent of total billed charges	
CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	21337	CPT				outpatient			10574.34		4327.45	Wellcare	Medicare	3763				164.43	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Americare	Americare	3870.14	75			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Corrections	Corrections	4128.14	80			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Aetna	Commercial	2805.02				830.84	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Horizon	Medicare Blue	1718.76				830.84	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Amerihealth	Medicare	1718.76				830.84	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	First Trenton	First Trenton	4644.16	90			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Aetna	Medicare	1718.76				830.84	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Aetna	Better Health	1570.76	30.44			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Horizon	MGD	3325.8				830.84	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Horizon	Indemnity	3325.8				830.84	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Multiplan	Multiplan	4128.14	80			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	UHC	Medicare	1718.76				830.84	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Consumer	Consumer	4902.17	95			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Horizon	NJ Health	830.84				830.84	4902.17	fee schedule	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Qualcare	Qualcare	3870.14	75			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Amerihealth	HMO/PPO	950				830.84	4902.17	fee schedule	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	First Health	First Health	3612.13	70			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Horizon	PPO	3325.8				830.84	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	United	Oxford	2567.79				830.84	4902.17	case rate	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Managed Care Inc	Managed Care Inc	4644.16	90			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Wellcare	Medicaid	1570.76	30.44			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	UHC	Medicaid	1570.76	30.44			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Wellcare	Medicare	1718.76				830.84	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	Three Rivers	Three Rivers	4902.17	95			830.84	4902.17	percent of total billed charges	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	United	Commercial/PPO	2567.79				830.84	4902.17	case rate	
CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	21345	CPT				outpatient			5160.18		1976.57	WellPoint	WellPoint	1601.72	31.04			830.84	4902.17	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Amerihealth	Medicare	3763				142.11	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Multiplan	Multiplan	8459.47	80			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Horizon	Medicare Blue	3763				142.11	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Three Rivers	Three Rivers	10045.62	95			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Consumer	Consumer	10045.62	95			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Aetna	Commercial	6141.22				142.11	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Aetna	Better Health	3218.83	30.44			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Corrections	Corrections	8459.47	80			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Horizon	NJ Health	142.11				142.11	10045.62	fee schedule	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Qualcare	Qualcare	7930.76	75			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	UHC	Medicare	3763				142.11	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	UHC	Medicaid	3218.83	30.44			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	United	Oxford	2859.28				142.11	10045.62	case rate	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Americare	Americare	7930.76	75			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Aetna	Medicare	3763				142.11	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	First Trenton	First Trenton	9516.91	90			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Amerihealth	HMO/PPO	650				142.11	10045.62	fee schedule	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Wellcare	Medicare	3763				142.11	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	First Health	First Health	7402.04	70			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Horizon	Indemnity	7281.41				142.11	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Horizon	MGD	7281.41				142.11	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Horizon	PPO	7281.41				142.11	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Wellcare	Medicaid	3218.83	30.44			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			142.11	10045.62	percent of total billed charges	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	United	Commercial/PPO	2859.28				142.11	10045.62	case rate	
CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	21440	CPT				outpatient			10574.34		4327.45	WellPoint	WellPoint	3282.28	31.04			142.11	10045.62	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Aetna	Commercial	964.33				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Consumer	Consumer	1614.35	95			94.74	1835.46	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Amerihealth	HMO/PPO	650				94.74	1835.46	fee schedule	
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Aetna	Better Health	517.27	30.44			94.74	1835.46	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Wellcare	Medicare	590.89				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	First Health	First Health	1189.52	70			94.74	1835.46	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Americare	Americare	1274.49	75			94.74	1835.46	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Multiplan	Multiplan	1369.46	80			94.74	1835.46	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Horizon	MGD	1143.37				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Aetna	Medicare	590.89				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Amerihealth	Medicare	590.89				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	Qualcare	Qualcare	1274.49	75			94.74	1835.46	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	21450	CPT				outpatient			1699.32		679.52	UHC	Medicare

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Amerihealth	Medicare	1718.76				94.74	6795.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Horizon	PPO	3325.8				94.74	6795.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Multiplan	Multiplan	5722.61	80			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	First Health	First Health	5007.28	70			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Horizon	Medicare Blue	1718.76				94.74	6795.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	UHC	Medicaid	2177.45	30.44			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Corrections	Corrections	5722.61	80			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	First Trenton	First Trenton	6437.93	90			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Consumer	Consumer	6795.6	95			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Wellcare	Medicare	1718.76				94.74	6795.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Qualcare	Qualcare	5364.95	75			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Horizon	Indemnity	3325.8				94.74	6795.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	United	Oxford	2567.79				94.74	6795.6	case rate	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	UHC	Medicare	1718.76				94.74	6795.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Wellcare	Medicaid	2177.45	30.44			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Horizon	NJ Health	94.74				94.74	6795.6	fee schedule	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	WellPoint	WellPoint	2220.37	31.04			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	United	Commercial/PPO	2567.79				94.74	6795.6	case rate	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Managed Care Inc	Managed Care Inc	6437.93	90			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	21451	CPT				outpatient			7153.26	1976.57	Three Rivers	Three Rivers	6795.6	95			94.74	6795.6	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Amerihealth	HMO/PPO	650				274.05	18978.83	fee schedule	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Aetna	Better Health	6081.22	30.44		5194.87	274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Aetna	Commercial	11202.15				274.05	18978.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Corrections	Corrections	15982.18	80			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	First Trenton	First Trenton	17979.95	90			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Americare	Americare	14983.29	75			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Horizon	MGD	13281.96				274.05	18978.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Horizon	NJ Health	274.05			524.09	274.05	18978.83	fee schedule	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Amerihealth	Medicare	6864.06				274.05	18978.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Consumer	Consumer	18978.83	95			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Aetna	Medicare	6864.06				274.05	18978.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Wellcare	Medicare	6864.06				274.05	18978.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Horizon	Medicare Blue	6864.06				274.05	18978.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Multiplan	Multiplan	15982.18	80			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Horizon	PPO	13281.96			12785.83	274.05	18978.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	WellPoint	WellPoint	6201.08	31.04			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	First Health	First Health	13984.4	70			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Qualcare	Qualcare	14983.29	75			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	UHC	Medicare	6864.06				274.05	18978.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	UHC	Medicaid	6081.22	30.44			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Managed Care Inc	Managed Care Inc	17979.95	90			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Horizon	Indemnity	13281.96				274.05	18978.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Three Rivers	Three Rivers	18978.83	95			274.05	18978.83	percent of total billed charges	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	United	Commercial/PPO	6552.86				274.05	18978.83	case rate	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	United	Oxford	6552.86				274.05	18978.83	case rate	
CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	21453	CPT				outpatient			19977.72	7893.67	Wellcare	Medicaid	6081.22	30.44			274.05	18978.83	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	UHC	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Consumer	Consumer	838.19	95			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Horizon	MGD	538.59			267.02	98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Aetna	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Aetna	Commercial	454.25				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Amerihealth	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	First Trenton	First Trenton	794.07	90			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Aetna	Better Health	268.57	30.44			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Americare	Americare	661.73	75			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	United	Commercial/PPO	1835.46			160.23	98.66	1835.46	case rate	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Horizon	NJ Health	98.66			156.43	98.66	1835.46	fee schedule	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Amerihealth	HMO/PPO	125				98.66	1835.46	fee schedule	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Multiplan	Multiplan	705.84	80			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Corrections	Corrections	705.84	80			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Horizon	Indemnity	538.59				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Horizon	PPO	538.59				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Qualcare	Qualcare	661.73	75			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	United	Oxford	1835.46				98.66	1835.46	case rate	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	UHC	Medicaid	268.57	30.44			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	First Health	First Health	617.61	70			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Three Rivers	Three Rivers	838.19	95			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Horizon	Medicare Blue	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Managed Care Inc	Managed Care Inc	794.07	90			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	WellPoint	WellPoint	273.87	31.04			98.66	1835.46	percent of total billed charges	
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Wellcare	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	21480	CPT				outpatient			882.3	320.09	Wellcare	Medicaid	268.57	30.44			98.66	1835.46	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Horizon	MGD	6425.92				472.49	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Aetna	Better Health	3021.12	30.44			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Amerihealth	HMO/PPO	550				472.49	9428.58	fee schedule	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Americare	Americare	7443.62	75			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	First Trenton	First Trenton	8932.34	90			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Consumer	Consumer	9428.58	95			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	UHC	Medicaid	3021.12	30.44			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Aetna	Commercial	5419.69				472.49	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Horizon	PPO	6425.92				472.49	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Wellcare	Medicare	3320.89				472.49	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Amerihealth	Medicare	3320.89				472.49	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Aetna	Medicare	3320.89				472.49	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Managed Care Inc	Managed Care Inc	8932.34	90			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Corrections	Corrections	7939.86	80			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	UHC	Medicare	3320.89				472.49	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Multiplan	Multiplan	7939.86	80			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	WellPoint	WellPoint	3080.66	31.04			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Horizon	Medicare Blue	3320.89				472.49	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	First Health	First Health	6947.37	70			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Qualcare	Qualcare	7443.62	75			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Three Rivers	Three Rivers	9428.58	95			472.49	9428.58	percent of total billed charges	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Horizon	NJ Health	472.49				472.49	9428.58	fee schedule	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Horizon	Indemnity	6425.92				472.49	9428.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	United	Oxford	2859.28				472.49	9428.58	case rate	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	United	Commercial/PPO	2859.28				472.49	9428.58	case rate	
I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	21501	CPT				outpatient			9924.82	3819.02	Wellcare	Medicaid	3021.12	30.44			472.49	9428.58	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Aetna	Better Health	1874.73	30.44			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Aetna	Commercial	3068.16				71.25	5850.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	First Health	First Health	4311.13	70			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Aetna	Medicare	1880			1192.18	71.25	5850.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Wellcare	Medicaid	1874.73	30.44		1838.18	71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Amerihealth	Medicare	1880				71.25	5850.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Consumer	Consumer	5850.82	95			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	First Trenton	First Trenton	5542.88	90			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Horizon	MGD	3637.8				71.25	5850.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Americare	Americare	4619.07	75			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Three Rivers	Three Rivers	5850.82	95			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Horizon	NJ Health	71.25			2414.33	71.25	5850.82	fee schedule	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Corrections	Corrections	4927.01	80			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Amerihealth	HMO/PPO	300				71.25	5850.82	fee schedule	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Horizon	Medicare Blue	1880				71.25	5850.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Managed Care Inc	Managed Care Inc	5542.88	90			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Horizon	PPO	3637.8				71.25	5850.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Horizon	Indemnity	3637.8				71.25	5850.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	United	Oxford	2567.79				71.25	5850.82	case rate	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Multiplan	Multiplan	4927.01	80			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	WellPoint	WellPoint	1911.68	31.04			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	United	Commercial/PPO	2567.79				71.25	5850.82	case rate	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	UHC	Medicare	1880				71.25	5850.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Quacare	Quacare	4619.07	75			71.25	5850.82	percent of total billed charges	
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Wellcare	Medicare	1880				71.25	5850.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE NECK/THORAX	21550	CPT				both			6158.76	2162	Medicaid	1874.73	30.44				71.25	5850.82	percent of total billed charges	
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28	2162	Amerihealth	HMO/PPO	550				98.66	5294.62	fee schedule	
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28	2162	Amerihealth	Medicare	1880				98.66	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28	2162	Aetna	Better Health	1696.51	30.44			98.66	5294.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28	2162	Consumer	Consumer	5294.62	95			98.66	5294.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28	2162	Horizon	MGD	3637.8				98.66	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28	2162	Horizon	Medicare Blue	1880				98.66	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28	2162	Corrections	Corrections	4458.62	80			98.66	5294.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28	2162	Aetna	Commercial	3068.16				98.66	5294.62	other	Payer-specific negotiated charge calculated as a percent of the

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28		2162 Quelcare	Quelcare	4179.96	75			98.66	5294.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	CPT				outpatient			5573.28		2162 Wellcare	Medicaid	1696.51	30.44			98.66	5294.62	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Americare	Americare	4324.55	75			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Horizon	MGD	3637.8				147.99	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Aetna	Commercial	3068.16				147.99	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Aetna	Better Health	1755.19	30.44			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Aetna	Medicare	1880				147.99	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 First Health	First Health	4036.24	70			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 UHC	Medicare	1880				147.99	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Corrections	Corrections	4612.85	80			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Amerihealth	HMO/PPO	300				147.99	5477.76	fee schedule	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Multiplan	Multiplan	4612.85	80			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Amerihealth	Medicare	1880				147.99	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Consumer	Consumer	5477.76	95			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Horizon	Medicare Blue	1880				147.99	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Quelcare	Quelcare	4324.55	75			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Horizon	Indemnity	3637.8				147.99	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Horizon	PPO	3637.8				147.99	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 United	Commercial/PPO	1871.51				147.99	5477.76	case rate	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 UHC	Medicaid	1755.19	30.44			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Wellcare	Medicaid	1755.19	30.44			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 First Trenton	First Trenton	5189.45	90			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Wellcare	Medicare	1880				147.99	5477.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Horizon	NJ Health	147.99				147.99	5477.76	fee schedule	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 WellPoint	WellPoint	1789.79	31.04			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Managed Care Inc	Managed Care Inc	5189.45	90			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 Three Rivers	Three Rivers	5477.76	95			147.99	5477.76	percent of total billed charges	
BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	21920	CPT				outpatient			5766.06		2162 United	Oxford	1871.51				147.99	5477.76	case rate	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Aetna	Commercial	454.25				250.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 First Trenton	First Trenton	741.31	90			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Aetna	Better Health	260.73	30.44			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Multiplan	Multiplan	658.94	80			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Amerihealth	Medicare	278.34				250.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Amerihealth	HMO/PPO	300				250.73	1835.46	fee schedule	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Aetna	Medicare	278.34				250.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Horizon	Indemnity	538.59				250.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Horizon	Medicare Blue	278.34				250.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 UHC	Medicaid	250.73	30.44			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Americare	Americare	617.76	75			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Qualcare	Qualcare	617.76	75			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Consumer	Consumer	782.5	95			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 First Health	First Health	576.58	70			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Horizon	MGD	538.59				250.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Horizon	PPO	538.59				250.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Corrections	Corrections	658.94	80			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 United	Oxford	1835.46				250.73	1835.46	case rate	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Three Rivers	Three Rivers	782.5	95			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Managed Care Inc	Managed Care Inc	741.31	90			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Horizon	NJ Health	257.76				250.73	1835.46	fee schedule	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Wellcare	Medicaid	250.73	30.44			250.73	1835.46	percent of total billed charges	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 UHC	Medicare	278.34				250.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 Wellcare	Medicare	278.34				250.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 United	Commercial/PPO	1835.46				250.73	1835.46	case rate	
CLTX VRT BDY FX W/O MANJ REQ&WI/CSTING/BRACING	22310	CPT				outpatient			823.68		320.09 WellPoint	WellPoint	255.67	31.04			250.73	1835.46	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Corrections	Corrections	9044.54	80			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Aetna	Medicare	3764.79				550	10740.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Amerihealth	HMO/PPO	650				550	10740.4	fee schedule	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Aetna	Commercial	6144.14				550	10740.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 First Health	First Health	7913.98	70			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Aetna	Better Health	3441.45	30.44			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 First Trenton	First Trenton	10175.11	90			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Amerihealth	Medicare	3764.79				550	10740.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Horizon	Indemnity	7284.87				550	10740.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Horizon	MGD	7284.87				550	10740.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 United	Oxford	2567.79				550	10740.4	case rate	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Horizon	Medicare Blue	3764.79				550	10740.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Multiplan	Multiplan	9044.54	80			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Americare	Americare	8479.26	75			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Horizon	NJ Health	887.5				550	10740.4	fee schedule	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 UHC	Medicare	3764.79				550	10740.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Horizon	PPO	7284.87				550	10740.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Consumer	Consumer	10740.4	95			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Wellcare	Medicaid	3441.45	30.44			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Qualcare	Qualcare	8479.26	75			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Managed Care Inc	Managed Care Inc	10175.11	90			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 UHC	Medicaid	3441.45	30.44			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Three Rivers	Three Rivers	10740.4	95			550	10740.4	percent of total billed charges	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 United	Commercial/PPO	2567.79				550	10740.4	case rate	
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 Wellcare	Medicare	3764.79				550	10740.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	22315	CPT				outpatient			11305.68		4329.51 WellPoint	WellPoint	3509.28	31.04			550	10740.4	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Americare	Americare	9338.36	75			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 UHC	Medicaid	3790.13	30.44			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Aetna	Commercial	6144.14				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Consumer	Consumer	11828.58	95			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Aetna	Medicare	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Horizon	Medicare Blue	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 UHC	Medicare	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Aetna	Better Health	3790.13	30.44			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Amerihealth	HMO/PPO	650				650	11828.58	fee schedule	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 United	Commercial/PPO	3596.76				650	11828.58	case rate	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Amerihealth	Medicare	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Corrections	Corrections	9960.91	80			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 First Trenton	First Trenton	11206.03	90			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 First Health	First Health	8715.8	70			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Horizon	Indemnity	7284.87				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Horizon	PPO	7284.87				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Horizon	MGD	7284.87				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Horizon	NJ Health	2765.16				650	11828.58	fee schedule	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Multiplan	Multiplan	9960.91	80			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 United	Oxford	3596.76				650	11828.58	case rate	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Qualcare	Qualcare	9338.36	75			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Managed Care Inc	Managed Care Inc	11206.03	90			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 WellPoint	WellPoint	3864.83	31.04			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Three Rivers	Three Rivers	11828.58	95			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Wellcare	Medicaid	3790.13	30.44			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	22510	CPT				inpatient			12451.14		4329.51 Wellcare	Medicare	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Multiplan	Multiplan	9960.91	80			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Horizon	PPO	7284.87				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Aetna	Better Health	3790.13	30.44			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Amerihealth	Medicare	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Aetna	Commercial	6144.14				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Amerihealth	HMO/PPO	650				650	11828.58	fee schedule	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Aetna	Medicare	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Horizon	MGD	7284.87				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Qualcare	Qualcare	9338.36	75			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Wellcare	Medicare	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Americare	Americare	9338.36	75			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 First Health	First Health	8715.8	70			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Horizon	Indemnity	7284.87				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Horizon	Medicare Blue	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Corrections	Corrections	9960.91	80			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 UHC	Medicaid	3790.13	30.44			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 United	Commercial/PPO	3596.76				650	11828.58	case rate	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 WellPoint	WellPoint	3864.83	31.04			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Consumer	Consumer	11828.58	95			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 UHC	Medicare	3764.79				650	11828.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Wellcare	Medicaid	3790.13	30.44			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 United	Oxford	3596.76				650	11828.58	case rate	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 First Trenton	First Trenton	11206.03	90			650	11828.58	percent of total billed charges	
PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	22511	CPT				inpatient			12451.14		4329.51 Horizon	NJ Health	2683.78				650	11828.58	fee schedule	
PERQ VERTEBROPLAS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VERTEBROPLASTY EACH ADDL CERV/CTOTHOR/LUMBOSACRAL	22512	CPT				inpatient			12451.14		Multiplan		9960.91	80			650	11828.58	percent of total billed charges	
VERTEBROPLASTY EACH ADDL CERV/CTOTHOR/LUMBOSACRAL	22512	CPT				inpatient			12451.14		Horizon	NJ Health	1507.93				650	11828.58	fee schedule	
VERTEBROPLASTY EACH ADDL CERV/CTOTHOR/LUMBOSACRAL	22512	CPT				inpatient			12451.14		Horizon	Medicare Blue	3735.34	30			650	11828.58	percent of total billed charges	
VERTEBROPLASTY EACH ADDL CERV/CTOTHOR/LUMBOSACRAL	22512	CPT				inpatient			12451.14		Horizon	PPO	4766.3	38.28			650	11828.58	percent of total billed charges	
VERTEBROPLASTY EACH ADDL CERV/CTOTHOR/LUMBOSACRAL	22512	CPT				inpatient			12451.14		Qualcare	Qualcare	9339.36	75			650	11828.58	percent of total billed charges	
VERTEBROPLASTY EACH ADDL CERV/CTOTHOR/LUMBOSACRAL	22512	CPT				inpatient			12451.14		Managed Care Inc	Managed Care Inc	11206.03	90			650	11828.58	percent of total billed charges	
VERTEBROPLASTY EACH ADDL CERV/CTOTHOR/LUMBOSACRAL	22512	CPT				inpatient			12451.14		Three Rivers	Three Rivers	11828.58	95			650	11828.58	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Amerihealth	Medicare	8289.01				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Aetna	Commercial	13527.66				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Aetna	Better Health	9206.59	30.44			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 First Trenton	First Trenton	27220.54	90			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Aetna	Medicare	9315.47	30.8			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 UHC	Medicare	8289.01				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Amerihealth	HMO/PPO	650				650	28732.79	fee schedule	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 UHC	Medicaid	9206.59	30.44			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Corrections	Corrections	24196.03	80			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Americare	Americare	22683.78	75			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 First Health	First Health	21171.53	70			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Horizon	Indemnity	16039.23				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Consumer	Consumer	28732.79	95			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Multiplan	Multiplan	24196.03	80			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Horizon	MGD	16039.23				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 United	Commercial/PPO	4843.06				650	28732.79	case rate	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Horizon	Medicare Blue	8289.01				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Qualcare	Qualcare	22683.78	75			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Wellcare	Medicaid	9206.59	30.44			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Horizon	PPO	16039.23				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Horizon	NJ Health	11438.61	650			650	28732.79	fee schedule	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Three Rivers	Three Rivers	28732.79	95			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 WellPoint	WellPoint	9388.06	31.04			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Managed Care Inc	Managed Care Inc	27220.54	90			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 United	Oxford	4843.06				650	28732.79	case rate	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	22513	CPT				outpatient			30245.04		9532.36 Wellcare	Medicare	8289.01				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Amerihealth	HMO/PPO	650				650	28732.79	fee schedule	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Horizon	Medicare Blue	8289.01				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Consumer	Consumer	28732.79	95			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Americare	Americare	22683.78	75			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Horizon	MGD	16039.23				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Amerihealth	Medicare	8289.01				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Aetna	Better Health	9206.59	30.44			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Aetna	Commercial	13527.66				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 First Health	First Health	21171.53	70			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 UHC	Medicare	8289.01				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Corrections	Corrections	24196.03	80			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 First Trenton	First Trenton	27220.54	90			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 UHC	Medicaid	9206.59	30.44			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Aetna	Medicare	8289.01				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Multiplan	Multiplan	24196.03	80			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Managed Care Inc	Managed Care Inc	27220.54	90			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 United	Commercial/PPO	4843.06				650	28732.79	case rate	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Wellcare	Medicaid	9206.59	30.44			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Horizon	Indemnity	16039.23				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Three Rivers	Three Rivers	28732.79	95			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Qualcare	Qualcare	22683.78	75			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 NJ Health	NJ Health	11382.91				650	28732.79	fee schedule	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Wellcare	Medicare	8289.01				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 Horizon	PPO	16039.23				650	28732.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 United	Oxford	4843.06				650	28732.79	case rate	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL LMBR	22514	CPT				both			30245.04		9532.36 WellPoint	WellPoint	9388.06	31.04			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Managed Care Inc	Managed Care Inc	27220.54	90			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Aetna	Better Health	9206.59	30.44			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Americare	Americare	22683.78	75			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Consumer	Consumer	28732.79	95			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		First Trenton	First Trenton	27220.54	90			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Amerihealth	HMO/PPO	650				650	28732.79	fee schedule	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Horizon	Indemnity	11577.8	38.28			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Aetna	Commercial	11493.12	38			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		United	Commercial/PPO	1835.46				650	28732.79	case rate	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		First Health	First Health	21171.53	70			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Horizon	Medicare Blue	9073.51	30			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Corrections	Corrections	24196.03	80			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Horizon	PPO	11577.8	38.28			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Wellcare	Medicaid	9206.59	30.44			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Multiplan	Multiplan	24196.03	80			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Aetna	Medicare	9315.47	30.8			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		UHC	Medicaid	9206.59	30.44			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Horizon	MGD	11577.8	38.28			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Three Rivers	Three Rivers	28732.79	95			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Horizon	NJ Health	6913.45				650	28732.79	fee schedule	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		Qualcare	Qualcare	22683.78	75			650	28732.79	percent of total billed charges	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		United	Oxford	1835.46				650	28732.79	case rate	
PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULL EACH	22515	CPT				both			30245.04		WellPoint	WellPoint	9388.06	31.04			650	28732.79	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 First Trenton	First Trenton	7592.78	90			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Corrections	Corrections	6749.14	80			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Aetna	Medicare	278.34				125	8014.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Amerihealth	Medicare	278.34				125	8014.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Amerihealth	HMO/PPO	125				125	8014.6	fee schedule	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Aetna	Commercial	454.25				125	8014.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Aetna	Better Health	2568.05	30.44			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Americare	Americare	6327.32	75			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Managed Care Inc	Managed Care Inc	7592.78	90			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Multiplan	Multiplan	6749.14	80			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 First Health	First Health	5905.49	70			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Horizon	Medicare Blue	278.34				125	8014.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Horizon	Indemnity	538.59				125	8014.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Qualcare	Qualcare	6327.32	75			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Horizon	PPO	538.59				125	8014.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Consumer	Consumer	8014.6	95			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Three Rivers	Three Rivers	8014.6	95			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Wellcare	Medicare	278.34				125	8014.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Horizon	MGD	538.59				125	8014.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 United	Oxford	1835.46				125	8014.6	case rate	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 UHC	Medicaid	2568.05	30.44			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 Wellcare	Medicaid	2568.05	30.44			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 WellPoint	WellPoint	2618.66	31.04			125	8014.6	percent of total billed charges	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 United	Commercial/PPO	1835.46				125	8014.6	case rate	
UNLISTED PROCEDURE SPINE	22899	CPT				outpatient			8436.42		320.09 UHC	Medicare	278.34				125	8014.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Corrections	Corrections	1870.27	80			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Horizon	Indemnity	894.93	38.28			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Aetna	Better Health	711.64	30.44			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		First Trenton	First Trenton	2104.06	90			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Aetna	Commercial	888.38	38			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Americare	Americare	1753.38	75			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		First Health	First Health	1636.49	70			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Aetna	Medicare	720.05	30.8			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		WellPoint	WellPoint	725.67	31.04		228.35	68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Amerihealth	HMO/PPO	125				68.91	2220.95	fee schedule	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Consumer	Consumer	2220.95	95			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Horizon	PPO	894.93	38.28			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Horizon	NJ Health	68.91			800.21	68.91	2220.95	fee schedule	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Horizon	MGD	894.93	38.28			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Multiplan	Multiplan	1870.27	80			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Managed Care Inc	Managed Care Inc	2104.06	90			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Horizon	Medicare Blue	701.35	30			68.91	2220.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		United	Commercial/PPO	1835.46				68.91	2220.95	case rate	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Qualcare	Qualcare	1753.38	75			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Three Rivers	Three Rivers	2220.95	95			68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		United	Oxford	1835.46				68.91	2220.95	case rate	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		UHC	Medicaid	711.64	30.44		688.29	68.91	2220.95	percent of total billed charges	
INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	23350	CPT				outpatient			2337.84		Wellcare	Medicaid	711.64	30.44			68.91	2220.95	percent of total billed charges	
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37		320.09 Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37		320.09 Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37		320.09 Aetna	Better Health	267.68	30.44			125	1835.46	percent of total billed charges	
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37		320.09 Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37		320.09 First Trenton	First Trenton	791.43	90			125	1835.46	percent of total billed charges	
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37		320.09 Americare	Americare	659.53	75			125	1835.46	percent of total billed charges	
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37		320.09 First Health	First Health	615.56	70			125	1835.46	percent of total billed charges	
CLSD TX CLAVICUL

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37	320.09	United	Oxford	1835.46				125		1835.46 case rate	
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37	320.09	Horizon	NJ Health	222.22				125		1835.46 fee schedule	
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37	320.09	Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37	320.09	Three Rivers	Three Rivers	835.4	95			125		1835.46 percent of total billed charges	
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37	320.09	Wellcare	Medicaid	267.68	30.44			125		1835.46 percent of total billed charges	
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37	320.09	UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37	320.09	United	CommercialPPO	1835.46				125		1835.46 case rate	
CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	23500	CPT				outpatient			879.37	320.09	WellPoint	WellPoint	272.96	31.04			125		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Aetna	Commercial	454.25				267.68		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Consumer	Consumer	835.4	95			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	UHC	Medicaid	267.68	30.44			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Horizon	Medicare Blue	278.34				267.68		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Aetna	Medicare	278.34				267.68		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Horizon	PPO	538.59				267.68		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Amerihealth	Medicare	278.34				267.68		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Aetna	Better Health	267.68	30.44			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Americare	Americare	659.53	75			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Corrections	Corrections	703.5	80			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	United	Oxford	1835.46				267.68		1835.46 case rate	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Multiplan	Multiplan	703.5	80			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Amerihealth	HMO/PPO	300				267.68		1835.46 fee schedule	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	WellPoint	WellPoint	272.96	31.04			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	First Trenton	First Trenton	791.43	90			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	First Health	First Health	615.56	70			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Horizon	MGD	538.59				267.68		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Horizon	NJ Health	310.67				267.68		1835.46 fee schedule	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Horizon	Indemnity	538.59				267.68		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Qualcare	Qualcare	659.53	75			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Managed Care Inc	Managed Care Inc	791.43	90			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Three Rivers	Three Rivers	835.4	95			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	UHC	Medicare	278.34				267.68		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Wellcare	Medicaid	267.68	30.44			267.68		1835.46 percent of total billed charges	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	United	CommercialPPO	1835.46				267.68		1835.46 case rate	
CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	23545	CPT				outpatient			879.37	320.09	Wellcare	Medicare	278.34				267.68		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	UHC	Medicaid	262.43	30.44		258.9	125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Aetna	Commercial	454.25				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Aetna	Medicare	265.54	30.8			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Aetna	Better Health	262.43	30.44		619.39	125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Consumer	Consumer	819.02	95			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Americare	Americare	646.6	75			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Amerihealth	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Multiplan	Multiplan	689.7	80			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	First Health	First Health	603.49	70			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Horizon	MGD	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Corrections	Corrections	689.7	80			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Three Rivers	Three Rivers	819.02	95			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	United	CommercialPPO	1835.46				125		1835.46 case rate	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	First Trenton	First Trenton	775.92	90			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Horizon	Indemnity	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Qualcare	Qualcare	646.6	75			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Wellcare	Medicaid	262.43	30.44			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Horizon	Medicare Blue	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Managed Care Inc	Managed Care Inc	775.92	90			125		1835.46 percent of total billed charges	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Horizon	NJ Health	334.34				125		1835.46 fee schedule	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	United	Oxford	1835.46				125		1835.46 case rate	
CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	23600	CPT				outpatient			862.13	320.09	WellPoint	WellPoint	267.61	31.04			125		1835.46 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Amerihealth	Medicare	1856.99				519.83		6116.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	United	CommercialPPO	2859.28				519.83		6116.33 case rate	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Consumer	Consumer	6116.33	95			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Aetna	Commercial	3030.61				519.83		6116.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	First Trenton	First Trenton	5794.42	90			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Horizon	Medicare Blue	1856.99				519.83		6116.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Aetna	Better Health	1959.8	30.44			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Aetna	Medicare	1856.99				519.83		6116.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Horizon	Indemnity	3593.28				519.83		6116.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Americare	Americare	4828.68	75			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Corrections	Corrections	5150.59	80			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Amerihealth	HMO/PPO	550				519.83		6116.33 fee schedule	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	UHC	Medicare	1856.99				519.83		6116.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Horizon	MGD	3593.28				519.83		6116.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	First Health	First Health	4506.77	70			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Multiplan	Multiplan	5150.59	80			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Horizon	NJ Health	519.83				519.83		6116.33 fee schedule	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Qualcare	Qualcare	4828.68	75			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Three Rivers	Three Rivers	6116.33	95			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Horizon	PPO	3593.28				519.83		6116.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Wellcare	Medicaid	1959.8	30.44			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Managed Care Inc	Managed Care Inc	5794.42	90			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	Wellcare	Medicare	1856.99				519.83		6116.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	UHC	Medicaid	1959.8	30.44			519.83		6116.33 percent of total billed charges	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	United	Oxford	2859.28				519.83		6116.33 case rate	
CLTX PROX HUMRL FX W/MNPJ W/WO SKELETAL TRACJ	23605	CPT				outpatient			6438.24	2135.54	WellPoint	WellPoint	1998.43	31.04			519.83		6116.33 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Aetna	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Consumer	Consumer	972.88	95			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Aetna	Better Health	311.73	30.44			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Amerihealth	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Americare	Americare	768.06	75			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Horizon	MGD	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Corrections	Corrections	819.26	80			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Aetna	Commercial	454.25				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	First Health	First Health	716.86	70			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Multiplan	Multiplan	819.26	80			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Horizon	Medicare Blue	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	First Trenton	First Trenton	921.67	90			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	UHC	Medicaid	311.73	30.44			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Horizon	Indemnity	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Wellcare	Medicaid	311.73	30.44			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Qualcare	Qualcare	768.06	75			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Horizon	NJ Health	282.64				125		1835.46 fee schedule	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Managed Care Inc	Managed Care Inc	921.67	90			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	United	CommercialPPO	1835.46				125		1835.46 case rate	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	Three Rivers	Three Rivers	972.88	95			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	WellPoint	WellPoint	317.87	31.04			125		1835.46 percent of total billed charges	
CLTX GREATER HUMERAL TUBEROSITY FX W/O MNPJ	23620	CPT				outpatient			1024.08	320.09	United	Oxford	1835.46				125		1835.46 case rate	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Amerihealth	Medicare	278.34				142.51		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Horizon	NJ Health	142.51			183	142.51		2125.99 fee schedule	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Consumer	Consumer	2125.99	95			142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Amerihealth	HMO/PPO	300				142.51		2125.99 fee schedule	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Aetna	Medicare	278.34				142.51		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Aetna	Better Health	681.21	30.44			142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Aetna	Commercial	454.25				142.51		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Americare	Americare	1678.41	75			142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Horizon	Medicare Blue	278.34				142.51		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	UHC	Medicare	278.34			219.29	142.51		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	First Health	First Health	1566.52	70			142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Corrections	Corrections	1790.3	80		648.91	142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Multiplan	Multiplan	1790.3	80			142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	First Trenton	First Trenton	2014.09	90			142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Qualcare	Qualcare	1678.41	75			142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Horizon	PPO	538.59			607.69	142.51		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	UHC	Medicaid	681.21	30.44		667.53	142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Wellcare	Medicare	278.34				142.51		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Three Rivers	Three Rivers	2125.99	95			142.51		2125.99 percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	23650	CPT				outpatient			2237.88	320.09	Horizon	Indemnity	538.59				142.51		2125.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION W

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	Multiplan	Multiplan	4933.54	80			300	5858.57	percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	United	CommercialPPO	2567.79				300	5858.57	case rate	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	Horizon	Medicare Blue	1856.99				300	5858.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	WellPoint	WellPoint	1914.21	31.04			300	5858.57	percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	Qualcare	Qualcare	4625.19	75			300	5858.57	percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	First Trenton	First Trenton	5550.23	90			300	5858.57	percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	United	Oxford	2567.79				300	5858.57	case rate	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	First Health	First Health	4316.84	70			300	5858.57	percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	Wellcare	Medicare	1856.99				300	5858.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	Horizon	Indemnity	3593.28				300	5858.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	UHC	Medicaid	1877.21	30.44		2607.38	300	5858.57	percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	Horizon	MGD	3593.28				300	5858.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	Managed Care Inc	Managed Care Inc	5550.23	90			300	5858.57	percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	UHC	Medicare	1856.99				300	5858.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	Three Rivers	Three Rivers	5858.57	95			300	5858.57	percent of total billed charges	
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	CPT				outpatient			6166.92		2135.54	Wellcare	Medicaid	1877.21	30.44			300	5858.57	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	UHC	Medicare	1856.99				427.52	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Americare	Americare	4021.61	75			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Consumer	Consumer	5094.03	95			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Aetna	Better Health	1632.24	30.44			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	First Trenton	First Trenton	4825.93	90			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Aetna	Commercial	3030.61				427.52	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	First Health	First Health	3753.5	70			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Corrections	Corrections	4289.71	80			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Managed Care Inc	Managed Care Inc	4825.93	90			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Amerihealth	HMO/PPO	550				427.52	5094.03	fee schedule	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Horizon	Indemnity	3593.28				427.52	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Horizon	PPO	3593.28				427.52	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	WellPoint	WellPoint	1664.41	31.04			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Aetna	Medicare	1856.99				427.52	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Multiplan	Multiplan	4289.71	80			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Horizon	Medicare Blue	1856.99				427.52	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Horizon	NJ Health	427.52				427.52	5094.03	fee schedule	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Amerihealth	Medicare	1856.99				427.52	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Qualcare	Qualcare	4021.61	75			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Horizon	MGD	3593.28				427.52	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Three Rivers	Three Rivers	5094.03	95			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Wellcare	Medicare	1856.99				427.52	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	UHC	Medicaid	1632.24	30.44		2267.12	427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	United	CommercialPPO	1871.51				427.52	5094.03	case rate	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	United	Oxford	1871.51				427.52	5094.03	case rate	
CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MNPJ	23665	CPT				both			5362.14		2135.54	Wellcare	Medicaid	1632.24	30.44			427.52	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	First Health	First Health	3753.5	70			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Aetna	Commercial	3030.61				492.66	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Aetna	Medicare	1856.99				492.66	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Aetna	Better Health	1632.24	30.44			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Multiplan	Multiplan	4289.71	80			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	UHC	Medicare	1856.99				492.66	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Americare	Americare	4021.61	75			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Corrections	Corrections	4289.71	80			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Qualcare	Qualcare	4021.61	75			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Amerihealth	Medicare	1856.99				492.66	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Horizon	MGD	3593.28				492.66	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Consumer	Consumer	5094.03	95			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	UHC	Medicaid	1632.24	30.44			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Horizon	Indemnity	3593.28				492.66	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Amerihealth	HMO/PPO	550				492.66	5094.03	fee schedule	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Horizon	PPO	3593.28				492.66	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	United	CommercialPPO	1835.46				492.66	5094.03	case rate	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	First Trenton	First Trenton	4825.93	90			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Horizon	Medicare Blue	1856.99				492.66	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Wellcare	Medicare	1856.99				492.66	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Horizon	NJ Health	492.66				492.66	5094.03	fee schedule	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	WellPoint	WellPoint	1664.41	31.04			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Managed Care Inc	Managed Care Inc	4825.93	90			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Three Rivers	Three Rivers	5094.03	95			492.66	5094.03	percent of total billed charges	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	United	Oxford	1835.46				492.66	5094.03	case rate	
CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MNPJ	23675	CPT				outpatient			5362.14		2135.54	Wellcare	Medicaid	1632.24	30.44			492.66	5094.03	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	First Trenton	First Trenton	5172.01	90			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Horizon	PPO	3637.8				150.73	5459.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Aetna	Commercial	3068.16				150.73	5459.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	First Health	First Health	4022.68	70			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Amerihealth	Medicare	1880				150.73	5459.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Aetna	Medicare	1880				150.73	5459.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Americare	Americare	4310.01	75			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Aetna	Better Health	1749.29	30.44			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Managed Care Inc	Managed Care Inc	5172.01	90			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	WellPoint	WellPoint	1783.77	31.04			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	UHC	Medicare	1880				150.73	5459.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Horizon	Medicare Blue	1880				150.73	5459.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Horizon	Indemnity	3637.8				150.73	5459.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Corrections	Corrections	4597.34	80			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Amerihealth	HMO/PPO	300				150.73	5459.35	fee schedule	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Consumer	Consumer	5459.35	95			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Three Rivers	Three Rivers	5459.35	95			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Horizon	MGD	3637.8				150.73	5459.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	UHC	Medicaid	1749.29	30.44			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Multiplan	Multiplan	4597.34	80			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Wellcare	Medicare	1880				150.73	5459.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Horizon	NJ Health	150.73				150.73	5459.35	fee schedule	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	United	CommercialPPO	1871.51				150.73	5459.35	case rate	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Qualcare	Qualcare	4310.01	75			150.73	5459.35	percent of total billed charges	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	United	Oxford	1871.51				150.73	5459.35	case rate	
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	CPT				outpatient			5746.68		2162	Wellcare	Medicaid	1749.29	30.44			150.73	5459.35	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Aetna	Commercial	1003.5	38			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Horizon	Indemnity	1010.89	38.28			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Aetna	Medicare	813.36	30.8			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Aetna	Better Health	803.85	30.44			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			First Trenton	First Trenton	2376.7	90			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Americare	Americare	1980.59	75			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Amerihealth	HMO/PPO	125				74.09	2508.74	fee schedule	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			First Health	First Health	1848.55	70			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Horizon	PPO	1010.89	38.28			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Consumer	Consumer	2508.74	95			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Horizon	MGD	1010.89	38.28			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Corrections	Corrections	2112.62	80			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Managed Care Inc	Managed Care Inc	2376.7	90			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Horizon	NJ Health	74.09				74.09	2508.74	fee schedule	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			UHC	Medicaid	803.85	30.44			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Multiplan	Multiplan	2112.62	80			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Three Rivers	Three Rivers	2508.74	95			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Horizon	Medicare Blue	792.23	30			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			United	CommercialPPO	1835.46				74.09	2508.74	case rate	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Qualcare	Qualcare	1980.59	75			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			United	Oxford	1835.46				74.09	2508.74	case rate	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			WellPoint	WellPoint	819.7	31.04			74.09	2508.74	percent of total billed charges	
INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	24220	CPT				outpatient			2640.78			Wellcare	Medicaid	803.85	30.44			74.09	2508.74	percent of total billed charges	
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	First Trenton	First Trenton	2014.09	90			125	2125.99	percent of total billed charges	
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	Aetna	Commercial	454.25				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	Aetna	Better Health	681.21	30.44			125	2125.99	percent of total billed charges	
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	Aetna	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	Horizon	PPO	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	Amerihealth	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	Horizon	Indemnity	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	Consumer	Consumer	2125.99	95			125	2125.99	percent of total billed charges	
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	UHC	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	Americare	Americare	1678.41	75			125	2125.99	percent of total billed charges	
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	First Health	First Health	1566.52	70			125	2125.99	percent of total billed charges	
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	Corrections	Corrections	1790.3	80			125	2125.99	percent of total billed charges	
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	CPT				outpatient			2237.88		320.09	UHC	Medicaid	681.21	30.44			125	2125

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Aetna	Medicare	1494.46	30.8			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Consumer	Consumer	4609.53	95			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Aetna	Better Health	1476.99	30.44			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Horizon	MGD	3593.28				300		4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 First Trenton	First Trenton	4366.93	90			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Three Rivers	Three Rivers	4609.53	95			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Horizon	NJ Health	555.04			266.41	300		4609.53	fee schedule	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Amerihealth	HMO/PPO	300				300		4609.53	fee schedule	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Horizon	PPO	3593.28				300		4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Horizon	Medicare Blue	1856.99				300		4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Multiplan	Multiplan	3881.71	80			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Horizon	Indemnity	3593.28				300		4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 UHC	Medicare	1856.99				300		4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Managed Care Inc	Managed Care Inc	4366.93	90			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Qualcare	Qualcare	3639.11	75			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 UHC	Medicaid	1476.99	30.44			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 WellPoint	WellPoint	1506.1	31.04			300		4609.53	percent of total billed charges	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 United	Commercial/PPO	1835.46				300		4609.53	case rate	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Wellcare	Medicare	1856.99				300		4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 United	Oxford	1835.46				300		4609.53	case rate	
CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	24505	CPT				outpatient			4852.14		2135.54 Wellcare	Medicaid	1476.99	30.44			300		4609.53	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Horizon	MGD	538.59				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Consumer	Consumer	835.4	95			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Aetna	Medicare	278.34				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Aetna	Commercial	454.25				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 UHC	Medicaid	267.68	30.44			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Corrections	Corrections	703.5	80			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Aetna	Better Health	267.68	30.44			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Amerihealth	Medicare	278.34				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 United	Commercial/PPO	1835.46				125		1835.46	case rate	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 First Trenton	First Trenton	791.43	90			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Amerihealth	HMO/PPO	125				125		1835.46	fee schedule	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Americare	Americare	659.53	75			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Multiplan	Multiplan	703.5	80			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Horizon	PPO	538.59				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 First Health	First Health	615.56	70			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Horizon	Indemnity	538.59				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Qualcare	Qualcare	659.53	75			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Horizon	NJ Health	396.2				125		1835.46	fee schedule	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Wellcare	Medicare	278.34				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 WellPoint	WellPoint	272.96	31.04			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Horizon	Medicare Blue	278.34				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Managed Care Inc	Managed Care Inc	791.43	90			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 UHC	Medicare	278.34				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Three Rivers	Three Rivers	835.4	95			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 Wellcare	Medicaid	267.68	30.44			125		1835.46	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	24530	CPT				outpatient			879.37		320.09 United	Oxford	1835.46				125		1835.46	case rate	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Horizon	PPO	3593.28				300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Amerihealth	HMO/PPO	300				300		5094.03	fee schedule	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Aetna	Better Health	1632.24	30.44			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Aetna	Commercial	3030.61				300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 First Health	First Health	3753.5	70			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 First Trenton	First Trenton	4825.93	90			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Aetna	Medicare	1856.99				300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Americare	Americare	4021.61	75			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 UHC	Medicaid	1632.24	30.44			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 United	Oxford	1835.46				300		5094.03	case rate	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Consumer	Consumer	5094.03	95			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Amerihealth	Medicare	1856.99				300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Horizon	Indemnity	3593.28				300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Managed Care Inc	Managed Care Inc	4825.93	90			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Corrections	Corrections	4289.71	80			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Horizon	Medicare Blue	1856.99				300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 UHC	Medicare	1856.99				300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Wellcare	Medicaid	1632.24	30.44			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Three Rivers	Three Rivers	5094.03	95			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Wellcare	Medicare	1856.99				300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Multiplan	Multiplan	4289.71	80			300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Horizon	MGD	3593.28				300		5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 United	Commercial/PPO	1835.46				300		5094.03	case rate	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Horizon	NJ Health	564.54			384.71	300		5094.03	fee schedule	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 Qualcare	Qualcare	4021.61	75			300		5094.03	percent of total billed charges	
CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	24535	CPT				outpatient			5362.14		2135.54 WellPoint	WellPoint	1664.41	31.04			300		5094.03	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Horizon	MGD	538.59				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Aetna	Better Health	267.68	30.44			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Americare	Americare	659.53	75			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Corrections	Corrections	703.5	80			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Wellcare	Medicare	278.34				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Consumer	Consumer	835.4	95			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Amerihealth	HMO/PPO	125				125		1835.46	fee schedule	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Aetna	Medicare	270.85	30.8			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 UHC	Medicaid	267.68	30.44			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Aetna	Commercial	454.25			453.69	125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 First Trenton	First Trenton	791.43	90			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Horizon	PPO	538.59				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 UHC	Medicare	278.34				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 First Health	First Health	615.56	70			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Amerihealth	Medicare	278.34				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Multiplan	Multiplan	703.5	80			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Horizon	Medicare Blue	278.34				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 WellPoint	WellPoint	272.96	31.04			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Horizon	Indemnity	538.59				125		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Qualcare	Qualcare	659.53	75			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Horizon	NJ Health	301.46				125		1835.46	fee schedule	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 United	Commercial/PPO	1835.46				125		1835.46	case rate	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Managed Care Inc	Managed Care Inc	791.43	90			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 United	Oxford	1835.46				125		1835.46	case rate	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Three Rivers	Three Rivers	835.4	95			125		1835.46	percent of total billed charges	
CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	24560	CPT				outpatient			879.37		320.09 Wellcare	Medicaid	267.68	30.44			125		1835.46	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Consumer	Consumer	2125.99	95			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Aetna	Better Health	681.21	30.44		510.24	125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Aetna	Medicare	278.34				125		2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Americare	Americare	1678.41	75			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Aetna	Commercial	454.25				125		2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 UHC	Medicare	278.34				125		2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Multiplan	Multiplan	1790.3	80			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Amerihealth	HMO/PPO	125				125		2125.99	fee schedule	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 First Health	First Health	1566.52	70			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Horizon	MGD	538.59				125		2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Corrections	Corrections	1790.3	80			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Horizon	Medicare Blue	278.34				125		2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 UHC	Medicaid	681.21	30.44		647.72	125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Amerihealth	Medicare	278.34				125		2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Qualcare	Qualcare	1678.41	75			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Three Rivers	Three Rivers	2125.99	95			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 First Trenton	First Trenton	2014.09	90			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Horizon	Indemnity	538.59				125		2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Horizon	NJ Health	334.34				125		2125.99	fee schedule	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 United	Oxford	1835.46				125		2125.99	case rate	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Horizon	PPO	538.59				125		2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 United	Commercial/PPO	1835.46				125		2125.99	case rate	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Managed Care Inc	Managed Care Inc	2014.09	90			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Wellcare	Medicare	278.34				125		2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 WellPoint	WellPoint	694.64	31.04			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	24600	CPT				both			2237.88		320.09 Wellcare	Medicaid	681.21	30.44			125		2125.99	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	CPT				outpatient			6302.58		2135.54 Amerihealth	HMO/PPO	550				451.06		5987.45	fee schedule	
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	CPT				outpatient			6302.58		2135.54 Consumer	Consumer	5987.45	95			451.06		5987.45	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	CPT				outpatient			6302.58		2135.54 First Trenton	First Trenton	5672.32	90			451.06		5987.45	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	CPT				outpatient			6302.58		2135.54 Aetna	Commercial	3030.61				451

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	CPT				outpatient			6302.58		2135.54 United	Oxford	2567.79				451.06	5987.45	case rate	
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	CPT				outpatient			6302.58		2135.54 Quallcare	Quallcare	4726.94	75			451.06	5987.45	percent of total billed charges	
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	CPT				outpatient			6302.58		2135.54 WellPoint	WellPoint	1956.32	31.04			451.06	5987.45	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Aetna	Medicare	1856.99				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Amerihealth	HMO/PPO	550				550	5094.03	fee schedule	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Consumer	Consumer	5094.03	95			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 First Trenton	First Trenton	4825.93	90			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Corrections	Corrections	4289.71	80			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Aetna	Better Health	1632.24	30.44			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Aetna	Commercial	3030.61				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Horizon	PPO	3593.28				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Horizon	MGD	3593.28				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Amerihealth	Medicare	1856.99				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Horizon	NJ Health	573.21				550	5094.03	fee schedule	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Managed Care Inc	Managed Care Inc	4825.93	90			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Americare	Americare	4021.61	75			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 United	Oxford	2567.79				550	5094.03	case rate	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Multiplan	Multiplan	4289.71	80			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 UHC	Medicaid	1632.24	30.44			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Quallcare	Quallcare	4021.61	75			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 First Health	First Health	3753.5	70			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Three Rivers	Three Rivers	5094.03	95			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Horizon	Indemnity	3593.28				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 United	Commercial/PPO	2567.79				550	5094.03	case rate	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Horizon	Medicare Blue	1856.99				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Wellcare	Medicare	1856.99				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 UHC	Medicare	1856.99				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 WellPoint	WellPoint	1664.41	31.04			550	5094.03	percent of total billed charges	
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	CPT				outpatient			5362.14		2135.54 Wellcare	Medicaid	1632.24	30.44			550	5094.03	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Aetna	Commercial	454.25				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Aetna	Better Health	321.04	30.44			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 First Trenton	First Trenton	949.21	90			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Amerihealth	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Horizon	MGD	538.59				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Multiplan	Multiplan	843.74	80			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Aetna	Medicare	324.84	30.8			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Americare	Americare	791.01	75			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Horizon	Medicare Blue	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 UHC	Medicaid	321.04	30.44		310.51	98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Amerihealth	HMO/PPO	125				98.66	1835.46	fee schedule	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Consumer	Consumer	1001.95	95			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Horizon	PPO	538.59				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Quallcare	Quallcare	791.01	75			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 First Health	First Health	738.28	70			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Three Rivers	Three Rivers	1001.95	95			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Managed Care Inc	Managed Care Inc	949.21	90			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 UHC	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 United	Commercial/PPO	1835.46				98.66	1835.46	case rate	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Corrections	Corrections	843.74	80			98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 United	Oxford	1835.46				98.66	1835.46	case rate	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Wellcare	Medicaid	321.04	30.44		310.51	98.66	1835.46	percent of total billed charges	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Horizon	Indemnity	538.59				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Wellcare	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 Horizon	NJ Health	98.66				98.66	1835.46	fee schedule	
CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	24640	CPT				outpatient			1054.68		320.09 WellPoint	WellPoint	327.37	31.04		316.72	98.66	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Aetna	Medicare	486.95	30.8			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Corrections	Corrections	1264.8	80			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 First Health	First Health	1106.7	70			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Horizon	MGD	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 First Trenton	First Trenton	1422.9	90			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Americare	Americare	1185.75	75			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Aetna	Better Health	481.26	30.44			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Multiplan	Multiplan	1264.8	80			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Consumer	Consumer	1501.95	95			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Horizon	NJ Health	159.21				125	1835.46	fee schedule	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Quallcare	Quallcare	1185.75	75			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Managed Care Inc	Managed Care Inc	1422.9	90			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 United	Oxford	1835.46				125	1835.46	case rate	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 UHC	Medicaid	481.26	30.44			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Wellcare	Medicaid	481.26	30.44			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Three Rivers	Three Rivers	1501.95	95			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 United	Commercial/PPO	1835.46				125	1835.46	case rate	
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	CPT				outpatient			1581		320.09 WellPoint	WellPoint	490.74	31.04			125	1835.46	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 First Trenton	First Trenton	4825.93	90			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Aetna	Commercial	3030.61				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Aetna	Better Health	1632.24	30.44			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Horizon	MGD	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Corrections	Corrections	4289.71	80			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Aetna	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Amerihealth	HMO/PPO	300				300	5094.03	fee schedule	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 UHC	Medicaid	1632.24	30.44			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Horizon	NJ Health	334.34				300	5094.03	fee schedule	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Multiplan	Multiplan	4289.71	80			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Americare	Americare	4021.61	75			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Consumer	Consumer	5094.03	95			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Horizon	PPO	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Quallcare	Quallcare	4021.61	75			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Amerihealth	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 First Health	First Health	3753.5	70			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Managed Care Inc	Managed Care Inc	4825.93	90			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Three Rivers	Three Rivers	5094.03	95			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 United	Commercial/PPO	1835.46				300	5094.03	case rate	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Horizon	Indemnity	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 WellPoint	WellPoint	1664.41	31.04			300	5094.03	percent of total billed charges	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 United	Oxford	1835.46				300	5094.03	case rate	
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Horizon	Medicare Blue	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Wellcare	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 UHC	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	CPT				outpatient			5362.14		2135.54 Wellcare	Medicaid	1632.24	30.44			300	5094.03	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Aetna	Better Health	267.68	30.44			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 UHC	Medicaid	267.68	30.44			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Three Rivers	Three Rivers	835.4	95			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Corrections	Corrections	703.5	80			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Consumer	Consumer	835.4	95			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 First Trenton	First Trenton	791.43	90			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Americare	Americare	669.53	75			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 United	Commercial/PPO	1835.46				125	1835.46	case rate	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 United	Oxford	1835.46				125	1835.46	case rate	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Horizon	MGD	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Multiplan	Multiplan	703.5	80			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Quallcare	Quallcare	669.53	75			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Horizon	NJ Health	126.32				125	1835.46	fee schedule	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 WellPoint	WellPoint	272.96	31.04			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 First Health	First Health	615.56	70			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Managed Care Inc	Managed Care Inc	791.43	90			125	1835.46	percent of total billed charges	
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	24670	CPT				outpatient			879.37		320.09 UHC	Medicare	278.34				125

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	United	Oxford	1835.46				300	5094.03	case rate
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	WellPoint	WellPoint	1664.41	31.04			300	5094.03	percent of total billed charges
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	UHC	Medicare	1856.99				300	5094.03	other
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	First Trenton	First Trenton	4825.93	90			300	5094.03	percent of total billed charges
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	Qualcare	Qualcare	4021.61	75			300	5094.03	percent of total billed charges
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	Three Rivers	Three Rivers	5094.03	95			300	5094.03	percent of total billed charges
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	Wellcare	Medicaid	1632.24	30.44			300	5094.03	percent of total billed charges
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	Horizon	Indemnity	3593.28				300	5094.03	other
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	United	Commercial/PPO	1835.46				300	5094.03	case rate
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	Horizon	Medicare Blue	1856.99				300	5094.03	other
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	CPT				outpatient			5362.14		2135.54	Managed Care Inc	Managed Care Inc	4825.93	90			300	5094.03	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Aetna	Better Health	339.05	30.44			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Americare	Americare	835.38	75			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Aetna	Medicare	343.06	30.8			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Amerihealth	HMO/PPO	125				74.09	1835.46	fee schedule
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			First Health	First Health	779.69	70			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Horizon	MGD	426.38	38.28			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Corrections	Corrections	891.07	80			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			United	Oxford	1835.46				74.09	1835.46	case rate
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Aetna	Commercial	423.26	38			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			UHC	Medicaid	339.05	30.44			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Consumer	Consumer	1058.15	95			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Wellcare	Medicaid	339.05	30.44			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Horizon	Medicare Blue	334.15	30			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			United	Commercial/PPO	1835.46				74.09	1835.46	case rate
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Horizon	Indemnity	426.38	38.28			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			First Trenton	First Trenton	1002.46	90			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Multiplan	Multiplan	891.07	80			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			WellPoint	WellPoint	345.74	31.04			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Qualcare	Qualcare	835.38	75			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Horizon	NJ Health	74.09				74.09	1835.46	fee schedule
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Horizon	PPO	426.38	38.28			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Managed Care Inc	Managed Care Inc	1002.46	90			74.09	1835.46	percent of total billed charges
INJECTION WRIST ARTHROGRAPHY	25246	CPT				outpatient			1113.84			Three Rivers	Three Rivers	1058.15	95			74.09	1835.46	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Horizon	Indemnity	7284.87				493.29	10567.91	other
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Amerihealth	HMO/PPO	800				493.29	10567.91	fee schedule
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Aetna	Medicare	3764.79				493.29	10567.91	other
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Amerihealth	Medicare	3764.79				493.29	10567.91	other
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	First Health	First Health	7786.88	70			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	First Trenton	First Trenton	10011.71	90			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Aetna	Better Health	3386.18	30.44			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Aetna	Commercial	6144.14				493.29	10567.91	other
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Horizon	PPO	7284.87				493.29	10567.91	other
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	United	Oxford	3596.76				493.29	10567.91	case rate
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Corrections	Corrections	8899.3	80			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Horizon	Medicare Blue	3764.79				493.29	10567.91	other
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Multiplan	Multiplan	8899.3	80			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Managed Care Inc	Managed Care Inc	10011.71	90			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Americare	Americare	8343.09	75			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Wellcare	Medicaid	3386.18	30.44			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	UHC	Medicaid	3386.18	30.44			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Three Rivers	Three Rivers	10567.91	95			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Horizon	MGD	7284.87				493.29	10567.91	other
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Wellcare	Medicare	3764.79				493.29	10567.91	other
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Qualcare	Qualcare	8343.09	75			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Consumer	Consumer	10567.91	95			493.29	10567.91	percent of total billed charges
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	UHC	Medicare	3764.79				493.29	10567.91	other
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	Horizon	NJ Health	493.29				493.29	10567.91	fee schedule
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	United	Commercial/PPO	3596.76				493.29	10567.91	case rate
RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	CPT				outpatient			11124.12		4329.51	WellPoint	WellPoint	3452.93	31.04			493.29	10567.91	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Aetna	Commercial	13527.66				950	24878.66	other
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Aetna	Medicare	8289.01				950	24878.66	other
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Amerihealth	Medicare	8289.01				950	24878.66	other
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Americare	Americare	19641.05	75			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Amerihealth	HMO/PPO	950	950			950	24878.66	fee schedule
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	First Trenton	First Trenton	23569.25	90			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Aetna	Better Health	7971.65	30.44			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Multiplan	Multiplan	20960.45	80			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Horizon	MGD	16039.23				950	24878.66	other
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Corrections	Corrections	20960.45	80			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Horizon	Medicare Blue	8289.01				950	24878.66	other
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Consumer	Consumer	24878.66	95			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	First Health	First Health	18331.64	70			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Managed Care Inc	Managed Care Inc	23569.25	90			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Horizon	PPO	16039.23				950	24878.66	other
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Qualcare	Qualcare	19641.05	75			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	UHC	Medicaid	7971.65	30.44			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Three Rivers	Three Rivers	24878.66	95			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Wellcare	Medicare	8289.01				950	24878.66	other
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Horizon	Indemnity	16039.23				950	24878.66	other
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	UHC	Medicare	8289.01				950	24878.66	other
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	United	Commercial/PPO	6552.86				950	24878.66	case rate
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	WellPoint	WellPoint	8128.77	31.04			950	24878.66	percent of total billed charges
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	United	Oxford	6552.86				950	24878.66	case rate
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	CPT				outpatient			26188.06		9532.36	Wellcare	Medicaid	7971.65	30.44			950	24878.66	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Aetna	Commercial	454.25				278.34	1835.46	other
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	First Trenton	First Trenton	1467.88	90			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Aetna	Better Health	496.47	30.44			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Consumer	Consumer	1549.43	95			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Americare	Americare	1223.24	75			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Aetna	Medicare	502.34	30.8			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Horizon	MGD	538.59				278.34	1835.46	other
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Amerihealth	Medicare	278.34				278.34	1835.46	other
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Amerihealth	HMO/PPO	300				278.34	1835.46	fee schedule
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Managed Care Inc	Managed Care Inc	1467.88	90			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Horizon	PPO	538.59				278.34	1835.46	other
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Corrections	Corrections	1304.78	80			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Horizon	Indemnity	538.59				278.34	1835.46	other
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Qualcare	Qualcare	1223.24	75			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	WellPoint	WellPoint	506.26	31.04			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	First Health	First Health	1141.69	70			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	United	Commercial/PPO	1835.46				278.34	1835.46	case rate
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	UHC	Medicare	278.34				278.34	1835.46	other
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Horizon	Medicare Blue	278.34				278.34	1835.46	other
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Wellcare	Medicare	278.34				278.34	1835.46	other
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Multiplan	Multiplan	1304.78	80			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Horizon	NJ Health	280.94				278.34	1835.46	fee schedule
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Three Rivers	Three Rivers	1549.43	95			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	United	Oxford	1835.46				278.34	1835.46	case rate
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	UHC	Medicaid	496.47	30.44		480.18	278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	CPT				outpatient			1630.98		320.09	Wellcare	Medicaid	496.47	30.44			278.34	1835.46	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Corrections	Corrections	4266.86	80			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Amerihealth	Medicare	1856.99				300	5066.9	other
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	First Health	First Health	3733.51	70			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Aetna	Commercial	3030.61				300	5066.9	other
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Aetna	Better Health	1623.54	30.44			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Horizon	Medicare Blue	1856.99				300	5066.9	other
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Consumer	Consumer	5066.9	95			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Americare	Americare	4000.19	75			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Multiplan	Multiplan	4266.86	80			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Horizon	Indemnity	3593.28				300	5066.9	other
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Wellcare	Medicare	1856.99				300	5066.9	other
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Aetna	Medicare	1856.99				300	5066.9	other
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Qualcare	Qualcare	4000.19	75			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	UHC	Medicare	1856.99				300	5066.9	other
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	First Trenton	First Trenton	4800.22	90			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Amerihealth	HMO/PPO	300				300	5066.9	fee schedule
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Horizon	MGD	3593.28				300	5066.9	other
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Horizon	PPO	3593.28				300	5066.9	other
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Horizon	NJ Health	394.63				300	5066.9	fee schedule
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Wellcare	Medicaid	1623.54	30.44			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Managed Care Inc	Managed Care Inc	4800.22	90			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	United	Commercial/PPO	1871.51				300	5066.9	case rate
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	Three Rivers	Three Rivers	5066.9	95			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	WellPoint	WellPoint	1655.54	31.04			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	UHC	Medicaid	1623.54	30.44			300	5066.9	percent of total billed charges
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	CPT				outpatient			5333.58		2135.54	United	Oxford	1871.51				300	5066.9	case rate
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62		320.09	Consumer	Consumer	1628.89	95			125	1835.46	percent of total billed charges
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62		320.09	Aetna	Medicare	278.34				125	1835.46	other
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62		320.09	Amerihealth	Medicare	278.34				125	1835.46	other
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62		320.09	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62		320.09	Corrections	Corrections	1371.7	80

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	United	CommercialPPO	1835.46				125		1835.46 case rate	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Horizon	Indemnity	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Multiplan	Multiplan	1371.7	80			125		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Americare	Americare	1285.97	75			125		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Qualcare	Qualcare	1285.97	75			125		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Managed Care Inc	Managed Care Inc	1543.16	90			125		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	UHC	Medicaid	521.93	30.44		530.35	125		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Horizon	NJ Health	252.13			64.72	125		1835.46 fee schedule	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Three Rivers	Three Rivers	1628.89	95			125		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Wellcare	Medicaid	521.93	30.44			125		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	WellPoint	WellPoint	532.22	31.04			125		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	25530	CPT				outpatient			1714.62	320.09	United	Oxford	1835.46				125		1835.46 case rate	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Aetna	Medicare	278.34				268.57		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	First Health	First Health	617.61	70			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Americare	Americare	661.73	75			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Horizon	Indemnity	538.59				268.57		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Corrections	Corrections	705.84	80			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Aetna	Better Health	268.57	30.44			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Aetna	Commercial	454.25				268.57		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	First Trenton	First Trenton	794.07	90			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Horizon	MGD	538.59				268.57		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Horizon	Medicare Blue	278.34				268.57		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Consumer	Consumer	838.19	95			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Horizon	PPO	538.59				268.57		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	WellPoint	WellPoint	273.87	31.04			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Amerihealth	HMO/PPO	300				268.57		1835.46 fee schedule	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Amerihealth	Medicare	278.34				268.57		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Managed Care Inc	Managed Care Inc	794.07	90			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Horizon	NJ Health	334.34				268.57		1835.46 fee schedule	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	United	Oxford	1835.46				268.57		1835.46 case rate	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Multiplan	Multiplan	705.84	80			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	UHC	Medicaid	268.57	30.44			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Three Rivers	Three Rivers	838.19	95			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Wellcare	Medicaid	268.57	30.44			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Qualcare	Qualcare	661.73	75			268.57		1835.46 percent of total billed charges	
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	Wellcare	Medicare	278.34				268.57		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	UHC	Medicare	278.34				268.57		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	CPT				outpatient			882.3	320.09	United	CommercialPPO	1835.46				268.57		1835.46 case rate	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Aetna	Commercial	454.25				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Americare	Americare	1194.17	75			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	First Trenton	First Trenton	1433	90			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Aetna	Better Health	484.67	30.44			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Horizon	MGD	538.59			337.7	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Consumer	Consumer	1512.61	95			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Multiplan	Multiplan	1273.78	80			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Aetna	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Three Rivers	Three Rivers	1512.61	95			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Horizon	Medicare Blue	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Amerihealth	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Corrections	Corrections	1273.78	80			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	United	Oxford	1835.46				125		1835.46 case rate	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Qualcare	Qualcare	1194.17	75			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	First Health	First Health	1114.55	70			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Horizon	NJ Health	286.08				125		1835.46 fee schedule	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Horizon	Indemnity	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Managed Care Inc	Managed Care Inc	1433	90			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	UHC	Medicaid	484.67	30.44		424.37	125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	United	CommercialPPO	1835.46				125		1835.46 case rate	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	Wellcare	Medicaid	484.67	30.44			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MNPJ	25560	CPT				outpatient			1592.22	320.09	WellPoint	WellPoint	494.23	31.04			125		1835.46 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Aetna	Better Health	1623.54	30.44			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Aetna	Medicare	1642.74	30.8			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Amerihealth	Medicare	1856.99				300		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Consumer	Consumer	5066.9	95			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Amerihealth	HMO/PPO	300				300		5066.9 fee schedule	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Horizon	PPO	3593.28				300		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Americare	Americare	4000.19	75			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Horizon	Medicare Blue	1856.99				300		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Aetna	Commercial	3030.61				300		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Horizon	MGD	3593.28				300		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Corrections	Corrections	4266.86	80			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	United	Oxford	1835.46				300		5066.9 case rate	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	First Health	First Health	3733.51	70			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	UHC	Medicaid	1623.54	30.44		1570.27	300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	First Trenton	First Trenton	4800.22	90			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Multiplan	Multiplan	4266.86	80			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	UHC	Medicare	1856.99				300		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	WellPoint	WellPoint	1655.54	31.04			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Horizon	Indemnity	3593.28				300		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Wellcare	Medicaid	1623.54	30.44			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Horizon	NJ Health	580.33			296.65	300		5066.9 fee schedule	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Qualcare	Qualcare	4000.19	75			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Managed Care Inc	Managed Care Inc	4800.22	90			300		5066.9 percent of total billed charges	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Wellcare	Medicare	1856.99				300		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	United	CommercialPPO	1835.46				300		5066.9 case rate	
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MNPJ	25565	CPT				outpatient			5333.58	2135.54	Three Rivers	Three Rivers	5066.9	95			300		5066.9 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Amerihealth	HMO/PPO	125				125		1891.49 fee schedule	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Aetna	Better Health	606.07	30.44			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Multiplan	Multiplan	1592.83	80			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Amerihealth	Medicare	278.34				125		1891.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Horizon	PPO	538.59				125		1891.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Horizon	MGD	538.59				125		1891.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Aetna	Medicare	278.34				125		1891.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Aetna	Commercial	454.25				125		1891.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	First Health	First Health	1393.73	70			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	UHC	Medicaid	606.07	30.44		586.19	125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Wellcare	Medicaid	606.07	30.44			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Consumer	Consumer	1891.49	95			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	United	Oxford	1835.46				125		1891.49 case rate	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	UHC	Medicare	278.34				125		1891.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Horizon	Medicare Blue	278.34				125		1891.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Americare	Americare	1493.28	75			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	United	CommercialPPO	1835.46				125		1891.49 case rate	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Wellcare	Medicare	278.34				125		1891.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Qualcare	Qualcare	1493.28	75			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Corrections	Corrections	1592.83	80			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Three Rivers	Three Rivers	1891.49	95			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	First Trenton	First Trenton	1791.94	90			125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	WellPoint	WellPoint	618.02	31.04		595.1	125		1891.49 percent of total billed charges	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Horizon	Indemnity	538.59				125		1891.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Horizon	NJ Health	315.18				125		1891.49 fee schedule	
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MNPJ	25600	CPT				outpatient			1991.04	320.09	Managed Care Inc	Managed Care Inc	1791.94	90			125		1891.49 percent of total billed charges	
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	Qualcare	Qualcare	4000.19	75			422.82		5066.9 percent of total billed charges	
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	Aetna	Better Health	1623.54	30.44		1499.17	422.82		5066.9 percent of total billed charges	
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	First Health	First Health	3733.51	70			422.82		5066.9 percent of total billed charges	
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	Horizon	Indemnity	3593.28			1643.06	422.82		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	Corrections	Corrections	4266.86	80			422.82		5066.9 percent of total billed charges	
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	Amerihealth	Medicare	1856.99				422.82		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	Aetna	Commercial	3030.61				422.82		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	WellPoint	WellPoint	1655.54	31.04			422.82		5066.9 percent of total billed charges	
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	United	CommercialPPO	1871.51				422.82		5066.9 case rate	
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	Aetna	Medicare	1856.99				422.82		5066.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT				outpatient			5333.58	2135.54	Three Rivers	Three Rivers	5066.9	95			422.82		5066.9 percent of total billed charges	
CLTX DSTL RDL FX/EPIPHYSL SEP W/MNPJ	25605	CPT		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Amerihealth	Medicare	8289.01				650	24878.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Horizon	Medicare Blue	8289.01				650	24878.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Multiplan	Multiplan	20950.45	80			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	First Trenton	First Trenton	23569.25	90			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Consumer	Consumer	24878.66	95			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Aetna	Medicare	8289.01				650	24878.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Americare	Americare	19641.05	75			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Horizon	Indemnity	16039.23				650	24878.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Corrections	Corrections	20950.45	80			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Amerihealth	HMO/PPO	650				650	24878.66	fee schedule	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Qualcare	Qualcare	19641.05	75			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Horizon	PPO	16039.23				650	24878.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	United	Oxford	4843.06				650	24878.66	case rate	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	First Health	First Health	18331.64	70			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Three Rivers	Three Rivers	24878.66	95			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Managed Care Inc	Managed Care Inc	23569.25	90			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Wellcare	Medicare	8289.01				650	24878.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Horizon	MGD	16039.23				650	24878.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	UHC	Medicare	8289.01				650	24878.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	Wellcare	Medicaid	7971.65	30.44			650	24878.66	percent of total billed charges	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	United	Commercial/PPO	4843.06				650	24878.66	case rate	
OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3+ FRAG	25609	CPT				outpatient			26188.06	9532.36	WellPoint	WellPoint	8128.77	31.04			650	24878.66	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	First Trenton	First Trenton	4825.93	90			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Aetna	Better Health	1632.24	30.44			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Aetna	Medicare	1856.99				312.42	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Americare	Americare	4021.61	75			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	First Health	First Health	3753.5	70			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Amerihealth	HMO/PPO	550				312.42	5094.03	fee schedule	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Aetna	Commercial	3030.61				312.42	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Amerihealth	Medicare	1856.99				312.42	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Horizon	Indemnity	3593.28				312.42	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Horizon	PPO	3593.28				312.42	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Corrections	Corrections	4289.71	80			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Consumer	Consumer	5094.03	95			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	United	Commercial/PPO	1871.51				312.42	5094.03	case rate	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Horizon	MGD	3593.28				312.42	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Multiplan	Multiplan	4289.71	80			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Horizon	Medicare Blue	1856.99				312.42	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Horizon	NJ Health	312.42				312.42	5094.03	fee schedule	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Wellcare	Medicare	1856.99				312.42	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Qualcare	Qualcare	4021.61	75			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	United	Oxford	1871.51				312.42	5094.03	case rate	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Managed Care Inc	Managed Care Inc	4825.93	90			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	UHC	Medicaid	1632.24	30.44			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Three Rivers	Three Rivers	5094.03	95			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	WellPoint	WellPoint	1664.41	31.04			312.42	5094.03	percent of total billed charges	
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	UHC	Medicare	1856.99				312.42	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX CARPAL SCAPHOID FRACTURE W/MNPJ	25624	CPT				outpatient			5362.14	2135.54	Wellcare	Medicaid	1632.24	30.44			312.42	5094.03	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Americare	Americare	1789.34	75			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Aetna	Commercial	3030.61				300	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Aetna	Better Health	726.23	30.44			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Amerihealth	HMO/PPO	300				300	3593.28	fee schedule	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Corrections	Corrections	1908.62	80			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Aetna	Medicare	1856.99				300	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	First Health	First Health	1670.05	70			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	First Trenton	First Trenton	2147.2	90			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Consumer	Consumer	2286.49	95			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Horizon	MGD	3593.28				300	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Horizon	PPO	3593.28				300	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Amerihealth	Medicare	1856.99				300	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Horizon	NJ Health	394.63				300	3593.28	fee schedule	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Horizon	Medicare Blue	1856.99				300	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Multiplan	Multiplan	1908.62	80			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Horizon	Indemnity	3593.28				300	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Three Rivers	Three Rivers	2286.49	95			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Managed Care Inc	Managed Care Inc	2147.2	90			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	UHC	Medicare	1856.99				300	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Medicaid	726.23		30.44			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Qualcare	Qualcare	1789.34	75			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	United	Commercial/PPO	1835.46				300	3593.28	case rate	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	WellPoint	WellPoint	740.55	31.04			300	3593.28	percent of total billed charges	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	United	Oxford	1835.46				300	3593.28	case rate	
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Wellcare	Medicare	1856.99				300	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPAL BONE FX W/MNPJ EACH BONE	25635	CPT				outpatient			2385.78	2135.54	Wellcare	Medicaid	726.23	30.44			300	3593.28	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Aetna	Better Health	343.09	30.44			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	First Health	First Health	788.97	70			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Americare	Americare	845.33	75			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Consumer	Consumer	1070.75	95			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Multiplan	Multiplan	901.68	80			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Horizon	MGD	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	First Trenton	First Trenton	1014.39	90			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Corrections	Corrections	901.68	80			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Wellcare	Medicaid	343.09	30.44			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	UHC	Medicaid	343.09	30.44			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Horizon	NJ Health	456.75				125	1835.46	fee schedule	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Qualcare	Qualcare	845.33	75			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Managed Care Inc	Managed Care Inc	1014.39	90			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	United	Commercial/PPO	1835.46				125	1835.46	case rate	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Three Rivers	Three Rivers	1070.75	95			125	1835.46	percent of total billed charges	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	United	Oxford	1835.46				125	1835.46	case rate	
CLOSED TREATMENT ULNAR STYLOID FRACTURE	25650	CPT				outpatient			1127.1	320.09	WellPoint	WellPoint	349.85	31.04			125	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Aetna	Commercial	454.25				278.34	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Horizon	PPO	538.59				278.34	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Amerihealth	Medicare	278.34				278.34	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Aetna	Better Health	367	30.44			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Aetna	Medicare	278.34				278.34	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Consumer	Consumer	1145.36	95			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Americare	Americare	904.23	75			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	First Health	First Health	843.95	70			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Amerihealth	HMO/PPO	300				278.34	1835.46	fee schedule	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Qualcare	Qualcare	904.23	75			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Corrections	Corrections	964.51	80			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Multiplan	Multiplan	964.51	80			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Horizon	MGD	538.59				278.34	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	WellPoint	WellPoint	374.23	31.04			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Three Rivers	Three Rivers	1145.36	95			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Wellcare	Medicaid	367	30.44			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	UHC	Medicare	278.34				278.34	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Wellcare	Medicare	278.34				278.34	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	First Trenton	First Trenton	1085.08	90			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	UHC	Medicaid	367	30.44			278.34	1835.46	percent of total billed charges	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Horizon	Indemnity	538.59				278.34	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	United	Commercial/PPO	1835.46				278.34	1835.46	case rate	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Horizon	Medicare Blue	278.34				278.34	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	United	Oxford	1835.46				278.34	1835.46	case rate	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Horizon	NJ Health	334.34				278.34	1835.46	fee schedule	
CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MNPJ	25660	CPT				outpatient			1205.64	320.09	Managed Care Inc	Managed Care Inc	1085.08	90			278.34	1835.46	percent of total billed charges	
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	First Trenton	First Trenton	910.66	90			98.66	1835.46	percent of total billed charges	
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	Aetna	Better Health	308	30.44			98.66	1835.46	percent of total billed charges	
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	Aetna	Commercial	376.27				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	Americare	Americare	758.88	75			98.66	1835.46	percent of total billed charges	
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	Amerihealth	HMO/PPO	125				98.66	1835.46	fee schedule	
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	First Health	First Health	708.29	70			98.66	1835.46	percent of total billed charges	
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	Aetna	Medicare	230.56				98.66	1835.46	other	Payer-specific negot

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	United	Oxford	1835.46				98.66	1835.46	case rate	
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	Quelcare	Quelcare	758.88	75			98.66	1835.46	percent of total billed charges	
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	Wellcare	Medicaid	308	30.44		292.28	98.66	1835.46	percent of total billed charges	
DRAINAGE FINGER ABSCESS SIMPLE	26010	CPT				outpatient			1011.84	265.14	Wellcare	Medicare	230.56				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	First Health	First Health	1566.52	70			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	United	Oxford	2567.79				228.3	3637.8	case rate	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Aetna	Better Health	681.21	30.44			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Aetna	Commercial	3068.16				228.3	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Quelcare	Quelcare	1678.41	75			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	First Trenton	First Trenton	2014.09	90			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Aetna	Medicare	1880				228.3	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Americare	Americare	1678.41	75			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Horizon	Indemnity	3637.8				228.3	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Horizon	NJ Health	228.3			360.43	228.3	3637.8	fee schedule	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Consumer	Consumer	2125.99	95			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Amerihealth	HMO/PPO	300				228.3	3637.8	fee schedule	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	UHC	Medicaid	681.21	30.44			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Managed Care Inc	Managed Care Inc	2014.09	90			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Horizon	MGD	3637.8				228.3	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Amerihealth	Medicare	1880				228.3	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Multiplan	Multiplan	1790.3	80			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Wellcare	Medicare	1880				228.3	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Corrections	Corrections	1790.3	80			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	UHC	Medicare	1880				228.3	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Horizon	PPO	3637.8				228.3	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Three Rivers	Three Rivers	2125.99	95			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Horizon	Medicare Blue	1880				228.3	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	WellPoint	WellPoint	694.64	31.04			228.3	3637.8	percent of total billed charges	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	United	Commercial/PPO	2567.79				228.3	3637.8	case rate	
DRAINAGE FINGER ABSCESS COMPLICATED	26011	CPT				outpatient			2237.88	2162	Wellcare	Medicaid	681.21	30.44			228.3	3637.8	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Amerihealth	Medicare	1856.99				426.11	5630.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	UHC	Medicare	1856.99				426.11	5630.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Amerihealth	HMO/PPO	800				426.11	5630.86	fee schedule	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	First Trenton	First Trenton	5334.5	90			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Aetna	Medicare	1825.58	30.8			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Aetna	Commercial	3030.61				426.11	5630.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Aetna	Better Health	1804.25	30.44			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	UHC	Medicaid	1804.25	30.44			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Corrections	Corrections	4741.78	80			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Americare	Americare	4445.42	75			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	First Health	First Health	4149.05	70			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Horizon	Indemnity	3593.28				426.11	5630.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Consumer	Consumer	5630.86	95			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Multiplan	Multiplan	4741.78	80			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Horizon	PPO	3593.28				426.11	5630.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	United	Commercial/PPO	2567.79				426.11	5630.86	case rate	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Horizon	Medicare Blue	1856.99				426.11	5630.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Quelcare	Quelcare	4445.42	75			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Horizon	MGD	3593.28				426.11	5630.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Managed Care Inc	Managed Care Inc	5334.5	90			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Horizon	NJ Health	426.11				426.11	5630.86	fee schedule	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Wellcare	Medicare	1856.99				426.11	5630.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	WellPoint	WellPoint	1839.81	31.04			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Three Rivers	Three Rivers	5630.86	95			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	Wellcare	Medicaid	1804.25	30.44			426.11	5630.86	percent of total billed charges	
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	CPT				outpatient			5927.22	2135.54	United	Oxford	2567.79				426.11	5630.86	case rate	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Americare	Americare	4399.52	75			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Corrections	Corrections	4692.82	80			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Horizon	PPO	3593.28				487.94	5572.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Aetna	Commercial	3030.61				487.94	5572.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Aetna	Medicare	1806.73	30.8			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Aetna	Better Health	1785.62	30.44			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Amerihealth	Medicare	1856.99				487.94	5572.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Amerihealth	HMO/PPO	650				487.94	5572.72	fee schedule	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Consumer	Consumer	5572.72	95			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	First Trenton	First Trenton	5279.42	90			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Wellcare	Medicare	1856.99				487.94	5572.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Horizon	MGD	3593.28				487.94	5572.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Multiplan	Multiplan	4692.82	80			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Horizon	NJ Health	487.94				487.94	5572.72	fee schedule	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Horizon	Medicare Blue	1856.99				487.94	5572.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	First Health	First Health	4106.21	70			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Horizon	Indemnity	3593.28				487.94	5572.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Managed Care Inc	Managed Care Inc	5279.42	90			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	WellPoint	WellPoint	1820.81	31.04			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	UHC	Medicaid	1785.62	30.44			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Quelcare	Quelcare	4399.52	75			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Three Rivers	Three Rivers	5572.72	95			487.94	5572.72	percent of total billed charges	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	United	Commercial/PPO	2567.79				487.94	5572.72	case rate	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	UHC	Medicare	1856.99				487.94	5572.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	United	Oxford	2567.79				487.94	5572.72	case rate	
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	CPT				outpatient			5866.02	2135.54	Wellcare	Medicaid	1785.62	30.44			487.94	5572.72	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Aetna	Commercial	3030.61				498.98	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Aetna	Medicare	1651.54	30.8			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Americare	Americare	4021.61	75			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Aetna	Better Health	1632.24	30.44			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	UHC	Medicare	1856.99				498.98	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Horizon	MGD	3593.28				498.98	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Horizon	Medicare Blue	1856.99				498.98	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Consumer	Consumer	5094.03	95			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Amerihealth	HMO/PPO	650				498.98	5094.03	fee schedule	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Multiplan	Multiplan	4289.71	80			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Amerihealth	Medicare	1856.99				498.98	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	First Health	First Health	3753.5	70			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Horizon	Indemnity	3593.28				498.98	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Quelcare	Quelcare	4021.61	75			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	United	Commercial/PPO	2567.79				498.98	5094.03	case rate	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Corrections	Corrections	4289.71	80			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Wellcare	Medicaid	1632.24	30.44			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	First Trenton	First Trenton	4825.93	90			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Horizon	NJ Health	498.98				498.98	5094.03	fee schedule	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Managed Care Inc	Managed Care Inc	4825.93	90			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Horizon	PPO	3593.28				498.98	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Three Rivers	Three Rivers	5094.03	95			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	UHC	Medicaid	1632.24	30.44			498.98	5094.03	percent of total billed charges	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	Wellcare	Medicare	1856.99				498.98	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	United	Oxford	2567.79				498.98	5094.03	case rate	
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	CPT				outpatient			5362.14	2135.54	WellPoint	WellPoint	1664.41	31.04			498.98	5094.03	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Amerihealth	Medicare	1856.99				427.52	5110.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Horizon	MGD	3593.28				427.52	5110.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Aetna	Commercial	3030.61				427.52	5110.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Corrections	Corrections	4303.58	80			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Horizon	Medicare Blue	1856.99				427.52	5110.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Amerihealth	HMO/PPO	650				427.52	5110.51	fee schedule	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Consumer	Consumer	5110.51	95			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Aetna	Better Health	1637.51	30.44			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	UHC	Medicare	1856.99				427.52	5110.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Horizon	PPO	3593.28				427.52	5110.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Aetna	Medicare	1856.99				427.52	5110.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	WellPoint	WellPoint	1669.79	31.04			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	First Trenton	First Trenton	4841.53	90			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	First Health	First Health	3765.64	70			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Americare	Americare	4034.61	75			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Horizon	Indemnity	3593.28				427.52	5110.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Horizon	NJ Health	427.52				427.52	5110.51	fee schedule	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	UHC	Medicaid	1637.51	30.44			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Three Rivers	Three Rivers	5110.51	95			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Multiplan	Multiplan	4303.58	80			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Managed Care Inc	Managed Care Inc	4841.53	90			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Wellcare	Medicare	1856.99				427.52	5110.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Quelcare	Quelcare	4034.61	75			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	United	Commercial/PPO	2567.79				427.52	5110.51	case rate	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	Wellcare	Medicaid	1637.51	30.44			427.52	5110.51	percent of total billed charges	
REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	CPT				outpatient			5379.48	2135.54	United	Oxford	2567.79				427.52	5110.51	case rate	
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	First Health	First Health	4800.94	70			332.64	6515.56	percent of total billed charges	
REPAIR EXT

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	Three Rivers	Three Rivers	6515.56	95			332.64	6515.56	percent of total billed charges	
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	WellPoint	WellPoint	2128.87	31.04			332.64	6515.56	percent of total billed charges	
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	Qualcare	Qualcare	5143.86	75			332.64	6515.56	percent of total billed charges	
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	Horizon	MGD	3593.28				332.64	6515.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	UHC	Medicaid	2087.72	30.44			332.64	6515.56	percent of total billed charges	
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	Amerihealth	Medicare	1856.99				332.64	6515.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	Wellcare	Medicare	1856.99				332.64	6515.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	Horizon	NJ Health	332.64			550.31	332.64	6515.56	fee schedule	
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	United	Commercial/PPO	2567.79				332.64	6515.56	case rate	
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	UHC	Medicare	1856.99				332.64	6515.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	United	Oxford	2567.79				332.64	6515.56	case rate	
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	CPT				outpatient			6858.48	2135.54	Wellcare	Medicaid	2087.72	30.44			332.64	6515.56	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Americare	Americare	815.49	75			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Consumer	Consumer	1032.95	95			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Aetna	Better Health	330.98	30.44		336.16	125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	First Health	First Health	761.12	70			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Multiplan	Multiplan	869.86	80			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Horizon	MGD	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	First Trenton	First Trenton	978.59	90			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Corrections	Corrections	869.86	80			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	UHC	Medicaid	330.98	30.44			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Qualcare	Qualcare	815.49	75			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Horizon	NJ Health	176.18				125	1835.46	fee schedule	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Managed Care Inc	Managed Care Inc	978.59	90			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	WellPoint	WellPoint	337.5	31.04			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	United	Commercial/PPO	1835.46				125	1835.46	case rate	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Three Rivers	Three Rivers	1032.95	95			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Wellcare	Medicaid	330.98	30.44			125	1835.46	percent of total billed charges	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	United	Oxford	1835.46				125	1835.46	case rate	
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	CPT				outpatient			1087.32	320.09	Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Horizon	Medicare Blue	278.34				278.34	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Amerihealth	HMO/PPO	550				278.34	2835.29	fee schedule	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Americare	Americare	2238.39	75			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Aetna	Better Health	908.49	30.44		392.49	278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Amerihealth	Medicare	278.34				278.34	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	First Health	First Health	2089.16	70			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Aetna	Medicare	278.34				278.34	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Corrections	Corrections	2387.62	80			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	UHC	Medicare	278.34				278.34	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	First Trenton	First Trenton	2686.07	90			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Consumer	Consumer	2835.29	95			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Aetna	Commercial	454.25				278.34	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Horizon	Indemnity	538.59				278.34	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Horizon	MGD	538.59				278.34	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	United	Oxford	1835.46				278.34	2835.29	case rate	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Horizon	NJ Health	310.12			283.88	278.34	2835.29	fee schedule	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Wellcare	Medicare	278.34				278.34	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Managed Care Inc	Managed Care Inc	2686.07	90			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Horizon	PPO	538.59				278.34	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Multiplan	Multiplan	2387.62	80			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	UHC	Medicaid	908.49	30.44		898.32	278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Three Rivers	Three Rivers	2835.29	95			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	United	Commercial/PPO	1835.46				278.34	2835.29	case rate	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Qualcare	Qualcare	2238.39	75			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	WellPoint	WellPoint	926.4	31.04			278.34	2835.29	percent of total billed charges	
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	CPT				outpatient			2984.52	320.09	Wellcare	Medicaid	908.49	30.44		254.98	278.34	2835.29	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Horizon	MGD	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Consumer	Consumer	537.8	95			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	First Health	First Health	396.27	70			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Americare	Americare	424.58	75			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Aetna	Better Health	172.32	30.44			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	UHC	Medicaid	172.32	30.44			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Corrections	Corrections	452.88	80			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	First Trenton	First Trenton	509.49	90			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Multiplan	Multiplan	452.88	80			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Managed Care Inc	Managed Care Inc	509.49	90			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Wellcare	Medicaid	172.32	30.44			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Horizon	NJ Health	142.11				125	1835.46	fee schedule	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Three Rivers	Three Rivers	537.8	95			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Qualcare	Qualcare	424.58	75			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	United	Commercial/PPO	1835.46				125	1835.46	case rate	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	United	Oxford	1835.46				125	1835.46	case rate	
CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANU	26641	CPT				outpatient			566.1	320.09	WellPoint	WellPoint	175.72	31.04			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Americare	Americare	4021.61	75			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Amerihealth	HMO/PPO	300				300	5094.03	fee schedule	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Amerihealth	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Aetna	Commercial	3030.61				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Aetna	Better Health	1632.24	30.44			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	First Trenton	First Trenton	4825.93	90			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	First Health	First Health	3753.5	70			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Corrections	Corrections	4289.71	80			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Wellcare	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Horizon	MGD	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Horizon	Indemnity	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Multiplan	Multiplan	4289.71	80			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Aetna	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Horizon	NJ Health	407.39				300	5094.03	fee schedule	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Horizon	Medicare Blue	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Qualcare	Qualcare	4021.61	75			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Consumer	Consumer	5094.03	95			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Managed Care Inc	Managed Care Inc	4825.93	90			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Horizon	PPO	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Three Rivers	Three Rivers	5094.03	95			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	United	Oxford	1835.46				300	5094.03	case rate	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	UHC	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	Wellcare	Medicaid	1632.24	30.44			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	UHC	Medicaid	1632.24	30.44			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	United	Commercial/PPO	1835.46				300	5094.03	case rate	
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANU	26645	CPT				outpatient			5362.14	2135.54	WellPoint	WellPoint	1664.41	31.04			300	5094.03	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	First Trenton	First Trenton	610.47	90			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Aetna	Better Health	206.47	30.44			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Consumer	Consumer	644.39	95			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Americare	Americare	508.73	75			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Horizon	MGD	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	First Health	First Health	474.81	70			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Managed Care Inc	Managed Care Inc	610.47	90			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Corrections	Corrections	542.64	80			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Multiplan	Multiplan	542.64	80			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	WellPoint	WellPoint	210.54	31.04			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Three Rivers	Three Rivers	644.39	95			125	1835.46	percent of total billed charges	
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX CARPO/METACARPL DISLC THMB MANU EA W/O ANES	26670	CPT				outpatient			678.3	320.09	Qualcare	Qualcare	508.73	75			125	1835.46	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Consumer	Consumer	838.19				125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 First Health	First Health	617.61	70			125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Amerihealth	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Multiplan	Multiplan	705.84	80			125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 UHC	Medicaid	268.57	30.44			125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Corrections	Corrections	705.84	80			125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Horizon	Medicare Blue	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Quality Care	Quality Care	661.73	75			125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 United	Commercial/PPO	1835.46				125		1835.46 case rate	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 First Trenton	First Trenton	794.07	90			125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Horizon	Indemnity	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Horizon	NJ Health	164.43				125		1835.46 fee schedule	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Three Rivers	Three Rivers	838.19	95			125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Wellcare	Medicaid	268.57	30.44			125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Managed Care Inc	Managed Care Inc	794.07	90			125		1835.46 percent of total billed charges	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 United	Oxford	1835.46				125		1835.46 case rate	
CLTX METACARPOPHALANGEAL DISLC W/MANU W/O ANES	26700	CPT				outpatient			882.3		320.09 WellPoint	WellPoint	273.87	31.04			125		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 First Trenton	First Trenton	692.17	90			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Aetna	Commercial	454.25				129.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Amerihealth	Medicare	278.34				129.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Aetna	Better Health	234.11	30.44			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Amerihealth	HMO/PPO	300				129.2		1835.46 fee schedule	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 UHC	Medicare	278.34				129.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Aetna	Medicare	236.88	30.8			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Corrections	Corrections	615.26	80			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Horizon	MGD	538.59				129.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Americare	Americare	576.81	75			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 First Health	First Health	538.36	70			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Consumer	Consumer	730.63	95			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Managed Care Inc	Managed Care Inc	692.17	90			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Multiplan	Multiplan	615.26	80			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Horizon	Indemnity	538.59				129.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Wellcare	Medicare	278.34				129.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Horizon	Medicare Blue	278.34				129.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Quality Care	Quality Care	576.81	75			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Horizon	PPO	538.59				129.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Horizon	NJ Health	129.2			78.57	129.2		1835.46 fee schedule	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 United	Commercial/PPO	1835.46				129.2		1835.46 case rate	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 WellPoint	WellPoint	238.72	31.04			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Three Rivers	Three Rivers	730.63	95			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 UHC	Medicaid	234.11	30.44		216.5	129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 United	Oxford	1835.46				129.2		1835.46 case rate	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANU EA	26720	CPT				outpatient			769.08		320.09 Wellcare	Medicaid	234.11	30.44			129.2		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Amerihealth	Medicare	278.34				263.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Aetna	Better Health	321.04	30.44			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Americare	Americare	791.01	75			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Multiplan	Multiplan	843.74	80			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Horizon	Medicare Blue	278.34				263.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Aetna	Commercial	454.25			330.16	263.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Amerihealth	HMO/PPO	300				263.09		1835.46 fee schedule	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Corrections	Corrections	843.74	80			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Wellcare	Medicaid	321.04	30.44		308.07	263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Consumer	Consumer	1001.95	95			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 First Trenton	First Trenton	949.21	90			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Quality Care	Quality Care	791.01	75			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 UHC	Medicare	278.34				263.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Aetna	Medicare	324.84	30.8			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 United	Oxford	1835.46				263.09		1835.46 case rate	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Horizon	Indemnity	538.59				263.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Managed Care Inc	Managed Care Inc	949.21	90			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 First Health	First Health	738.28	70			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Three Rivers	Three Rivers	1001.95	95			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Horizon	NJ Health	263.09			111.39	263.09		1835.46 fee schedule	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Horizon	MGD	538.59				263.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Horizon	PPO	538.59				263.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 Wellcare	Medicare	278.34				263.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 United	Commercial/PPO	1835.46				263.09		1835.46 case rate	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 UHC	Medicaid	321.04	30.44			263.09		1835.46 percent of total billed charges	
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANU EA	26725	CPT				outpatient			1054.68		320.09 WellPoint	WellPoint	327.37	31.04			263.09		1835.46 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 First Health	First Health	3753.5	70			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Amerihealth	Medicare	1856.99				312.42		5094.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Horizon	PPO	3593.28				312.42		5094.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Aetna	Commercial	3030.61				312.42		5094.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Aetna	Better Health	1632.24	30.44			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Americare	Americare	4021.61	75			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Consumer	Consumer	5094.03	95			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Amerihealth	HMO/PPO	550				312.42		5094.03 fee schedule	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Multiplan	Multiplan	4289.71	80			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Corrections	Corrections	4289.71	80			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Aetna	Medicare	1856.99				312.42		5094.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Horizon	MGD	3593.28				312.42		5094.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Wellcare	Medicaid	1632.24	30.44			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Three Rivers	Three Rivers	5094.03	95			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Quality Care	Quality Care	4021.61	75			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 UHC	Medicare	1856.99				312.42		5094.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Wellcare	Medicare	1856.99				312.42		5094.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 First Trenton	First Trenton	4825.93	90			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 WellPoint	WellPoint	1664.41	31.04			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 United	Commercial/PPO	1835.46				312.42		5094.03 case rate	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Horizon	Indemnity	3593.28				312.42		5094.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 United	Oxford	1835.46				312.42		5094.03 case rate	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Horizon	Medicare Blue	1856.99				312.42		5094.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Horizon	NJ Health	312.42				312.42		5094.03 fee schedule	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 Managed Care Inc	Managed Care Inc	4825.93	90			312.42		5094.03 percent of total billed charges	
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANU	26742	CPT				outpatient			5362.14		2135.54 UHC	Medicaid	1632.24	30.44		1628.29	312.42		5094.03 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Aetna	Better Health	268.57	30.44			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 First Trenton	First Trenton	794.07	90			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Amerihealth	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Aetna	Commercial	454.25				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 First Health	First Health	617.61	70			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Corrections	Corrections	705.84	80			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Aetna	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Americare	Americare	661.73	75			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Horizon	NJ Health	147.05				125		1835.46 fee schedule	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 UHC	Medicaid	268.57	30.44		259.76	125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Multiplan	Multiplan	705.84	80			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Horizon	Medicare Blue	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Horizon	Indemnity	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Horizon	MGD	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Consumer	Consumer	838.19	95			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 United	Oxford	1835.46				125		1835.46 case rate	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Managed Care Inc	Managed Care Inc	794.07	90			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Quality Care	Quality Care	661.73	75			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Wellcare	Medicaid	268.57	30.44			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Three Rivers	Three Rivers	838.19	95			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 United	Commercial/PPO	1835.46				125		1835.46 case rate	
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANU EA	26750	CPT				outpatient			882.3		320.09 WellPoint	WellPoint	273.87	31.04			125		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/MANU EA	26755	CPT				outpatient			882.3		320.09 Aetna	Medicare	278.34				245.47		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/MANU EA	26755	CPT				outpatient			882.3		320.09 Aetna	Better Health	268.57	30.44			245.47		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/MANU EA	26755	CPT				outpatient			882.3		320.09 Aetna	Commercial	454.25				245.47		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/MANU EA	26755	CPT				outpatient			882.3		320.09 First Trenton	First Trenton	794.07	90			245.47		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/MANU EA	26755	CPT				outpatient			882.3		320.09 Horizon	MGD	538.59				245.47		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL PHLNGL FX FNGR/THMB W/MANU EA	26755	CPT				outpatient			882.3		320.09 First Health	First Health	617.61	70			245.47		1835.46 percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/MANU EA	26755	CPT				outp

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	26755	CPT				outpatient			882.3	320.09	Wellcare	Medicaid	268.57	30.44			245.47	1835.46	percent of total billed charges	
CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	26755	CPT				outpatient			882.3	320.09	United	CommercialPPO	1835.46				245.47	1835.46	case rate	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	UHC	Medicaid	4033.55	30.44			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Aetna	Medicare	3764.79				430.65	12588.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	United	Oxford	2859.28				430.65	12588.28	case rate	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Aetna	Commercial	6144.14				430.65	12588.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	First Health	First Health	9275.57	70			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Aetna	Better Health	4033.55	30.44			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	First Trenton	First Trenton	11925.74	90			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Americare	Americare	9938.12	75			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	UHC	Medicare	3764.79				430.65	12588.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Corrections	Corrections	10800.66	80			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Managed Care Inc	Managed Care Inc	11925.74	90			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Amerihealth	HMO/PPO	550				430.65	12588.28	fee schedule	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Horizon	Indemnity	7284.87				430.65	12588.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Consumer	Consumer	12988.28	95			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Wellcare	Medicare	3764.79				430.65	12588.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Amerihealth	Medicare	3764.79				430.65	12588.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	United	CommercialPPO	2859.28				430.65	12588.28	case rate	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Horizon	MGD	7284.87				430.65	12588.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Multiplan	Multiplan	10800.66	80			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Horizon	Medicare Blue	3764.79				430.65	12588.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	WellPoint	WellPoint	4113.05	31.04			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Horizon	NJ Health	430.65				430.65	12588.28	fee schedule	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Qualcare	Qualcare	9938.12	75			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Horizon	PPO	7284.87				430.65	12588.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Three Rivers	Three Rivers	12588.28	95			430.65	12588.28	percent of total billed charges	
PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	26756	CPT				outpatient			13250.82	4329.51	Wellcare	Medicaid	4033.55	30.44			430.65	12588.28	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Americare	Americare	11639.48	75			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Multiplan	Multiplan	12415.44	80			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Horizon	MGD	7284.87				394.63	14743.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Aetna	Better Health	4724.07	30.44			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Aetna	Commercial	6144.14				394.63	14743.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Aetna	Medicare	3764.79				394.63	14743.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Horizon	PPO	7284.87				394.63	14743.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Amerihealth	HMO/PPO	800				394.63	14743.34	fee schedule	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Horizon	Medicare Blue	3764.79				394.63	14743.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Qualcare	Qualcare	11639.48	75			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	UHC	Medicare	3764.79				394.63	14743.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	First Health	First Health	10863.51	70			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Amerihealth	Medicare	3764.79				394.63	14743.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Consumer	Consumer	14743.34	95			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	UHC	Medicaid	4724.07	30.44			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Horizon	Indemnity	7284.87				394.63	14743.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	United	Oxford	2859.28				394.63	14743.34	case rate	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Corrections	Corrections	12415.44	80			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	WellPoint	WellPoint	4817.19	31.04			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	First Trenton	First Trenton	13967.37	90			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Wellcare	Medicaid	4724.07	30.44			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	United	CommercialPPO	2859.28				394.63	14743.34	case rate	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Horizon	NJ Health	394.63			505.33	394.63	14743.34	fee schedule	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Managed Care Inc	Managed Care Inc	13967.37	90			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Three Rivers	Three Rivers	14743.34	95			394.63	14743.34	percent of total billed charges	
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	CPT				outpatient			15519.3	4329.51	Wellcare	Medicare	3764.79				394.63	14743.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Horizon	NJ Health	109.62			80.48	109.62	1835.46	fee schedule	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	United	CommercialPPO	1835.46				109.62	1835.46	case rate	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Aetna	Better Health	233.18	30.44		224.58	109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Aetna	Medicare	278.34				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Aetna	Commercial	454.25				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Amerihealth	HMO/PPO	300				109.62	1835.46	fee schedule	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Corrections	Corrections	612.82	80			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	First Trenton	First Trenton	689.42	90			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Americare	Americare	574.52	75			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	WellPoint	WellPoint	237.77	31.04			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Consumer	Consumer	727.72	95			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Horizon	MGD	538.59				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Multiplan	Multiplan	612.82	80			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Amerihealth	Medicare	278.34				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Horizon	PPO	538.59			232.94	109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Managed Care Inc	Managed Care Inc	689.42	90			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Qualcare	Qualcare	574.52	75			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	First Health	First Health	536.21	70			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	UHC	Medicare	278.34			143.51	109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	UHC	Medicaid	233.18	30.44		214.57	109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Three Rivers	Three Rivers	727.72	95			109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Horizon	Indemnity	538.59				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Wellcare	Medicare	278.34				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Wellcare	Medicaid	233.18	30.44		234.81	109.62	1835.46	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	United	Oxford	1835.46				109.62	1835.46	case rate	
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	CPT				outpatient			766.02	320.09	Horizon	Medicare Blue	278.34				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Aetna	Medicare	308.16				260.56	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Aetna	Better Health	1914.16	30.44			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Aetna	Commercial	502.92				260.56	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	UHC	Medicaid	1914.16	30.44			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Corrections	Corrections	5030.64	80			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	First Health	First Health	4401.81	70			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Americare	Americare	4716.23	75			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	First Trenton	First Trenton	5659.47	90			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Horizon	MGD	596.29				260.56	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Consumer	Consumer	5973.89	95			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Amerihealth	Medicare	308.16				260.56	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	UHC	Medicare	308.16				260.56	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Amerihealth	HMO/PPO	650				260.56	5973.89	fee schedule	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Horizon	Indemnity	596.29				260.56	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Horizon	PPO	596.29				260.56	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Horizon	NJ Health	260.56				260.56	5973.89	fee schedule	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	United	CommercialPPO	1835.46				260.56	5973.89	case rate	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Horizon	Medicare Blue	308.16				260.56	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Managed Care Inc	Managed Care Inc	5659.47	90			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Three Rivers	Three Rivers	5973.89	95			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Wellcare	Medicare	308.16				260.56	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Multiplan	Multiplan	5030.64	80			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	WellPoint	WellPoint	1951.89	31.04			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	United	Oxford	1835.46				260.56	5973.89	case rate	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Qualcare	Qualcare	4716.23	75			260.56	5973.89	percent of total billed charges	
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	CPT				outpatient			6288.3	354.38	Wellcare	Medicaid	1914.16	30.44			260.56	5973.89	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	UHC	Medicare	3764.79				334.34	9359.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Amerihealth	Medicare	3764.79				334.34	9359.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Corrections	Corrections	7881.74	80			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Aetna	Medicare	3764.79				334.34	9359.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Aetna	Commercial	6144.14				334.34	9359.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	First Health	First Health	6896.53	70			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Aetna	Better Health	2999	30.44			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Americare	Americare	7389.14	75			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Multiplan	Multiplan	7881.74	80			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Horizon	Indemnity	7284.87				334.34	9359.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Wellcare	Medicare	3764.79				334.34	9359.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	First Trenton	First Trenton	8866.96	90			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Qualcare	Qualcare	7389.14	75			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Horizon	Medicare Blue	3764.79				334.34	9359.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Consumer	Consumer	9359.57	95			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Amerihealth	HMO/PPO	550				334.34	9359.57	fee schedule	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Horizon	NJ Health	334.34				334.34	9359.57	fee schedule	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Horizon	PPO	7284.87				334.34	9359.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Three Rivers	Three Rivers	9359.57	95			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Horizon	MGD	7284.87				334.34	9359.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	United	Oxford	2859.28				334.34	9359.57	case rate	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	UHC	Medicaid	2999	30.44			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Wellcare	Medicaid	2999	30.44			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	Managed Care Inc	Managed Care Inc	8866.96	90			334.34	9359.57	percent of total billed charges	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	United	CommercialPPO	2859.28				334.34	9359.57	case rate	
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	CPT				outpatient			9852.18	4329.51	WellPoint	WellPoint	3058.12	31.04			334.34	9359.57	percent of total billed charges	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76	4329.51	First Health	First Health	7417.03	70			650	10065.97	percent of total billed charges	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76	4329.51	Multiplan	Multiplan	8476.61	80			650	10065.97	percent of total billed charges	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpat

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	UHC	Medicaid	3225.35	30.44			650	10065.97	percent of total billed charges	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	United	CommercialPPO	3596.76				650	10065.97	case rate	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	United	Oxford	3596.76				650	10065.97	case rate	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	Corrections	Corrections	8476.61	80			650	10065.97	percent of total billed charges	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	WellPoint	WellPoint	3288.92	31.04			650	10065.97	percent of total billed charges	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	Wellcare	Medicaid	3225.35	30.44			650	10065.97	percent of total billed charges	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	First Trenton	First Trenton	9536.18	90			650	10065.97	percent of total billed charges	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	Horizon	NJ Health	663.2				650	10065.97	fee schedule	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	Three Rivers	Three Rivers	10065.97	95			650	10065.97	percent of total billed charges	
AMP MTCRPL WIFINGER/THUMB W/WO INTEROSS TRANSFER	26910	CPT				outpatient			10595.76		4329.51	Managed Care Inc	Managed Care Inc	9536.18	90			650	10065.97	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Horizon	Medicare Blue	3764.79				334.34	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	First Trenton	First Trenton	9659.2	90			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Aetna	Commercial	6144.14				334.34	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Aetna	Medicare	3764.79				334.34	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Amerihealth	Medicare	3764.79				334.34	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Americare	Americare	8049.33	75			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Corrections	Corrections	8585.95	80			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Aetna	Better Health	3266.95	30.44			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Consumer	Consumer	10195.82	95			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Managed Care Inc	Managed Care Inc	9659.2	90			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Multiplan	Multiplan	8585.95	80			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	First Health	First Health	7512.71	70			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	United	Oxford	2567.79				334.34	10195.82	case rate	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Amerihealth	HMO/PPO	550				334.34	10195.82	fee schedule	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	UHC	Medicaid	3266.95	30.44		3158.76	334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Horizon	PPO	7284.87				334.34	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Wellcare	Medicaid	3266.95	30.44			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Three Rivers	Three Rivers	10195.82	95			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Quelcare	Quelcare	8049.33	75			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Horizon	MGD	7284.87				334.34	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Wellcare	Medicare	3764.79				334.34	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Horizon	Indemnity	7284.87				334.34	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	WellPoint	WellPoint	3331.35	31.04			334.34	10195.82	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	Horizon	NJ Health	334.34			348.14	334.34	10195.82	fee schedule	
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	UHC	Medicare	3764.79				334.34	10195.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	CPT				outpatient			10732.44		4329.51	United	CommercialPPO	2567.79				334.34	10195.82	case rate	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	First Trenton	First Trenton	4652.42	90			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Consumer	Consumer	4910.89	95			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Amerihealth	HMO/PPO	800				334.34	7284.87	fee schedule	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Corrections	Corrections	4135.49	80			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Amerihealth	Medicare	3764.79				334.34	7284.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Aetna	Commercial	6144.14				334.34	7284.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	First Health	First Health	3618.55	70			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Aetna	Better Health	1573.55	30.44			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Horizon	Indemnity	7284.87				334.34	7284.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Horizon	NJ Health	334.34				334.34	7284.87	fee schedule	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	UHC	Medicaid	1573.55	30.44			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Horizon	Medicare Blue	3764.79				334.34	7284.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Horizon	PPO	7284.87				334.34	7284.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Aetna	Medicare	3764.79				334.34	7284.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Wellcare	Medicare	3764.79				334.34	7284.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	WellPoint	WellPoint	1604.57	31.04			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Managed Care Inc	Managed Care Inc	4652.42	90			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Three Rivers	Three Rivers	4910.89	95			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	United	CommercialPPO	2567.79				334.34	7284.87	case rate	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Americare	Americare	3877.02	75			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	UHC	Medicare	3764.79				334.34	7284.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Horizon	MGD	7284.87				334.34	7284.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	United	Oxford	2567.79				334.34	7284.87	case rate	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Multiplan	Multiplan	4135.49	80			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Wellcare	Medicaid	1573.55	30.44			334.34	7284.87	percent of total billed charges	
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	CPT				outpatient			5169.36		4329.51	Quelcare	Quelcare	3877.02	75			334.34	7284.87	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Americare	Americare	2097.63	75			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Amerihealth	HMO/PPO	125				74.09	2657	fee schedule	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Aetna	Commercial	1062.8	38			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			WellPoint	WellPoint	868.14	31.04			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Horizon	MGD	1070.63	38.28			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Aetna	Better Health	851.36	30.44			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Corrections	Corrections	2237.47	80			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Aetna	Medicare	861.43	30.8			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Wellcare	Medicaid	851.36	30.44			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			First Health	First Health	1957.79	70			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Multiplan	Multiplan	2237.47	80			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			UHC	Medicaid	851.36	30.44			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Horizon	Medicare Blue	839.05	30			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Consumer	Consumer	2657	95			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Quelcare	Quelcare	2097.63	75			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			United	CommercialPPO	1835.46				74.09	2657	case rate	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			First Trenton	First Trenton	2517.16	90			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Horizon	Indemnity	1070.63	38.28			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Horizon	NJ Health	74.09				74.09	2657	fee schedule	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Horizon	PPO	1070.63	38.28			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Managed Care Inc	Managed Care Inc	2517.16	90			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			Three Rivers	Three Rivers	2657	95			74.09	2657	percent of total billed charges	
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	CPT				outpatient			2796.84			United	Oxford	1835.46				74.09	2657	case rate	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Aetna	Medicare	857.34	30.8			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Horizon	Indemnity	1065.55	38.28			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			United	CommercialPPO	1835.46			769.13	82.32	2644.4	case rate	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			First Trenton	First Trenton	2505.22	90			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Consumer	Consumer	2644.4	95			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Americare	Americare	2087.69	75			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Aetna	Better Health	847.32	30.44			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Horizon	Medicare Blue	835.07	30		546.07	82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			UHC	Medicaid	847.32	30.44		719.98	82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Multiplan	Multiplan	2226.86	80			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Aetna	Commercial	1057.76	38		1163.11	82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Horizon	MGD	1065.55	38.28		1305.26	82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Corrections	Corrections	2226.86	80			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Three Rivers	Three Rivers	2644.4	95			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Amerihealth	HMO/PPO	125				82.32	2644.4	fee schedule	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Horizon	NJ Health	82.32			84.7	82.32	2644.4	fee schedule	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			WellPoint	WellPoint	864.02	31.04		679.88	82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Quelcare	Quelcare	2087.69	75			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			First Health	First Health	1948.51	70			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Managed Care Inc	Managed Care Inc	2505.22	90			82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			United	Oxford	1835.46				82.32	2644.4	case rate	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Horizon	PPO	1065.55	38.28		1209.75	82.32	2644.4	percent of total billed charges	
INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	27096	CPT				outpatient			2783.58			Wellcare	Medicaid	847.32	30.44		382.2	82.32	2644.4	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Corrections	Corrections	689.7	80			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Aetna	Commercial	454.25				262.43	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Aetna	Better Health	262.43	30.44			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Amerihealth	HMO/PPO	300				262.43	1835.46	fee schedule	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Consumer	Consumer	819.02	95			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Aetna	Medicare	278.34				262.43	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	First Health	First Health	603.49	70			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Amerihealth	Medicare	278.34				262.43	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Horizon	NJ Health	526.54				262.43	1835.46	fee schedule	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Americare	Americare	646.6	75			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Horizon	PPO	538.59				262.43	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Horizon	Indemnity	538.59				262.43	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Three Rivers	Three Rivers	819.02	95			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Horizon	MGD	538.59				262.43	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Multiplan	Multiplan	689.7	80			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	First Trenton	First Trenton	775.92	90			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	UHC	Medicare	278.34				262.43	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	UHC	Medicaid	262.43	30.44			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Quelcare	Quelcare	646.6	75			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Horizon	Medicare Blue	278.34				262.43	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Wellcare	Medicare	278.34				262.43	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	United	CommercialPPO	1835.46				262.43	1835.46	case rate	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	Managed Care Inc	Managed Care Inc	775.92	90			262.43	1835.46	percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	27250	CPT				outpatient			862.13		320.09	United	Oxford	1835.46				262.43	1835.46	case rate	
CLTX HIP DISLOCATION TRAUMATIC W/O ANESTH

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	First Health	First Health	4019.82	70			550		5455.47 percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	United	CommercialPPO	1871.51				550		5455.47 case rate	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	Multiplan	Multiplan	4594.08	80			550		5455.47 percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	Horizon	PPO	3593.28				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	Qualcare	Qualcare	4306.95	75			550		5455.47 percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	Horizon	NJ Health	822.15				550		5455.47 fee schedule	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	United	Oxford	1871.51				550		5455.47 case rate	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	Managed Care Inc	Managed Care Inc	5168.34	90			550		5455.47 percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	WellPoint	WellPoint	1782.5	31.04			550		5455.47 percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	Three Rivers	Three Rivers	5455.47	95			550		5455.47 percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	Wellcare	Medicaid	1748.05	30.44			550		5455.47 percent of total billed charges	
CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	27252	CPT				outpatient			5742.6	2135.54	Wellcare	Medicare	1856.99				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Aetna	Medicare	278.34				190.02		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Horizon	MGD	538.59				190.02		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Aetna	Commercial	454.25				190.02		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Consumer	Consumer	593.03	95			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Americare	Americare	468.18	75			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	First Health	First Health	436.97	70			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	UHC	Medicare	278.34				190.02		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Aetna	Better Health	190.02	30.44			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Horizon	NJ Health	455.84			23.71	190.02		1835.46 fee schedule	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Multiplan	Multiplan	499.39	80			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Amerihealth	Medicare	278.34				190.02		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Corrections	Corrections	499.39	80			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Amerihealth	HMO/PPO	300				190.02		1835.46 fee schedule	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Qualcare	Qualcare	468.18	75			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Horizon	Indemnity	538.59				190.02		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	First Trenton	First Trenton	561.82	90			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Horizon	Medicare Blue	278.34				190.02		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	UHC	Medicaid	190.02	30.44			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	United	CommercialPPO	1835.46				190.02		1835.46 case rate	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Horizon	PPO	538.59				190.02		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Wellcare	Medicaid	190.02	30.44			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Managed Care Inc	Managed Care Inc	561.82	90			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	United	Oxford	1835.46				190.02		1835.46 case rate	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Three Rivers	Three Rivers	593.03	95			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	WellPoint	WellPoint	193.76	31.04			190.02		1835.46 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC W/O ANES	27265	CPT				outpatient			624.24	320.09	Wellcare	Medicare	278.34				190.02		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	First Trenton	First Trenton	5168.34	90			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Horizon	Medicare Blue	1856.99				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Wellcare	Medicare	1856.99				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Aetna	Medicare	1856.99				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Corrections	Corrections	4594.08	80			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Aetna	Better Health	1748.05	30.44			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Aetna	Commercial	3030.61				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Amerihealth	Medicare	1856.99				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Managed Care Inc	Managed Care Inc	5168.34	90			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	UHC	Medicare	1856.99				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Multiplan	Multiplan	4594.08	80			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Americare	Americare	4306.95	75			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Horizon	Indemnity	3593.28				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Amerihealth	HMO/PPO	550				550		5455.47 fee schedule	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Qualcare	Qualcare	4306.95	75			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Consumer	Consumer	5455.47	95			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Three Rivers	Three Rivers	5455.47	95			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	First Health	First Health	4019.82	70			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	WellPoint	WellPoint	1782.5	31.04		643.14	550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	United	Oxford	2567.79				550		5455.47 case rate	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Horizon	NJ Health	654.82				550		5455.47 fee schedule	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Horizon	MGD	3593.28				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	UHC	Medicaid	1748.05	30.44			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Wellcare	Medicaid	1748.05	30.44			550		5455.47 percent of total billed charges	
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	Horizon	PPO	3593.28				550		5455.47 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX POST HIP ARTHRP DISLC REQ ANES	27266	CPT				outpatient			5742.6	2135.54	United	CommercialPPO	2567.79				550		5455.47 case rate	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Aetna	Better Health	1696.51	30.44			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	UHC	Medicaid	1696.51	30.44			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Aetna	Commercial	3068.16				75.79		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Aetna	Medicare	1880				75.79		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Wellcare	Medicare	1880				75.79		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Amerihealth	HMO/PPO	300				75.79		5294.62 fee schedule	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Qualcare	Qualcare	4179.96	75			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Three Rivers	Three Rivers	5294.62	95			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Consumer	Consumer	5294.62	95			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	United	CommercialPPO	1871.51				75.79		5294.62 case rate	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Americare	Americare	4179.96	75			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Corrections	Corrections	4468.62	80			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	United	Oxford	1871.51				75.79		5294.62 case rate	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Amerihealth	Medicare	1880				75.79		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Multiplan	Multiplan	4468.62	80			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	First Trenton	First Trenton	5015.95	90			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	WellPoint	WellPoint	1729.95	31.04			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Horizon	MGD	3637.8				75.79		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	First Health	First Health	3901.3	70			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Horizon	NJ Health	75.79				75.79		5294.62 fee schedule	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Horizon	Indemnity	3637.8				75.79		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Horizon	PPO	3637.8				75.79		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Horizon	Medicare Blue	1880				75.79		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Managed Care Inc	Managed Care Inc	5015.95	90			75.79		5294.62 percent of total billed charges	
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	UHC	Medicare	1880				75.79		5294.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	CPT				outpatient			5573.28	2162	Wellcare	Medicaid	1696.51	30.44			75.79		5294.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Aetna	Commercial	3068.16				158.95		5642.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Aetna	Better Health	1808.01	30.44			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Horizon	PPO	3637.8				158.95		5642.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Amerihealth	Medicare	1880				158.95		5642.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Amerihealth	HMO/PPO	550				158.95		5642.62 fee schedule	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Horizon	Medicare Blue	1880				158.95		5642.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Horizon	MGD	3637.8				158.95		5642.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Americare	Americare	4454.7	75			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	UHC	Medicare	1880				158.95		5642.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Aetna	Medicare	1880				158.95		5642.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	WellPoint	WellPoint	1843.65	31.04			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Corrections	Corrections	4751.68	80			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	First Health	First Health	4157.72	70			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Multiplan	Multiplan	4751.68	80			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	UHC	Medicaid	1808.01	30.44			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	First Trenton	First Trenton	5345.64	90			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Wellcare	Medicare	1880				158.95		5642.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Consumer	Consumer	5642.62	95			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Horizon	Indemnity	3637.8				158.95		5642.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Qualcare	Qualcare	4454.7	75			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Horizon	NJ Health	158.95				158.95		5642.62 fee schedule	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Wellcare	Medicaid	1808.01	30.44			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	United	CommercialPPO	2859.28				158.95		5642.62 case rate	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Managed Care Inc	Managed Care Inc	5345.64	90			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	Three Rivers	Three Rivers	5642.62	95			158.95		5642.62 percent of total billed charges	
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	CPT				outpatient			5939.6	2162	United	Oxford	2859.28				158.95		5642.62 case rate	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Aetna	Better Health	3193.74	30.44			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Three Rivers	Three Rivers	9967.33	95			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Amerihealth	Medicare	3320.89				312.42		9967.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Aetna	Commercial	5419.69				312.42		9967.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Horizon	Medicare Blue	3320.89				312.42		9967.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Corrections	Corrections	8393.54	80			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Americare	Americare	7868.95	75			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Qualcare	Qualcare	7868.95	75			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Aetna	Medicare	3231.51	30.8			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	UHC	Medicaid	3193.74	30.44			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Consumer	Consumer	9967.33	95			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Multiplan	Multiplan	8393.54	80			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	UHC	Medicare	3320.89				312.42		9967.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	First Trenton	First Trenton	9442.74	90			312.42		9967.33 percent of total billed charges	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	United	Oxford	2859.28				312.42		9967.33 case rate	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Wellcare	Medicare	3320.89				312.42		9967.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Amerihealth	HMO/PPO	650				312.42		9967.33 fee schedule	
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient			10491.93	3819.02	Horizon	Indemnity	6425.92				312.42		9967.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	CPT				outpatient

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		First Health	First Health	350	70			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Horizon	MGD	191.4	38.28			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		United	Commercial/PPO	6552.86				150	6552.86	case rate	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Wellcare	Medicaid	152.2	30.44			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Aetna	Commercial	190	38			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Horizon	PPO	191.4	38.28			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Consumer	Consumer	475	95			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Three Rivers	Three Rivers	475	95			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Horizon	Indemnity	191.4	38.28			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		WellPoint	WellPoint	155.2	31.04			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Multiplan	Multiplan	400	80			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		First Trenton	First Trenton	450	90			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Horizon	Medicare Blue	150	30			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Horizon	NJ Health	1433.86				150	6552.86	fee schedule	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Qualcare	Qualcare	375	75			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		Managed Care Inc	Managed Care Inc	450	90			150	6552.86	percent of total billed charges	
OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	27506	CPT				outpatient			500		United	Oxford	6552.86				150	6552.86	case rate	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Corrections	Corrections	703.5	80			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Americare	Americare	659.53	75			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Aetna	Better Health	267.68	30.44			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Multiplan	Multiplan	703.5	80			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Horizon	MGD	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Qualcare	Qualcare	659.53	75			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Consumer	Consumer	835.4	95			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	First Health	First Health	615.56	70			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Horizon	NJ Health	339.82			32.17	125	1835.46	fee schedule	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	United	Oxford	1835.46				125	1835.46	case rate	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	United	Commercial/PPO	1835.46				125	1835.46	case rate	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	First Trenton	First Trenton	791.43	90			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Wellcare	Medicaid	267.68	30.44			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Managed Care Inc	Managed Care Inc	791.43	90			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Three Rivers	Three Rivers	835.4	95			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	UHC	Medicaid	267.68	30.44			125	1835.46	percent of total billed charges	
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	27520	CPT				outpatient			879.37	320.09	WellPoint	WellPoint	272.96	31.04			125	1835.46	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Amerihealth	HMO/PPO	125				125	2125.99	fee schedule	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Aetna	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Horizon	MGD	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Qualcare	Qualcare	1678.41	75			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Aetna	Better Health	681.21	30.44			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Aetna	Commercial	454.25				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Amerihealth	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Corrections	Corrections	1790.3	80			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Americare	Americare	1678.41	75			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Consumer	Consumer	2125.99	95			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Horizon	Indemnity	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	UHC	Medicaid	681.21	30.44			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Three Rivers	Three Rivers	2125.99	95			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Multiplan	Multiplan	1790.3	80			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Horizon	Medicare Blue	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	First Trenton	First Trenton	2014.09	90			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	United	Oxford	1835.46				125	2125.99	case rate	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	First Health	First Health	1566.52	70			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	UHC	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	United	Commercial/PPO	1835.46				125	2125.99	case rate	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Wellcare	Medicaid	681.21	30.44			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Horizon	NJ Health	465.59				125	2125.99	fee schedule	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	WellPoint	WellPoint	694.64	31.04			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Horizon	PPO	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Managed Care Inc	Managed Care Inc	2014.09	90			125	2125.99	percent of total billed charges	
CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	27530	CPT				outpatient			2237.88	320.09	Wellcare	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	First Health	First Health	615.56	70			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	UHC	Medicaid	267.68	30.44			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Horizon	PPO	538.59				267.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Aetna	Commercial	454.25				267.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Aetna	Better Health	267.68	30.44			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Amerihealth	Medicare	278.34				267.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Consumer	Consumer	835.4	95			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Aetna	Medicare	278.34				267.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Multiplan	Multiplan	703.5	80			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	United	Oxford	1835.46				267.68	1835.46	case rate	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Corrections	Corrections	703.5	80			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Americare	Americare	659.53	75			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Horizon	Medicare Blue	278.34				267.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	First Trenton	First Trenton	791.43	90			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Horizon	NJ Health	516.89				267.68	1835.46	fee schedule	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Amerihealth	HMO/PPO	300				267.68	1835.46	fee schedule	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Three Rivers	Three Rivers	835.4	95			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	WellPoint	WellPoint	272.96	31.04			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Qualcare	Qualcare	659.53	75			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Horizon	MGD	538.59				267.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Wellcare	Medicaid	267.68	30.44			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Horizon	Indemnity	538.59				267.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Wellcare	Medicare	278.34				267.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	Managed Care Inc	Managed Care Inc	791.43	90			267.68	1835.46	percent of total billed charges	
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	UHC	Medicare	278.34				267.68	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	27538	CPT				outpatient			879.37	320.09	United	Commercial/PPO	1835.46				267.68	1835.46	case rate	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Aetna	Better Health	1914.16	30.44			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	First Trenton	First Trenton	5659.47	90			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Aetna	Medicare	1856.99				300	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Aetna	Commercial	3030.61				300	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	First Health	First Health	4401.81	70			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Corrections	Corrections	5030.64	80			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Amerihealth	Medicare	1856.99				300	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Americare	Americare	4716.23	75			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Amerihealth	HMO/PPO	300				300	5973.89	fee schedule	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Horizon	NJ Health	493.29				300	5973.89	fee schedule	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Horizon	MGD	3593.28				300	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Multiplan	Multiplan	5030.64	80			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Horizon	Medicare Blue	1856.99				300	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Horizon	Indemnity	3593.28				300	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	United	Oxford	2567.79				300	5973.89	case rate	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Consumer	Consumer	5973.89	95			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	UHC	Medicare	1856.99				300	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Managed Care Inc	Managed Care Inc	5659.47	90			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Wellcare	Medicaid	1914.16	30.44			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Qualcare	Qualcare	4716.23	75			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Horizon	PPO	3593.28				300	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Three Rivers	Three Rivers	5973.89	95			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	UHC	Medicaid	1914.16	30.44			300	5973.89	percent of total billed charges	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	Wellcare	Medicare	1856.99				300	5973.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	United	Commercial/PPO	2567.79				300	5973.89	case rate	
CLOSED TX KNEE DISLOCATION W/ANESTHESIA	27552	CPT				outpatient			6288.3	2135.54	WellPoint	WellPoint	1951.89	31.04			300	5973.89	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Aetna	Commercial	454.25				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	First Trenton	First Trenton	2014.09	90			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Aetna	Better Health	681.21	30.44			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Consumer	Consumer	2125.99	95			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Aetna	Medicare	689.27	30.8			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	UHC	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Amerihealth	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	First Health	First Health	1566.52	70			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Americare	Americare	1678.41	75			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Managed Care Inc	Managed Care Inc	2014.09	90			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Horizon	PPO	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	United	Commercial/PPO	1835.46				125	2125.99	case rate	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Amerihealth	HMO/PPO	125				125	2125.99	fee schedule	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Three Rivers	Three Rivers	2125.99	95			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Corrections	Corrections	1790.3	80			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	27560	CPT				outpatient			2237.88	320.09	Multiplan	Multiplan	1790.3	80			125	2125.99	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/O ANESTHESI

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Consumer	Consumer	839.15				268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	First Trenton	First Trenton	794.99				268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Aetna	Commercial	454.25				268.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Multiplan	Multiplan	706.66	80			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Aetna	Better Health	268.88	30.44			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Amerihealth	HMO/PPO	300				268.88	1835.46	fee schedule	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Aetna	Medicare	272.06	30.8			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Horizon	PPO	538.59				268.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Corrections	Corrections	706.66	80			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Three Rivers	Three Rivers	839.15	95			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Horizon	Medicare Blue	278.34				268.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Qualcare	Qualcare	662.49	75			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Americare	Americare	662.49	75			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	First Health	First Health	618.32	70			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Amerihealth	Medicare	278.34				268.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Managed Care Inc	Managed Care Inc	794.99	90			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Horizon	NJ Health	341.07				268.88	1835.46	fee schedule	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	UHC	Medicaid	268.88	30.44			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	UHC	Medicare	278.34				268.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	United	Commercial/PPO	1835.46				268.88	1835.46	case rate	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Horizon	MGD	538.59				268.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Wellcare	Medicaid	268.88	30.44			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	WellPoint	WellPoint	274.18	31.04			268.88	1835.46	percent of total billed charges	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	United	Oxford	1835.46				268.88	1835.46	case rate	
CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	27562	CPT				outpatient			883.32		320.09	Wellcare	Medicare	278.34				268.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Consumer	Consumer	5642.62	95			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Aetna	Commercial	3068.16				158.95	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Aetna	Better Health	1808.01	30.44			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Horizon	Medicare Blue	1880				158.95	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	First Health	First Health	4157.72	70			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Amerihealth	Medicare	1880				158.95	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Multiplan	Multiplan	4751.68	80			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Amerihealth	HMO/PPO	550				158.95	5642.62	fee schedule	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Corrections	Corrections	4751.68	80			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Americare	Americare	4454.7	75			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Aetna	Medicare	1880				158.95	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	UHC	Medicare	1880				158.95	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Three Rivers	Three Rivers	5642.62	95			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Horizon	MGD	3637.8				158.95	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Qualcare	Qualcare	4454.7	75			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Wellcare	Medicare	1880				158.95	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	First Trenton	First Trenton	5345.64	90			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	UHC	Medicaid	1808.01	30.44			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Horizon	Indemnity	3637.8				158.95	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Wellcare	Medicaid	1808.01	30.44			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Horizon	NJ Health	158.95				158.95	5642.62	fee schedule	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Horizon	PPO	3637.8				158.95	5642.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	Managed Care Inc	Managed Care Inc	5345.64	90			158.95	5642.62	percent of total billed charges	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	United	Commercial/PPO	2567.79				158.95	5642.62	case rate	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	United	Oxford	2567.79				158.95	5642.62	case rate	
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	CPT				outpatient			5939.6		2162	WellPoint	WellPoint	1843.65	31.04			158.95	5642.62	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			First Trenton	First Trenton	2809.08	90			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			First Health	First Health	2184.84	70			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Consumer	Consumer	2965.14	95			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Aetna	Better Health	950.09	30.44			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Corrections	Corrections	2496.96	80			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Amerihealth	HMO/PPO	125				125	2965.14	fee schedule	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Aetna	Medicare	961.33	30.8			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Americare	Americare	2340.9	75			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Horizon	Indemnity	1194.8	38.28			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Horizon	MGD	1194.8	38.28			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Multiplan	Multiplan	2496.96	80			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Aetna	Commercial	1186.06	38			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			WellPoint	WellPoint	968.82	31.04			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			UHC	Medicaid	950.09	30.44			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Qualcare	Qualcare	2340.9	75			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Horizon	Medicare Blue	936.36	30			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Horizon	NJ Health	131.52				125	2965.14	fee schedule	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			United	Commercial/PPO	1835.46				125	2965.14	case rate	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Horizon	PPO	1194.8	38.28			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			United	Oxford	1835.46				125	2965.14	case rate	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Managed Care Inc	Managed Care Inc	2809.08	90			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Wellcare	Medicaid	950.09	30.44			125	2965.14	percent of total billed charges	
INJECTION ANKLE ARTHROGRAPHY	27648	CPT				outpatient			3121.2			Three Rivers	Three Rivers	2965.14	95			125	2965.14	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Horizon	PPO	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Amerihealth	HMO/PPO	125				125	2125.99	fee schedule	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Consumer	Consumer	2125.99	95			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Corrections	Corrections	1790.3	80			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	First Trenton	First Trenton	2014.09	90			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Aetna	Better Health	681.21	30.44			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Aetna	Commercial	454.25				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Aetna	Medicare	689.27	30.8			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	UHC	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Amerihealth	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Horizon	NJ Health	374.48				125	2125.99	fee schedule	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Horizon	MGD	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Managed Care Inc	Managed Care Inc	2014.09	90			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	UHC	Medicaid	681.21	30.44		600.8	125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Americare	Americare	1678.41	75			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	First Health	First Health	1566.52	70			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	United	Commercial/PPO	1835.46				125	2125.99	case rate	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	United	Oxford	1835.46				125	2125.99	case rate	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Multiplan	Multiplan	1790.3	80			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Horizon	Indemnity	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Three Rivers	Three Rivers	2125.99	95			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Horizon	Medicare Blue	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Qualcare	Qualcare	1678.41	75			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Wellcare	Medicaid	681.21	30.44			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	WellPoint	WellPoint	694.64	31.04			125	2125.99	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/O MANIPULATION	27750	CPT				outpatient			2237.88		320.09	Wellcare	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Amerihealth	Medicare	1856.99				300	4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Aetna	Better Health	1476.99	30.44			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Americare	Americare	3639.11	75			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Corrections	Corrections	3881.71	80			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Aetna	Medicare	1856.99				300	4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	First Health	First Health	3396.5	70			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Aetna	Commercial	3030.61				300	4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	First Trenton	First Trenton	4366.93	90			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Horizon	MGD	3593.28				300	4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Amerihealth	HMO/PPO	300				300	4609.53	fee schedule	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Consumer	Consumer	4609.53	95			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Horizon	Indemnity	3593.28				300	4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Multiplan	Multiplan	3881.71	80			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Horizon	Medicare Blue	1856.99				300	4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Qualcare	Qualcare	3639.11	75			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Managed Care Inc	Managed Care Inc	4366.93	90			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	United	Oxford	2567.79				300	4609.53	case rate	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Horizon	PPO	3593.28				300	4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Horizon	NJ Health	589.83			225.82	300	4609.53	fee schedule	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Three Rivers	Three Rivers	4609.53	95			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Wellcare	Medicaid	1476.99	30.44			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	UHC	Medicaid	1476.99	30.44			300	4609.53	percent of total billed charges	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	UHC	Medicare	1856.99				300	4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	Wellcare	Medicare	1856.99				300	4609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	United	Commercial/PPO	2567.79				300	4609.53	case rate	
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	CPT				outpatient			4852.14		2135.54	WellPoint	WellPoint	1506.1	31.04			300	4609.53	percent of total billed charges	
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	Corrections	Corrections	7781.38	80			125	9240.38	percent of total billed charges	
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	First Health	First Health	6808.7	70			125	9240.38	percent of total billed charges	
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	Aetna	Commercial	454.25				125	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	UHC	Medicare	278.34				125	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	Aetna	Better Health	2960.81	30.44			125	9240.38	percent of total billed charges	
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	Amerihealth	HMO/PPO	125				125	9240.38	fee schedule	
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	Americare	Americare	7295.04	75			125	9240.38	percent of total billed charges	
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	Amerihealth	Medicare	278.34				125	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	Horizon	Indemnity	538.59				125	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	Wellcare	Medicare	278.34				125	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72		320.09	Aetna	Medicare	278.34		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72	320.09	Horizon	NJ Health	340.21				125	9240.38	fee schedule	
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72	320.09	Multiplan	Multiplan	7781.38	80			125	9240.38	percent of total billed charges	
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72	320.09	Three Rivers	Three Rivers	9240.38	95			125	9240.38	percent of total billed charges	
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	CPT				outpatient			9726.72	320.09	Qualcare	Qualcare	7295.04	75			125	9240.38	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Americare	Americare	4021.61	75			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	First Health	First Health	3753.5	70			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Consumer	Consumer	5094.03	95			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Corrections	Corrections	4289.71	80			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Aetna	Commercial	3030.61				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Multiplan	Multiplan	4289.71	80			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Aetna	Better Health	1632.24	30.44			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	First Trenton	First Trenton	4825.93	90			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Amerihealth	HMO/PPO	300				300	5094.03	fee schedule	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Horizon	Indemnity	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Horizon	Medicare Blue	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Wellcare	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Aetna	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Qualcare	Qualcare	4021.61	75			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Horizon	MGD	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Horizon	NJ Health	433			309.79	300	5094.03	fee schedule	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Amerihealth	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	United	Commercial/PPO	2567.79				300	5094.03	case rate	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Horizon	PPO	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Managed Care Inc	Managed Care Inc	4825.93	90			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	UHC	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	UHC	Medicaid	1632.24	30.44			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	WellPoint	WellPoint	1664.41	31.04			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Three Rivers	Three Rivers	5094.03	95			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	Wellcare	Medicaid	1632.24	30.44			300	5094.03	percent of total billed charges	
CLTX MEDIAL MALLS FX W/MANU W/WO SKN/SKEL TRACJ	27762	CPT				outpatient			5362.14	2135.54	United	Oxford	2567.79				300	5094.03	case rate	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Horizon	Indemnity	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Aetna	Commercial	454.25				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Americare	Americare	1678.41	75			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Aetna	Better Health	681.21	30.44			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Multiplan	Multiplan	1790.3	80			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Amerihealth	HMO/PPO	125				125	2125.99	fee schedule	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Aetna	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Consumer	Consumer	2125.99	95			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	United	Commercial/PPO	1835.46				125	2125.99	case rate	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	UHC	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	First Trenton	First Trenton	2014.09	90			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Horizon	MGD	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Qualcare	Qualcare	1678.41	75			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Amerihealth	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Corrections	Corrections	1790.3	80			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	First Health	First Health	1566.52	70			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Wellcare	Medicaid	681.21	30.44			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Horizon	PPO	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Managed Care Inc	Managed Care Inc	2014.09	90			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Horizon	Medicare Blue	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Horizon	NJ Health	246.65				125	2125.99	fee schedule	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	UHC	Medicaid	681.21	30.44			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Three Rivers	Three Rivers	2125.99	95			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	Wellcare	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	United	Oxford	1835.46				125	2125.99	case rate	
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	CPT				outpatient			2237.88	320.09	WellPoint	WellPoint	694.64	31.04			125	2125.99	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Corrections	Corrections	1790.3	80			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Amerihealth	Medicare	1856.99				246.65	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Horizon	MGD	3593.28				246.65	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Aetna	Commercial	3030.61				246.65	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Aetna	Better Health	681.21	30.44			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Horizon	Medicare Blue	1856.99				246.65	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Amerihealth	HMO/PPO	300				246.65	3593.28	fee schedule	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Consumer	Consumer	2125.99	95			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	WellPoint	WellPoint	694.64	31.04			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	UHC	Medicare	1856.99				246.65	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Horizon	PPO	3593.28				246.65	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Aetna	Medicare	1856.99				246.65	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Horizon	Indemnity	3593.28				246.65	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	First Trenton	First Trenton	2014.09	90			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	First Health	First Health	1566.52	70			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Americare	Americare	1678.41	75			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Multiplan	Multiplan	1790.3	80			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Horizon	NJ Health	246.65				246.65	3593.28	fee schedule	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	UHC	Medicaid	681.21	30.44			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Three Rivers	Three Rivers	2125.99	95			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Qualcare	Qualcare	1678.41	75			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Managed Care Inc	Managed Care Inc	2014.09	90			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Wellcare	Medicare	1856.99				246.65	3593.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	Wellcare	Medicaid	681.21	30.44			246.65	3593.28	percent of total billed charges	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	United	Commercial/PPO	1871.51				246.65	3593.28	case rate	
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	CPT				outpatient			2237.88	2135.54	United	Oxford	1871.51				246.65	3593.28	case rate	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Multiplan	Multiplan	700.13	80			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	United	Oxford	1835.46				125	1835.46	case rate	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Consumer	Consumer	831.4	95			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	First Health	First Health	612.61	70			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Americare	Americare	656.37	75			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	First Trenton	First Trenton	787.64	90			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Aetna	Better Health	266.4	30.44			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Qualcare	Qualcare	656.37	75			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Managed Care Inc	Managed Care Inc	787.64	90			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Corrections	Corrections	700.13	80			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	United	Oxford	1835.46				125	1835.46	case rate	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Americare	Americare	914.94	75			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Horizon	NJ Health	433			43.54	125	1835.46	fee schedule	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Multiplan	Multiplan	975.94	80			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Corrections	Corrections	975.94	80			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Wellcare	Medicaid	371.34	30.44			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Consumer	Consumer	1158.92	95			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	UHC	Medicaid	371.34	30.44			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Horizon	MGD	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Managed Care Inc	Managed Care Inc	1097.93	90			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Qualcare	Qualcare	914.94	75			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Three Rivers	Three Rivers	1158.92	95			125	1835.46	percent of total billed charges	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	United	Commercial/PPO	1835.46				125	1835.46	case rate	
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	CPT				outpatient			875.16	320.09	Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	27788	CPT				outpatient			1219.92	320.09	Wellpoint	WellPoint	378.66	31.04			278.34	1835.46	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Americare	Americare	17979.03	75			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Aetna	Commercial	13527.66				650	22773.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	UHC	Medicare	8289.01				650	22773.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Amerihealth	HMO/PPO	650				650	22773.44	fee schedule	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Amerihealth	Medicare	8289.01				650	22773.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Aetna	Medicare	8289.01				650	22773.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Aetna	Better Health	7297.09	30.44			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	First Health	First Health	16780.43	70			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Consumer	Consumer	22773.44	95			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Multiplan	Multiplan	19177.63	80			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Horizon	MGD	16039.23				650	22773.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Horizon	Indemnity	16039.23				650	22773.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Wellcare	Medicaid	7297.09	30.44			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Corrections	Corrections	19177.63	80			650	22773.44	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Horizon	PPO	16039.23				650	22773.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	First Trenton	First Trenton	21574.84	90			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Horizon	Medicare Blue	8289.01				650	22773.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Qualcare	Qualcare	17979.03	75			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	UHC	Medicaid	7297.09	30.44			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	United	Commercial|PPO	4843.06				650	22773.44	case rate	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	United	Oxford	4843.06				650	22773.44	case rate	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Horizon	NJ Health	691.75				650	22773.44	fee schedule	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	WellPoint	WellPoint	7440.92	31.04			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Managed Care Inc	Managed Care Inc	21574.84	90			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Three Rivers	Three Rivers	22773.44	95			650	22773.44	percent of total billed charges	
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	CPT				outpatient			23972.04	9532.36	Wellcare	Medicare	8289.01				650	22773.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Aetna	Commercial	454.25				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	First Trenton	First Trenton	2014.09	90			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Corrections	Corrections	1790.3	80			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Aetna	Better Health	681.21	30.44			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Aetna	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Amerihealth	HMO|PPO	125				125	2125.99	fee schedule	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Americare	Americare	1678.41	75			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	First Health	First Health	1566.52	70			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Horizon	MGD	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Horizon	Medicare Blue	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Consumer	Consumer	2125.99	95			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Horizon	PPO	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Horizon	NJ Health	357.91				125	2125.99	fee schedule	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Amerihealth	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Multiplan	Multiplan	1790.3	80			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Managed Care Inc	Managed Care Inc	2014.09	90			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	UHC	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Horizon	Indemnity	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Qualcare	Qualcare	1678.41	75			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Three Rivers	Three Rivers	2125.99	95			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	WellPoint	WellPoint	694.64	31.04			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	UHC	Medicaid	681.21	30.44			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Wellcare	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	United	Commercial|PPO	1835.46				125	2125.99	case rate	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	United	Oxford	1835.46				125	2125.99	case rate	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	CPT				outpatient			2237.88	320.09	Wellcare	Medicaid	681.21	30.44			125	2125.99	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Amerihealth	HMO|PPO	300				300	5094.03	fee schedule	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Consumer	Consumer	5094.03	95			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Horizon	Medicare Blue	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Americare	Americare	4021.61	75			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Aetna	Commercial	3030.61				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Multiplan	Multiplan	4289.71	80			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Aetna	Better Health	1632.24	30.44			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Aetna	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Amerihealth	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Horizon	Indemnity	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	UHC	Medicaid	1632.24	30.44		1461.64	300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	First Trenton	First Trenton	4825.93	90			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Horizon	MGD	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Qualcare	Qualcare	4021.61	75			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Horizon	PPO	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Corrections	Corrections	4289.71	80			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	First Health	First Health	3753.5	70			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	United	Commercial|PPO	1871.51				300	5094.03	case rate	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	WellPoint	WellPoint	1664.41	31.04			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Horizon	NJ Health	534.03				300	5094.03	fee schedule	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	UHC	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Wellcare	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Managed Care Inc	Managed Care Inc	4825.93	90			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	United	Oxford	1871.51				300	5094.03	case rate	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Three Rivers	Three Rivers	5094.03	95			300	5094.03	percent of total billed charges	
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	27810	CPT				outpatient			5362.14	2135.54	Wellcare	Medicaid	1632.24	30.44			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	First Health	First Health	1118.12	70			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Americare	Americare	1197.99	75			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Aetna	Better Health	486.22	30.44			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Horizon	MGD	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Corrections	Corrections	1277.86	80			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Horizon	NJ Health	339.8			86.92	125	1835.46	fee schedule	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Consumer	Consumer	1517.45	95			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Multiplan	Multiplan	1277.86	80			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	UHC	Medicaid	486.22	30.44			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	First Trenton	First Trenton	1437.59	90			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Amerihealth	HMO|PPO	125				125	1835.46	fee schedule	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Qualcare	Qualcare	1197.99	75			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Managed Care Inc	Managed Care Inc	1437.59	90			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	United	Oxford	1835.46				125	1835.46	case rate	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Wellcare	Medicaid	486.22	30.44			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	Three Rivers	Three Rivers	1517.45	95			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	United	Commercial|PPO	1835.46				125	1835.46	case rate	
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	CPT				outpatient			1597.32	320.09	WellPoint	WellPoint	495.81	31.04			125	1835.46	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Aetna	Better Health	1632.24	30.44			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	UHC	Medicaid	1632.24	30.44		1545.04	300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Aetna	Medicare	1651.54	30.8			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	First Trenton	First Trenton	4825.93	90			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Consumer	Consumer	5094.03	95			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Aetna	Commercial	3030.61				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Horizon	Medicare Blue	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Americare	Americare	4021.61	75			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	First Health	First Health	3753.5	70			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	WellPoint	WellPoint	1664.41	31.04		1573.2	300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	United	Commercial|PPO	1871.51				300	5094.03	case rate	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Horizon	NJ Health	555.43			184.42	300	5094.03	fee schedule	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Corrections	Corrections	4289.71	80			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Amerihealth	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Managed Care Inc	Managed Care Inc	4825.93	90			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Amerihealth	HMO|PPO	300				300	5094.03	fee schedule	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Horizon	PPO	3593.28			1094.42	300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Horizon	Indemnity	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Three Rivers	Three Rivers	5094.03	95			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Horizon	MGD	3593.28				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	United	Oxford	1871.51				300	5094.03	case rate	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Multiplan	Multiplan	4289.71	80			300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Wellcare	Medicare	1856.99				300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	UHC	Medicare	1856.99			679.55	300	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Wellcare	Medicaid	1632.24	30.44		1622.37	300	5094.03	percent of total billed charges	
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	CPT				outpatient			5362.14	2135.54	Qualcare	Qualcare	4021.61	75			300	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	First Trenton	First Trenton	692.17	90			234.11	1835.46	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Amerihealth	Medicare	278.34				234.11	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Aetna	Commercial	454.25				234.11	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Horizon	PPO	538.59				234.11	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Corrections	Corrections	615.26	80			234.11	1835.46	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Aetna	Better Health	234.11	30.44			234.11	1835.46	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Amerihealth	HMO|PPO	300				234.11	1835.46	fee schedule	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Aetna	Medicare	236.88	30.8			234.11	1835.46	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Horizon	NJ Health	314.22				234.11	1835.46	fee schedule	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	First Health	First Health	538.36	70			234.11	1835.46	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Horizon	Indemnity	538.59				234.11	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	WellPoint	WellPoint	238.72	31.04			234.11	1835.46	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	UHC	Medicaid	234.11	30.44			234.11	1835.46	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	Americare	Americare	576.81	75			234.11	1835.46	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	CPT				outpatient			769.08	320.09	UHC	Medicare	278.34				234.11	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Aetna	Commercial	3030.61			910.81	550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Horizon	Medicare Blue	1856.99				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Wellcare	Medicare	1856.99				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 WellPoint	WellPoint	1664.41	31.04			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Corrections	Corrections	4289.71	80			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Wellcare	Medicaid	1632.24	30.44			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Americare	Americare	4021.61	75			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Amerihealth	HMO/PPO	550				550	5094.03	fee schedule	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Horizon	Indemnity	3593.28				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Multiplan	Multiplan	4289.71	80			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Consumer	Consumer	5094.03	95			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Horizon	MGD	3593.28				550	5094.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 First Trenton	First Trenton	4825.93	90			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Qualcare	Qualcare	4021.61	75			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Horizon	NJ Health	567.07				550	5094.03	fee schedule	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 UHC	Medicaid	1632.24	30.44			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Managed Care Inc	Managed Care Inc	4825.93	90			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 United	CommercialPPO	2567.79				550	5094.03	case rate	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 Three Rivers	Three Rivers	5094.03	95			550	5094.03	percent of total billed charges	
CLTX FX WB BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	CPT				outpatient			5362.14		2135.54 United	Oxford	2567.79				550	5094.03	case rate	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Aetna	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Horizon	Indemnity	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Aetna	Better Health	681.21	30.44			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Americare	Americare	1678.41	75			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Consumer	Consumer	2125.99	95			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 First Trenton	First Trenton	2014.09	90			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Horizon	Medicare Blue	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Aetna	Commercial	454.25				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Corrections	Corrections	1790.3	80			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 UHC	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Amerihealth	HMO/PPO	125				125	2125.99	fee schedule	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Three Rivers	Three Rivers	2125.99	95			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Horizon	PPO	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Managed Care Inc	Managed Care Inc	2014.09	90			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Horizon	NJ Health	334.34			151.06	125	2125.99	fee schedule	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Amerihealth	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 United	Oxford	1835.46				125	2125.99	case rate	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 United	CommercialPPO	1835.46				125	2125.99	case rate	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 First Health	First Health	1566.52	70			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Wellcare	Medicare	278.34				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 WellPoint	WellPoint	694.64	31.04			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 UHC	Medicaid	681.21	30.44			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Horizon	MGD	538.59				125	2125.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Multiplan	Multiplan	1790.3	80			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Wellcare	Medicaid	681.21	30.44			125	2125.99	percent of total billed charges	
CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	27840	CPT				outpatient			2237.88		320.09 Qualcare	Qualcare	1678.41	75			125	2125.99	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Horizon	PPO	3593.28				300	4267.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Aetna	Medicare	1383.56	30.8			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Aetna	Commercial	3030.61				300	4267.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Aetna	Better Health	1367.39	30.44			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 First Trenton	First Trenton	4042.87	90			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Corrections	Corrections	3593.66	80			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Consumer	Consumer	4267.48	95			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Amerihealth	Medicare	1856.99				300	4267.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 UHC	Medicaid	1367.39	30.44			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Horizon	MGD	3593.28				300	4267.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Americare	Americare	3369.06	75			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Amerihealth	HMO/PPO	300				300	4267.48	fee schedule	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Managed Care Inc	Managed Care Inc	4042.87	90			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 First Health	First Health	3144.46	70			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Horizon	NJ Health	334.34				300	4267.48	fee schedule	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 United	Oxford	2567.79				300	4267.48	case rate	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 UHC	Medicare	1856.99				300	4267.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Horizon	Indemnity	3593.28				300	4267.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Multiplan	Multiplan	3593.66	80			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Wellcare	Medicaid	1367.39	30.44			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Wellcare	Medicare	1856.99				300	4267.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Horizon	Medicare Blue	1856.99				300	4267.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Three Rivers	Three Rivers	4267.48	95			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 United	CommercialPPO	2567.79				300	4267.48	case rate	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 Qualcare	Qualcare	3369.06	75			300	4267.48	percent of total billed charges	
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	CPT				outpatient			4492.08		2135.54 WellPoint	WellPoint	1394.34	31.04			300	4267.48	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Multiplan	Multiplan	1938	80			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Amerihealth	HMO/PPO	125				98.66	2301.38	fee schedule	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Aetna	Better Health	737.41	30.44			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Amerihealth	Medicare	816.39				98.66	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Aetna	Commercial	1332.35				98.66	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 First Trenton	First Trenton	2180.25	90			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Aetna	Medicare	816.39				98.66	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 UHC	Medicaid	737.41	30.44			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Horizon	Indemnity	1579.71				98.66	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 United	Oxford	1871.51				98.66	2301.38	case rate	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Americare	Americare	1816.88	75			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 First Health	First Health	1695.75	70			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Horizon	Medicare Blue	816.39				98.66	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Horizon	PPO	1579.71				98.66	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Corrections	Corrections	1938	80			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 UHC	Medicare	816.39				98.66	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Consumer	Consumer	2301.38	95			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Wellcare	Medicaid	737.41	30.44			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Horizon	MGD	1579.71				98.66	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Qualcare	Qualcare	1816.88	75			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Horizon	NJ Health	98.66				98.66	2301.38	fee schedule	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Wellcare	Medicare	816.39				98.66	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Managed Care Inc	Managed Care Inc	2180.25	90			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 United	CommercialPPO	1871.51				98.66	2301.38	case rate	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 Three Rivers	Three Rivers	2301.38	95			98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	CPT				outpatient			2422.5		938.85 WellPoint	WellPoint	751.94	31.04		763.19	98.66	2301.38	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Aetna	Better Health	1696.51	30.44			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Aetna	Commercial	3068.16				186.35	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 UHC	Medicaid	1696.51	30.44			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Consumer	Consumer	5294.62	95			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Horizon	Medicare Blue	1880				186.35	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Aetna	Medicare	1880				186.35	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Amerihealth	Medicare	1880				186.35	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Horizon	PPO	3637.8				186.35	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 First Health	First Health	3901.3	70			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Americare	Americare	4179.96	75			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 United	Oxford	2567.79				186.35	5294.62	case rate	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Corrections	Corrections	4458.62	80			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Qualcare	Qualcare	4179.96	75			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Amerihealth	HMO/PPO	300				186.35	5294.62	fee schedule	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 First Trenton	First Trenton	5015.95	90			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 WellPoint	WellPoint	1729.95	31.04			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Multiplan	Multiplan	4458.62	80			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Horizon	MGD	3637.8				186.35	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Horizon	Indemnity	3637.8				186.35	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Horizon	NJ Health	186.35				186.35	5294.62	fee schedule	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Three Rivers	Three Rivers	5294.62	95			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Managed Care Inc	Managed Care Inc	5015.95	90			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Wellcare	Medicaid	1696.51	30.44			186.35	5294.62	percent of total billed charges	
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 UHC	Medicare	1880				186.35	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 Wellcare	Medicare	1880				186.35	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY FOOT DEEP	28192	CPT				outpatient			5573.28		2162 United	CommercialPPO	2567.79				186.35	5294.62	case rate	
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 Aetna	Better Health	267.68	30.44			125	1835.46	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 First Trenton	First Trenton	791.43	90			125	1835.46	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 Americare	Americare	659.53	75			125	1835.46	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 First Health	First Health	615.56	70			125	1835.46	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CP

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	CPT				outpatient			879.37		320.09 United	CommercialPPO	1835.46				125	1835.46	case rate	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Amerihealth	HMO/PPO	550				342.07	5808.19	fee schedule	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Consumer	Consumer	5808.19	95			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Horizon	Medicare Blue	1856.99				342.07	5808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Americare	Americare	4585.41	75			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 First Health	First Health	4279.72	70			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Aetna	Better Health	1861.07	30.44			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Amerihealth	Medicare	1856.99				342.07	5808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Aetna	Commercial	3030.61				342.07	5808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Horizon	MGD	3593.28				342.07	5808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Corrections	Corrections	4891.1	80			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 UHC	Medicare	1856.99				342.07	5808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Aetna	Medicare	1856.99				342.07	5808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 First Trenton	First Trenton	5502.49	90			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Multiplan	Multiplan	4891.1	80			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Horizon	Indemnity	3593.28				342.07	5808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Wellcare	Medicaid	1861.07	30.44			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 UHC	Medicaid	1861.07	30.44			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Horizon	NJ Health	342.07				342.07	5808.19	fee schedule	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Wellcare	Medicare	1856.99				342.07	5808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Qualcare	Qualcare	4585.41	75			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Managed Care Inc	Managed Care Inc	5502.49	90			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Horizon	PPO	3593.28				342.07	5808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 Three Rivers	Three Rivers	5808.19	95			342.07	5808.19	percent of total billed charges	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 United	CommercialPPO	2567.79				342.07	5808.19	case rate	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 United	Oxford	2567.79				342.07	5808.19	case rate	
CLOSED TX TALUS FRACTURE W/MANIPULATION	28435	CPT				outpatient			6113.88		2135.54 WellPoint	WellPoint	1897.75	31.04			342.07	5808.19	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Horizon	Medicare Blue	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Horizon	PPO	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Americare	Americare	659.53	75			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Aetna	Commercial	454.25				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Aetna	Better Health	267.68	30.44			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Consumer	Consumer	835.4	95			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Amerihealth	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Multiplan	Multiplan	703.5	80			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 UHC	Medicaid	267.68	30.44			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 WellPoint	WellPoint	272.96	31.04			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 First Trenton	First Trenton	791.43	90			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Aetna	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 UHC	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 First Health	First Health	615.56	70			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Corrections	Corrections	703.5	80			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Qualcare	Qualcare	659.53	75			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Wellcare	Medicare	278.34				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Wellcare	Medicaid	267.68	30.44			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Managed Care Inc	Managed Care Inc	791.43	90			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Horizon	Indemnity	538.59				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Three Rivers	Three Rivers	835.4	95			125	1835.46	percent of total billed charges	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Horizon	MGD	538.59			665.76	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 United	Oxford	1835.46				125	1835.46	case rate	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 Horizon	NJ Health	224.72				125	1835.46	fee schedule	
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	CPT				outpatient			879.37		320.09 United	CommercialPPO	1835.46				125	1835.46	case rate	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 UHC	Medicare	278.34				105.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Aetna	Commercial	454.25				105.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Consumer	Consumer	1003.5	95			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Aetna	Better Health	385.63	30.44			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Amerihealth	Medicare	278.34				105.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Aetna	Medicare	390.19	30.8			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 First Health	First Health	886.79	70			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Qualcare	Qualcare	950.13	75			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Horizon	Indemnity	538.59				105.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Americare	Americare	950.13	75			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Corrections	Corrections	1013.47	80			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Multiplan	Multiplan	1013.47	80			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Wellcare	Medicaid	385.63	30.44			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Amerihealth	HMO/PPO	125				105.71	1835.46	fee schedule	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Three Rivers	Three Rivers	1203.5	95			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 United	CommercialPPO	1835.46				105.71	1835.46	case rate	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 First Trenton	First Trenton	1140.16	90			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Horizon	Medicare Blue	278.34				105.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Wellcare	Medicare	278.34				105.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Horizon	MGD	538.59				105.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Horizon	NJ Health	105.71				105.71	1835.46	fee schedule	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Horizon	PPO	538.59				105.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 Managed Care Inc	Managed Care Inc	1140.16	90			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 UHC	Medicaid	385.63	30.44			105.71	1835.46	percent of total billed charges	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 United	Oxford	1835.46				105.71	1835.46	case rate	
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	CPT				outpatient			1266.84		320.09 WellPoint	WellPoint	393.23	31.04			105.71	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Aetna	Better Health	499.26	30.44			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Aetna	Commercial	454.25				230.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 First Health	First Health	1148.11	70			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Amerihealth	Medicare	278.34				230.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Aetna	Medicare	505.17	30.8			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Corrections	Corrections	1312.13	80			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 First Trenton	First Trenton	1476.14	90			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Americare	Americare	1230.12	75			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Horizon	PPO	538.59				230.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Multiplan	Multiplan	1312.13	80			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Three Rivers	Three Rivers	1558.15	95			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Horizon	Medicare Blue	278.34				230.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Amerihealth	HMO/PPO	300				230.2	1835.46	fee schedule	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Qualcare	Qualcare	1230.12	75			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Horizon	Indemnity	538.59				230.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Consumer	Consumer	1558.15	95			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Wellcare	Medicare	278.34				230.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Horizon	NJ Health	230.2			99.72	230.2	1835.46	fee schedule	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 UHC	Medicaid	499.26	30.44			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 United	Oxford	1835.46				230.2	1835.46	case rate	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Horizon	MGD	538.59				230.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Managed Care Inc	Managed Care Inc	1476.14	90			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 WellPoint	WellPoint	509.11	31.04			230.2	1835.46	percent of total billed charges	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 United	CommercialPPO	1835.46				230.2	1835.46	case rate	
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 UHC	Medicare	278.34				230.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METAR FX W/MANJ	28475	CPT				outpatient			1640.16		320.09 Wellcare	Medicaid	499.26	30.44			230.2	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Wellcare	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Horizon	MGD	538.59				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Multiplan	Multiplan	615.26	80			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Aetna	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Amerihealth	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 First Health	First Health	538.36	70			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Aetna	Commercial	454.25				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Aetna	Better Health	234.11	30.44			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 WellPoint	WellPoint	238.72	31.04			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 UHC	Medicaid	234.11	30.44			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Wellcare	Medicaid	234.11	30.44			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Qualcare	Qualcare	576.81	75			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Horizon	Indemnity	538.59				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Three Rivers	Three Rivers	730.63	95			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Americare	Americare	576.81	75			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Consumer	Consumer	730.63	95			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Horizon	Medicare Blue	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 UHC	Medicare	278.34				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Amerihealth	HMO/PPO	125				98.66	1835.46	fee schedule	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Corrections	Corrections	615.26	80			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Horizon	PPO	538.59				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 United	CommercialPPO	1835.46				98.66	1835.46	case rate	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 United	Oxford	1835.46				98.66	1835.46	case rate	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 First Trenton	First Trenton	692.17	90			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Horizon	NJ Health	98.66				98.66	1835.46	fee schedule	
CLTX FX GRT TOE PHLX/PHLG W/O MANJ	28490	CPT				outpatient			769.08		320.09 Managed Care Inc	Managed Care Inc	692.17	90			98.66	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Amerihealth	Medicare	278.34				158.09	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Three Rivers	Three Rivers	835.4	95			158.09	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Multiplan	Multiplan	703.5	80			158.09	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Horizon	Medicare Blue	278.34				158.09	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Consumer	Consumer	835.4	95			158.09	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 First Trenton	First Trenton	791.43	90			158.09	1835.46	percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Aetna	Commercial	454.25				158.09	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Aetna	Better Health	267.68	30.44			158.09	1835.46	percent of total billed charges	
CLTX FX GRT TO

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Wellcare	Medicare	278.34				158.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Horizon	NJ Health	158.09			96.25	158.09		1835.46 fee schedule	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Amerihealth	HMO/PPO	300				158.09		1835.46 fee schedule	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Horizon	PPO	538.59				158.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 First Health	First Health	615.56	70			158.09		1835.46 percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Managed Care Inc	Managed Care Inc	791.43	90			158.09		1835.46 percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Horizon	MGD	538.59				158.09		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 United	CommercialPPO	1835.46				158.09		1835.46 case rate	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 Wellcare	Medicaid	267.68	30.44			158.09		1835.46 percent of total billed charges	
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	CPT				outpatient			879.37		320.09 WellPoint	WellPoint	272.96	31.04			158.09		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Aetna	Commercial	454.25				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Three Rivers	Three Rivers	1323.65	95			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Consumer	Consumer	1323.65	95			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Horizon	Medicare Blue	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Aetna	Medicare	429.14	30.8			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Aetna	Better Health	424.13	30.44		408.2	125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 First Health	First Health	975.32	70			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Americare	Americare	1044.99	75			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 UHC	Medicaid	424.13	30.44			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Multiplan	Multiplan	1114.66	80			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Amerihealth	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 WellPoint	WellPoint	432.49	31.04			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Wellcare	Medicaid	424.13	30.44			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Horizon	MGD	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 United	Oxford	1835.46				125		1835.46 case rate	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Qualcare	Qualcare	1044.99	75			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Corrections	Corrections	1114.66	80			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 First Trenton	First Trenton	1253.99	90			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Horizon	Indemnity	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Horizon	NJ Health	150.34				125		1835.46 fee schedule	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 Managed Care Inc	Managed Care Inc	1253.99	90			125		1835.46 percent of total billed charges	
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	CPT				outpatient			1393.32		320.09 United	CommercialPPO	1835.46				125		1835.46 case rate	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Amerihealth	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Consumer	Consumer	793.61	95			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Aetna	Commercial	454.25				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Aetna	Better Health	254.29	30.44			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 First Trenton	First Trenton	751.84	90			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 First Health	First Health	584.77	70			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Aetna	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Corrections	Corrections	668.3	80			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Horizon	Indemnity	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Horizon	NJ Health	206.32				125		1835.46 fee schedule	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Americare	Americare	626.54	75			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Horizon	Medicare Blue	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Multiplan	Multiplan	668.3	80			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Three Rivers	Three Rivers	793.61	95			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Qualcare	Qualcare	626.54	75			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Horizon	MGD	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 UHC	Medicaid	254.29	30.44			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Managed Care Inc	Managed Care Inc	751.84	90			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Wellcare	Medicaid	254.29	30.44			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 WellPoint	WellPoint	259.3	31.04			125		1835.46 percent of total billed charges	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 United	CommercialPPO	1835.46				125		1835.46 case rate	
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	28540	CPT				outpatient			835.38		320.09 United	Oxford	1835.46				125		1835.46 case rate	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Horizon	Medicare Blue	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Americare	Americare	644.13	75			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Horizon	MGD	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Aetna	Commercial	454.25				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Amerihealth	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Aetna	Better Health	261.43	30.44			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Multiplan	Multiplan	687.07	80			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 First Trenton	First Trenton	772.96	90			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 First Health	First Health	601.19	70			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 UHC	Medicaid	261.43	30.44			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Aetna	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Consumer	Consumer	815.9	95			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 United	Oxford	1835.46				125		1835.46 case rate	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Qualcare	Qualcare	644.13	75			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Three Rivers	Three Rivers	815.9	95			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 WellPoint	WellPoint	266.58	31.04			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Wellcare	Medicaid	261.43	30.44			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Corrections	Corrections	687.07	80			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Horizon	Indemnity	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Horizon	NJ Health	219.42				125		1835.46 fee schedule	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 Managed Care Inc	Managed Care Inc	772.96	90			125		1835.46 percent of total billed charges	
CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	28600	CPT				outpatient			858.84		320.09 United	CommercialPPO	1835.46				125		1835.46 case rate	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Aetna	Better Health	268.57	30.44			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 First Trenton	First Trenton	794.07	90			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Aetna	Medicare	271.75	30.8			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Amerihealth	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 UHC	Medicaid	268.57	30.44			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Corrections	Corrections	705.84	80			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Aetna	Commercial	454.25				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 First Health	First Health	617.61	70			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Horizon	Indemnity	538.59			283.84	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Consumer	Consumer	838.19	95			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 UHC	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Horizon	MGD	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 United	CommercialPPO	1835.46				125		1835.46 case rate	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Horizon	Medicare Blue	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Americare	Americare	661.73	75			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Wellcare	Medicaid	268.57	30.44			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Horizon	NJ Health	159.21			186.64	125		1835.46 fee schedule	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 United	Oxford	1835.46				125		1835.46 case rate	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Multiplan	Multiplan	705.84	80			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 WellPoint	WellPoint	273.87	31.04			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Horizon	PPO	538.59				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Qualcare	Qualcare	661.73	75			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Managed Care Inc	Managed Care Inc	794.07	90			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Three Rivers	Three Rivers	838.19	95			125		1835.46 percent of total billed charges	
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	CPT				outpatient			882.3		320.09 Wellcare	Medicare	278.34				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Aetna	Medicare	278.34				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 First Health	First Health	1255.93	70			87.7		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Aetna	Commercial	454.25				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 First Trenton	First Trenton	1614.76	90			87.7		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Corrections	Corrections	1435.34	80			87.7		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Aetna	Better Health	546.15	30.44			87.7		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Amerihealth	Medicare	278.34				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 UHC	Medicaid	546.15	30.44			87.7		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Horizon	MGD	538.59				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Horizon	Medicare Blue	278.34				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Americare	Americare	1345.64	75			87.7		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Managed Care Inc	Managed Care Inc	1614.76	90			87.7		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Horizon	NJ Health	87.7			354.83	87.7		1835.46 fee schedule	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Consumer	Consumer	1704.47	95			87.7		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Amerihealth	HMO/PPO	125				87.7		1835.46 fee schedule	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 UHC	Medicare	278.34				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Horizon	Indemnity	538.59				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Multiplan	Multiplan	1435.34	80			87.7		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Wellcare	Medicare	278.34				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Horizon	PPO	538.59				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 United	CommercialPPO	1835.46				87.7		1835.46 case rate	
CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	28660	CPT				outpatient			1794.18		320.09 Qualcare	Qualcare	1345.64	75			87.7		1835.46 percent of total billed charges

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 United	Oxford	1835.46				155.97		1835.46 case rate	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Americare	Americare	730.19	75			155.97		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Horizon	Indemnity	596.29				155.97		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Horizon	Medicare Blue	308.16				155.97		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Horizon	NJ Health	155.97				155.97		1835.46 fee schedule	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Horizon	MGD	596.29				155.97		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Multiplan	Multiplan	778.86	80			155.97		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 UHC	Medicare	308.16				155.97		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Wellcare	Medicaid	296.36	30.44			155.97		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Consumer	Consumer	924.9	95			155.97		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Horizon	PPO	596.29				155.97		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Managed Care Inc	Managed Care Inc	876.22	90			155.97		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Qualcare	Qualcare	730.19	75			155.97		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 WellPoint	WellPoint	302.2	31.04		287.93	155.97		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 UHC	Medicaid	296.36	30.44			155.97		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Three Rivers	Three Rivers	924.9	95			155.97		1835.46 percent of total billed charges	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 United	CommercialPPO	1835.46				155.97		1835.46 case rate	
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	CPT				outpatient			973.58		354.38 Wellcare	Medicare	308.16				155.97		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Amerihealth	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Aetna	Medicare	317.62	30.8			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Aetna	Better Health	313.9	30.44		230.56	125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Consumer	Consumer	979.66	95			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Americare	Americare	773.42	75			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Corrections	Corrections	824.98	80			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Aetna	Commercial	502.92				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Horizon	MGD	596.29				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 First Trenton	First Trenton	928.1	90			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Horizon	Medicare Blue	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 First Health	First Health	721.85	70			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 United	Oxford	1835.46				125		1835.46 case rate	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Horizon	Indemnity	596.29				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 UHC	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Multiplan	Multiplan	824.98	80			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Wellcare	Medicaid	313.9	30.44			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Managed Care Inc	Managed Care Inc	928.1	90			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Wellcare	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Qualcare	Qualcare	773.42	75			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Horizon	NJ Health	136.95			118.46	125		1835.46 fee schedule	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 WellPoint	WellPoint	320.09	31.04		227.87	125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Three Rivers	Three Rivers	979.66	95			125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 Horizon	PPO	596.29				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 UHC	Medicaid	313.9	30.44		273.56	125		1835.46 percent of total billed charges	
APPLICATION CAST SHOULDER HAND LONG ARM	29065	CPT				outpatient			1031.22		354.38 United	CommercialPPO	1835.46				125		1835.46 case rate	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Aetna	Commercial	502.92				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 First Trenton	First Trenton	864.76	90			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Consumer	Consumer	912.8	95			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Horizon	MGD	596.29			177.05	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Amerihealth	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Aetna	Better Health	292.48	30.44		232.1	125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Corrections	Corrections	768.67	80			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 First Health	First Health	672.59	70			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Americare	Americare	720.63	75			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Horizon	Medicare Blue	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Managed Care Inc	Managed Care Inc	864.76	90			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 UHC	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Multiplan	Multiplan	768.67	80			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Aetna	Medicare	295.94	30.8			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Three Rivers	Three Rivers	912.8	95			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Wellcare	Medicaid	292.48	30.44			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Horizon	PPO	596.29				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Qualcare	Qualcare	720.63	75			125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Wellcare	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 WellPoint	WellPoint	298.24	31.04		288.54	125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Horizon	Indemnity	596.29			424.51	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 Horizon	NJ Health	128.12			108.12	125		1835.46 fee schedule	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 UHC	Medicaid	292.48	30.44		251.52	125		1835.46 percent of total billed charges	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 United	CommercialPPO	1835.46				125		1835.46 case rate	
APPLICATION CAST ELBOW FINGER SHORT ARM	29075	CPT				both			960.84		354.38 United	Oxford	1835.46				125		1835.46 case rate	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Multiplan	Multiplan	452.88	80			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Amerihealth	HMO/PPO	125				84.56		1835.46 fee schedule	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Americare	Americare	424.58	75			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Horizon	MGD	354.28				84.56		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Aetna	Medicare	183.09				84.56		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Aetna	Better Health	172.32	30.44			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Aetna	Commercial	298.8				84.56		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Horizon	PPO	354.28				84.56		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Qualcare	Qualcare	424.58	75			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 First Health	First Health	396.27	70			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Horizon	Medicare Blue	183.09				84.56		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 UHC	Medicaid	172.32	30.44			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Corrections	Corrections	452.88	80			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 First Trenton	First Trenton	509.49	90			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Amerihealth	Medicare	183.09				84.56		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Wellcare	Medicare	183.09				84.56		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Consumer	Consumer	537.8	95			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Horizon	Indemnity	354.28				84.56		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 United	Oxford	1835.46				84.56		1835.46 case rate	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 UHC	Medicare	183.09				84.56		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Wellcare	Medicaid	172.32	30.44			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Horizon	NJ Health	84.56				84.56		1835.46 fee schedule	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 WellPoint	WellPoint	175.72	31.04			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 United	CommercialPPO	1835.46				84.56		1835.46 case rate	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Managed Care Inc	Managed Care Inc	509.49	90			84.56		1835.46 percent of total billed charges	
APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	29085	CPT				outpatient			566.1		210.55 Three Rivers	Three Rivers	537.8	95			84.56		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Amerihealth	HMO/PPO	352.72	65			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 First Trenton	First Trenton	488.38	90			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 First Health	First Health	379.85	70			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Aetna	Better Health	165.18	30.44		167.79	97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Aetna	Medicare	183.09				97.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Horizon	PPO	354.28				97.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Horizon	Indemnity	354.28				97.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Americare	Americare	406.98	75			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Multiplan	Multiplan	434.11	80			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 UHC	Medicare	183.09				97.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Three Rivers	Three Rivers	515.51	95			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Aetna	Commercial	298.8				97.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Consumer	Consumer	515.51	95			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 UHC	Medicaid	165.18	30.44			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Horizon	Medicare Blue	183.09				97.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Horizon	MGD	354.28				97.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Qualcare	Qualcare	406.98	75			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 United	CommercialPPO	1835.46				97.69		1835.46 case rate	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Wellcare	Medicaid	165.18	30.44			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Amerihealth	Medicare	183.09				97.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Corrections	Corrections	434.11	80			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 United	Oxford	1835.46				97.69		1835.46 case rate	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Horizon	NJ Health	97.69			30.54	97.69		1835.46 fee schedule	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 WellPoint	WellPoint	168.44	31.04			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Managed Care Inc	Managed Care Inc	488.38	90			97.69		1835.46 percent of total billed charges	
APPLICATION LONG ARM SPLINT SHOULDER HAND	29105	CPT				outpatient			542.64		210.55 Wellcare	Medicare	183.09				97.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Amerihealth	Medicare	149.57				75.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Amerihealth	HMO/PPO	125				75.69		1835.46 fee schedule	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Aetna	Medicare	149.57				75.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 First Trenton	First Trenton	436.97	90			75.69		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Americare	Americare	364.14	75			75.69		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Aetna	Commercial	244.1			45.94	75.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Aetna	Better Health	147.79	30.44		150.18	75.69		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Corrections	Corrections	388.42	80			75.69		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Horizon	Medicare Blue	149.57			41.13	75.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Horizon	NJ Health	75.69			56.73	75.69		1835.46 fee schedule	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Consumer	Consumer	461.24	95			75.69		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Managed Care Inc	Managed Care Inc	436.97	90			75.69		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Horizon	MGD	289.42				75.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 UHC	Medicaid	147.79	30.44		142.29	75.69		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Multiplan	Multiplan	388.42	80			75.69		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 Horizon	Indemnity	289.42				75.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 UHC	Medicare	149.57			64.61	75.69		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	29125	CPT				both			485.52		172.01 United	Oxford	1835.46				75.69		1835.46 case rate	
APPLICATION S

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Consumer	Consumer	410.86	95			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	First Trenton	First Trenton	389.23	90			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Aetna	Medicare	149.57				90.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Aetna	Commercial	244.1				90.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	First Health	First Health	302.74	70			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Multiplan	Multiplan	345.98	80			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Aetna	Better Health	131.65	30.44			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Amerihealth	Medicare	149.57				90.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Corrections	Corrections	345.98	80			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Horizon	MGD	289.42				90.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Americare	Americare	324.36	75			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Three Rivers	Three Rivers	410.86	95			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Qualcare	Qualcare	324.36	75			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Horizon	PPO	289.42				90.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Amerihealth	HMO/PPO	125				90.7		1835.46 fee schedule	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Horizon	Medicare Blue	149.57				90.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	UHC	Medicare	149.57				90.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Wellcare	Medicaid	131.65	30.44			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Horizon	Indemnity	289.42				90.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Horizon	NJ Health	90.7				90.7		1835.46 fee schedule	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	UHC	Medicaid	131.65	30.44			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	United	Oxford	1835.46				90.7		1835.46 case rate	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	United	Commercial|PPO	1835.46				90.7		1835.46 case rate	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	WellPoint	WellPoint	134.24	31.04			90.7		1835.46 percent of total billed charges	
APPLICATION SHORT ARM SPLINT DYNAMIC	29126	CPT				outpatient			432.48	172.01	Wellcare	Medicare	149.57				90.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Corrections	Corrections	345.98	80			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	First Health	First Health	302.74	70			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Horizon	NJ Health	46.98			66.66	46.98		1835.46 fee schedule	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	First Trenton	First Trenton	389.23	90			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Aetna	Better Health	131.65	30.44			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Consumer	Consumer	410.86	95			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Aetna	Medicare	149.57				46.98		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Aetna	Commercial	244.1			24.02	46.98		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Horizon	Indemnity	289.42				46.98		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Multiplan	Multiplan	345.98	80			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	UHC	Medicaid	131.65	30.44		116.53	46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Horizon	PPO	289.42				46.98		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Three Rivers	Three Rivers	410.86	95			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Americare	Americare	324.36	75			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Amerihealth	Medicare	149.57				46.98		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Horizon	Medicare Blue	149.57				46.98		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Qualcare	Qualcare	324.36	75			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Amerihealth	HMO/PPO	125				46.98		1835.46 fee schedule	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	WellPoint	WellPoint	134.24	31.04			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Horizon	MGD	289.42				46.98		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	United	Commercial|PPO	1835.46				46.98		1835.46 case rate	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	UHC	Medicare	149.57				46.98		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Wellcare	Medicaid	131.65	30.44			46.98		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	United	Oxford	1835.46				46.98		1835.46 case rate	
APPLICATION FINGER SPLINT STATIC	29130	CPT				outpatient			432.48	172.01	Wellcare	Medicare	149.57				46.98		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Aetna	Commercial	112.48				58.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Aetna	Medicare	87.96	30.8			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	First Trenton	First Trenton	257.04	90			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Corrections	Corrections	228.48	80			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	UHC	Medicare	68.92				58.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	First Health	First Health	199.92	70			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Americare	Americare	214.2	75			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Aetna	Better Health	86.94	30.44			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Multiplan	Multiplan	228.48	80			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Amerihealth	Medicare	68.92				58.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Horizon	MGD	133.36				58.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Wellcare	Medicare	68.92				58.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Qualcare	Qualcare	214.2	75			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Horizon	Medicare Blue	68.92				58.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Amerihealth	HMO/PPO	125				58.26		1835.46 fee schedule	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Consumer	Consumer	271.32	95			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Managed Care Inc	Managed Care Inc	257.04	90			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Horizon	Indemnity	133.36				58.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	WellPoint	WellPoint	88.65	31.04			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Horizon	PPO	133.36				58.26		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Horizon	NJ Health	58.26				58.26		1835.46 fee schedule	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	UHC	Medicaid	86.94	30.44			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Three Rivers	Three Rivers	271.32	95			58.26		1835.46 percent of total billed charges	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	United	Commercial|PPO	1835.46				58.26		1835.46 case rate	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	United	Oxford	1835.46				58.26		1835.46 case rate	
APPLICATION FINGER SPLINT DYNAMIC	29131	CPT				outpatient			285.6	79.26	Wellcare	Medicaid	86.94	30.44			58.26		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Corrections	Corrections	174.2	80			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	First Health	First Health	152.43	70			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Americare	Americare	163.31	75			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Wellcare	Medicare	68.92				59.01		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Aetna	Commercial	112.48				59.01		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Amerihealth	Medicare	68.92				59.01		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Aetna	Medicare	68.92				59.01		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Aetna	Better Health	66.28	30.44			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Multiplan	Multiplan	174.2	80			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Horizon	Medicare Blue	68.92				59.01		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Amerihealth	HMO/PPO	65				59.01		1835.46 fee schedule	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Consumer	Consumer	206.86	95			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Qualcare	Qualcare	163.31	75			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Horizon	Indemnity	133.36				59.01		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	First Trenton	First Trenton	195.98	90			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	United	Oxford	1835.46				59.01		1835.46 case rate	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Horizon	MGD	133.36				59.01		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	UHC	Medicare	68.92				59.01		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Horizon	NJ Health	59.01				59.01		1835.46 fee schedule	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Wellcare	Medicaid	66.28	30.44			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Managed Care Inc	Managed Care Inc	195.98	90			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Horizon	PPO	133.36				59.01		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	Three Rivers	Three Rivers	206.86	95			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	UHC	Medicaid	66.28	30.44			59.01		1835.46 percent of total billed charges	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	United	Commercial|PPO	1835.46				59.01		1835.46 case rate	
STRAPPING ELBOW|WRIST	29260	CPT				outpatient			217.75	79.26	WellPoint	WellPoint	67.59	31.04			59.01		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	United	Commercial|PPO	1835.46				125		1835.46 case rate	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Amerihealth	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	WellPoint	WellPoint	299.51	31.04		289.76	125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Aetna	Better Health	293.72	30.44		193.99	125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	First Trenton	First Trenton	868.43	90			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Aetna	Commercial	502.92			218.35	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Americare	Americare	723.69	75			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Horizon	PPO	596.29				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Managed Care Inc	Managed Care Inc	868.43	90			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	First Health	First Health	675.44	70			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Aetna	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Three Rivers	Three Rivers	916.67	95			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Consumer	Consumer	916.67	95			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Horizon	Indemnity	596.29				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	UHC	Medicaid	293.72	30.44		216.68	125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Wellcare	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Horizon	Medicare Blue	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	UHC	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Corrections	Corrections	771.94	80			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	United	Oxford	1835.46				125		1835.46 case rate	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Horizon	MGD	596.29				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Horizon	NJ Health	149.32			126.92	125		1835.46 fee schedule	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Multiplan	Multiplan	771.94	80			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Qualcare	Qualcare	723.69	75			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST THIGH-TOE	29345	CPT				outpatient			964.92	354.38	Wellcare	Medicaid	293.72	30.44			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Aetna	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Aetna	Better Health	297.14	30.44		276.06	125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Corrections	Corrections	780.91	80			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Amerihealth	Medicare	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	WellPoint	WellPoint	302.99	31.04			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Qualcare	Qualcare	732.11	75			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Three Rivers	Three Rivers	927.33	95			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Consumer	Consumer	927.33	95			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Aetna	Commercial	502.92				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	First Trenton	First Trenton	878.53	90			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Horizon	Medicare Blue	308.16				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	First Health	First Health	683.3	70			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Americare	Americare	732.11	75			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	UHC	Medicaid	297.14	30.44			125		1835.46 percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	United	Oxford	1835.46				125		1835.46 case rate	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Horizon	MGD	596.29				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Multiplan	Multiplan	780.91	80			125		1835.46 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Horizon	Indemnity	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Wellcare	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	UHC	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	United	CommercialPPO	1835.46				125	1835.46	case rate	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Wellcare	Medicaid	297.14	30.44			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Horizon	NJ Health	164.85			167.69	125	1835.46	fee schedule	
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Horizon	PPO	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG CAST BRACE	29358	CPT				outpatient			976.14	354.38	Managed Care Inc	Managed Care Inc	878.53	90			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Aetna	Better Health	271.68	30.44			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Aetna	Commercial	502.92				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Amerihealth	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	First Trenton	First Trenton	803.25	90			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Corrections	Corrections	714	80			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	UHC	Medicaid	271.68	30.44		175.68	125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Aetna	Medicare	274.89	30.8			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Consumer	Consumer	847.88	95			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Americare	Americare	669.38	75			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	First Health	First Health	624.75	70			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Horizon	MGD	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Horizon	NJ Health	138.33			82.36	125	1835.46	fee schedule	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	UHC	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Horizon	PPO	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Managed Care Inc	Managed Care Inc	803.25	90			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Three Rivers	Three Rivers	847.88	95			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Multiplan	Multiplan	714	80			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Horizon	Indemnity	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Qualcare	Qualcare	669.38	75			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Wellcare	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	United	CommercialPPO	1835.46				125	1835.46	case rate	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	United	Oxford	1835.46				125	1835.46	case rate	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Horizon	Medicare Blue	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	WellPoint	WellPoint	277.03	31.04			125	1835.46	percent of total billed charges	
APPLICATION CYLINDER CAST THIGH ANKLE	29365	CPT				outpatient			892.5	354.38	Wellcare	Medicaid	271.68	30.44			125	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	First Health	First Health	722.57	70			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Horizon	PPO	596.29				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Qualcare	Qualcare	774.18	75			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Amerihealth	Medicare	308.16				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Aetna	Better Health	314.21	30.44			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	United	Oxford	1835.46				109.62	1835.46	case rate	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Consumer	Consumer	980.63	95			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Aetna	Commercial	502.92				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Three Rivers	Three Rivers	980.63	95			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Multiplan	Multiplan	825.79	80			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Corrections	Corrections	825.79	80			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Aetna	Medicare	308.16				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Horizon	Indemnity	596.29				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Americare	Americare	774.18	75			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	First Trenton	First Trenton	929.02	90			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Amerihealth	HMO/PPO	125				109.62	1835.46	fee schedule	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Wellcare	Medicare	308.16				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Horizon	Medicare Blue	308.16				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Managed Care Inc	Managed Care Inc	929.02	90			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Horizon	MGD	596.29			469.68	109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	UHC	Medicare	308.16				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Horizon	NJ Health	109.62			147.17	109.62	1835.46	fee schedule	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	WellPoint	WellPoint	320.41	31.04		246.86	109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	UHC	Medicaid	314.21	30.44		294.82	109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	United	CommercialPPO	1835.46				109.62	1835.46	case rate	
APPLICATION SHORT LEG CAST BELOW KNEE-TOE	29405	CPT				outpatient			1032.24	354.38	Wellcare	Medicaid	314.21	30.44		305.97	109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Aetna	Commercial	502.92				122.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Amerihealth	HMO/PPO	125				122.67	1835.46	fee schedule	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	First Health	First Health	808.96	70			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Amerihealth	Medicare	308.16				122.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Aetna	Medicare	308.16				122.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Aetna	Better Health	351.78	30.44			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Corrections	Corrections	924.53	80			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Americare	Americare	866.75	75			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Multiplan	Multiplan	924.53	80			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Horizon	MGD	596.29				122.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Three Rivers	Three Rivers	1097.88	95			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Consumer	Consumer	1097.88	95			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Qualcare	Qualcare	866.75	75			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Horizon	Medicare Blue	308.16				122.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	First Trenton	First Trenton	1040.09	90			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	United	Oxford	1835.46				122.67	1835.46	case rate	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Wellcare	Medicare	308.16				122.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	UHC	Medicare	308.16				122.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Horizon	Indemnity	596.29				122.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Horizon	NJ Health	122.67			15.97	122.67	1835.46	fee schedule	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	UHC	Medicaid	351.78	30.44		340.24	122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Wellcare	Medicaid	351.78	30.44			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Horizon	PPO	596.29				122.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	Managed Care Inc	Managed Care Inc	1040.09	90			122.67	1835.46	percent of total billed charges	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	United	CommercialPPO	1835.46				122.67	1835.46	case rate	
APPLICATION SHORT LEG CAST WALKING/AMBULATORY	29425	CPT				outpatient			1155.66	354.38	WellPoint	WellPoint	358.72	31.04			122.67	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Horizon	MGD	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Aetna	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Amerihealth	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Consumer	Consumer	847.88	95			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	UHC	Medicaid	271.68	30.44			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Aetna	Better Health	271.68	30.44			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Aetna	Commercial	502.92				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Corrections	Corrections	714	80			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Horizon	Indemnity	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Americare	Americare	669.38	75			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	First Trenton	First Trenton	803.25	90			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Horizon	Medicare Blue	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Multiplan	Multiplan	714	80			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Three Rivers	Three Rivers	847.88	95			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Horizon	PPO	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	UHC	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	First Health	First Health	624.75	70			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Wellcare	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Horizon	NJ Health	172.26				125	1835.46	fee schedule	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Wellcare	Medicaid	271.68	30.44			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Qualcare	Qualcare	669.38	75			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	United	CommercialPPO	1835.46				125	1835.46	case rate	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	Managed Care Inc	Managed Care Inc	803.25	90			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	WellPoint	WellPoint	277.03	31.04			125	1835.46	percent of total billed charges	
APPLICATION PATELLAR TENDON BEARING CAST	29435	CPT				outpatient			892.5	354.38	United	Oxford	1835.46				125	1835.46	case rate	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	First Trenton	First Trenton	803.25	90			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Aetna	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Aetna	Commercial	502.92				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Horizon	Medicare Blue	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Americare	Americare	669.38	75			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Aetna	Better Health	271.68	30.44			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Corrections	Corrections	714	80			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Amerihealth	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Horizon	NJ Health	199.59				125	1835.46	fee schedule	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	First Health	First Health	624.75	70			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Multiplan	Multiplan	714	80			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Consumer	Consumer	847.88	95			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Horizon	PPO	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Qualcare	Qualcare	669.38	75			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	United	Oxford	1835.46				125	1835.46	case rate	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Managed Care Inc	Managed Care Inc	803.25	90			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Horizon	MGD	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Wellcare	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Wellcare	Medicaid	271.68	30.44			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Horizon	Indemnity	596.29				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	WellPoint	WellPoint	277.03	31.04			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	Three Rivers	Three Rivers	847.88	95			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	UHC	Medicare	308.16				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	UHC	Medicaid	271.68	30.44			125	1835.46	percent of total billed charges	
APPLICATION RIGID TOTAL CONTACT LEG CAST	29445	CPT				outpatient			892.5	354.38	United	CommercialPPO	1835.46				125	1835.46	case rate	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64	210.55	First Trenton	First Trenton	488.38	90			125	1835.46	percent of total billed charges	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64	210.55	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64	210.55	First Health	First Health	379.85	70			125	1835.46	percent of total billed charges	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64	210.55	Americare	Americare	406.98	75			125	1835.46	percent of total billed charges	
APPL CLUBFOO

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Horizon	MGD	354.28				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Consumer	Consumer	515.51	95			125	1835.46	percent of total billed charges	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Horizon	NJ Health	207.96			22.65	125	1835.46	fee schedule	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Horizon	Indemnity	354.28				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Multiplan	Multiplan	434.11	80			125	1835.46	percent of total billed charges	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Aetna	Medicare	183.09				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Three Rivers	Three Rivers	515.51	95			125	1835.46	percent of total billed charges	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 United	Commercial|PPO	1835.46				125	1835.46	case rate	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Qualcare	Qualcare	406.98	75			125	1835.46	percent of total billed charges	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Horizon	Medicare Blue	183.09				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Horizon	PPO	354.28				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Wellcare	Medicaid	165.18	30.44			125	1835.46	percent of total billed charges	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 UHC	Medicaid	165.18	30.44		80.36	125	1835.46	percent of total billed charges	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 WellPoint	WellPoint	168.44	31.04		162.95	125	1835.46	percent of total billed charges	
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 Wellcare	Medicare	183.09				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	29450	CPT				outpatient			542.64		210.55 United	Oxford	1835.46				125	1835.46	case rate	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Aetna	Medicare	183.09				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Aetna	Better Health	187.85	30.44		181.68	125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Three Rivers	Three Rivers	586.25	95			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Americare	Americare	462.83	75			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Aetna	Commercial	298.8				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 WellPoint	WellPoint	191.55	31.04			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Corrections	Corrections	493.68	80			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Amerihealth	Medicare	183.09				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Qualcare	Qualcare	462.83	75			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 UHC	Medicaid	187.85	30.44		185.36	125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Consumer	Consumer	586.25	95			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Horizon	NJ Health	125.28			72.58	125	1835.46	fee schedule	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 First Health	First Health	431.97	70			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 First Trenton	First Trenton	555.39	90			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Horizon	Medicare Blue	183.09				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Multiplan	Multiplan	493.68	80			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Horizon	MGD	354.28				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 United	Commercial|PPO	1835.46				125	1835.46	case rate	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 United	Oxford	1835.46				125	1835.46	case rate	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Wellcare	Medicare	183.09				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 UHC	Medicare	183.09				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Horizon	Indemnity	354.28				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Wellcare	Medicaid	187.85	30.44			125	1835.46	percent of total billed charges	
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Horizon	PPO	354.28				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	29505	CPT				outpatient			617.1		210.55 Managed Care Inc	Managed Care Inc	555.39	90			125	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Aetna	Medicare	167.13	30.8			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Aetna	Commercial	298.8			132.63	109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Consumer	Consumer	515.51	95			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Wellcare	Medicare	183.09				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Corrections	Corrections	434.11	80			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Amerihealth	Medicare	183.09				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Aetna	Better Health	165.18	30.44		159.76	109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Horizon	MGD	354.28				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Multiplan	Multiplan	434.11	80			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Americare	Americare	406.98	75			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 First Health	First Health	379.85	70			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 UHC	Medicare	183.09			33.41	109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 WellPoint	WellPoint	168.44	31.04			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 First Trenton	First Trenton	488.38	90			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Horizon	NJ Health	109.62			35.81	109.62	1835.46	fee schedule	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Amerihealth	HMO/PPO	125				109.62	1835.46	fee schedule	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Qualcare	Qualcare	406.98	75			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Horizon	Indemnity	354.28				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 United	Commercial|PPO	1835.46			167.85	109.62	1835.46	case rate	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Horizon	PPO	354.28			115.94	109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 UHC	Medicaid	165.18	30.44		148.71	109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Horizon	Medicare Blue	183.09				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Wellcare	Medicaid	165.18	30.44		162.03	109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 United	Oxford	1835.46				109.62	1835.46	case rate	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Managed Care Inc	Managed Care Inc	488.38	90			109.62	1835.46	percent of total billed charges	
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	CPT				both			542.64		210.55 Three Rivers	Three Rivers	515.51	95			109.62	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Aetna	Medicare	149.57				62.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 First Trenton	First Trenton	456.25	90			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Aetna	Commercial	244.1				62.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Horizon	Medicare Blue	149.57				62.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Amerihealth	Medicare	149.57				62.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Corrections	Corrections	405.55	80			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Americare	Americare	380.21	75			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Aetna	Better Health	154.31	30.44			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Consumer	Consumer	481.59	95			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Managed Care Inc	Managed Care Inc	456.25	90			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Multiplan	Multiplan	405.55	80			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 UHC	Medicare	149.57				62.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 United	Oxford	1835.46				62.64	1835.46	case rate	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Horizon	Indemnity	289.42				62.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Wellcare	Medicare	149.57				62.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Amerihealth	HMO/PPO	65				62.64	1835.46	fee schedule	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Qualcare	Qualcare	380.21	75			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Three Rivers	Three Rivers	481.59	95			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 First Health	First Health	354.86	70			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Horizon	NJ Health	62.64				62.64	1835.46	fee schedule	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Horizon	MGD	289.42				62.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Horizon	PPO	289.42				62.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 UHC	Medicaid	154.31	30.44		156.8	62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 United	Commercial|PPO	1835.46				62.64	1835.46	case rate	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 Wellcare	Medicaid	154.31	30.44			62.64	1835.46	percent of total billed charges	
STRAPPING KNEE	29530	CPT				outpatient			506.94		172.01 WellPoint	WellPoint	157.35	31.04			62.64	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Horizon	MGD	354.28				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Aetna	Medicare	183.09				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Amerihealth	Medicare	183.09				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Aetna	Commercial	298.8				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 First Health	First Health	389.13	70			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Aetna	Better Health	169.22	30.44			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Wellcare	Medicare	183.09				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Multiplan	Multiplan	444.72	80			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 UHC	Medicaid	169.22	30.44			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Qualcare	Qualcare	416.93	75			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Horizon	Indemnity	354.28				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Americare	Americare	416.93	75			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Three Rivers	Three Rivers	528.11	95			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Consumer	Consumer	528.11	95			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 WellPoint	WellPoint	172.55	31.04			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Wellcare	Medicaid	169.22	30.44			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 UHC	Medicare	183.09				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Corrections	Corrections	444.72	80			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Horizon	Medicare Blue	183.09				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Amerihealth	HMO/PPO	65				46.98	1835.46	fee schedule	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 United	Commercial|PPO	1835.46				46.98	1835.46	case rate	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 First Trenton	First Trenton	500.31	90			46.98	1835.46	percent of total billed charges	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Horizon	PPO	354.28				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Horizon	NJ Health	46.98				46.98	1835.46	fee schedule	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 United	Oxford	1835.46				46.98	1835.46	case rate	
STRAPPING ANKLE &/FOOT	29540	CPT				outpatient			555.9		210.55 Managed Care Inc	Managed Care Inc	500.31	90			46.98	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Aetna	Commercial	112.48				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 First Health	First Health	176.36	70			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Consumer	Consumer	239.34	95			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 UHC	Medicaid	76.69	30.44			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Aetna	Medicare	68.92				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Aetna	Better Health	76.69	30.44			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Horizon	PPO	133.36				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Amerihealth	Medicare	68.92				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Americare	Americare	188.96	75			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Multiplan	Multiplan	201.55	80			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Corrections	Corrections	201.55	80			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 United	Oxford	1835.46				41.76	1835.46	case rate	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Amerihealth	HMO/PPO	65				41.76	1835.46	fee schedule	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Horizon	Medicare Blue	68.92				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 WellPoint	WellPoint	78.2	31.04			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 First Trenton	First Trenton	226.75	90			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Horizon	MGD	133.36				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Three Rivers	Three Rivers	239.34	95			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Horizon	NJ Health	41.76				41.76	1835.46	fee schedule	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Horizon	Indemnity	133.36				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Qualcare	Qualcare	188.96	75			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Managed Care Inc	Managed Care Inc	226.75	90			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Wellcare	Medicaid	76.69	30.44			41.76	1835.46	percent of total billed charges	
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 UHC	Medicare	68.92				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 Wellcare	Medicare	68.92				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT				outpatient			251.94		79.26 United	Commercial|PPO	1835.46				41.76	1835.46	case rate	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64		210.55 Aetna	Commercial	298.8				65	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64		210.55 Horizon	NJ Health	76.03			33.15	65	1835.46	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Amerihealth	Medicare	183.09				65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Aetna	Medicare	183.09			116.58	65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Americare	Americare	406.98	75			65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	First Health	First Health	379.85	70			65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	First Trenton	First Trenton	488.38	90			65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Aetna	Better Health	165.18	30.44		146.03	65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Horizon	Indemnity	354.28			347.18	65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Multiplan	Multiplan	434.11	80			65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Horizon	Medicare Blue	183.09			202.07	65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Consumer	Consumer	515.51	95			65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Amerihealth	HMO/PPO	65				65		1835.46 fee schedule	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Horizon	MGD	354.28			216.25	65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Managed Care Inc	Managed Care Inc	488.38	90			65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Corrections	Corrections	434.11	80			65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Wellcare	Medicare	183.09			136.28	65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Quálacare	Quálacare	406.98	75			65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Three Rivers	Three Rivers	515.51	95			65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Wellcare	Medicaid	165.18	30.44		120.99	65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	WellPoint	WellPoint	168.44	31.04		157.32	65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	Horizon	PPO	354.28			225.92	65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	UHC	Medicare	183.09			146.4	65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	UHC	Medicaid	165.18	30.44		162.87	65		1835.46 percent of total billed charges	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	United	Commercial|PPO	1835.46			159.76	65		1835.46 case rate	
STRAPPING UNNA BOOT	29580	CPT				outpatient			542.64	210.55	United	Oxford	1835.46				65		1835.46 case rate	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Horizon	Indemnity	354.28			244.94	40		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Amerihealth	Medicare	183.09				40		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Amerihealth	HMO/PPO	40				40		1835.46 fee schedule	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Horizon	NJ Health	139.87			47.7	40		1835.46 fee schedule	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Aetna	Better Health	165.18	30.44		156.28	40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Aetna	Commercial	298.8			93.03	40		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	First Trenton	First Trenton	488.38	90			40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Horizon	Medicare Blue	183.09			161.65	40		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Multiplan	Multiplan	434.11	80			40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	First Health	First Health	379.85	70			40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Managed Care Inc	Managed Care Inc	488.38	90			40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Horizon	MGD	354.28			233.09	40		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Corrections	Corrections	434.11	80			40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Aetna	Medicare	183.09			181.7	40		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Three Rivers	Three Rivers	515.51	95			40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Horizon	PPO	354.28				40		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Quálacare	Quálacare	406.98	75			40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Americare	Americare	406.98	75			40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	WellPoint	WellPoint	168.44	31.04		145.21	40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	UHC	Medicaid	165.18	30.44		141.92	40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Wellcare	Medicaid	165.18	30.44		146.68	40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Consumer	Consumer	515.51	95			40		1835.46 percent of total billed charges	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	United	Commercial|PPO	1835.46			159.76	40		1835.46 case rate	
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	UHC	Medicare	183.09			161.49	40		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	Wellcare	Medicare	183.09				40		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	29581	CPT				outpatient			542.64	210.55	United	Oxford	1835.46				40		1835.46 case rate	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Americare	Americare	669.38	75			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Amerihealth	Medicare	308.16				67.94		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Corrections	Corrections	714	80			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Aetna	Medicare	308.16				67.94		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Aetna	Better Health	271.68	30.44			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Horizon	Medicare Blue	308.16				67.94		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Aetna	Commercial	502.92				67.94		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	First Trenton	First Trenton	803.25	90			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Consumer	Consumer	847.88	95			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Horizon	Indemnity	596.29				67.94		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Amerihealth	HMO/PPO	580.13	65			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Horizon	MGD	596.29				67.94		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	First Health	First Health	624.75	70			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	UHC	Medicare	308.16				67.94		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Horizon	NJ Health	67.94			33.84	67.94		1835.46 fee schedule	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Managed Care Inc	Managed Care Inc	803.25	90			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	UHC	Medicaid	271.68	30.44			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Horizon	PPO	596.29				67.94		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Multiplan	Multiplan	714	80			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Three Rivers	Three Rivers	847.88	95			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Wellcare	Medicaid	271.68	30.44			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	United	Commercial|PPO	1835.46				67.94		1835.46 case rate	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Quálacare	Quálacare	669.38	75			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	WellPoint	WellPoint	277.03	31.04			67.94		1835.46 percent of total billed charges	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	United	Oxford	1835.46				67.94		1835.46 case rate	
REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	29700	CPT				outpatient			892.5	354.38	Wellcare	Medicare	308.16				67.94		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Aetna	Commercial	502.92				95.71		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Americare	Americare	764.24	75			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Horizon	NJ Health	95.71			78.96	95.71		1835.46 fee schedule	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Horizon	Indemnity	596.29				95.71		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Amerihealth	Medicare	308.16				95.71		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Aetna	Medicare	308.16				95.71		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Consumer	Consumer	968.03	95			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Aetna	Better Health	310.18	30.44		300	95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Horizon	MGD	596.29				95.71		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	First Trenton	First Trenton	917.08	90			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Horizon	PPO	596.29				95.71		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	United	Commercial|PPO	1835.46				95.71		1835.46 case rate	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	First Health	First Health	713.29	70			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Corrections	Corrections	815.18	80			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Horizon	Medicare Blue	308.16				95.71		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Amerihealth	HMO/PPO	662.34	65			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	UHC	Medicare	308.16				95.71		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Managed Care Inc	Managed Care Inc	917.08	90			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	WellPoint	WellPoint	316.29	31.04		306	95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Multiplan	Multiplan	815.18	80			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Wellcare	Medicare	308.16				95.71		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Three Rivers	Three Rivers	968.03	95			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Quálacare	Quálacare	764.24	75			95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	United	Oxford	1835.46				95.71		1835.46 case rate	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	UHC	Medicaid	310.18	30.44		272.45	95.71		1835.46 percent of total billed charges	
REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	29705	CPT				outpatient			1018.98	354.38	Wellcare	Medicaid	310.18	30.44		297.25	95.71		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	First Health	First Health	379.85	70			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Americare	Americare	406.98	75			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Aetna	Medicare	183.09				86.55		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Wellcare	Medicare	183.09				86.55		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Aetna	Better Health	165.18	30.44			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Amerihealth	Medicare	183.09				86.55		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Aetna	Commercial	298.8				86.55		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Horizon	MGD	354.28				86.55		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Three Rivers	Three Rivers	515.51	95			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Consumer	Consumer	515.51	95			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Amerihealth	HMO/PPO	352.72	65			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	WellPoint	WellPoint	168.44	31.04			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	First Trenton	First Trenton	488.38	90			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Horizon	Medicare Blue	183.09				86.55		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Multiplan	Multiplan	434.11	80			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	UHC	Medicaid	165.18	30.44			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	United	Commercial|PPO	1835.46				86.55		1835.46 case rate	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	United	Oxford	1835.46				86.55		1835.46 case rate	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Corrections	Corrections	434.11	80			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	UHC	Medicare	183.09				86.55		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Horizon	Indemnity	354.28				86.55		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Wellcare	Medicaid	165.18	30.44			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Quálacare	Quálacare	406.98	75			86.55		1835.46 percent of total billed charges	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Horizon	NJ Health	86.55				86.55		1835.46 fee schedule	
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Horizon	PPO	354.28				86.55		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SPICA BODY CAST/JACKET	29720	CPT				outpatient			542.64	210.55	Managed Care Inc	Managed Care Inc	488.38	90			86.55		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Amerihealth	Medicare	308.16				42.65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Amerihealth	HMO/PPO	580.13	65			42.65		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Horizon	Medicare Blue	308.16				42.65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Three Rivers	Three Rivers	847.88	95			42.65		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Aetna	Medicare	308.16				42.65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Aetna	Commercial	502.92				42.65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Aetna	Better Health	271.68	30.44			42.65		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Corrections	Corrections	714	80			42.65		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Consumer	Consumer	847.88	95			42.65		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Multiplan	Multiplan	714	80			42.65		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	UHC	Medicare	308.16				42.65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	UHC	Medicaid	271.68	30.44			42.65		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Wellcare	Medicaid	271.68	30.44			42.65		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Wellcare	Medicare	308.16				42.65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Horizon	PPO	596.29				42.65		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	Managed Care Inc	Managed Care Inc	803.25	90			42.65		1835.46 percent of total billed charges	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	United	Commercial/PPO	1835.46				42.65		1835.46 case rate	
WEDGING CLUBFOOT CAST	29750	CPT				outpatient			892.5	354.38	WellPoint	WellPoint	277.03	31.04			42.65		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Aetna	Commercial	71.89	38			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Americare	Americare	141.89	75			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Amerihealth	HMO/PPO	1050				56.76		1835.46 fee schedule	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		First Trenton	First Trenton	170.27	90			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Aetna	Medicare	58.27	30.8			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Consumer	Consumer	179.73	95			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Aetna	Better Health	57.59	30.44			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Qualcare	Qualcare	141.89	75			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Horizon	MGD	72.42	38.28			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Horizon	PPO	72.42	38.28			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		First Health	First Health	132.43	70			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Horizon	Indemnity	72.42	38.28			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		United	Oxford	1835.46				56.76		1835.46 case rate	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Corrections	Corrections	151.35	80			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		United	Commercial/PPO	1835.46				56.76		1835.46 case rate	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		UHC	Medicaid	57.59	30.44			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		WellPoint	WellPoint	58.72	31.04			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Multiplan	Multiplan	151.35	80			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Wellcare	Medicaid	57.59	30.44			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Horizon	Medicare Blue	56.76	30			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Horizon	NJ Health	762.24				56.76		1835.46 fee schedule	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Three Rivers	Three Rivers	179.73	95			56.76		1835.46 percent of total billed charges	
SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS	29826	CPT				outpatient			189.19		Managed Care Inc	Managed Care Inc	170.27	90			56.76		1835.46 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Qualcare	Qualcare	7195.82	75			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Amerihealth	Medicare	3764.79				741.24		9114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Aetna	Better Health	2920.54	30.44			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Americare	Americare	7195.82	75			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Corrections	Corrections	7675.54	80			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Horizon	Medicare Blue	3764.79				741.24		9114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Consumer	Consumer	9114.7	95			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Amerihealth	HMO/PPO	1050				741.24		9114.7 fee schedule	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	First Trenton	First Trenton	8634.98	90			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	UHC	Medicare	3764.79				741.24		9114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Aetna	Commercial	6144.14				741.24		9114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Three Rivers	Three Rivers	9114.7	95			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Horizon	Indemnity	7284.87				741.24		9114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	First Health	First Health	6716.09	70			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Aetna	Medicare	2955.08	30.8			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	UHC	Medicaid	2920.54	30.44			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Horizon	NJ Health	741.24				741.24		9114.7 fee schedule	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Wellcare	Medicaid	2920.54	30.44			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Horizon	MGD	7284.87				741.24		9114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	United	Oxford	3596.76				741.24		9114.7 case rate	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Horizon	PPO	7284.87				741.24		9114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Wellcare	Medicare	3764.79				741.24		9114.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Multiplan	Multiplan	7675.54	80			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	Managed Care Inc	Managed Care Inc	8634.98	90			741.24		9114.7 percent of total billed charges	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	United	Commercial/PPO	3596.76				741.24		9114.7 case rate	
ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	29881	CPT				outpatient			9594.42	4329.51	WellPoint	WellPoint	2978.11	31.04			741.24		9114.7 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Aetna	Commercial	964.33				94.74		1854.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Corrections	Corrections	1561.82	80			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Aetna	Better Health	594.27	30.44			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Consumer	Consumer	1854.67	95			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Amerihealth	HMO/PPO	125				94.74		1854.67 fee schedule	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	First Trenton	First Trenton	1757.05	90			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Amerihealth	Medicare	590.89				94.74		1854.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	First Health	First Health	1366.6	70			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Aetna	Medicare	590.89				94.74		1854.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Managed Care Inc	Managed Care Inc	1757.05	90			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Horizon	PPO	1143.37				94.74		1854.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Horizon	Indemnity	1143.37				94.74		1854.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Americare	Americare	1464.21	75			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Three Rivers	Three Rivers	1854.67	95			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Horizon	Medicare Blue	590.89				94.74		1854.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Multiplan	Multiplan	1561.82	80			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Horizon	MGD	1143.37				94.74		1854.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Horizon	NJ Health	94.74				94.74		1854.67 fee schedule	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	WellPoint	WellPoint	605.99	31.04			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Qualcare	Qualcare	1464.21	75			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	UHC	Medicare	590.89				94.74		1854.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	UHC	Medicaid	594.27	30.44			94.74		1854.67 percent of total billed charges	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Wellcare	Medicare	590.89				94.74		1854.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	United	Commercial/PPO	1835.46				94.74		1854.67 case rate	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	United	Oxford	1835.46				94.74		1854.67 case rate	
DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	30020	CPT				outpatient			1952.28	679.52	Wellcare	Medicaid	594.27	30.44			94.74		1854.67 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Amerihealth	Medicare	1718.76				33.93		4902.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Aetna	Medicare	1718.76				33.93		4902.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Aetna	Commercial	2805.02				33.93		4902.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Qualcare	Qualcare	3870.14	75			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	First Trenton	First Trenton	4644.16	90			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Aetna	Better Health	1570.76	30.44			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Americare	Americare	3870.14	75			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	First Health	First Health	3612.13	70			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	United	Oxford	2567.79				33.93		4902.17 case rate	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Horizon	MGD	3325.8				33.93		4902.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Amerihealth	HMO/PPO	125				33.93		4902.17 fee schedule	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	UHC	Medicaid	1570.76	30.44			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Managed Care Inc	Managed Care Inc	4644.16	90			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Consumer	Consumer	4902.17	95			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Horizon	Medicare Blue	1718.76				33.93		4902.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Horizon	Indemnity	3325.8				33.93		4902.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Wellcare	Medicare	1718.76				33.93		4902.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Horizon	PPO	3325.8				33.93		4902.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	WellPoint	WellPoint	1601.72	31.04			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	UHC	Medicare	1718.76				33.93		4902.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Corrections	Corrections	4128.14	80			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Multiplan	Multiplan	4128.14	80			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Horizon	NJ Health	33.93				33.93		4902.17 fee schedule	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	United	Commercial/PPO	2567.79				33.93		4902.17 case rate	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Three Rivers	Three Rivers	4902.17	95			33.93		4902.17 percent of total billed charges	
BIOPSY INTRANASAL	30100	CPT				outpatient			5160.18	1976.57	Wellcare	Medicaid	1570.76	30.44			33.93		4902.17 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	First Health	First Health	7402.04	70			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	UHC	Medicare	3763				373.23		10045.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Corrections	Corrections	8459.47	80			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Aetna	Commercial	6141.22				373.23		10045.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Consumer	Consumer	10045.62	95			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	First Trenton	First Trenton	9516.91	90			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Aetna	Better Health	3218.83	30.44			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Americare	Americare	7930.76	75			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Multiplan	Multiplan	8459.47	80			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Horizon	Medicare Blue	3763				373.23		10045.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Aetna	Medicare	3763				373.23		10045.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Horizon	Indemnity	7281.41				373.23		10045.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Amerihealth	HMO/PPO	650				373.23		10045.62 fee schedule	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Horizon	PPO	7281.41				373.23		10045.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Horizon	MGD	7281.41				373.23		10045.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Qualcare	Qualcare	7930.76	75			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Amerihealth	Medicare	3763				373.23		10045.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	WellPoint	WellPoint	3282.28	31.04			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Horizon	NJ Health	373.23				373.23		10045.62 fee schedule	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Wellcare	Medicare	3763				373.23		10045.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Three Rivers	Three Rivers	10045.62	95			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	UHC	Medicaid	3218.83	30.44			373.23		10045.62 percent of total billed charges	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	United	Commercial/PPO	2567.79				373.23		10045.62 case rate	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	United	Oxford	2567.79				373.23		10045.62 case rate	
EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	30117	CPT				outpatient			10574.34	4327.45	Wellcare	Medicaid	3218.83	30.44			373.23		10045.62 percent of total billed charges	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Horizon	Medicare Blue	149.57				58.46		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			58.46		1835.46 percent of total billed charges	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Americare	Americare	324.36	75			58.46		1835.46 percent of total billed charges	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	First Health	First Health	302.74	70			58.46		1835.46 percent of total billed charges	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Aetna	Better Health	131.65	30.44		126.2	58.46		1835.46 percent

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Corrections		345.98	80			58.46		1835.46 percent of total billed charges	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	UHC	Medicaid	131.65	30.44		126.83	58.46		1835.46 percent of total billed charges	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Qualcare	Qualcare	324.36	75			58.46		1835.46 percent of total billed charges	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Amerihealth	Medicare	149.57				58.46		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Three Rivers	Three Rivers	410.86	95			58.46		1835.46 percent of total billed charges	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	WellPoint	WellPoint	134.24	31.04		134.28	58.46		1835.46 percent of total billed charges	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	United	Oxford	1835.46				58.46		1835.46 case rate	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Horizon	Indemnity	289.42				58.46		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Wellcare	Medicare	149.57				58.46		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	United	CommercialPPO	1835.46				58.46		1835.46 case rate	
REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	30300	CPT				outpatient			432.48	172.01	Wellcare	Medicaid	131.65	30.44		126.2	58.46		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Americare	Americare	458.24	75			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Aetna	Commercial	244.1				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	First Health	First Health	427.69	70			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Aetna	Medicare	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	First Trenton	First Trenton	549.88	90			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	WellPoint	WellPoint	189.65	31.04		182.13	87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Corrections	Corrections	488.78	80			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Aetna	Better Health	185.98	30.44			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Amerihealth	HMO/PPO	125				87.7		1835.46 fee schedule	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Amerihealth	Medicare	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Horizon	Indemnity	289.42				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Horizon	PPO	289.42			132.25	87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Managed Care Inc	Managed Care Inc	549.88	90			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Horizon	Medicare Blue	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	United	CommercialPPO	1835.46				87.7		1835.46 case rate	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Consumer	Consumer	580.43	95			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Horizon	MGD	289.42			92.32	87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	UHC	Medicare	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Multiplan	Multiplan	488.78	80			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	UHC	Medicaid	185.98	30.44		161.38	87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Three Rivers	Three Rivers	580.43	95			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Horizon	NJ Health	87.7			50.82	87.7		1835.46 fee schedule	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Qualcare	Qualcare	458.24	75			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	United	Oxford	1835.46				87.7		1835.46 case rate	
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Wellcare	Medicare	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	30901	CPT				both			610.98	172.01	Wellcare	Medicaid	185.98	30.44			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Corrections	Corrections	677.28	80			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Amerihealth	Medicare	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Consumer	Consumer	804.27	95			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Americare	Americare	634.95	75			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Qualcare	Qualcare	634.95	75			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Aetna	Commercial	244.1			181.63	87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Aetna	Better Health	257.71	30.44			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Amerihealth	HMO/PPO	300				87.7		1835.46 fee schedule	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	First Trenton	First Trenton	761.94	90			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Horizon	NJ Health	87.7			40.31	87.7		1835.46 fee schedule	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	First Health	First Health	592.62	70			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Three Rivers	Three Rivers	804.27	95			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Wellcare	Medicare	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Aetna	Medicare	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Horizon	MGD	289.42				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	UHC	Medicaid	257.71	30.44		249.25	87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Horizon	Indemnity	289.42				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Horizon	Medicare Blue	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Multiplan	Multiplan	677.28	80			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	United	Oxford	1835.46				87.7		1835.46 case rate	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Horizon	PPO	289.42				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	UHC	Medicare	149.57				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Managed Care Inc	Managed Care Inc	761.94	90			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	Wellcare	Medicaid	257.71	30.44			87.7		1835.46 percent of total billed charges	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	United	CommercialPPO	1835.46				87.7		1835.46 case rate	
CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	30903	CPT				outpatient			846.6	172.01	WellPoint	WellPoint	262.78	31.04			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Three Rivers	Three Rivers	1517.45	95			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Corrections	Corrections	1277.86	80			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Horizon	MGD	289.42				135.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Amerihealth	Medicare	149.57				135.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Aetna	Commercial	244.1				135.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Qualcare	Qualcare	1197.99	75			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Horizon	NJ Health	135.2			59.23	135.2		1835.46 fee schedule	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Aetna	Better Health	486.22	30.44			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Americare	Americare	1197.99	75			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	First Trenton	First Trenton	1437.59	90			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Horizon	PPO	289.42				135.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	First Health	First Health	1118.12	70			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Amerihealth	HMO/PPO	300				135.2		1835.46 fee schedule	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	UHC	Medicaid	486.22	30.44			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	WellPoint	WellPoint	495.81	31.04			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Aetna	Medicare	149.57			185.27	135.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Horizon	Indemnity	289.42				135.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Managed Care Inc	Managed Care Inc	1437.59	90			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	UHC	Medicare	149.57				135.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Horizon	Medicare Blue	149.57				135.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	United	CommercialPPO	1835.46				135.2		1835.46 case rate	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Consumer	Consumer	1517.45	95			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Wellcare	Medicare	149.57				135.2		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Multiplan	Multiplan	1277.86	80			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	United	Oxford	1835.46				135.2		1835.46 case rate	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	30905	CPT				outpatient			1597.32	172.01	Wellcare	Medicaid	486.22	30.44			135.2		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	First Trenton	First Trenton	695.84	90			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Horizon	PPO	521.39				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Americare	Americare	579.87	75			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Aetna	Better Health	235.35	30.44			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Aetna	Medicare	238.13	30.8			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Horizon	MGD	521.39				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Aetna	Commercial	439.74				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	First Health	First Health	541.21	70			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Managed Care Inc	Managed Care Inc	695.84	90			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	WellPoint	WellPoint	239.99	31.04			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Amerihealth	HMO/PPO	300				87.7		1835.46 fee schedule	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Consumer	Consumer	734.5	95			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Amerihealth	Medicare	269.45				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Horizon	Medicare Blue	269.45				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	UHC	Medicare	269.45				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Horizon	NJ Health	87.7				87.7		1835.46 fee schedule	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Three Rivers	Three Rivers	734.5	95			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Multiplan	Multiplan	618.53	80			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Corrections	Corrections	618.53	80			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	United	Oxford	1835.46				87.7		1835.46 case rate	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Wellcare	Medicare	269.45				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Qualcare	Qualcare	579.87	75			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Horizon	Indemnity	521.39				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	Wellcare	Medicaid	235.35	30.44			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	UHC	Medicaid	235.35	30.44			87.7		1835.46 percent of total billed charges	
CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	30906	CPT				outpatient			773.16	309.87	United	CommercialPPO	1835.46				87.7		1835.46 case rate	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Aetna	Commercial	367.62			190.25	79.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Three Rivers	Three Rivers	631.79	95			79.08		1835.46 percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Aetna	Better Health	202.44	30.44		202.4	79.08		1835.46 percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Aetna	Medicare	204.83	30.8		212.04	79.08		1835.46 percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Amerihealth	HMO/PPO	560			124.94	79.08		1835.46 fee schedule	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	First Trenton	First Trenton	598.54	90			79.08		1835.46 percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Americare	Americare	498.78	75			79.08		1835.46 percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Horizon	NJ Health	79.08			41.25	79.08		1835.46 fee schedule	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Amerihealth	Medicare	225.26				79.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	UHC	Medicare	225.26			197.44	79.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Horizon	PPO	435.88			402.28	79.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Horizon	Medicare Blue	225.26			140.27	79.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Horizon	MGD	435.88			350.41	79.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Horizon	Indemnity	435.88			418.45	79.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Consumer	Consumer	631.79	95			79.08		1835.46 percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT				outpatient			665.04	259.05	Qualcare	Qualcare	498.78	75			79.08		1835.46 percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	31231	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Horizon	Medicare Blue	2000.94				224.46		5814 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Multiplan	Multiplan	4896	80			224.46		5814 percent of total billed charges	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Horizon	PPO	3871.82				224.46		5814 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	United	Oxford	2567.79				224.46		5814 case rate	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Aetna	Medicare	2000.94				224.46		5814 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Corrections	Corrections	4896	80		1837.79	224.46		5814 percent of total billed charges	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Managed Care Inc	Managed Care Inc	5508	90			224.46		5814 percent of total billed charges	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Horizon	NJ Health	224.46			115.06	224.46		5814 fee schedule	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	UHC	Medicaid	1862.93	30.44		1816.24	224.46		5814 percent of total billed charges	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Wellcare	Medicare	2000.94				224.46		5814 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Amerihealth	HMO/PPO	800			2017.43	224.46		5814 fee schedule	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Horizon	Indemnity	3871.82			3513.84	224.46		5814 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	UHC	Medicare	2000.94				224.46		5814 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	WellPoint	WellPoint	1899.65	31.04		1758.04	224.46		5814 percent of total billed charges	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	First Health	First Health	4284	70			224.46		5814 percent of total billed charges	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Qualcare	Qualcare	4560	75			224.46		5814 percent of total billed charges	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Horizon	MGD	3871.82				224.46		5814 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	United	Commercial/PPO	2567.79			3186.28	224.46		5814 case rate	
NASAL/SINUS NDSC SURG W/BX POLYPC/DBRDMT SPX	31237	CPT				outpatient			6120	2301.08	Wellcare	Medicaid	1862.93	30.44			224.46		5814 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	First Health	First Health	5689.15	70			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Aetna	Commercial	3265.53				344.91		7720.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Amerihealth	HMO/PPO	800				344.91		7720.99 fee schedule	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Aetna	Medicare	2000.94				344.91		7720.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Corrections	Corrections	6501.89	80			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Horizon	MGD	3871.82			2992.94	344.91		7720.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	First Trenton	First Trenton	7314.62	90			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Aetna	Better Health	2473.97	30.44			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Multiplan	Multiplan	6501.89	80			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Americare	Americare	6095.52	75			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	UHC	Medicaid	2473.97	30.44		2392.78	344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Consumer	Consumer	7720.99	95			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Horizon	Indemnity	3871.82				344.91		7720.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Amerihealth	Medicare	2000.94				344.91		7720.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Managed Care Inc	Managed Care Inc	7314.62	90			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Horizon	NJ Health	344.91			116.27	344.91		7720.99 fee schedule	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Qualcare	Qualcare	6095.52	75			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Horizon	Medicare Blue	2000.94				344.91		7720.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	United	Oxford	2567.79				344.91		7720.99 case rate	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	UHC	Medicare	2000.94				344.91		7720.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Horizon	PPO	3871.82				344.91		7720.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Three Rivers	Three Rivers	7720.99	95			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	United	Commercial/PPO	2567.79				344.91		7720.99 case rate	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Wellcare	Medicaid	2473.97	30.44		2513.9	344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	WellPoint	WellPoint	2522.73	31.04			344.91		7720.99 percent of total billed charges	
NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMORRHAGE	31238	CPT				outpatient			8127.36	2301.08	Wellcare	Medicare	2000.94				344.91		7720.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Amerihealth	Medicare	269.45				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Aetna	Medicare	269.55	30.8		137.17	125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Aetna	Better Health	266.4	30.44		207.11	125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Corrections	Corrections	700.13	80		219.59	125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Aetna	Commercial	439.74			206.28	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Horizon	Indemnity	521.39			227.67	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	WellPoint	WellPoint	271.65	31.04		242.51	125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Americare	Americare	656.37	75			125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	First Health	First Health	612.61	70			125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	First Trenton	First Trenton	787.64	90			125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Consumer	Consumer	831.4	95			125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Wellcare	Medicare	269.45			116.21	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Amerihealth	HMO/PPO	125			167.34	125		1835.46 fee schedule	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Three Rivers	Three Rivers	831.4	95			125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Horizon	Medicare Blue	269.45			119.7	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Multiplan	Multiplan	700.13	80			125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Horizon	PPO	521.39			247.41	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Horizon	NJ Health	128.83			109.82	125		1835.46 fee schedule	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Horizon	MGD	521.39			319.54	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Qualcare	Qualcare	656.37	75			125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	United	Commercial/PPO	1835.46			107.14	125		1835.46 case rate	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Wellcare	Medicaid	266.4	30.44		154.24	125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	UHC	Medicaid	268.4	30.44		240.62	125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	Managed Care Inc	Managed Care Inc	787.64	90			125		1835.46 percent of total billed charges	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	United	Oxford	1835.46			97.35	125		1835.46 case rate	
INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	31500	CPT				both			875.16	309.87	UHC	Medicare	269.45			161.28	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Amerihealth	HMO/PPO	125				73.08		1835.46 fee schedule	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Aetna	Commercial	439.74				73.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Aetna	Medicare	269.45				73.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Americare	Americare	729.05	75			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	First Trenton	First Trenton	874.85	90			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Corrections	Corrections	777.65	80			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Aetna	Better Health	295.9	30.44			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Amerihealth	Medicare	269.45				73.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Horizon	Indemnity	521.39				73.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Multiplan	Multiplan	777.65	80			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	First Health	First Health	680.44	70			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Horizon	Medicare Blue	269.45				73.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Horizon	NJ Health	73.08				73.08		1835.46 fee schedule	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	UHC	Medicare	269.45			241.41	73.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Horizon	PPO	521.39				73.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Consumer	Consumer	923.46	95			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	UHC	Medicaid	295.9	30.44			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Qualcare	Qualcare	729.05	75			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Horizon	MGD	521.39				73.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	United	Oxford	1835.46				73.08		1835.46 case rate	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Managed Care Inc	Managed Care Inc	874.85	90			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Wellcare	Medicare	269.45				73.08		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	WellPoint	WellPoint	301.73	31.04			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Wellcare	Medicaid	295.9	30.44			73.08		1835.46 percent of total billed charges	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	United	Commercial/PPO	1835.46				73.08		1835.46 case rate	
TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	31502	CPT				both			972.06	309.87	Three Rivers	Three Rivers	923.46	95			73.08		1835.46 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Aetna	Better Health	1808.59	30.44			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Americare	Americare	4456.13	75			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Amerihealth	Medicare	2000.94				175.39		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	UHC	Medicaid	1808.59	30.44			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Horizon	Medicare Blue	2000.94				175.39		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Aetna	Commercial	3265.53				175.39		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Aetna	Medicare	2000.94				175.39		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	First Trenton	First Trenton	5347.35	90			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Amerihealth	HMO/PPO	300				175.39		5644.43 fee schedule	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Three Rivers	Three Rivers	5644.43	95			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Consumer	Consumer	5644.43	95			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Horizon	Indemnity	3871.82				175.39		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	First Health	First Health	4159.05	70			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Multiplan	Multiplan	4753.2	80			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Corrections	Corrections	4753.2	80			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Horizon	NJ Health	175.39			90.82	175.39		5644.43 fee schedule	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Horizon	MGD	3871.82				175.39		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Wellcare	Medicare	2000.94				175.39		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	United	Oxford	2567.79				175.39		5644.43 case rate	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Horizon	PPO	3871.82				175.39		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Wellcare	Medicaid	1808.59	30.44			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Qualcare	Qualcare	4456.13	75			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	Managed Care Inc	Managed Care Inc	5347.35	90			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	UHC	Medicare	2000.94				175.39		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	United	Commercial/PPO	2567.79				175.39		5644.43 case rate	
LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	31525	CPT				outpatient			5941.5	2301.08	WellPoint	WellPoint	1844.24	31.04			175.39		5644.43 percent of total billed charges	
LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	31573	CPT				outpatient			5941.5	2301.08	First Trenton	First Trenton	5347.35	90			327.74		5644.43 percent of total billed charges	
LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	31573	CPT				outpatient			5941.5	2301.08	Aetna	Commercial	3265.53				327.74		5644.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	31573	CPT				outpatient			5941.5	2301.08	Aetna	Better Health	1808.59	30.44			327.74		5644.43 percent of total billed charges	
LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	31573	CPT				outpatient			5941.5	2301.08	Americare	Americare	4456.13	75			327.74		5644.43 percent of total billed charges	
LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	31573	CPT				outpatient			5941.5	2301.08	First Health	First Health	4159.05	70			327.74		5644.43 percent of total billed charges	
LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	31573	CPT				outpatient			5941.5	2301.08	Corrections	Corrections	4753.2	80			327.74		5644.43 percent of total billed charges	
LARYNGOSCOPY FLEXIBL

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	31573	CPT				outpatient			5941.5	2301.08	Wellcare	Medicaid	1808.59				227.74	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Amerihealth	Medicare	2000.94				550	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	First Health	First Health	4159.05	70			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Aetna	Medicare	1829.98	30.8			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Horizon	MGD	3871.82				550	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	First Trenton	First Trenton	5347.35	90			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Qualcare	Qualcare	4456.13	75			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Aetna	Commercial	3265.53				550	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Aetna	Better Health	1808.59	30.44			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Horizon	Indemnity	3871.82				550	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Multiplan	Multiplan	4753.2	80			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Americare	Americare	4456.13	75			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Consumer	Consumer	5644.43	95			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Managed Care Inc	Managed Care Inc	5347.35	90			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	UHC	Medicaid	1808.59	30.44			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Amerihealth	HMO/PPO	550				550	5644.43	fee schedule	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Corrections	Corrections	4753.2	80			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Horizon	PPO	3871.82				550	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Three Rivers	Three Rivers	5644.43	95			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Wellcare	Medicare	2000.94				550	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Horizon	Medicare Blue	2000.94				550	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	United	Oxford	2567.79				550	5644.43	case rate	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	UHC	Medicare	2000.94				550	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	WellPoint	WellPoint	1844.24	31.04			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Horizon	NJ Health	1269.14				550	5644.43	fee schedule	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	United	Commercial/PPO	2567.79				550	5644.43	case rate	
LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	31574	CPT				outpatient			5941.5	2301.08	Wellcare	Medicaid	1808.59	30.44			550	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Aetna	Medicare	223.68	30.8		188.69	137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Qualcare	Qualcare	544.68	75			137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Horizon	Medicare Blue	225.26			157.06	137.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Aetna	Better Health	221.07	30.44		180.64	137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Aetna	Commercial	367.62			153.91	137.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Amerihealth	HMO/PPO	550			146.32	137.55	1835.46	fee schedule	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	First Health	First Health	508.37	70			137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Americare	Americare	544.68	75			137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Corrections	Corrections	580.99	80			137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Horizon	PPO	435.88			291.21	137.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Wellcare	Medicaid	221.07	30.44		207.27	137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Amerihealth	Medicare	225.26				137.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Three Rivers	Three Rivers	689.93	95			137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Multiplan	Multiplan	580.99	80			137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	United	Oxford	1835.46			389.46	137.55	1835.46	case rate	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Consumer	Consumer	689.93	95			137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	First Trenton	First Trenton	653.62	90			137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	UHC	Medicare	225.26			175.36	137.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Managed Care Inc	Managed Care Inc	653.62	90			137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Horizon	Indemnity	435.88			308.74	137.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	UHC	Medicaid	221.07	30.44		163.98	137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	WellPoint	WellPoint	225.42	31.04		212.5	137.55	1835.46	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Horizon	MGD	435.88			198.27	137.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Horizon	NJ Health	137.55			147.22	137.55	1835.46	fee schedule	
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	Wellcare	Medicare	225.26			225.12	137.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	31575	CPT				both			726.24	259.05	United	Commercial/PPO	1835.46			598.71	137.55	1835.46	case rate	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Aetna	Commercial	3265.53				241.48	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	First Health	First Health	4159.05	70			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Aetna	Medicare	2000.94				241.48	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Wellcare	Medicare	2000.94				241.48	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Americare	Americare	4456.13	75			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Aetna	Better Health	1808.59	30.44			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Multiplan	Multiplan	4753.2	80			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Horizon	MGD	3871.82				241.48	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Amerihealth	HMO/PPO	550				241.48	5644.43	fee schedule	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	United	Oxford	2567.79				241.48	5644.43	case rate	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Corrections	Corrections	4753.2	80			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Medicaid	Medicaid	1808.59	30.44			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Consumer	Consumer	5644.43	95			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	UHC	Medicare	2000.94				241.48	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Qualcare	Qualcare	4456.13	75			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Amerihealth	Medicare	2000.94				241.48	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Horizon	PPO	3871.82				241.48	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	First Trenton	First Trenton	5347.35	90			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	WellPoint	WellPoint	1844.24	31.04			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Horizon	Indemnity	3871.82				241.48	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Horizon	Medicare Blue	2000.94				241.48	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	United	Commercial/PPO	2567.79				241.48	5644.43	case rate	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Horizon	NJ Health	241.48				241.48	5644.43	fee schedule	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Wellcare	Medicaid	1808.59	30.44			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Managed Care Inc	Managed Care Inc	5347.35	90			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	31576	CPT				outpatient			5941.5	2301.08	Three Rivers	Three Rivers	5644.43	95			241.48	5644.43	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Aetna	Commercial	735.31				375.84	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Amerihealth	HMO/PPO	550				375.84	1835.46	fee schedule	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Corrections	Corrections	1136.69	80			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	First Health	First Health	994.6	70			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	UHC	Medicare	450.56				375.84	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Amerihealth	Medicare	450.56				375.84	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Aetna	Better Health	432.51	30.44			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Aetna	Medicare	437.62	30.8			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Americare	Americare	1065.65	75			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Horizon	Medicare Blue	450.56				375.84	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Horizon	PPO	871.83				375.84	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Horizon	MGD	871.83				375.84	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Horizon	Indemnity	871.83				375.84	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Multiplan	Multiplan	1136.69	80			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Consumer	Consumer	1349.82	95			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Qualcare	Qualcare	1065.65	75			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Wellcare	Medicaid	432.51	30.44			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	UHC	Medicaid	432.51	30.44			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Wellcare	Medicare	450.56				375.84	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	United	Commercial/PPO	1835.46				375.84	1835.46	case rate	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	First Trenton	First Trenton	1278.77	90			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	WellPoint	WellPoint	441.03	31.04			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Horizon	NJ Health	375.84				375.84	1835.46	fee schedule	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Managed Care Inc	Managed Care Inc	1278.77	90			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	Three Rivers	Three Rivers	1349.82	95			375.84	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	31577	CPT				outpatient			1420.86	518.14	United	Oxford	1835.46				375.84	1835.46	case rate	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Aetna	Commercial	735.31				220.78	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Americare	Americare	1330.34	75			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Horizon	PPO	871.83				220.78	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Amerihealth	Medicare	450.56				220.78	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Aetna	Better Health	539.94	30.44		522.22	220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Aetna	Medicare	450.56				220.78	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Amerihealth	HMO/PPO	550				220.78	1835.46	fee schedule	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Horizon	MGD	871.83			920.32	220.78	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Corrections	Corrections	1419.02	80		434.13	220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	First Trenton	First Trenton	1596.4	90			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	UHC	Medicaid	539.94	30.44			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Consumer	Consumer	1685.09	95			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Multiplan	Multiplan	1419.02	80			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Managed Care Inc	Managed Care Inc	1596.4	90			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	First Health	First Health	1241.65	70			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Three Rivers	Three Rivers	1685.09	95			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Horizon	Indemnity	871.83				220.78	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	United	Oxford	1835.46				220.78	1835.46	case rate	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Qualcare	Qualcare	1330.34	75			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Horizon	Medicare Blue	450.56				220.78	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Horizon	NJ Health	220.78			58.09	220.78	1835.46	fee schedule	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	WellPoint	WellPoint	550.58	31.04			220.78	1835.46	percent of total billed charges	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	UHC	Medicare	450.56			462.33	220.78	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Wellcare	Medicare	450.56				220.78	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	United	Commercial/PPO	1835.46				220.78	1835.46	case rate	
LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	31579	CPT				outpatient			1773.78	518.14	Wellcare	Medicaid	539.94	30.44		522.22	220.78	1835.46	percent of total billed charges	
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CP

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CPT				outpatient			10574.34	4327.45	Horizon	Indemnity	7281.41				47.14	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CPT				outpatient			10574.34	4327.45	Wellcare	Medicaid	3218.83	30.44			47.14	10045.62	percent of total billed charges	
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CPT				outpatient			10574.34	4327.45	Horizon	PPO	7281.41				47.14	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CPT				outpatient			10574.34	4327.45	Three Rivers	Three Rivers	10045.62	95			47.14	10045.62	percent of total billed charges	
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CPT				outpatient			10574.34	4327.45	United	Oxford	2859.28				47.14	10045.62	case rate	
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CPT				outpatient			10574.34	4327.45	Multiplan	Multiplan	8459.47	80			47.14	10045.62	percent of total billed charges	
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CPT				outpatient			10574.34	4327.45	WellPoint	WellPoint	3282.28	31.04			47.14	10045.62	percent of total billed charges	
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CPT				outpatient			10574.34	4327.45	Wellcare	Medicare	3763				47.14	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ TRACHEOESOPHAGEAL FSTL&INSJ SP PROSTH	31611	CPT				outpatient			10574.34	4327.45	Qualcare	Qualcare	7930.76	75			47.14	10045.62	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Horizon	NJ Health	213.34			122	213.34	2799.44	fee schedule	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	UHC	Medicaid	897	30.44		897	213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Aetna	Medicare	590.89				213.34	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Amerihealth	Medicare	590.89				213.34	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Aetna	Commercial	964.33				213.34	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	First Health	First Health	2062.75	70			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Aetna	Better Health	897	30.44			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	First Trenton	First Trenton	2652.1	90			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Americare	Americare	2210.09	75			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	United	CommercialPPO	1835.46				213.34	2799.44	case rate	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Corrections	Corrections	2357.42	80			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Horizon	Indemnity	1143.37				213.34	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Amerihealth	HMO/PPO	300				213.34	2799.44	fee schedule	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Multiplan	Multiplan	2357.42	80			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Consumer	Consumer	2799.44	95			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Managed Care Inc	Managed Care Inc	2652.1	90			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Horizon	Medicare Blue	590.89				213.34	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Qualcare	Qualcare	2210.09	75			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Horizon	MSD	1143.37				213.34	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Horizon	PPO	1143.37				213.34	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Three Rivers	Three Rivers	2799.44	95			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Wellcare	Medicare	590.89				213.34	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	Wellcare	Medicaid	897	30.44			213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	UHC	Medicare	590.89			624.18	213.34	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	WellPoint	WellPoint	914.68	31.04		913.43	213.34	2799.44	percent of total billed charges	
TRACHEOBRONCHOSCOPY THRU EST TRACHEOSTOMY INC	31615	CPT				outpatient			2946.78	679.52	United	Oxford	1835.46				213.34	2799.44	case rate	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Aetna	Better Health	1808.59	30.44			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Amerihealth	Medicare	2000.94				125	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Qualcare	Qualcare	4456.13	75			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Aetna	Medicare	2000.94				125	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	First Health	First Health	4159.05	70			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Aetna	Commercial	3265.53				125	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	First Trenton	First Trenton	5347.35	90			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Horizon	MGD	3871.82				125	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Consumer	Consumer	5644.43	95			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Americare	Americare	4456.13	75			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	UHC	Medicaid	1808.59	30.44			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Amerihealth	HMO/PPO	125				125	5644.43	fee schedule	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Horizon	Medicare Blue	2000.94				125	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Managed Care Inc	Managed Care Inc	5347.35	90			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Corrections	Corrections	4753.2	80			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	UHC	Medicare	2000.94				125	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Multiplan	Multiplan	4753.2	80			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Wellcare	Medicare	2000.94				125	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Horizon	Indemnity	3871.82				125	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	United	CommercialPPO	2567.79				125	5644.43	case rate	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Three Rivers	Three Rivers	5644.43	95			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	WellPoint	WellPoint	1844.24	31.04			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Horizon	NJ Health	324.42				125	5644.43	fee schedule	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Wellcare	Medicaid	1808.59	30.44			125	5644.43	percent of total billed charges	
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	Horizon	PPO	3871.82				125	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	31622	CPT				both			5941.5	2301.08	United	Oxford	2567.79				125	5644.43	case rate	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Americare	Americare	4741.28	75			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Aetna	Better Health	1924.33	30.44			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Amerihealth	Medicare	2000.94				294.93	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	First Trenton	First Trenton	5689.54	90			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Aetna	Commercial	3265.53				294.93	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	First Health	First Health	4425.2	70			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Aetna	Medicare	2000.94				294.93	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Horizon	Indemnity	3871.82				294.93	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Consumer	Consumer	6005.62	95			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Amerihealth	HMO/PPO	300				294.93	6005.62	fee schedule	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Corrections	Corrections	5057.37	80			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Managed Care Inc	Managed Care Inc	5689.54	90			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Multiplan	Multiplan	5057.37	80			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Horizon	Medicare Blue	2000.94				294.93	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Horizon	MGD	3871.82				294.93	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Horizon	PPO	3871.82				294.93	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Horizon	NJ Health	294.93				294.93	6005.62	fee schedule	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	United	Oxford	2567.79				294.93	6005.62	case rate	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Qualcare	Qualcare	4741.28	75			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Wellcare	Medicare	2000.94				294.93	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Three Rivers	Three Rivers	6005.62	95			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	Wellcare	Medicaid	1924.33	30.44			294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	UHC	Medicaid	1924.33	30.44		777.88	294.93	6005.62	percent of total billed charges	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	UHC	Medicare	2000.94				294.93	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	United	CommercialPPO	2567.79				294.93	6005.62	case rate	
BRNCHSC BRUSHING/PROTECTED BRUSHINGS	31623	CPT				both			6321.71	2301.08	WellPoint	WellPoint	1962.26	31.04			294.93	6005.62	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Americare	Americare	4540.28	75			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	First Health	First Health	4237.59	70			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Horizon	Indemnity	3871.82			1927.18	300	5751.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Corrections	Corrections	4842.96	80			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Aetna	Medicare	2000.94				300	5751.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Aetna	Commercial	3265.53			1131.75	300	5751.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Multiplan	Multiplan	4842.96	80			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Aetna	Better Health	1842.75	30.44			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Amerihealth	HMO/PPO	300				300	5751.02	fee schedule	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Amerihealth	Medicare	2000.94				300	5751.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	UHC	Medicare	2000.94				300	5751.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Horizon	Medicare Blue	2000.94			509.81	300	5751.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	First Trenton	First Trenton	5448.33	90			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Horizon	NJ Health	392.62			378.69	300	5751.02	fee schedule	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Qualcare	Qualcare	4540.28	75			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Consumer	Consumer	5751.02	95			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Horizon	MGD	3871.82				300	5751.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Horizon	PPO	3871.82				300	5751.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Managed Care Inc	Managed Care Inc	5448.33	90			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Wellcare	Medicare	2000.94				300	5751.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Three Rivers	Three Rivers	5751.02	95			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	United	CommercialPPO	2567.79				300	5751.02	case rate	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	UHC	Medicaid	1842.75	30.44		744.9	300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	United	Oxford	2567.79				300	5751.02	case rate	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	WellPoint	WellPoint	1879.07	31.04			300	5751.02	percent of total billed charges	
BRNCHSC W/BRNCL ALVEOLAR LAVAGE	31624	CPT				both			6053.7	2301.08	Wellcare	Medicaid	1842.75	30.44			300	5751.02	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	First Trenton	First Trenton	5347.35	90			342.38	5644.43	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Horizon	Medicare Blue	2000.94				342.38	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Aetna	Better Health	1808.59	30.44			342.38	5644.43	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Aetna	Medicare	2000.94				342.38	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Aetna	Commercial	3265.53				342.38	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Amerihealth	Medicare	2000.94				342.38	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Consumer	Consumer	5644.43	95			342.38	5644.43	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Americare	Americare	4456.13	75			342.38	5644.43	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Managed Care Inc	Managed Care Inc	5347.35	90			342.38	5644.43	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Horizon	Indemnity	3871.82				342.38	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	First Health	First Health	4159.05	70			342.38	5644.43	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Amerihealth	HMO/PPO	550				342.38	5644.43	fee schedule	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Multiplan	Multiplan	4753.2	80			342.38	5644.43	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Horizon	PPO	3871.82				342.38	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Corrections	Corrections	4753.2	80			342.38	5644.43	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Horizon	MGD	3871.82				342.38	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	UHC	Medicare	2000.94				342.38	5644.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	United	CommercialPPO	2567.79				342.38	5644.43	case rate	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	Three Rivers	Three Rivers	5644.43	95			342.38	5644.43	percent of total billed charges	
BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	31625	CPT				both			5941.5	2301.08	WellPo

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		United	Oxford	1835.46				1021.73	3235.49	case rate	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Horizon	PPO	1303.73	38.28			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Horizon	Indemnity	1303.73	38.28			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Aetna	Medicare	1048.98	30.8			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Wellcare	Medicaid	1036.72	30.44			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Corrections	Corrections	2724.62	80			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		United	Commercial/PPO	1835.46				1021.73	3235.49	case rate	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Horizon	MGD	1303.73	38.28			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Horizon	Medicare Blue	1021.73	30			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Three Rivers	Three Rivers	3235.49	95			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Multiplan	Multiplan	2724.62	80			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		Managed Care Inc	Managed Care Inc	3095.2	90			1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	31627	CPT				both			3405.78		UHC	Medicaid	1036.72	30.44		419.08	1021.73	3235.49	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Wellcare	Medicaid	3771.5	30.44			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Aetna	Medicare	4278.04				424.33	11770.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Consumer	Consumer	11770.44	95			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Horizon	MGD	8278.01				424.33	11770.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Aetna	Commercial	6981.76				424.33	11770.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Amerihealth	Medicare	4278.04				424.33	11770.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Aetna	Better Health	3771.5	30.44			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Amerihealth	HMO/PPO	650				424.33	11770.44	fee schedule	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Americare	Americare	9292.46	75			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	UHC	Medicare	4278.04				424.33	11770.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Corrections	Corrections	9911.95	80			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Multiplan	Multiplan	9911.95	80			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Horizon	Medicare Blue	4278.04			1396.62	424.33	11770.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	First Health	First Health	8672.96	70			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Horizon	Indemnity	8278.01			3944.33	424.33	11770.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	UHC	Medicaid	3771.5	30.44		1524.58	424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Horizon	NJ Health	424.33			1037.39	424.33	11770.44	fee schedule	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	United	Commercial/PPO	2567.79				424.33	11770.44	case rate	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	First Trenton	First Trenton	11150.95	90			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Three Rivers	Three Rivers	11770.44	95			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Qualcare	Qualcare	9292.46	75			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Horizon	PPO	8278.01				424.33	11770.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Wellcare	Medicare	4278.04				424.33	11770.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	Managed Care Inc	Managed Care Inc	11150.95	90			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	United	Oxford	2567.79				424.33	11770.44	case rate	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	31628	CPT				both			12389.94	4919.75	WellPoint	WellPoint	3845.84	31.04			424.33	11770.44	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Amerihealth	HMO/PPO	650				650	12840.12	fee schedule	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Horizon	PPO	8278.01				650	12840.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Amerihealth	Medicare	4278.04				650	12840.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Horizon	Medicare Blue	4278.04				650	12840.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Aetna	Commercial	6981.76				650	12840.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Aetna	Medicare	4162.9	30.8			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Americare	Americare	10136.94	75			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Aetna	Better Health	4114.25	30.44			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Horizon	MGD	8278.01				650	12840.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	WellPoint	WellPoint	4195.34	31.04			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Corrections	Corrections	10812.74	80			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Multiplan	Multiplan	10812.74	80			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	UHC	Medicare	4278.04				650	12840.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Consumer	Consumer	12840.12	95			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	First Trenton	First Trenton	12164.33	90			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	First Health	First Health	9461.14	70			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Horizon	NJ Health	953.12				650	12840.12	fee schedule	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Qualcare	Qualcare	10136.94	75			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Three Rivers	Three Rivers	12840.12	95			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Horizon	Indemnity	8278.01			4302.78	650	12840.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Managed Care Inc	Managed Care Inc	12164.33	90			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Wellcare	Medicaid	4114.25	30.44			650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	United	Oxford	3596.76				650	12840.12	case rate	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	Wellcare	Medicare	4278.04				650	12840.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	UHC	Medicaid	4114.25	30.44		1663.13	650	12840.12	percent of total billed charges	
BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	31629	CPT				both			13515.92	4919.75	United	Commercial/PPO	3596.76				650	12840.12	case rate	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		WellPoint	WellPoint	1151.19	31.04			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		First Health	First Health	2596.1	70			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Aetna	Commercial	1409.31	38			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Americare	Americare	2781.54	75			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Aetna	Medicare	1142.29	30.8			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Aetna	Better Health	1128.93	30.44			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Horizon	Medicare Blue	1112.62	30			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Corrections	Corrections	2966.98	80			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Amerihealth	HMO/PPO	550				87.23	3523.28	fee schedule	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Horizon	Indemnity	1419.7	38.28			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Multiplan	Multiplan	2966.98	80			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Consumer	Consumer	3523.28	95			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Horizon	MGD	1419.7	38.28			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		First Trenton	First Trenton	3337.85	90			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Medicaid	Medicaid	1128.93	30.44			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Horizon	NJ Health	87.23				87.23	3523.28	fee schedule	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		UHC	Medicaid	1128.93	30.44			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Horizon	PPO	1419.7	38.28			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Qualcare	Qualcare	2781.54	75			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Managed Care Inc	Managed Care Inc	3337.85	90			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		United	Commercial/PPO	1835.46				87.23	3523.28	case rate	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		Three Rivers	Three Rivers	3523.28	95			87.23	3523.28	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	31632	CPT				both			3708.72		United	Oxford	1835.46				87.23	3523.28	case rate	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Corrections	Corrections	5057.37	80			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Amerihealth	Medicare	2000.94				300	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Americare	Americare	4741.28	75			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Aetna	Better Health	1924.33	30.44			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	First Trenton	First Trenton	5689.54	90			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Aetna	Medicare	2000.94				300	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Aetna	Commercial	3265.53				300	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Horizon	Medicare Blue	2000.94				300	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Horizon	Indemnity	3871.82				300	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Consumer	Consumer	6005.62	95			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Wellcare	Medicare	2000.94				300	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Amerihealth	HMO/PPO	300				300	6005.62	fee schedule	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Horizon	NJ Health	310.59				300	6005.62	fee schedule	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Horizon	MGD	3871.82				300	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Multiplan	Multiplan	5057.37	80			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	UHC	Medicare	2000.94				300	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Horizon	PPO	3871.82				300	6005.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	United	Oxford	2567.79				300	6005.62	case rate	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Qualcare	Qualcare	4741.28	75			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	First Health	First Health	4425.2	70			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Managed Care Inc	Managed Care Inc	5689.54	90			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Wellcare	Medicaid	1924.33	30.44			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	UHC	Medicaid	1924.33	30.44			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	Three Rivers	Three Rivers	6005.62	95			300	6005.62	percent of total billed charges	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	United	CommercialPPO	2567.79				300	6005.62	case rate	
BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	31645	CPT				inpatient			6321.71	2301.08	WellPoint	WellPoint	1962.26	31.04			300	6005.62	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Horizon	Indemnity	8278.01			2915.95	550	8701.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Consumer	Consumer	8701.62	95			550	8701.62	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Amerihealth	HMO/PPO	550				550	8701.62	fee schedule	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Aetna	Medicare	4278.04				550	8701.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	First Trenton	First Trenton	8243.64	90			550	8701.62	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Americare	Americare	6869.7	75			550	8701.62	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Aetna	Better Health	2788.18	30.44			550	8701.62	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Aetna	Commercial	6981.76			2481.85	550	8701.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Horizon	Medicare Blue	4278.04			1117.99	550	8701.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Corrections	Corrections	7327.68	80			550	8701.62	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Amerihealth	Medicare	4278.04				550	8701.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Horizon	MGD	8278.01				550	8701.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Horizon	PPO	8278.01				550	8701.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Horizon	NJ Health	997.84			830.43	550	8701.62	fee schedule	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	United	Oxford	2859.28				550	8701.62	case rate	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	UHC	Medicaid	2788.18	30.44		1127.09	550	8701.62	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	31652	CPT				both			9159.6	4919.75	Qualcare	Qualcare	6869.7	75			550

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	First Health	First Health	8009.65	70			550	10870.24	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	United	CommercialPPO	2859.28				550	10870.24	case rate	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Amerihealth	Medicare	4278.04				550	10870.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	First Trenton	First Trenton	10298.12	90			550	10870.24	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Corrections	Corrections	9153.89	80			550	10870.24	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Amerihealth	HMO/PPO	550				550	10870.24	fee schedule	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Horizon	Indemnity	8278.01				550	10870.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Horizon	MGD	8278.01				550	10870.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Horizon	NJ Health	1059.97				550	10870.24	fee schedule	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Multiplan	Multiplan	9153.89	80			550	10870.24	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Horizon	PPO	8278.01				550	10870.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Qualcare	Qualcare	8581.77	75			550	10870.24	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Managed Care Inc	Managed Care Inc	10298.12	90			550	10870.24	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	United	Oxford	2859.28				550	10870.24	case rate	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Three Rivers	Three Rivers	10870.24	95			550	10870.24	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	WellPoint	WellPoint	3951.71	31.04			550	10870.24	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Wellcare	Medicaid	3483.05	30.44			550	10870.24	percent of total billed charges	
BRNCHSC EBUS GUIDED SAMPL 3\ NODE STATION/STRUX	31653	CPT				outpatient			11442.36	4919.75	Wellcare	Medicare	4278.04				550	10870.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Aetna	Medicare	235.62	30.8			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Americare	Americare	573.75	75			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Aetna	Better Health	232.87	30.44			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Horizon	Indemnity	292.84	38.28			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Consumer	Consumer	726.75	95			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Aetna	Commercial	290.7	38			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Corrections	Corrections	612	80			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Horizon	MGD	292.84	38.28			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Multiplan	Multiplan	612	80			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		First Health	First Health	535.5	70			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Qualcare	Qualcare	573.75	75			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Horizon	PPO	292.84	38.28			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Horizon	NJ Health	156.78				125	1835.46	fee schedule	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Horizon	Medicare Blue	229.5	30			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		First Trenton	First Trenton	688.5	90			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Three Rivers	Three Rivers	726.75	95			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		UHC	Medicaid	232.87	30.44		94.12	125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Wellcare	Medicaid	232.87	30.44			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		WellPoint	WellPoint	237.46	31.04			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		United	CommercialPPO	1835.46				125	1835.46	case rate	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		Managed Care Inc	Managed Care Inc	688.5	90			125	1835.46	percent of total billed charges	
BRNSHCSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	31654	CPT				both			765		United	Oxford	1835.46				125	1835.46	case rate	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Corrections	Corrections	531.22	80		205.39	62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Multiplan	Multiplan	531.22	80			62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Horizon	MGD	456.66				62.01	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Aetna	Commercial	385.15			111.67	62.01	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Consumer	Consumer	630.82	95			62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Aetna	Better Health	202.13	30.44			62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Aetna	Medicare	236				62.01	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Amerihealth	HMO/PPO	300				62.01	1835.46	fee schedule	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	UHC	Medicaid	202.13	30.44		123.29	62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Qualcare	Qualcare	498.02	75			62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	UHC	Medicare	236			43.12	62.01	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Americare	Americare	498.02	75			62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Horizon	PPO	456.66				62.01	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Amerihealth	Medicare	236				62.01	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	WellPoint	WellPoint	206.11	31.04		187.8	62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	First Trenton	First Trenton	597.62	90			62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Wellcare	Medicare	236				62.01	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	First Health	First Health	464.81	70			62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Horizon	Medicare Blue	236				62.01	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Horizon	Indemnity	456.66				62.01	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Managed Care Inc	Managed Care Inc	597.62	90			62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Horizon	NJ Health	62.01			13.51	62.01	1835.46	fee schedule	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Three Rivers	Three Rivers	630.82	95			62.01	1835.46	percent of total billed charges	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	United	CommercialPPO	1835.46				62.01	1835.46	case rate	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	United	Oxford	1835.46				62.01	1835.46	case rate	
CATHETER ASPIRATION NASOTRACHEAL SPX	31720	CPT				both			664.02	271.4	Wellcare	Medicaid	202.13	30.44			62.01	1835.46	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Amerihealth	HMO/PPO	300				284.23	10045.62	fee schedule	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Aetna	Commercial	6141.22				284.23	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Multiplan	Multiplan	8459.47	80			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Consumer	Consumer	10045.62	95			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	First Trenton	First Trenton	9516.91	90			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Horizon	MGD	7281.41				284.23	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Aetna	Better Health	3218.83	30.44			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Americare	Americare	7930.76	75			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Amerihealth	Medicare	3763				284.23	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Aetna	Medicare	3763				284.23	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Qualcare	Qualcare	7930.76	75			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Corrections	Corrections	8459.47	80			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Horizon	Medicare Blue	3763				284.23	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	UHC	Medicare	3763				284.23	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Horizon	PPO	7281.41				284.23	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Horizon	NJ Health	284.23				284.23	10045.62	fee schedule	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	First Health	First Health	7402.04	70			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	UHC	Medicaid	3218.83	30.44			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Wellcare	Medicare	3763				284.23	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Horizon	Indemnity	7281.41				284.23	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	WellPoint	WellPoint	3282.28	31.04			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Three Rivers	Three Rivers	10045.62	95			284.23	10045.62	percent of total billed charges	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	United	CommercialPPO	2859.28				284.23	10045.62	case rate	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	United	Oxford	2859.28				284.23	10045.62	case rate	
SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	31820	CPT				outpatient			10574.34	4327.45	Wellcare	Medicaid	3218.83	30.44			284.23	10045.62	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Aetna	Commercial	367.62				225.26	2433.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Aetna	Better Health	779.64	30.44			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Wellcare	Medicare	225.26				225.26	2433.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Multiplan	Multiplan	2048.98	80			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Amerihealth	Medicare	225.26				225.26	2433.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	First Health	First Health	1792.85	70			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Aetna	Medicare	788.86	30.8			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Qualcare	Qualcare	1920.92	75			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Americare	Americare	1920.92	75			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Consumer	Consumer	2433.16	95			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	WellPoint	WellPoint	795	31.04			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Three Rivers	Three Rivers	2433.16	95			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Horizon	Medicare Blue	225.26				225.26	2433.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Corrections	Corrections	2048.98	80			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Horizon	MGD	435.88				225.26	2433.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	United	CommercialPPO	1835.46				225.26	2433.16	case rate	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Amerihealth	HMO/PPO	300				225.26	2433.16	fee schedule	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	First Trenton	First Trenton	2305.1	90			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	UHC	Medicaid	779.64	30.44			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Horizon	Indemnity	435.88				225.26	2433.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	UHC	Medicare	225.26				225.26	2433.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Horizon	PPO	435.88				225.26	2433.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Wellcare	Medicaid	779.64	30.44			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	Managed Care Inc	Managed Care Inc	2305.1	90			225.26	2433.16	percent of total billed charges	
UNLISTED PROCEDURE TRACHEA BRONCHI	31899	CPT				both			2561.22	259.05	United	Oxford	1835.46				225.26	2433.16	case rate	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Aetna	Better Health	1534.43	30.44			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Aetna	Medicare	1552.58	30.8			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Aetna	Commercial	1915.52	38			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Americare	Americare	3780.63	75			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		First Health	First Health	3528.59	70			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		First Trenton	First Trenton	4536.76	90			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Consumer	Consumer	4788.8	95			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Horizon	Indemnity	1929.63	38.28			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Multiplan	Multiplan	4032.67	80			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Amerihealth	HMO/PPO	3276.55	65			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Corrections	Corrections	4032.67	80			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Horizon	PPO	1929.63	38.28			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Three Rivers	Three Rivers	4788.8	95			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Horizon	Medicare Blue	1512.25	30			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Horizon	NJ Health	1041.39				1041.39	4788.8	fee schedule	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Horizon	MGD	1929.63	38.28			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Wellcare	Medicaid	1534.43	30.44			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Managed Care Inc	Managed Care Inc	4536.76	90			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		United	Oxford	1835.46				1041.39	4788.8	case rate	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		Qualcare	Qualcare	3780.63	75			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		WellPoint	WellPoint	1564.68	31.04			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		UHC	Medicaid	1534.43	30.44			1041.39	4788.8	percent of total billed charges	
THORACOTOMY WITH EXPLORATION	32100	CPT				outpatient			5040.84		United	CommercialPPO	1835.46				1041.39	4788.8	case rate	
THORACOM CTRL TRAUMTC HEMRRGE/RPR LNG TEAR	32110	CPT				outpatient			8016.18		Aetna	Medicare	2468.98	30.8			1117.08	7615.37	percent of total billed charges	
THORACOM CTRL TRAUMTC HEMRRGE/RPR LNG TEAR	32110	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Corrections	Corrections	6412.94	80			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Horizon	MGD	3068.59	38.28			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Multiplan	Multiplan	6412.94	80			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Horizon	Indemnity	3068.59	38.28			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Consumer	Consumer	7615.37	95			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		UHC	Medicaid	2440.13	30.44			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Qualcare	Qualcare	6012.14	75			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Horizon	Medicare Blue	2404.85	30			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		First Trenton	First Trenton	7214.56	90			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		United	Commercial/PPO	1835.46				1117.08	7615.37	case rate	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Horizon	NJ Health	1117.08				1117.08	7615.37	fee schedule	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		United	Oxford	1835.46				1117.08	7615.37	case rate	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Horizon	PPO	3068.59	38.28			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Wellcare	Medicaid	2440.13	30.44			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Managed Care Inc	Managed Care Inc	7214.56	90			1117.08	7615.37	percent of total billed charges	
THORCOM CTRL TRAUMTC HEMRRGE/RPPR LNG TEAR	32110	CPT				outpatient			8016.18		Three Rivers	Three Rivers	7615.37	95			1117.08	7615.37	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Amerihealth	HMO/PPO	3276.55	65			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Aetna	Commercial	1915.52	38			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Aetna	Better Health	1534.43	30.44			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Horizon	Indemnity	1929.63	38.28			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		First Health	First Health	3528.59	70			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Americare	Americare	3780.63	75			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Consumer	Consumer	4788.8	95			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		First Trenton	First Trenton	4536.76	90			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Qualcare	Qualcare	3780.63	75			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Aetna	Medicare	1552.58	30.8			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Corrections	Corrections	4032.67	80			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Horizon	PPO	1929.63	38.28			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Multiplan	Multiplan	4032.67	80			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Horizon	MGD	1929.63	38.28			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		UHC	Medicaid	1534.43	30.44			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Horizon	Medicare Blue	1512.25	30			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Three Rivers	Three Rivers	4788.8	95			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		United	Oxford	1835.46				1190.16	4788.8	case rate	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		WellPoint	WellPoint	1564.68	31.04			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Horizon	NJ Health	1190.16			290.26	1190.16	4788.8	fee schedule	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		United	Commercial/PPO	1835.46				1190.16	4788.8	case rate	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Managed Care Inc	Managed Care Inc	4536.76	90			1190.16	4788.8	percent of total billed charges	
THORACOTOMY W/CARDIAC MASSAGE	32160	CPT				outpatient			5040.84		Wellcare	Medicaid	1534.43	30.44			1190.16	4788.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Aetna	Commercial	3068.16				76.73	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Horizon	MGD	3637.8				76.73	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Aetna	Medicare	1880				76.73	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Corrections	Corrections	1933.63	80			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Amerihealth	HMO/PPO	550				76.73	3637.8	fee schedule	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Aetna	Better Health	735.75	30.44			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 First Trenton	First Trenton	2175.34	90			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 First Health	First Health	1691.93	70			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Amerihealth	Medicare	1880				76.73	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Consumer	Consumer	2296.19	95			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Americare	Americare	1812.78	75			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Horizon	PPO	3637.8				76.73	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Horizon	Medicare Blue	1880				76.73	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Horizon	Indemnity	3637.8				76.73	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Horizon	NJ Health	76.73				76.73	3637.8	fee schedule	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 UHC	Medicaid	735.75	30.44			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 UHC	Medicare	1880				76.73	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Multiplan	Multiplan	1933.63	80			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 United	Oxford	2567.79				76.73	3637.8	case rate	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 United	Commercial/PPO	2567.79				76.73	3637.8	case rate	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Managed Care Inc	Managed Care Inc	2175.34	90			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Qualcare	Qualcare	1812.78	75			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Three Rivers	Three Rivers	2296.19	95			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 WellPoint	WellPoint	750.25	31.04			76.73	3637.8	percent of total billed charges	
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Wellcare	Medicare	1880				76.73	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PLEURA PERCUTANEOUS NEEDLE	32400	CPT				outpatient			2417.04		2162 Wellcare	Medicaid	735.75	30.44			76.73	3637.8	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Amerihealth	HMO/PPO	3726.72	65			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Aetna	Medicare	1880			963.23	1411.04	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Consumer	Consumer	5446.75	95			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Aetna	Commercial	3068.16				1411.04	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Aetna	Better Health	1745.25	30.44			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 First Trenton	First Trenton	5160.08	90			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Americare	Americare	4300.07	75			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Horizon	Indemnity	3637.8			1489.03	1411.04	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Multiplan	Multiplan	4586.74	80			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Amerihealth	Medicare	1880				1411.04	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Corrections	Corrections	4586.74	80			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Wellcare	Medicaid	1745.25	30.44		1687.99	1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Horizon	PPO	3637.8				1411.04	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Horizon	Medicare Blue	1880				1411.04	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Three Rivers	Three Rivers	5446.75	95			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Horizon	MGD	3637.8				1411.04	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Qualcare	Qualcare	4300.07	75			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 First Health	First Health	4013.39	70			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Wellcare	Medicare	1880			145.54	1411.04	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Horizon	NJ Health	1411.04			1974.63	1411.04	5446.75	fee schedule	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 UHC	Medicare	1880				1411.04	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 Managed Care Inc	Managed Care Inc	5160.08	90			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 WellPoint	WellPoint	1779.65	31.04			1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 UHC	Medicaid	1745.25	30.44		1702.93	1411.04	5446.75	percent of total billed charges	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 United	Oxford	2567.79				1411.04	5446.75	case rate	
CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG	32408	CPT				both			5733.42		2162 United	Commercial/PPO	2567.79				1411.04	5446.75	case rate	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Horizon	Medicare Blue	4094.84				550	31001.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Aetna	Medicare	4094.84				550	31001.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Multiplan	Multiplan	26106.29	80			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Consumer	Consumer	31001.22	95			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Amerihealth	HMO/PPO	550				550	31001.22	fee schedule	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Horizon	MGD	7923.52				550	31001.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Aetna	Better Health	9933.44	30.44			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Aetna	Commercial	6682.78				550	31001.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 United	Oxford	3596.76				550	31001.22	case rate	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Corrections	Corrections	26106.29	80			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Qualcare	Qualcare	24474.65	75			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Americare	Americare	24474.65	75			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Amerihealth	Medicare	4094.84				550	31001.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Three Rivers	Three Rivers	31001.22	95			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 First Trenton	First Trenton	29369.57	90			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 First Health	First Health	22843	70			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 UHC	Medicaid	9933.44	30.44			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Horizon	Indemnity	7923.52				550	31001.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Horizon	PPO	7923.52				550	31001.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 United	Commercial/PPO	3596.76				550	31001.22	case rate	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Managed Care Inc	Managed Care Inc	29369.57	90			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Wellcare	Medicaid	9933.44	30.44			550	31001.22	percent of total billed charges	
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 UHC	Medicare	4094.84				550	31001.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 Wellcare	Medicare	4094.84				550	31001.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION INDWELLING TUNNELED PLEURAL CATHETER	32550	CPT				both			32632.86		4709.07 WellPoint	WellPoint	10129.24	31.04			550	31001.22	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Aetna	Better Health	1445.04	30.44			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 UHC	Medicare	1802.49				550	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Multiplan	Multiplan	3797.74	80			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Amerihealth	Medicare	1802.49				550	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Qualcare	Qualcare	3560.38	75			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Aetna	Commercial	2941.66				550	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Amerihealth	HMO/PPO	550				550	4509.81	fee schedule	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Aetna	Medicare	1802.49				550	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Consumer	Consumer	4509.81	95			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Americare	Americare	3560.38	75			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 UHC	Medicaid	1445.04	30.44			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 First Trenton	First Trenton	4272.45	90			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Wellcare	Medicare	1802.49				550	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Three Rivers	Three Rivers	4509.81	95			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 First Health	First Health	3323.02	70			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Horizon	MGD	3487.82				550	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Corrections	Corrections	3797.74	80			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 United	Commercial/PPO	1871.51				550	4509.81	case rate	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 WellPoint	WellPoint	1473.52	31.04			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Wellcare	Medicaid	1445.04	30.44			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Horizon	Indemnity	3487.82				550	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Horizon	Medicare Blue	1802.49				550	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Horizon	PPO	3487.82				550	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY INCLUDES WATER SEAL	32551	CPT				both			4747.17		2072.86 Managed Care Inc	Managed Care Inc	4272.45	90			550	4509.81	percent of total billed charges	
TUBE THORACOSTOMY INCLUDES WATER SEA

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Multiplan	Multiplan	2412.1	80			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Horizon	Indemnity	1388.13				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Consumer	Consumer	2864.36	95			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	UHC	Medicaid	917.8	30.44			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Americare	Americare	2261.34	75			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Horizon	Medicare Blue	717.38				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Corrections	Corrections	2412.1	80			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Three Rivers	Three Rivers	2864.36	95			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Qualcare	Qualcare	2261.34	75			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Horizon	PPO	1388.13				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	First Trenton	First Trenton	2713.61	90			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	UHC	Medicare	717.38				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Amerihealth	HMO/PPO	125				125	2864.36	fee schedule	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	United	Oxford	1871.51				125	2864.36	case rate	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Managed Care Inc	Managed Care Inc	2713.61	90			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	WellPoint	WellPoint	935.89	31.04		701.55	125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	Wellcare	Medicaid	917.8	30.44			125	2864.36	percent of total billed charges	
RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	32552	CPT				both			3015.12	824.99	United	Commercial/PPO	1871.51				125	2864.36	case rate	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Consumer	Consumer	2461.26	95			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Horizon	PPO	1388.13				550	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Aetna	Medicare	717.38			414.88	550	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	WellPoint	WellPoint	804.18	31.04			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Aetna	Commercial	1170.76				550	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Amerihealth	HMO/PPO	550				550	2461.26	fee schedule	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	First Trenton	First Trenton	2331.72	90			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Aetna	Better Health	788.64	30.44			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Corrections	Corrections	2072.64	80			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	UHC	Medicare	717.38			518.39	550	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Amerihealth	Medicare	717.38				550	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Horizon	Indemnity	1388.13				550	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Americare	Americare	1943.1	75			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	First Health	First Health	1813.56	70			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Managed Care Inc	Managed Care Inc	2331.72	90			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Horizon	Medicare Blue	717.38				550	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Horizon	NJ Health	569.81				550	2461.26	fee schedule	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	United	Commercial/PPO	1871.51				550	2461.26	case rate	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Qualcare	Qualcare	1943.1	75			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Wellcare	Medicaid	788.64	30.44			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Horizon	MGD	1388.13				550	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	United	Oxford	1871.51				550	2461.26	case rate	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Multiplan	Multiplan	2072.64	80			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Wellcare	Medicare	717.38				550	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	Three Rivers	Three Rivers	2461.26	95			550	2461.26	percent of total billed charges	
THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	32555	CPT				both			2590.8	824.99	UHC	Medicaid	788.64	30.44		777.26	550	2461.26	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	First Health	First Health	4335.41	70			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Aetna	Commercial	3992.23				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	UHC	Medicare	2201.12				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Aetna	Better Health	1885.28	30.44			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Consumer	Consumer	5883.77	95			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Amerihealth	HMO/PPO	550				550	5883.77	fee schedule	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	First Trenton	First Trenton	5574.1	90			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Amerihealth	Medicare	2201.12				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Multiplan	Multiplan	4954.75	80			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Aetna	Medicare	2201.12				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Managed Care Inc	Managed Care Inc	5574.1	90			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Horizon	PPO	4259.17				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Horizon	Indemnity	4259.17				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Americare	Americare	4645.08	75			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Qualcare	Qualcare	4645.08	75			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Corrections	Corrections	4954.75	80			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Horizon	NJ Health	691.88				550	5883.77	fee schedule	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Horizon	MGD	4259.17				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Wellcare	Medicare	2201.12				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	WellPoint	WellPoint	1922.44	31.04			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Three Rivers	Three Rivers	5883.77	95			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Horizon	Medicare Blue	2201.12				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	UHC	Medicaid	1885.28	30.44			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	United	Commercial/PPO	2987.79				550	5883.77	case rate	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	United	Oxford	2567.79				550	5883.77	case rate	
PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	32556	CPT				inpatient			6193.44	2531.29	Wellcare	Medicaid	1885.28	30.44			550	5883.77	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Aetna	Commercial	2941.66				550	3487.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Horizon	PPO	3487.82				550	3487.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Aetna	Medicare	1802.49				550	3487.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Aetna	Better Health	644.57	30.44			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Americare	Americare	1588.14	75			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Horizon	MGD	3487.82				550	3487.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Multiplan	Multiplan	1694.02	80			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	First Health	First Health	1482.26	70			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Amerihealth	Medicare	1802.49				550	3487.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Wellcare	Medicaid	1802.49				550	3487.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Corrections	Corrections	1694.02	80			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Consumer	Consumer	2011.64	95			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Amerihealth	HMO/PPO	550				550	3487.82	fee schedule	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	UHC	Medicaid	644.57	30.44			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Qualcare	Qualcare	1588.14	75			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Horizon	Indemnity	3487.82				550	3487.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Wellcare	Medicaid	644.57	30.44			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	WellPoint	WellPoint	657.28	31.04			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Horizon	Medicare Blue	1802.49				550	3487.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	First Trenton	First Trenton	1905.77	90			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	UHC	Medicare	1802.49				550	3487.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	United	Commercial/PPO	1871.51				550	3487.82	case rate	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Horizon	NJ Health	845.47				550	3487.82	fee schedule	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Managed Care Inc	Managed Care Inc	1905.77	90			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	Three Rivers	Three Rivers	2011.64	95			550	3487.82	percent of total billed charges	
PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	32557	CPT				both			2117.52	2072.86	United	Oxford	1871.51				550	3487.82	case rate	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Aetna	Commercial	11048.18				550	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Amerihealth	Medicare	8601.97				550	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Horizon	MGD	13099.41				550	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	First Trenton	First Trenton	7741.77	90			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Aetna	Medicare	6769.72				550	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Aetna	Better Health	2618.44	30.44			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	UHC	Medicaid	2618.44	30.44			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Corrections	Corrections	6881.58	80			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Multiplan	Multiplan	6881.58	80			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Horizon	Medicare Blue	6769.72				550	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Consumer	Consumer	8171.87	95			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Managed Care Inc	Managed Care Inc	7741.77	90			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Qualcare	Qualcare	6461.48	75			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Americare	Americare	6451.48	75			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	First Health	First Health	6021.38	70			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Horizon	Indemnity	13099.41				550	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	UHC	Medicare	6769.72				550	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Three Rivers	Three Rivers	8171.87	95			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Amerihealth	HMO/PPO	550				550	13099.41	fee schedule	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Horizon	PPO	13099.41				550	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	United	Oxford	4843.06				550	13099.41	case rate	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	United	Commercial/PPO	4843.06				550	13099.41	case rate	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Wellcare	Medicaid	2618.44	30.44			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	WellPoint	WellPoint	2670.05	31.04			550	13099.41	percent of total billed charges	
ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	32998	CPT				outpatient			8601.97	7785.18	Wellcare	Medicare	6769.72				550	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	First Trenton	First Trenton	6000.97	90			343.42	6334.35	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Consumer	Consumer	6334.35	95			343.42	6334.35	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Horizon	Medicare Blue	1802.49				343.42	6334.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Amerihealth	HMO/PPO	4334.03	65			343.42	6334.35	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	UHC	Medicaid	2029.66	30.44			343.42	6334.35	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Aetna	Medicare	2053.66	30.8			343.42	6334.35	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Aetna	Better Health	2029.66	30.44			343.42	6334.35	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Aetna	Commercial	2941.66				343.42	6334.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Horizon	Indemnity	3487.82				343.42	6334.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Corrections	Corrections	5334.19	80			343.42	6334.35	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	First Health	First Health	4667.42	70			343.42	6334.35	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Multiplan	Multiplan	5334.19	80			343.42	6334.35	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Horizon	PPO	3487.82				343.42	6334.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	33016	CPT				both			6667.74	2072.86	Amerihealth	Medicare	1802.49				343.42	6334.35	other	Payer-specific negotiated charge calcul

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Aetna	Commercial	309.01	38			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		First Health	First Health	569.23	70			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		First Trenton	First Trenton	731.86	90			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Consumer	Consumer	772.52	95			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Americare	Americare	609.89	75			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Amerihealth	HMO/PPO	528.57	65			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Horizon	Indemnity	311.29	38.28			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Corrections	Corrections	650.54	80			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Aetna	Medicare	250.46	30.8			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Multiplan	Multiplan	650.54	80			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Horizon	Medicare Blue	243.95	30			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Horizon	NJ Health	356.16				243.95	1835.46	fee schedule	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Horizon	MGD	311.29	38.28			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Qualcare	Qualcare	609.89	75			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Horizon	PPO	311.29	38.28			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Three Rivers	Three Rivers	772.52	95			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Managed Care Inc	Managed Care Inc	731.86	90			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		UHC	Medicaid	247.53	30.44			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		United	Oxford	1835.46				243.95	1835.46	case rate	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		Wellcare	Medicaid	247.53	30.44			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		WellPoint	WellPoint	252.41	31.04			243.95	1835.46	percent of total billed charges	
PERQ PRCRD DRG 6YR+ W/O CONGENITAL CAR ANOMALY	33017	CPT				inpatient			813.18		United	Commercial|PPO	1835.46				243.95	1835.46	case rate	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Amerihealth	Medicare	12143.13				1050	38970.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 UHC	Medicaid	12486.9	30.44			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Aetna	Commercial	19817.59				1050	38970.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Aetna	Better Health	12486.9	30.44			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 First Trenton	First Trenton	36919.21	90			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Amerihealth	HMO/PPO	1050				1050	38970.27	fee schedule	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Consumer	Consumer	38970.27	95			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Corrections	Corrections	32817.07	80			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 UHC	Medicare	12143.13				1050	38970.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 United	Commercial|PPO	6018.29				1050	38970.27	case rate	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Aetna	Medicare	12143.13				1050	38970.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Horizon	Medicare Blue	12143.13				1050	38970.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Horizon	Indemnity	23496.96				1050	38970.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 First Health	First Health	28714.94	70			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Horizon	NJ Health	1070.1				1050	38970.27	fee schedule	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 WellPoint	WellPoint	12733.02	31.04			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Horizon	PPO	23496.96				1050	38970.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 United	Oxford	6018.29				1050	38970.27	case rate	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Americare	Americare	30766.01	75			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Wellcare	Medicaid	12486.9	30.44			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Managed Care Inc	Managed Care Inc	36919.21	90			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Wellcare	Medicare	12143.13				1050	38970.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Horizon	MGD	23496.96				1050	38970.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Multiplan	Multiplan	32817.07	80			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Qualcare	Qualcare	30766.01	75			1050	38970.27	percent of total billed charges	
INS NEW|RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	33206	CPT				inpatient			41021.34		13964.6 Three Rivers	Three Rivers	38970.27	95			1050	38970.27	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 First Health	First Health	34596.87	70			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Aetna	Commercial	19817.59				1050	46952.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 First Trenton	First Trenton	44481.69	90			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Aetna	Medicare	12143.13				1050	46952.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Aetna	Better Health	15044.7	30.44			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Americare	Americare	37068.08	75			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Amerihealth	Medicare	12143.13				1050	46952.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Horizon	PPO	23496.96				1050	46952.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Horizon	Medicare Blue	12143.13				1050	46952.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 UHC	Medicare	12143.13				1050	46952.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Managed Care Inc	Managed Care Inc	44481.69	90			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Horizon	MGD	23496.96				1050	46952.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Consumer	Consumer	46952.9	95			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Amerihealth	HMO/PPO	1050				1050	46952.9	fee schedule	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Corrections	Corrections	39539.28	80			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 WellPoint	WellPoint	15341.24	31.04			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Multiplan	Multiplan	39539.28	80			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Three Rivers	Three Rivers	46952.9	95			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Horizon	NJ Health	1070.1				1050	46952.9	fee schedule	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Horizon	Indemnity	23496.96				1050	46952.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Qualcare	Qualcare	37068.08	75			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Wellcare	Medicare	12143.13				1050	46952.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 United	Oxford	6018.29				1050	46952.9	case rate	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 UHC	Medicaid	15044.7	30.44			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 Wellcare	Medicaid	15044.7	30.44			1050	46952.9	percent of total billed charges	
INS NEW|PLC PRM PACEMAKER W/TRANSV ELTRD VENTR	33207	CPT				both			49424.1		13964.6 United	Commercial|PPO	6018.29				1050	46952.9	case rate	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 First Health	First Health	29076.22	70			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Americare	Americare	31153.1	75			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Aetna	Better Health	12644	30.44			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Horizon	Medicare Blue	12143.13				762.93	39460.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Consumer	Consumer	39460.59	95			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Amerihealth	Medicare	12143.13				762.93	39460.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Aetna	Medicare	12143.13			6752.73	762.93	39460.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Aetna	Commercial	19817.59				762.93	39460.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 First Trenton	First Trenton	37363.71	90			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Amerihealth	HMO/PPO	1050				762.93	39460.59	fee schedule	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Multiplan	Multiplan	33229.97	80			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 UHC	Medicare	12143.13				762.93	39460.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Corrections	Corrections	33229.97	80			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 United	Commercial|PPO	6382.91				762.93	39460.59	case rate	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Qualcare	Qualcare	31153.1	75			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Horizon	MGD	23496.96				762.93	39460.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Managed Care Inc	Managed Care Inc	37363.71	90			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Wellcare	Medicare	12143.13				762.93	39460.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Horizon	Indemnity	23496.96				762.93	39460.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 UHC	Medicaid	12644	30.44			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Three Rivers	Three Rivers	39460.59	95			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Wellcare	Medicaid	12644	30.44			762.93	39460.59	percent of total billed charges	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Horizon	NJ Health	762.93				762.93	39460.59	fee schedule	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 Horizon	PPO	23496.96			13616.13	762.93	39460.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 United	Oxford	6382.91				762.93	39460.59	case rate	
INS NEW|RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	33208	CPT				both			41537.46		13964.6 WellPoint	WellPoint	12893.23	31.04			762.93	39460.59	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 First Trenton	First Trenton	22386.35	90			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Aetna	Commercial	15671.75				446.31	23630.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Aetna	Better Health	7571.56	30.44			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Americare	Americare	18655.29	75			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Amerihealth	HMO/PPO	800				446.31	23630.03	fee schedule	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Aetna	Medicare	9602.79				446.31	23630.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Horizon	MGD	18581.4				446.31	23630.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Amerihealth	Medicare	9602.79				446.31	23630.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Horizon	Indemnity	18581.4				446.31	23630.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Multiplan	Multiplan	19898.98	80			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Horizon	PPO	18581.4				446.31	23630.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Consumer	Consumer	23630.03	95			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 First Health	First Health	17411.6	70			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Corrections	Corrections	19898.98	80			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 UHC	Medicaid	7571.56	30.44			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Horizon	Medicare Blue	9602.79				446.31	23630.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Horizon	NJ Health	446.31				446.31	23630.03	fee schedule	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Qualcare	Qualcare	18655.29	75			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Wellcare	Medicare	9602.79				446.31	23630.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 United	Oxford	4843.06				446.31	23630.03	case rate	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 United	Commercial|PPO	4843.06				446.31	23630.03	case rate	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Wellcare	Medicaid	7571.56	30.44			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 UHC	Medicare	9602.79				446.31	23630.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Managed Care Inc	Managed Care Inc	22386.35	90			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 WellPoint	WellPoint	7720.8	31.04			446.31	23630.03	percent of total billed charges	
INS|RPLCMT TEMP TRANSVNS 1CHMBR ELTRD|PM CATH	33210	CPT				both			24873.72		1043.21 Three Rivers	Three Rivers	23630.03	95			446.31	23630.03	percent of total billed charges	
UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	33214	CPT				both			55704.24		13964.6 Amerihealth	HMO/PPO	1200				606.83	52919.03	fee schedule	
UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	33214	CPT				both			55704.24		13964.6 Corrections	Corrections	44563.39	80			606.83	52919.03	perc

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	33214	CPT				both			55704.24	13964.6	United	CommercialPPO	6382.91				606.83	52919.03	case rate	
UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	33214	CPT				both			55704.24	13964.6	WellPoint	WellPoint	17290.6	31.04			606.83	52919.03	percent of total billed charges	
UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	33214	CPT				both			55704.24	13964.6	United	Oxford	6382.91				606.83	52919.03	case rate	
UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	33214	CPT				both			55704.24	13964.6	Wellcare	Medicaid	16956.37	30.44			606.83	52919.03	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Aetna	Commercial	5960.24				655.11	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Multiplan	Multiplan	5241.17	80			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Consumer	Consumer	6223.89	95			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	First Trenton	First Trenton	5896.31	90			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Horizon	MGD	7066.83				655.11	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Aetna	Better Health	1994.26	30.44			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Americare	Americare	4913.6	75			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Aetna	Medicare	2017.85	30.8			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	UHC	Medicare	3652.11				655.11	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Qualcare	Qualcare	4913.6	75			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Horizon	Medicare Blue	3652.11				655.11	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Corrections	Corrections	5241.17	80			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Amerihealth	HMO/PPO	800				655.11	7066.83	fee schedule	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Horizon	PPO	7066.83				655.11	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Horizon	NJ Health	655.11				655.11	7066.83	fee schedule	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Wellcare	Medicaid	3652.11				655.11	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Amerihealth	Medicare	3652.11				655.11	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	WellPoint	WellPoint	2033.57	31.04			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Managed Care Inc	Managed Care Inc	5896.31	90			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	First Health	First Health	4586.02	70			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Three Rivers	Three Rivers	6223.89	95			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Horizon	Indemnity	7066.83				655.11	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	United	Oxford	3596.76				655.11	7066.83	case rate	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	UHC	Medicaid	1994.26	30.44			655.11	7066.83	percent of total billed charges	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	United	CommercialPPO	3596.76				655.11	7066.83	case rate	
RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	33215	CPT				both			6551.46	4199.93	Wellcare	Medicaid	1994.26	30.44			655.11	7066.83	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Horizon	Medicare Blue	9602.79				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Aetna	Commercial	15671.75				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Consumer	Consumer	16403.23	95			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	First Trenton	First Trenton	15539.9	90			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Aetna	Better Health	5255.94	30.44			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Aetna	Medicare	5318.1	30.8			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	First Health	First Health	12086.59	70			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Corrections	Corrections	13813.25	80			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Horizon	PPO	18581.4				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Horizon	MGD	18581.4				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Horizon	Indemnity	18581.4				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Horizon	NJ Health	642.06				642.06	18581.4	fee schedule	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	WellPoint	WellPoint	5359.54	31.04			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Americare	Americare	12949.92	75			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Multiplan	Multiplan	13813.25	80			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Managed Care Inc	Managed Care Inc	15539.9	90			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	UHC	Medicaid	5255.94	30.44			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	UHC	Medicare	9602.79				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Qualcare	Qualcare	12949.92	75			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Three Rivers	Three Rivers	16403.23	95			642.06	18581.4	percent of total billed charges	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	United	CommercialPPO	4843.06				642.06	18581.4	case rate	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Amerihealth	HMO/PPO	800				642.06	18581.4	fee schedule	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Wellcare	Medicare	9602.79				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Amerihealth	Medicare	9602.79				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	United	Oxford	4843.06				642.06	18581.4	case rate	
INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33216	CPT				both			17266.56	11043.21	Wellcare	Medicaid	5255.94	30.44			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Aetna	Better Health	5896.48	30.44			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	First Trenton	First Trenton	17433.74	90			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Aetna	Commercial	15671.75				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	First Health	First Health	13559.57	70			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Corrections	Corrections	15496.66	80			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Amerihealth	Medicare	9602.79				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Aetna	Medicare	9602.79				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Consumer	Consumer	18402.28	95			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Horizon	Medicare Blue	9602.79				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Horizon	PPO	18581.4				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Americare	Americare	14528.12	75			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Multiplan	Multiplan	15496.66	80			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Amerihealth	HMO/PPO	800				642.06	18581.4	fee schedule	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Horizon	Indemnity	18581.4				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Horizon	MGD	18581.4				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Horizon	NJ Health	642.06				642.06	18581.4	fee schedule	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Managed Care Inc	Managed Care Inc	17433.74	90			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Qualcare	Qualcare	14528.12	75			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	UHC	Medicare	9602.79				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	UHC	Medicaid	5896.48	30.44			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	WellPoint	WellPoint	6012.7	31.04			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Three Rivers	Three Rivers	18402.28	95			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	United	CommercialPPO	4843.06				642.06	18581.4	case rate	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Wellcare	Medicaid	5896.48	30.44			642.06	18581.4	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	United	Oxford	4843.06				642.06	18581.4	case rate	
INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	33217	CPT				both			19370.82	11043.21	Wellcare	Medicare	9602.79				642.06	18581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	UHC	Medicaid	5409.01	30.44			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Consumer	Consumer	16880.95	95			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Aetna	Better Health	5409.01	30.44			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Horizon	PPO	8171.02				535.05	16880.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Amerihealth	HMO/PPO	800				535.05	16880.95	fee schedule	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Aetna	Commercial	6891.53				535.05	16880.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Amerihealth	Medicare	4222.75				535.05	16880.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	First Trenton	First Trenton	15992.48	90			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	United	CommercialPPO	3596.76				535.05	16880.95	case rate	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Horizon	NJ Health	535.05				535.05	16880.95	fee schedule	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Corrections	Corrections	14215.54	80			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	UHC	Medicare	4222.75				535.05	16880.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	First Health	First Health	12438.59	70			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Aetna	Medicare	4222.75				535.05	16880.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Horizon	Medicare Blue	4222.75				535.05	16880.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Horizon	Indemnity	8171.02				535.05	16880.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	United	Oxford	3596.76				535.05	16880.95	case rate	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Three Rivers	Three Rivers	16880.95	95			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Wellcare	Medicaid	5409.01	30.44			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	WellPoint	WellPoint	5515.63	31.04			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Wellcare	Medicare	4222.75				535.05	16880.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Americare	Americare	13327.07	75			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Managed Care Inc	Managed Care Inc	15992.48	90			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Horizon	MGD	8171.02				535.05	16880.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Multiplan	Multiplan	14215.54	80			535.05	16880.95	percent of total billed charges	
RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	33218	CPT				outpatient			17769.42	4856.16	Qualcare	Qualcare	13327.07	75			535.05	16880.95	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	First Trenton	First Trenton	4366.01	90			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Aetna	Medicare	1494.14	30.8			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Horizon	Medicare Blue	2122.49				550	4608.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Aetna	Commercial	3463.9				550	4608.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Amerihealth	HMO/PPO	550				550	4608.56	fee schedule	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Aetna	Better Health	1476.68	30.44			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Amerihealth	Medicare	2122.49				550	4608.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Corrections	Corrections	3880.9	80			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Horizon	MGD	4107.02				550	4608.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Americare	Americare	3638.34	75			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	UHC	Medicare	2122.49				550	4608.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Multiplan	Multiplan	3880.9	80			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	First Health	First Health	3395.78	70			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Consumer	Consumer	4608.56	95			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Horizon	Indemnity	4107.02				550	4608.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Qualcare	Qualcare	3638.34	75			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Horizon	NJ Health	574.2				550	4608.56	fee schedule	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	United	Oxford	2567.79				550	4608.56	case rate	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Horizon	PPO	4107.02				550	4608.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient			4851.12	2440.86	Wellcare	Medicaid	1476.68	30.44			550	4608.56	percent of total billed charges	
RELOCATION OF SKIN POCKET FOR PACEMAKER	33222	CPT				outpatient		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	Managed Care Inc	Managed Care Inc	5595.21	90			550	5906.06	percent of total billed charges	
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	Horizon	Indemnity	4107.02				550	5906.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	Horizon	NJ Health	604.89				550	5906.06	fee schedule	
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	Multiplan	Multiplan	4973.52	80			550	5906.06	percent of total billed charges	
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	Three Rivers	Three Rivers	5906.06	95			550	5906.06	percent of total billed charges	
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	Qualcare	Qualcare	4662.68	75			550	5906.06	percent of total billed charges	
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	Horizon	PPO	4107.02				550	5906.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	Wellcare	Medicaid	1892.42	30.44			550	5906.06	percent of total billed charges	
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	UHC	Medicaid	1892.42	30.44			550	5906.06	percent of total billed charges	
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	Wellcare	Medicare	2122.49				550	5906.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	United	Oxford	2567.79				550	5906.06	case rate	
RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	33223	CPT				outpatient			6216.9	2440.86	WellPoint	WellPoint	1509.73	31.04			550	5906.06	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Aetna	Better Health	15330.35	30.44			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Aetna	Medicare	15511.65	30.8			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Horizon	MGD	19278.77	38.28			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		First Health	First Health	35253.75	70			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Multiplan	Multiplan	40290	80			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Aetna	Commercial	19137.75	38			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Corrections	Corrections	40290	80			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Amerihealth	HMO/PPO	800				678.6	47844.38	fee schedule	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Americare	Americare	37771.88	75			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		UHC	Medicaid	15330.35	30.44			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Qualcare	Qualcare	37771.88	75			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Horizon	Indemnity	19278.77	38.28			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Wellcare	Medicaid	15330.35	30.44			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		WellPoint	WellPoint	15632.52	31.04			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		First Trenton	First Trenton	45326.25	90			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		United	Commercial/PPO	6382.91				678.6	47844.38	case rate	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Consumer	Consumer	47844.38	95			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Horizon	PPO	19278.77	38.28			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Horizon	Medicare Blue	15109.75	30			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Three Rivers	Three Rivers	47844.38	95			678.6	47844.38	percent of total billed charges	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		United	Oxford	6382.91				678.6	47844.38	case rate	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Horizon	NJ Health	678.6				678.6	47844.38	fee schedule	
INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	33225	CPT				both			50362.5		Managed Care Inc	Managed Care Inc	45326.25	90			678.6	47844.38	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Aetna	Better Health	2456.89	30.44			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Aetna	Commercial	5960.24				738.63	7667.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Multiplan	Multiplan	6457.01	80			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Amerihealth	HMO/PPO	800				738.63	7667.7	fee schedule	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Aetna	Medicare	3652.11				738.63	7667.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Amerihealth	Medicare	3652.11				738.63	7667.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Horizon	Indemnity	7066.83				738.63	7667.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	First Trenton	First Trenton	7264.13	90			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Americare	Americare	6053.45	75			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Horizon	Medicare Blue	3652.11				738.63	7667.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Qualcare	Qualcare	6053.45	75			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	First Health	First Health	5649.88	70			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Consumer	Consumer	7667.7	95			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Managed Care Inc	Managed Care Inc	7264.13	90			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Horizon	PPO	7066.83				738.63	7667.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Wellcare	Medicaid	2456.89	30.44			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Horizon	MGD	7066.83				738.63	7667.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	UHC	Medicaid	2456.89	30.44			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	UHC	Medicare	3652.11				738.63	7667.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Wellcare	Medicare	3652.11				738.63	7667.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Corrections	Corrections	6457.01	80			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	United	Oxford	3596.76				738.63	7667.7	case rate	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	United	Commercial/PPO	3596.76				738.63	7667.7	case rate	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Three Rivers	Three Rivers	7667.7	95			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	WellPoint	WellPoint	2505.32	31.04			738.63	7667.7	percent of total billed charges	
RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	33226	CPT				outpatient			8071.26	4199.93	Horizon	NJ Health	738.63				738.63	7667.7	fee schedule	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Consumer	Consumer	31070.99	95			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Aetna	Commercial	15671.75				377.67	31070.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Multiplan	Multiplan	26165.04	80			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	UHC	Medicaid	9956.8	30.44			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	First Health	First Health	22894.41	70			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Amerihealth	Medicare	9602.79				377.67	31070.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Aetna	Better Health	9956.8	30.44			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	First Trenton	First Trenton	29435.67	90			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Corrections	Corrections	26165.04	80			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Americare	Americare	24529.73	75			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Aetna	Medicare	9602.79				377.67	31070.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	UHC	Medicare	9602.79				377.67	31070.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Three Rivers	Three Rivers	31070.99	95			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Amerihealth	HMO/PPO	650				377.67	31070.99	fee schedule	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Horizon	MGD	18581.4				377.67	31070.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Wellcare	Medicare	9602.79				377.67	31070.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Horizon	Indemnity	18581.4				377.67	31070.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	United	Commercial/PPO	6018.29				377.67	31070.99	case rate	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Qualcare	Qualcare	24529.73	75			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Wellcare	Medicaid	9956.8	30.44			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Horizon	Medicare Blue	9602.79				377.67	31070.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Horizon	NJ Health	377.67				377.67	31070.99	fee schedule	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Horizon	PPO	18581.4				377.67	31070.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	Managed Care Inc	Managed Care Inc	29435.67	90			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	United	Oxford	6018.29				377.67	31070.99	case rate	
REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	33227	CPT				outpatient			32706.3	11043.21	WellPoint	WellPoint	10152.04	31.04			377.67	31070.99	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Aetna	Medicare	12143.13				507.1	36920.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	UHC	Medicaid	11509.79	30.44			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	WellPoint	WellPoint	11736.66	31.04		11789.51	507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Aetna	Better Health	11509.79	30.44			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Aetna	Commercial	19817.59				507.1	36920.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Amerihealth	Medicare	12143.13				507.1	36920.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Amerihealth	HMO/PPO	650			8799.67	507.1	36920.83	fee schedule	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Consumer	Consumer	35920.83	95			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Multiplan	Multiplan	30249.12	80			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	First Health	First Health	26467.98	70			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	First Trenton	First Trenton	34030.26	90			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Wellcare	Medicare	12143.13				507.1	36920.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Americare	Americare	28358.55	75			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Horizon	Indemnity	23496.96				507.1	36920.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Horizon	MGD	23496.96				507.1	36920.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Corrections	Corrections	30249.12	80			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Qualcare	Qualcare	28358.55	75			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	United	Commercial/PPO	6018.29				507.1	36920.83	case rate	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Horizon	PPO	23496.96				507.1	36920.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Horizon	Medicare Blue	12143.13				507.1	36920.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Three Rivers	Three Rivers	35920.83	95			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Wellcare	Medicaid	11509.79	30.44			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Managed Care Inc	Managed Care Inc	34030.26	90			507.1	36920.83	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	Horizon	NJ Health	507.1				507.1	36920.83	fee schedule	
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	UHC	Medicare	12143.13				507.1	36920.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	33228	CPT				both			37811.4	13964.6	United	Oxford	6018.29				507.1	36920.83	case rate	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Amerihealth	Medicare	22128.65				409.72	70090.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Aetna	Better Health	22458.53	30.44			409.72	70090.68	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Multiplan	Multiplan	59023.73	80			409.72	70090.68	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Wellcare	Medicare	22128.65				409.72	70090.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Aetna	Commercial	36113.96				409.72	70090.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Amerihealth	HMO/PPO	650				409.72	70090.68	fee schedule	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Aetna	Medicare	22128.65				409.72	70090.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	UHC	Medicaid	22458.53	30.44			409.72	70090.68	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Consumer	Consumer	70090.68	95			409.72	70090.68	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Horizon	PPO	42818.94				409.72	70090.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Qualcare	Qualcare	55334.75	75			409.72	70090.68	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	UHC	Medicare	22128.65				409.72	70090.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Americare	Americare	55334.75	75			409.72	70090.68	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	First Health	First Health	51645.76	70			409.72	70090.68	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	Corrections	Corrections	59023.73	80			409.72	70090.68	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	United	Commercial/PPO	6018.29				409.72	70090.68	case rate	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	First Trenton	First Trenton	66401.69	90			409.72	70090.68	percent of total billed charges	
REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	33229	CPT				both			73779.66	25447.95	United	Oxford	6018.29				409.72	70090.68	case rate	
REMVL PERM PM PLS GEN W/REPL PLSE GEN M

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Aetna	Medicare	9705.97	30.8			370.39	29937.26	percent of total billed charges	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Horizon	Indemnity	18581.4				370.39	29937.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	First Trenton	First Trenton	28361.61	90			370.39	29937.26	percent of total billed charges	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Amerihealth	HMO/PPO	550				370.39	29937.26	fee schedule	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Consumer	Consumer	29937.26	95			370.39	29937.26	percent of total billed charges	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	UHC	Medicare	9602.79				370.39	29937.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Horizon	NJ Health	370.39				370.39	29937.26	fee schedule	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Horizon	MGD	18581.4				370.39	29937.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Multiplan	Multiplan	25219.32	80			370.39	29937.26	percent of total billed charges	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Horizon	PPO	18581.4				370.39	29937.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Managed Care Inc	Managed Care Inc	28361.61	90			370.39	29937.26	percent of total billed charges	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Wellcare	Medicare	9602.79				370.39	29937.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	UHC	Medicaid	9592.53	30.44			370.39	29937.26	percent of total billed charges	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	United	Commercial/PPO	3596.76				370.39	29937.26	case rate	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	Wellcare	Medicaid	9592.53	30.44			370.39	29937.26	percent of total billed charges	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	WellPoint	WellPoint	9781.6	31.04			370.39	29937.26	percent of total billed charges	
REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	33233	CPT				both				31512.9	11043.21	United	Oxford	3596.76				370.39	29937.26	case rate	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Aetna	Medicare	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Horizon	Medicare Blue	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Aetna	Commercial	6891.53				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Horizon	Indemnity	8171.02				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Amerihealth	Medicare	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Aetna	Better Health	1601.81	30.44			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Americare	Americare	3946.64	75			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	First Trenton	First Trenton	4735.96	90			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Consumer	Consumer	4999.07	95			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Amerihealth	HMO/PPO	300				300	8171.02	fee schedule	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Multiplan	Multiplan	4209.74	80			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Horizon	PPO	8171.02				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Corrections	Corrections	4209.74	80			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	First Health	First Health	3683.53	70			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Three Rivers	Three Rivers	4999.07	95			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Managed Care Inc	Managed Care Inc	4735.96	90			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Horizon	NJ Health	535.05				300	8171.02	fee schedule	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Horizon	MGD	8171.02				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Quelcare	Quelcare	3946.64	75			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	UHC	Medicare	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	United	Oxford	3596.76				300	8171.02	case rate	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Wellcare	Medicaid	1601.81	30.44			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	Wellcare	Medicare	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	UHC	Medicaid	1601.81	30.44			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	United	Commercial/PPO	3596.76				300	8171.02	case rate	
RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	33234	CPT				outpatient				5262.18	4856.16	WellPoint	WellPoint	1633.38	31.04			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Aetna	Medicare	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Amerihealth	HMO/PPO	300				300	8171.02	fee schedule	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Aetna	Commercial	6891.53				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Wellcare	Medicare	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	First Trenton	First Trenton	6142.34	90			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	UHC	Medicaid	2077.48	30.44			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Quelcare	Quelcare	5118.62	75			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Aetna	Better Health	2077.48	30.44			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Horizon	MGD	8171.02				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Amerihealth	Medicare	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Americare	Americare	5118.62	75			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Consumer	Consumer	6483.58	95			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Horizon	PPO	8171.02				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	United	Commercial/PPO	3596.76				300	8171.02	case rate	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	UHC	Medicare	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Corrections	Corrections	5459.86	80			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Managed Care Inc	Managed Care Inc	6142.34	90			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	First Health	First Health	4777.37	70			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Multiplan	Multiplan	5459.86	80			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Horizon	Medicare Blue	4222.75				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Three Rivers	Three Rivers	6483.58	95			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	WellPoint	WellPoint	2118.42	31.04			300	8171.02	percent of total billed charges	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Horizon	NJ Health	535.05				300	8171.02	fee schedule	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Horizon	Indemnity	8171.02				300	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	United	Oxford	3596.76				300	8171.02	case rate	
RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	33235	CPT				both				6824.82	4856.16	Wellcare	Medicaid	2077.48	30.44			300	8171.02	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Aetna	Commercial	6891.53				348.17	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Aetna	Better Health	2960.81	30.44			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	First Trenton	First Trenton	8754.05	90			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Consumer	Consumer	9240.38	95			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Horizon	MGD	8171.02				348.17	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Multiplan	Multiplan	7781.38	80			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Amerihealth	HMO/PPO	550				348.17	9240.38	fee schedule	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Americare	Americare	7295.04	75			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Aetna	Medicare	4222.75				348.17	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Horizon	PPO	8171.02				348.17	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Horizon	Medicare Blue	4222.75				348.17	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Corrections	Corrections	7781.38	80			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Amerihealth	Medicare	4222.75				348.17	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Quelcare	Quelcare	7295.04	75			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Managed Care Inc	Managed Care Inc	8754.05	90			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Three Rivers	Three Rivers	9240.38	95			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	First Health	First Health	6808.7	70			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	UHC	Medicare	4222.75				348.17	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	United	Oxford	3596.76				348.17	9240.38	case rate	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Horizon	NJ Health	348.17				348.17	9240.38	fee schedule	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Horizon	Indemnity	8171.02				348.17	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Medicaid	Medicaid	2960.81	30.44			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	United	Commercial/PPO	3596.76				348.17	9240.38	case rate	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Wellcare	Medicare	4222.75				348.17	9240.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	Wellcare	Medicaid	2960.81	30.44			348.17	9240.38	percent of total billed charges	
REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	33241	CPT				both				9726.72	4856.16	WellPoint	WellPoint	3019.17	31.04		1524.61	348.17	9240.38	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Corrections	Corrections	5734.03	80			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Aetna	Commercial	6891.53				550	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Aetna	Medicare	2207.6	30.8			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Amerihealth	Medicare	4222.75				550	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Aetna	Better Health	2181.8	30.44			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	UHC	Medicare	4222.75				550	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Amerihealth	HMO/PPO	550				550	8171.02	fee schedule	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Horizon	Medicare Blue	4222.75				550	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Horizon	PPO	8171.02				550	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Americare	Americare	5375.66	75			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Horizon	MGD	8171.02				550	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Wellcare	Medicaid	2181.8	30.44			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Consumer	Consumer	6809.16	95			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	First Health	First Health	5017.28	70			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Wellcare	Medicare	4222.75				550	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Multiplan	Multiplan	5734.03	80			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	First Trenton	First Trenton	6450.79	90			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Quelcare	Quelcare	5375.66	75			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	WellPoint	WellPoint	2224.8	31.04			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	UHC	Medicaid	2181.8	30.44			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Horizon	Indemnity	8171.02				550	8171.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	United	Commercial/PPO	3596.76				550	8171.02	case rate	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Horizon	NJ Health	825.96				550	8171.02	fee schedule	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Managed Care Inc	Managed Care Inc	6450.79	90			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	Three Rivers	Three Rivers	6809.16	95			550	8171.02	percent of total billed charges	
RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	33244	CPT				outpatient				7167.54	4856.16	United	Oxford	3596.76				550	8171.02	case rate	
INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	33249	CPT				both				117533.91	42781.94	Three Rivers	Three Rivers	111657.21	95			800	111657.21	percent of total billed charges	
INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	33249	CPT				both				117533.91	42781.94	Corrections	Corrections	94027.13	80			800	111657.21	percent of total billed charges	
INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	33249	CPT				both				117533.91	42781.94	Aetna	Better Health	35777.32	30.44			800	111657.21	percent of total billed charges	
INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	33249	CPT				both				117533.91	42781.94	Consumer	Consumer	111657.21	95			800	111657.21	percent of total billed charges	
INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	33249	CPT				both				117533.91	42781.94	Aetna	Commercial	60713.16				800	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	33249	CPT				both				117533.91	42781.94	First Trenton	First Trenton	105780.52	90			800	111657.21	percent of total billed charges	
INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	33249	CPT				both				117533.91	42781.94	Amerihealth	Medicare	37201.69				800	111657.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	33249	CPT				both				117533.91	42781.94	First Health	First Health	82273.74	70			800	111657.21	percent of total billed charges	
INSJ/RPLCMT PERM DFB W/TRNSVNS

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Consumer	118712.19	95			410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Horizon	Medicare Blue	26044.76			410.03		118712.19	other	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Aetna	Commercial	42505.05			410.03		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Aetna	Medicare	38487.74	30.8		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Horizon	PPO	50396.61			410.03		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Aetna	Better Health	38037.88	30.44		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Americare	Americare	93720.15	75		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	UHC	Medicaid	38037.88	30.44		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Corrections	Corrections	99968.16	80		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Multiplan	Multiplan	99968.16	80		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Amerihealth	Medicare	26044.76			410.03		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Horizon	Indemnity	50396.61			410.03		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	UHC	Medicare	26044.76		19678.62	410.03		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	First Health	First Health	87472.14	70		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Amerihealth	HMO/PPO	650			410.03		118712.19	fee schedule	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	United	Oxford	11153.87			410.03		118712.19	case rate	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Horizon	NJ Health	410.03			410.03		118712.19	fee schedule	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Qualcare	Qualcare	93720.15	75		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Horizon	MGD	50396.61			410.03		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Managed Care Inc	Managed Care Inc	112464.18	90		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Three Rivers	Three Rivers	118712.19	95		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	WellPoint	WellPoint	38787.65	31.04		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Wellcare	Medicaid	38037.88	30.44		410.03		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	United	Commercial/PPO	11153.87			410.03		118712.19	case rate	
RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	33262	CPT				outpatient			124960.2		29951.47	Wellcare	Medicare	26044.76			410.03		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Aetna	Better Health	38037.88	30.44		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Corrections	Corrections	99968.16	80		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Aetna	Commercial	42505.05			548.65		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	First Health	First Health	87472.14	70		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Aetna	Medicare	26044.76			548.65		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Americare	Americare	93720.15	75		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Amerihealth	HMO/PPO	650			548.65		118712.19	fee schedule	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Qualcare	Qualcare	93720.15	75		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Consumer	Consumer	118712.19	95		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	First Trenton	First Trenton	112464.18	90		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Amerihealth	Medicare	26044.76			548.65		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Horizon	Indemnity	50396.61			548.65		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Horizon	MGD	50396.61			548.65		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Three Rivers	Three Rivers	118712.19	95		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Medicare Blue	Medicare Blue	26044.76			548.65		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	UHC	Medicaid	38037.88	30.44		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Horizon	PPO	50396.61			548.65		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Horizon	NJ Health	548.65			548.65		118712.19	fee schedule	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	UHC	Medicare	26044.76			548.65		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Multiplan	Multiplan	99968.16	80		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	United	Oxford	11153.87			548.65		118712.19	case rate	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	United	Commercial/PPO	11153.87			548.65		118712.19	case rate	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Managed Care Inc	Managed Care Inc	112464.18	90		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Wellcare	Medicaid	38037.88	30.44		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	Wellcare	Medicare	26044.76			548.65		118712.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	33263	CPT				both			124960.2		29951.47	WellPoint	WellPoint	38787.65	31.04		548.65		118712.19	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Aetna	Better Health	33889.14	30.44		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Consumer	Consumer	105764.41	95		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Multiplan	Multiplan	89064.77	80		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Amerihealth	HMO/PPO	650			569.21		105764.41	fee schedule	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Aetna	Medicare	37201.69			569.21		105764.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	UHC	Medicaid	33889.14	30.44		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Aetna	Commercial	60713.16			569.21		105764.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Horizon	MGD	71985.27			569.21		105764.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Americare	Americare	83498.22	75		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	First Health	First Health	77931.67	70		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Qualcare	Qualcare	83498.22	75		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Amerihealth	Medicare	37201.69			569.21		105764.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Corrections	Corrections	89064.77	80		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	WellPoint	WellPoint	34557.13	31.04		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Horizon	Indemnity	71985.27			569.21		105764.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	UHC	Medicare	37201.69		278.27	569.21		105764.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	First Trenton	First Trenton	100197.86	90		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Horizon	Medicare Blue	37201.69			569.21		105764.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	United	Commercial/PPO	11153.87			569.21		105764.41	case rate	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Horizon	PPO	71985.27		41917.61	569.21		105764.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Horizon	NJ Health	569.21			569.21		105764.41	fee schedule	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Wellcare	Medicare	37201.69			569.21		105764.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Wellcare	Medicaid	33889.14	30.44		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Managed Care Inc	Managed Care Inc	100197.86	90		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	Three Rivers	Three Rivers	105764.41	95		569.21		105764.41	percent of total billed charges	
RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	33264	CPT				both			111330.96		42781.94	United	Oxford	11153.87			569.21		105764.41	case rate	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Aetna	Better Health	38324.47	30.44		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	First Health	First Health	88131.16	70		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Horizon	MGD	71985.27			800		119606.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	First Trenton	First Trenton	113311.49	90		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Amerihealth	Medicare	37201.69			800		119606.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Aetna	Commercial	60713.16			800		119606.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Horizon	PPO	71985.27			800		119606.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Corrections	Corrections	100721.33	80		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Aetna	Medicare	37201.69			800		119606.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Amerihealth	HMO/PPO	800			800		119606.58	fee schedule	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	WellPoint	WellPoint	39079.88	31.04		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Horizon	NJ Health	871.69			800		119606.58	fee schedule	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Horizon	Medicare Blue	37201.69			800		119606.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Horizon	Indemnity	71985.27			800		119606.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Americare	Americare	94426.25	75		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	UHC	Medicaid	38324.47	30.44		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Multiplan	Multiplan	100721.33	80		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	UHC	Medicare	37201.69			800		119606.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Consumer	Consumer	119606.58	95		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Managed Care Inc	Managed Care Inc	113311.49	90		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Qualcare	Qualcare	94426.25	75		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	United	Commercial/PPO	11153.87			800		119606.58	case rate	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	United	Oxford	11153.87			800		119606.58	case rate	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Three Rivers	Three Rivers	119606.58	95		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Wellcare	Medicaid	38324.47	30.44		800		119606.58	percent of total billed charges	
INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	33270	CPT				inpatient			125901.66		42781.94	Wellcare	Medicare	37201.69			800		119606.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Corrections	Corrections	52350.48	80		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Amerihealth	HMO/PPO	42534.77	65		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Aetna	Commercial	36113.96			717.02		62166.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Amerihealth	Medicare	22128.65			717.02		62166.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	First Trenton	First Trenton	58894.29	90		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Americare	Americare	49078.58	75		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Aetna	Medicare	22128.65			717.02		62166.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Aetna	Better Health	19919.36	30.44		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Horizon	NJ Health	717.02			717.02		62166.2	fee schedule	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	First Health	First Health	45806.67	70		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Horizon	MGD	42818.94			717.02		62166.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Horizon	Indemnity	42818.94			717.02		62166.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Managed Care Inc	Managed Care Inc	58894.29	90		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Consumer	Consumer	62166.2	95		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	UHC	Medicare	22128.65			717.02		62166.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Horizon	PPO	42818.94			717.02		62166.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Three Rivers	Three Rivers	62166.2	95		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Multiplan	Multiplan	52350.48	80		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	WellPoint	WellPoint	20311.99	31.04	9409.27	717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	Horizon	Medicare Blue	22128.65			717.02		62166.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG	33274	CPT				both			65438.1		25447.95	UHC	Medicaid	19919.36	30.44		717.02		62166.2	percent of total billed charges	
TCAT INS/UPR PERM LEADLESS PACEMAKER RV W/IMG

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	33275	CPT				outpatient			11658.6	4199.93	Horizon	NJ Health	758.75				758.75	11075.67	fee schedule	
TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	33275	CPT				outpatient			11658.6	4199.93	Three Rivers	Three Rivers	11075.67	95			758.75	11075.67	percent of total billed charges	
TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	33275	CPT				outpatient			11658.6	4199.93	Horizon	PPO	7066.83				758.75	11075.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	33275	CPT				outpatient			11658.6	4199.93	Wellcare	Medicare	3652.11				758.75	11075.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	33275	CPT				outpatient			11658.6	4199.93	Managed Care Inc	Managed Care Inc	10462.74	90			758.75	11075.67	percent of total billed charges	
TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	33275	CPT				outpatient			11658.6	4199.93	UHC	Medicaid	3548.88	30.44			758.75	11075.67	percent of total billed charges	
TCAT REMOVAL PERM LEADLESS PM RIGHT VENTR W/IMG	33275	CPT				outpatient			11658.6	4199.93	WellPoint	WellPoint	3618.83	31.04			758.75	11075.67	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Aetna	Medicare	9602.79			6100.97	6018.29	29359.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Amerihealth	HMO/PPO	20088.24	65			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Amerihealth	Medicare	9602.79				6018.29	29359.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Horizon	Medicare Blue	9602.79				6018.29	29359.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	First Trenton	First Trenton	27814.48	90			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Americare	Americare	23178.74	75			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	First Health	First Health	21633.49	70			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Aetna	Better Health	9407.48	30.44			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Corrections	Corrections	24723.98	80			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Horizon	MGD	18581.4				6018.29	29359.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Horizon	Indemnity	18581.4				6018.29	29359.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	UHC	Medicare	9602.79			6590.8	6018.29	29359.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Managed Care Inc	Managed Care Inc	27814.48	90			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Consumer	Consumer	29359.73	95			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	UHC	Medicaid	9407.48	30.44		9318.51	6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Aetna	Commercial	15671.75			9857.75	6018.29	29359.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Horizon	PPO	18581.4				6018.29	29359.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Multiplan	Multiplan	24723.98	80			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	United	CommercialPPO	6018.29				6018.29	29359.73	case rate	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Wellcare	Medicaid	9407.48	30.44		258.71	6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Three Rivers	Three Rivers	29359.73	95			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Horizon	NJ Health	8092.31			5442.09	6018.29	29359.73	fee schedule	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Wellcare	Medicare	9602.79				6018.29	29359.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	Qualcare	Qualcare	23178.74	75			6018.29	29359.73	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	United	Oxford	6018.29				6018.29	29359.73	case rate	
INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	33285	CPT				both			30904.98	11043.21	WellPoint	WellPoint	9592.91	31.04		9750.51	6018.29	29359.73	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Amerihealth	Medicare	816.39				197.11	2302.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Aetna	Better Health	737.72	30.44			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Americare	Americare	1817.64	75			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Consumer	Consumer	2302.34	95			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Aetna	Commercial	1332.35			787.95	197.11	2302.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Corrections	Corrections	1938.82	80			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Aetna	Medicare	816.39			415.07	197.11	2302.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Horizon	PPO	1579.71			794.42	197.11	2302.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Horizon	Medicare Blue	816.39				197.11	2302.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Amerihealth	HMO/PPO	1575.29	65			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	First Trenton	First Trenton	2181.17	90			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	First Health	First Health	1696.46	70			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Wellcare	Medicaid	737.72	30.44		716.9	197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Horizon	Indemnity	1579.71				197.11	2302.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Horizon	NJ Health	197.11			1220.55	197.11	2302.34	fee schedule	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Horizon	MGD	1579.71			875.03	197.11	2302.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Managed Care Inc	Managed Care Inc	2181.17	90			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	United	CommercialPPO	1871.51				197.11	2302.34	case rate	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Three Rivers	Three Rivers	2302.34	95			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Multiplan	Multiplan	1938.82	80			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	UHC	Medicaid	737.72	30.44		734.21	197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	WellPoint	WellPoint	752.26	31.04		354.5	197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	United	Oxford	1871.51				197.11	2302.34	case rate	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Qualcare	Qualcare	1817.64	75			197.11	2302.34	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	UHC	Medicare	816.39			403.64	197.11	2302.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	33286	CPT				both			2423.52	938.85	Wellcare	Medicare	816.39				197.11	2302.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Amerihealth	HMO/PPO	3834.13	65			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		First Trenton	First Trenton	5308.79	90			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Consumer	Consumer	5603.73	95			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Aetna	Commercial	2241.49	38			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Aetna	Better Health	1795.55	30.44			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Aetna	Medicare	1816.79	30.8			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Americare	Americare	4424	75			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Horizon	NJ Health	1338.93				1338.93	5603.73	fee schedule	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Multiplan	Multiplan	4718.93	80			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		First Health	First Health	4129.06	70			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Horizon	Indemnity	2258.01	38.28			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Horizon	PPO	2258.01	38.28			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Corrections	Corrections	4718.93	80			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Horizon	MGD	2258.01	38.28			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Qualcare	Qualcare	4424	75			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Managed Care Inc	Managed Care Inc	5308.79	90			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Horizon	Medicare Blue	1769.6	30			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		United	CommercialPPO	1835.46				1338.93	5603.73	case rate	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		UHC	Medicaid	1795.55	30.44			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Three Rivers	Three Rivers	5603.73	95			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		WellPoint	WellPoint	1830.94	31.04			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		Wellcare	Medicaid	1795.55	30.44			1338.93	5603.73	percent of total billed charges	
REPAIR CARDIAC WOUND W/O BYPASS	33300	CPT				outpatient			5898.66		United	Oxford	1835.46				1338.93	5603.73	case rate	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Consumer	Consumer	56735.92	95			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Americare	Americare	44791.52	75			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		First Health	First Health	41805.41	70			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Aetna	Medicare	18394.38	30.8			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Amerihealth	HMO/PPO	38819.31	65			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Aetna	Commercial	22694.37	38			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Aetna	Better Health	18179.38	30.44			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		WellPoint	WellPoint	18537.72	31.04			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		First Trenton	First Trenton	53749.82	90			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Horizon	Medicare Blue	17916.61	30			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Horizon	Indemnity	22861.59	38.28			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		UHC	Medicaid	18179.38	30.44			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Corrections	Corrections	47777.62	80			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Multiplan	Multiplan	47777.62	80			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Horizon	PPO	22861.59	38.28			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		United	Oxford	1835.46				1198.64	56735.92	case rate	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Horizon	NJ Health	1198.64				1198.64	56735.92	fee schedule	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Qualcare	Qualcare	44791.52	75			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Three Rivers	Three Rivers	56735.92	95			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Wellcare	Medicaid	18179.38	30.44			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Horizon	MGD	22861.59	38.28			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		Managed Care Inc	Managed Care Inc	53749.82	90			1198.64	56735.92	percent of total billed charges	
PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	33340	CPT				both			59722.02		United	CommercialPPO	1835.46				1198.64	56735.92	case rate	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Consumer	Consumer	3773.05	95			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		First Trenton	First Trenton	3574.47	90			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Aetna	Commercial	1509.22	38			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		First Health	First Health	2780.14	70			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Americare	Americare	2978.72	75			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		UHC	Medicaid	1208.96	30.44			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Corrections	Corrections	3177.3	80			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Aetna	Better Health	1208.96	30.44			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Horizon	Indemnity	1520.34	38.28			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Managed Care Inc	Managed Care Inc	3574.47	90			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Aetna	Medicare	1223.26	30.8			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		United	Oxford	1835.46				1191.49	3773.05	case rate	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Amerihealth	HMO/PPO	2581.56	65			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		United	CommercialPPO	1835.46				1191.49	3773.05	case rate	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		WellPoint	WellPoint	1232.79	31.04			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Wellcare	Medicaid	1208.96	30.44			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Horizon	Medicare Blue	1191.49	30			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Horizon	MGD	1520.34	38.28			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Multiplan	Multiplan	3177.3	80			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Horizon	NJ Health	1479.95				1191.49	3773.05	fee schedule	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Qualcare	Qualcare	2978.72	75			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Horizon	PPO	1520.34	38.28			1191.49	3773.05	percent of total billed charges	
REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	33361	CPT				inpatient			3971.63		Three Rivers	Three Rivers	3773.05	95			1191.49	3773.05	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Amerihealth	HMO/PPO	5197.92	65			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Aetna	Commercial	3038.78	38			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Americare	Americare	5997.6	75			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Aetna	Medicare	2463.01	30.8			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Corrections	Corrections	6397.44	80			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Horizon	MGD	3061.18	38.28			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Horizon	Medicare Blue	2399.04	30			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Aetna	Better Health	2434.23	30.44			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Managed Care Inc	Managed Care Inc	7197.12	90			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Qualcare	Qualcare	5997.6	75			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	33418	CPT				inpatient			7996.8		Three Rivers	Three Rivers	7596.96	95			1835.46	7596.96	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		First Health	First Health	357	70			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Americare	Americare	382.5	75			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Corrections	Corrections	408	80			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Aetna	Medicare	157.08	30.8			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		First Trenton	First Trenton	459	90			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Consumer	Consumer	484.5	95			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Amerihealth	HMO/PPO	331.5	65			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Aetna	Better Health	155.24	30.44			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		UHC	Medicaid	155.24	30.44			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Horizon	MGD	195.23	38.28			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Horizon	Medicare Blue	153	30			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Aetna	Commercial	193.8	38			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Horizon	Indemnity	195.23	38.28			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		United	Oxford	1835.46				153	1835.46	case rate	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Multiplan	Multiplan	408	80			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		WellPoint	WellPoint	158.3	31.04			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		United	Commercial/PPO	1835.46				153	1835.46	case rate	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Wellcare	Medicaid	155.24	30.44			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Qualcare	Qualcare	382.5	75			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Horizon	NJ Health	639.92				153	1835.46	fee schedule	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Horizon	PPO	195.23	38.28			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Managed Care Inc	Managed Care Inc	459	90			153	1835.46	percent of total billed charges	
TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	33419	CPT				inpatient			510		Three Rivers	Three Rivers	484.5	95			153	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Amerihealth	HMO/PPO	659.76	65			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Aetna	Medicare	312.62	30.8			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Consumer	Consumer	964.26	95			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		First Trenton	First Trenton	913.51	90			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Americare	Americare	761.26	75			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		First Health	First Health	710.51	70			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Aetna	Better Health	308.97	30.44			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Horizon	Indemnity	388.55	38.28			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Multiplan	Multiplan	812.01	80			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Horizon	MGD	388.55	38.28			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Corrections	Corrections	812.01	80			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Horizon	PPO	388.55	38.28			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Horizon	NJ Health	451.22				304.5	1835.46	fee schedule	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		UHC	Medicaid	308.97	30.44			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Aetna	Commercial	385.7	38			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Managed Care Inc	Managed Care Inc	913.51	90			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Qualcare	Qualcare	761.26	75			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		United	Commercial/PPO	1835.46				304.5	1835.46	case rate	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		United	Oxford	1835.46				304.5	1835.46	case rate	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Wellcare	Medicaid	308.97	30.44			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Three Rivers	Three Rivers	964.26	95			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		Horizon	Medicare Blue	304.5	30			304.5	1835.46	percent of total billed charges	
ECMO/ECLS INITIATION VENO-VENOUS	33946	CPT				inpatient			1015.01		WellPoint	WellPoint	315.06	31.04			304.5	1835.46	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Consumer	Consumer	4616.32	95			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		First Trenton	First Trenton	4373.35	90			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Aetna	Better Health	1479.16	30.44			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Aetna	Medicare	1496.66	30.8			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		First Health	First Health	3401.5	70			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Corrections	Corrections	3887.42	80			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Aetna	Commercial	1846.53	38			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Americare	Americare	3644.46	75			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		UHC	Medicaid	1479.16	30.44			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Horizon	NJ Health	323.64				323.64	6749.59	fee schedule	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		WellPoint	WellPoint	1508.32	31.04			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Horizon	MGD	1860.13	38.28			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Multiplan	Multiplan	3887.42	80			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Horizon	Indemnity	1860.13	38.28			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		United	Commercial/PPO	6749.59				323.64	6749.59	case rate	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Amerihealth	HMO/PPO	950				323.64	6749.59	fee schedule	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Qualcare	Qualcare	3644.46	75			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Managed Care Inc	Managed Care Inc	4373.35	90			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		United	Oxford	6749.59				323.64	6749.59	case rate	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Horizon	PPO	1860.13	38.28			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Wellcare	Medicaid	1479.16	30.44			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Horizon	Medicare Blue	1457.76	30			323.64	6749.59	percent of total billed charges	
INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	33967	CPT				both			4859.28		Three Rivers	Three Rivers	4616.32	95			323.64	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Americare	Americare	1171.22	75			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		First Health	First Health	1093.13	70			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Amerihealth	HMO/PPO	950				99.18	6749.59	fee schedule	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Corrections	Corrections	1249.3	80			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Wellcare	Medicaid	475.36	30.44			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Aetna	Better Health	475.36	30.44			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Horizon	MGD	597.79	38.28			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Aetna	Medicare	480.98	30.8			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		UHC	Medicaid	475.36	30.44			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Horizon	Medicare Blue	468.49	30			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		United	Commercial/PPO	6749.59				99.18	6749.59	case rate	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Aetna	Commercial	593.42	38			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Consumer	Consumer	1483.54	95			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Horizon	Indemnity	597.79	38.28			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		WellPoint	WellPoint	484.73	31.04			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Multiplan	Multiplan	1249.3	80			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		First Trenton	First Trenton	1405.46	90			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Qualcare	Qualcare	1171.22	75			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Horizon	NJ Health	99.18				99.18	6749.59	fee schedule	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Horizon	PPO	597.79	38.28			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Managed Care Inc	Managed Care Inc	1405.46	90			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		Three Rivers	Three Rivers	1483.54	95			99.18	6749.59	percent of total billed charges	
REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	33968	CPT				both			1561.62		United	Oxford	6749.59				99.18	6749.59	case rate	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Americare	Americare	1508.58	75			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Aetna	Medicare	619.52	30.8			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Aetna	Better Health	612.28	30.44			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Corrections	Corrections	1609.15	80			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		First Health	First Health	1408.01	70			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Consumer	Consumer	1910.87	95			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Aetna	Commercial	764.35	38			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Amerihealth	HMO/PPO	1307.44	65			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Horizon	MGD	769.98	38.28			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Multiplan	Multiplan	1609.15	80			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Horizon	Medicare Blue	603.43	30			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		First Trenton	First Trenton	1810.3	90			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Horizon	PPO	769.98	38.28			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Horizon	Indemnity	769.98	38.28			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Wellcare	Medicaid	612.28	30.44			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Horizon	NJ Health	481.52				481.52	1910.87	fee schedule	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Three Rivers	Three Rivers	1910.87	95			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Qualcare	Qualcare	1508.58	75			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		UHC	Medicaid	612.28	30.44			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		Managed Care Inc	Managed Care Inc	1810.3	90			481.52	1910.87	percent of total billed charges	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		United	Oxford	1835.46				481.52	1910.87	case rate	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		United	Commercial/PPO	1835.46				481.52	1910.87	case rate	
INSJ PERQ VAD WIRS&I L HRT ARTERIAL ACCESS ONLY	33990	CPT				inpatient			2011.44		WellPoint	WellPoint	624.35	31.04			481.52	1910.87	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Corrections	Corrections	2412.1	80			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Aetna	Medicare	928.66	30.8			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Horizon	Medicare Blue	904.54	30			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Aetna	Commercial	1145.75	38			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Amerihealth	HMO/PPO	1959.83	65			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Aetna	Better Health	917.8	30.44			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Americare	Americare	2261.34	75			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Horizon	MGD	1154.19	38.28			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		UHC	Medicaid	917.8	30.44			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Consumer	Consumer	2864.36	95			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		United	Oxford	1835.46				228.48	2864.36	case rate	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		First Health	First Health	2110.58	70			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		First Trenton	First Trenton	2713.61	90			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		United	Commercial/PPO	1835.46				228.48	2864.36	case rate	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Wellcare	Medicaid	917.8	30.44			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Horizon	Indemnity	1154.19	38.28			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Horizon	NJ Health	228.48				228.48	2864.36	fee schedule	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		WellPoint	WellPoint	935.89	31.04			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Horizon	PPO	1154.19	38.28			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Multiplan	Multiplan	2412.1	80			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Managed Care Inc	Managed Care Inc	2713.61	90			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Qualcare	Qualcare	2261.34	75			228.48	2864.36	percent of total billed charges	
REMOVAL PERQ LEFT HRT VAD ART/ART/LEVEN SEP INSJ	33992	CPT				inpatient			3015.12		Three Rivers	Three Rivers	2864.36	95			228.48	2864.36	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44		824.99 Corrections	Corrections	1609.15	80			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44		824.99 Horizon	MGD	1388.13				612.28	1910.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44		824.99 First Health	First Health	1408.01	70			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44		824.99 Amerihealth	Medicare	717.38				612.28	1910.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44		824.99 Aetna	Med

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Aetna	Commercial	1170.76				612.28	1910.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Horizon	PPO	1388.13				612.28	1910.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	UHC	Medicaid	612.28	30.44			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	United	Oxford	1871.51				612.28	1910.87	case rate	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Consumer	Consumer	1910.87	95			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Amerihealth	HMO/PPO	1307.44	65			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	UHC	Medicare	717.38				612.28	1910.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	WellPoint	WellPoint	624.35	31.04			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Americare	Americare	1508.58	75			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Multiplan	Multiplan	1609.15	80			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	United	CommercialPPO	1871.51				612.28	1910.87	case rate	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Qualcare	Qualcare	1508.58	75			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	First Trenton	First Trenton	1810.3	90			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Wellcare	Medicaid	612.28	30.44			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Horizon	Indemnity	1388.13				612.28	1910.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Horizon	Medicare Blue	717.38				612.28	1910.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Managed Care Inc	Managed Care Inc	1810.3	90			612.28	1910.87	percent of total billed charges	
UNLISTED PROCEDURE CARDIAC SURGERY	33999	CPT				inpatient			2011.44	824.99	Three Rivers	Three Rivers	1910.87	95			612.28	1910.87	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	First Trenton	First Trenton	11495.2	90			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Aetna	Commercial	5960.24				550	12133.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	First Health	First Health	8940.71	70			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Aetna	Medicare	3652.11				550	12133.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Amerihealth	HMO/PPO	550				550	12133.82	fee schedule	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Amerihealth	Medicare	3652.11				550	12133.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Horizon	Indemnity	7066.83				550	12133.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Aetna	Better Health	3887.93	30.44			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Managed Care Inc	Managed Care Inc	11495.2	90			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Horizon	Medicare Blue	3652.11				550	12133.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Multiplan	Multiplan	10217.95	80			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Corrections	Corrections	10217.95	80			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	United	Oxford	3596.76				550	12133.82	case rate	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Americare	Americare	9579.33	75			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Horizon	PPO	7066.83				550	12133.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Horizon	MGD	7066.83				550	12133.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Wellcare	Medicare	3652.11				550	12133.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Consumer	Consumer	12133.82	95			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Qualcare	Qualcare	9579.33	75			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Horizon	NJ Health	892.62				550	12133.82	fee schedule	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Wellcare	Medicaid	3887.93	30.44			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	Three Rivers	Three Rivers	12133.82	95			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	UHC	Medicaid	3887.93	30.44			550	12133.82	percent of total billed charges	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	UHC	Medicare	3652.11				550	12133.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	United	CommercialPPO	3596.76				550	12133.82	case rate	
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	CPT				outpatient			12772.44	4199.93	WellPoint	WellPoint	3964.57	31.04			550	12133.82	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Corrections	Corrections	563.29	80			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Aetna	Medicare	216.87	30.8			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Americare	Americare	528.08	75			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Aetna	Commercial	267.56	38			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Amerihealth	HMO/PPO	457.67	65			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Aetna	Better Health	214.33	30.44			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Horizon	Medicare Blue	211.23	30			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Horizon	MGD	289.53	38.28			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		United	CommercialPPO	1835.46				75.69	1835.46	case rate	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Consumer	Consumer	688.9	95			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		First Trenton	First Trenton	633.7	90			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		First Health	First Health	492.88	70			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Horizon	Indemnity	269.53	38.28			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Wellcare	Medicaid	214.33	30.44			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		WellPoint	WellPoint	218.56	31.04			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Horizon	NJ Health	75.69				75.69	1835.46	fee schedule	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Multiplan	Multiplan	563.29	80			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Horizon	PPO	269.53	38.28			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Qualcare	Qualcare	528.08	75			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Managed Care Inc	Managed Care Inc	633.7	90			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		Three Rivers	Three Rivers	688.9	95			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		UHC	Medicaid	214.33	30.44			75.69	1835.46	percent of total billed charges	
INTRODUCTION NEEDLE/INTRACATHETER VEIN	36000	CPT				outpatient			704.11		United	Oxford	1835.46				75.69	1835.46	case rate	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Horizon	MGD	1388.13				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Multiplan	Multiplan	2412.1	80			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Consumer	Consumer	2864.36	95			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Americare	Americare	2261.34	75			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Aetna	Commercial	1170.76				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Aetna	Better Health	917.8	30.44			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	UHC	Medicaid	917.8	30.44		828.54	125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Amerihealth	HMO/PPO	125				125	2864.36	fee schedule	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Aetna	Medicare	717.38				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Qualcare	Qualcare	2261.34	75			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	UHC	Medicare	717.38				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Horizon	Medicare Blue	717.38				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Corrections	Corrections	2412.1	80			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Amerihealth	Medicare	717.38				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	First Trenton	First Trenton	2713.61	90			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Horizon	NJ Health	370.62			456.62	125	2864.36	fee schedule	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Horizon	PPO	1388.13				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	First Health	First Health	2110.58	70			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Managed Care Inc	Managed Care Inc	2713.61	90			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Three Rivers	Three Rivers	2864.36	95			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Wellcare	Medicare	717.38				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Horizon	Indemnity	1388.13				125	2864.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	WellPoint	WellPoint	935.89	31.04			125	2864.36	percent of total billed charges	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	United	Oxford	1871.51				125	2864.36	case rate	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	United	CommercialPPO	1871.51				125	2864.36	case rate	
INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	36002	CPT				both			3015.12	824.99	Wellcare	Medicaid	917.8	30.44			125	2864.36	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Consumer	Consumer	2665.72	95			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Americare	Americare	2104.52	75			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Aetna	Better Health	854.15	30.44			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		First Trenton	First Trenton	2525.42	90			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		First Health	First Health	1964.21	70			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Aetna	Commercial	1066.29	38			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Corrections	Corrections	2244.82	80			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Aetna	Medicare	864.25	30.8			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Multiplan	Multiplan	2244.82	80			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Amerihealth	HMO/PPO	125				58.8	2665.72	fee schedule	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Horizon	Medicare Blue	841.81	30			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Horizon	NJ Health	58.8				58.8	2665.72	fee schedule	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Qualcare	Qualcare	2104.52	75			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Horizon	Indemnity	1074.14	38.28			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		WellPoint	WellPoint	870.99	31.04			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Horizon	MGD	1074.14	38.28			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Wellcare	Medicaid	854.15	30.44			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Horizon	PPO	1074.14	38.28			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		UHC	Medicaid	854.15	30.44			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Managed Care Inc	Managed Care Inc	2525.42	90			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		United	CommercialPPO	1835.46				58.8	2665.72	case rate	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		Three Rivers	Three Rivers	2665.72	95			58.8	2665.72	percent of total billed charges	
NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	36005	CPT				both			2806.02		United	Oxford	1835.46				58.8	2665.72	case rate	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Consumer	Consumer	2188	95			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Aetna	Medicare	709.37	30.8			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Amerihealth	HMO/PPO	550				166.6	2188	fee schedule	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Americare	Americare	1727.37	75			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Aetna	Better Health	701.08	30.44			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Horizon	Medicare Blue	690.95	30		71.9	166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Horizon	MGD	881.65	38.28			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Corrections	Corrections	1842.53	80			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Aetna	Commercial	875.2	38			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		First Health	First Health	1612.21	70			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		WellPoint	WellPoint	714.9	31.04			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		First Trenton	First Trenton	2072.84	90			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		UHC	Medicaid	701.08	30.44			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Horizon	Indemnity	881.65	38.28			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Multiplan	Multiplan	1842.53	80			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Horizon	NJ Health	166.6				166.6	2188	fee schedule	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		United	CommercialPPO	1835.46				166.6	2188	case rate	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Horizon	PPO	881.65	38.28			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Qualcare	Qualcare	1727.37	75			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Managed Care Inc	Managed Care Inc	2072.84	90			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Wellcare	Medicaid	701.08	30.44			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		Three Rivers	Three Rivers	2188	95			166.6	2188	percent of total billed charges	
INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	36010	CPT				both			2303.16		United	Oxford	1835.46				166.6	2188	case rate	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Aetna	Better Health	776.53	30.44			249.9	2423.47	percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Horizon	Indemnity	976.53	38.28			249.9	2423.47	percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Aetna	Medicare	785.71	30.8			249.9	2423.47	percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Aetna	Commercial	969.39	38			249.9	2423.47	percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		First Health	First Health	1785.71	70			249.9	2423.47	percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Americare	Americare	1913.27	75			249.9	2423.47	percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		First Trenton

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Horizon	MGD	976.53	38.28		1108.32	249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Corrections	Corrections	2040.82	80			249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Amerihealth	HMO/PPO	550				249.9		2423.47 fee schedule	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Multiplan	Multiplan	2040.82	80			249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Horizon	NJ Health	249.9			314.43	249.9		2423.47 fee schedule	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Horizon	PPO	976.53	38.28			249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		UHC	Medicaid	776.53	30.44		751.34	249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Horizon	Medicare Blue	765.31	30		248.93	249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		United	Commercial/PPO	1835.46				249.9		2423.47 case rate	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Qualcare	Qualcare	1913.27	75			249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Managed Care Inc	Managed Care Inc	2295.92	90			249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		United	Oxford	1835.46				249.9		2423.47 case rate	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Three Rivers	Three Rivers	2423.47	95			249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	36011	CPT				both			2551.02		Wellcare	Medicaid	776.53	30.44			249.9		2423.47 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		First Trenton	First Trenton	2826.52	90			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Aetna	Commercial	1193.42	38			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Aetna	Better Health	955.99	30.44			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Horizon	Indemnity	1202.21	38.28			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Aetna	Medicare	967.3	30.8			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Corrections	Corrections	2512.46	80			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		First Health	First Health	2198.41	70			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Americare	Americare	2355.44	75			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Managed Care Inc	Managed Care Inc	2826.52	90			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Horizon	PPO	1202.21	38.28			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Consumer	Consumer	2983.55	95			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Amerihealth	HMO/PPO	650				374.85		2983.55 fee schedule	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Horizon	MGD	1202.21	38.28			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Multiplan	Multiplan	2512.46	80			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		UHC	Medicaid	955.99	30.44		877.01	374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Horizon	Medicare Blue	942.17	30			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		United	Commercial/PPO	1835.46				374.85		2983.55 case rate	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Qualcare	Qualcare	2355.44	75			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		WellPoint	WellPoint	974.84	31.04			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Horizon	NJ Health	374.85				374.85		2983.55 fee schedule	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Three Rivers	Three Rivers	2983.55	95			374.85		2983.55 percent of total billed charges	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		United	Oxford	1835.46				374.85		2983.55 case rate	
SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	36012	CPT				both			3140.58		Wellcare	Medicaid	955.99	30.44			374.85		2983.55 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Consumer	Consumer	1798.46	95			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		United	Oxford	1835.46				249.9		1835.46 case rate	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Multiplan	Multiplan	1514.5	80			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Horizon	MGD	724.69	38.28			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Americare	Americare	1419.84	75			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Aetna	Medicare	583.08	30.8			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Aetna	Better Health	576.27	30.44			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Aetna	Commercial	719.39	38			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Corrections	Corrections	1514.5	80			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		WellPoint	WellPoint	587.62	31.04			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Qualcare	Qualcare	1419.84	75			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Amerihealth	HMO/PPO	650				249.9		1835.46 fee schedule	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Horizon	PPO	724.69	38.28			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		First Health	First Health	1325.18	70			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		First Trenton	First Trenton	1703.81	90			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		United	Commercial/PPO	1835.46				249.9		1835.46 case rate	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Horizon	NJ Health	249.9				249.9		1835.46 fee schedule	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Wellcare	Medicaid	576.27	30.44			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		UHC	Medicaid	576.27	30.44			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Three Rivers	Three Rivers	1798.46	95			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Horizon	Indemnity	724.69	38.28			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Managed Care Inc	Managed Care Inc	1703.81	90			249.9		1835.46 percent of total billed charges	
INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	36013	CPT				outpatient			1893.12		Horizon	Medicare Blue	567.94	30			249.9		1835.46 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Aetna	Better Health	839.25	30.44			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Aetna	Medicare	849.17	30.8			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Horizon	MGD	1055.4	38.28			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Horizon	Indemnity	1055.4	38.28			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		First Health	First Health	1929.94	70			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Aetna	Commercial	1047.68	38			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Corrections	Corrections	2205.65	80			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Amerihealth	HMO/PPO	650				360.64		2619.21 fee schedule	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Americare	Americare	2067.8	75			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		WellPoint	WellPoint	855.79	31.04			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Qualcare	Qualcare	2067.8	75			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Horizon	PPO	1055.4	38.28			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Multiplan	Multiplan	2205.65	80			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Three Rivers	Three Rivers	2619.21	95			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		First Trenton	First Trenton	2481.35	90			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Consumer	Consumer	2619.21	95			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		UHC	Medicaid	839.25	30.44			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Wellcare	Medicaid	839.25	30.44			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Horizon	NJ Health	360.64				360.64		2619.21 fee schedule	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Horizon	Medicare Blue	827.12	30			360.64		2619.21 percent of total billed charges	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		United	Commercial/PPO	1835.46				360.64		2619.21 case rate	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		United	Oxford	1835.46				360.64		2619.21 case rate	
SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	36014	CPT				both			2757.06		Managed Care Inc	Managed Care Inc	2481.35	90			360.64		2619.21 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Horizon	Indemnity	1391.19	38.28			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Consumer	Consumer	3452.55	95			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		First Trenton	First Trenton	3270.83	90			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Aetna	Better Health	1106.27	30.44			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Americare	Americare	2725.7	75			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Aetna	Commercial	1381.02	38			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Corrections	Corrections	2907.41	80			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Amerihealth	HMO/PPO	650				374.85		3452.55 fee schedule	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Multiplan	Multiplan	2907.41	80			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Horizon	MGD	1391.19	38.28			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Horizon	PPO	1391.19	38.28			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		First Health	First Health	2543.98	70			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Horizon	Medicare Blue	1090.28	30			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Aetna	Medicare	1119.35	30.8			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Horizon	NJ Health	374.85				374.85		3452.55 fee schedule	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Wellcare	Medicaid	1106.27	30.44			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Qualcare	Qualcare	2725.7	75			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		United	Oxford	1835.46				374.85		3452.55 case rate	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Managed Care Inc	Managed Care Inc	3270.83	90			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		United	Commercial/PPO	1835.46				374.85		3452.55 case rate	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		Three Rivers	Three Rivers	3452.55	95			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		WellPoint	WellPoint	1128.07	31.04			374.85		3452.55 percent of total billed charges	
SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	36015	CPT				inpatient			3634.26		UHC	Medicaid	1106.27	30.44			374.85		3452.55 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Aetna	Better Health	1170.54	30.44			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		First Trenton	First Trenton	3460.86	90			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Horizon	MGD	1472.02	38.28			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Multiplan	Multiplan	3076.32	80			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Consumer	Consumer	3653.13	95			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Corrections	Corrections	3076.32	80			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Aetna	Medicare	1184.38	30.8			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		First Health	First Health	2691.78	70			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Aetna	Commercial	1461.25	38			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Horizon	Indemnity	1472.02	38.28			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Americare	Americare	2884.05	75			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Qualcare	Qualcare	2884.05	75			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		WellPoint	WellPoint	1193.61	31.04			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Horizon	Medicare Blue	1153.62	30			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Amerihealth	HMO/PPO	550				121.52		3653.13 fee schedule	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		United	Commercial/PPO	1835.46				121.52		3653.13 case rate	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Horizon	PPO	1472.02	38.28			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		UHC	Medicaid	1170.54	30.44			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Horizon	NJ Health	121.52				121.52		3653.13 fee schedule	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Wellcare	Medicaid	1170.54	30.44			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Three Rivers	Three Rivers	3653.13	95			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		Managed Care Inc	Managed Care Inc	3460.86	90			121.52		3653.13 percent of total billed charges	
INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	36140	CPT				both			3845.4		United	Oxford	1835.46				121.52		3653.13 case rate	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Consumer	Consumer	2604.67	95			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Multiplan	Multiplan	2193.41	80			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Aetna	Commercial	1041.87	38			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Corrections	Corrections	2193.41	80			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Aetna	Better Health	834.59	30.44			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		United	Commercial/PPO	1835.46				186.2		2604.67 case rate	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Amerihealth	HMO/PPO	550				186.2		2604.67 fee schedule	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Americare	Americare	2056.32	75			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		First Health	First Health	1919.23	70			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Qualcare	Qualcare	2056.32	75			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Horizon	MGD	1049.55	38.28			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		First Trenton	First Trenton	2467.58	90			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Aetna	Medicare	844.46	30.8			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Wellcare	Medicaid	834.59	30.44			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		WellPoint	WellPoint	851.04	31.04			186.2		2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Horizon	Indemnity	1049.55	38.28			186.2		2604.67 perc

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Horizon	NJ Health	186.2				186.2	186.2	2604.67 fee schedule	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Three Rivers	Three Rivers	2604.67	95			186.2	186.2	2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		Managed Care Inc	Managed Care Inc	2467.58	90			186.2	186.2	2604.67 percent of total billed charges	
INTRODUCTION CATHETER AORTA	36200	CPT				outpatient			2741.76		United	Oxford	1835.46				186.2	186.2	2604.67 case rate	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Aetna	Commercial	2037.61	38			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Horizon	Indemnity	2052.63	38.28			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Amerihealth	HMO/PPO	550				303.8	5094.03	5094.03 fee schedule	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Consumer	Consumer	5094.03	95			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Aetna	Medicare	1651.54	30.8			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Corrections	Corrections	4289.71	80			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		First Trenton	First Trenton	4825.93	90			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Aetna	Better Health	1632.24	30.44			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Horizon	MGD	2052.63	38.28			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Multiplan	Multiplan	4289.71	80			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		First Health	First Health	3753.5	70			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Americare	Americare	4021.61	75			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Horizon	NJ Health	303.8				303.8	5094.03	5094.03 fee schedule	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		United	Commercial/PPO	1835.46				303.8	5094.03	5094.03 case rate	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Horizon	Medicare Blue	1608.64	30			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Qualcare	Qualcare	4021.61	75			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Horizon	PPO	2052.63	38.28			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		WellPoint	WellPoint	1664.41	31.04			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Wellcare	Medicaid	1632.24	30.44			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Managed Care Inc	Managed Care Inc	4825.93	90			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		Three Rivers	Three Rivers	5094.03	95			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		UHC	Medicaid	1632.24	30.44			303.8	5094.03	5094.03 percent of total billed charges	
SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	36215	CPT				both			5362.14		United	Oxford	1835.46				303.8	5094.03	5094.03 case rate	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Horizon	Indemnity	2350.55	38.28			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Consumer	Consumer	5833.38	95			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		First Trenton	First Trenton	5526.36	90			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Aetna	Commercial	2333.35	38			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Managed Care Inc	Managed Care Inc	5526.36	90			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Aetna	Better Health	1869.14	30.44			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Americare	Americare	4605.3	75			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Aetna	Medicare	1891.24	30.8			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Multiplan	Multiplan	4912.32	80			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Corrections	Corrections	4912.32	80			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Horizon	MGD	2350.55	38.28			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		United	Commercial/PPO	1835.46				367.5	5833.38	5833.38 case rate	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Qualcare	Qualcare	4605.3	75			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		First Health	First Health	4298.28	70			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Amerihealth	HMO/PPO	650				367.5	5833.38	5833.38 fee schedule	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Horizon	NJ Health	367.5				367.5	5833.38	5833.38 fee schedule	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Horizon	PPO	2350.55	38.28			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Horizon	Medicare Blue	1842.12	30			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		UHC	Medicaid	1869.14	30.44			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Three Rivers	Three Rivers	5833.38	95			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		United	Oxford	1835.46				367.5	5833.38	5833.38 case rate	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		Wellcare	Medicaid	1869.14	30.44			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	36216	CPT				both			6140.4		WellPoint	WellPoint	1905.98	31.04			367.5	5833.38	5833.38 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Aetna	Commercial	2767.08	38			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		First Trenton	First Trenton	6553.6	90			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Americare	Americare	5461.34	75			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Aetna	Better Health	2216.57	30.44			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		WellPoint	WellPoint	2260.26	31.04			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Aetna	Medicare	2242.79	30.8			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Horizon	Indemnity	2787.47	38.28			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		First Health	First Health	5097.25	70			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Amerihealth	HMO/PPO	800				441	6917.69	6917.69 fee schedule	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Horizon	PPO	2787.47	38.28			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Consumer	Consumer	6917.69	95			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Corrections	Corrections	5825.42	80			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Horizon	NJ Health	441			694.24	441	6917.69	6917.69 fee schedule	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Managed Care Inc	Managed Care Inc	6553.6	90			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Horizon	Medicare Blue	2184.53	30			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Horizon	MGD	2787.47	38.28			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Multiplan	Multiplan	5825.42	80			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Three Rivers	Three Rivers	6917.69	95			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		United	Oxford	1835.46				441	6917.69	6917.69 case rate	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		UHC	Medicaid	2216.57	30.44			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Qualcare	Qualcare	5461.34	75			441	6917.69	6917.69 percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		United	Commercial/PPO	1835.46				441	6917.69	6917.69 case rate	
SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	36217	CPT				both			7281.78		Wellcare	Medicaid	2216.57	30.44			441	6917.69	6917.69 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Americare	Americare	8270.42	75			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Amerihealth	HMO/PPO	550				550	10475.86	10475.86 fee schedule	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Aetna	Better Health	3356.69	30.44			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Horizon	MGD	7066.83				550	10475.86	10475.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Aetna	Commercial	5960.24				550	10475.86	10475.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	UHC	Medicaid	3356.69	30.44			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Consumer	Consumer	10475.86	95			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Amerihealth	Medicare	3652.11				550	10475.86	10475.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Three Rivers	Three Rivers	10475.86	95			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	First Health	First Health	7719.05	70			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Wellcare	Medicare	3652.11				550	10475.86	10475.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Horizon	PPO	7066.83				550	10475.86	10475.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Aetna	Medicare	3652.11				550	10475.86	10475.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Horizon	Indemnity	7066.83				550	10475.86	10475.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Corrections	Corrections	8821.78	80			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	First Trenton	First Trenton	9924.5	90			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Multiplan	Multiplan	8821.78	80			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	United	Commercial/PPO	3596.76				550	10475.86	10475.86 case rate	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Horizon	Medicare Blue	3652.11				550	10475.86	10475.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Managed Care Inc	Managed Care Inc	9924.5	90			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Qualcare	Qualcare	8270.42	75			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Wellcare	Medicaid	3356.69	30.44			550	10475.86	10475.86 percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	Horizon	NJ Health	1015.83				550	10475.86	10475.86 fee schedule	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	UHC	Medicare	3652.11				550	10475.86	10475.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	United	Oxford	3596.76				550	10475.86	10475.86 case rate	
NONSLCTV CATH THOR AORTA ANGIO INTRA/TRCRANL ART	36221	CPT				inpatient			11027.22	4199.93	WellPoint	WellPoint	3422.85	31.04			550	10475.86	10475.86 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Americare	Americare	8237.52	75			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Aetna	Better Health	3343.33	30.44			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	UHC	Medicare	3652.11				550	10434.19	10434.19 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Aetna	Medicare	3652.11				550	10434.19	10434.19 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Aetna	Commercial	5960.24				550	10434.19	10434.19 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Amerihealth	HMO/PPO	550				550	10434.19	10434.19 fee schedule	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Horizon	MGD	7066.83				550	10434.19	10434.19 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Multiplan	Multiplan	8786.69	80			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	First Trenton	First Trenton	9885.02	90			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	First Health	First Health	7688.35	70			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	United	Commercial/PPO	3596.76				550	10434.19	10434.19 case rate	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Consumer	Consumer	10434.19	95			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Amerihealth	Medicare	3652.11				550	10434.19	10434.19 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Qualcare	Qualcare	8237.52	75			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	UHC	Medicaid	3343.33	30.44			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Corrections	Corrections	8786.69	80			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Horizon	Medicare Blue	3652.11				550	10434.19	10434.19 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Horizon	NJ Health	1257.09				550	10434.19	10434.19 fee schedule	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Horizon	Indemnity	7066.83				550	10434.19	10434.19 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Horizon	PPO	7066.83				550	10434.19	10434.19 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Managed Care Inc	Managed Care Inc	9885.02	90			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	United	Oxford	3596.76				550	10434.19	10434.19 case rate	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Wellcare	Medicaid	3343.33	30.44			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	WellPoint	WellPoint	3409.23	31.04			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Three Rivers	Three Rivers	10434.19	95			550	10434.19	10434.19 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	36222	CPT				both			10983.36	4199.93	Wellcare	Medicare	3652.11				550	10434.19	10434.19 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	36223	CPT				both			10983.36	7213.19	Horizon	Medicare Blue	6272.34				550	12136.98	12136.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	36223	CPT				both			10983.36	7213.19	Aetna	Better Health	3343.33	30.44			550	12136.98	12136.98 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	36223	CPT				both			10983.36	7213.19	Americare	Americare	8237.52	75			550	12136.98	12136.98 percent of total billed charges	
SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	36223	CPT				both			10983.36	7213.19	Aetna	Commercial	10236.46			2065.32	550	12136.98	12136.98 other	Payer-specific negotiated charge calcul

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SLCTV CATH CAROTID|INNOM ART ANGIO INTRCRANL ART	36223	CPT				both			10983.36		7213.19	United	Oxford	4843.06				550	12136.98	case rate	
SLCTV CATH CAROTID|INNOM ART ANGIO INTRCRANL ART	36223	CPT				both			10983.36		7213.19	Wellcare	Medicare	6272.34				550	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CAROTID|INNOM ART ANGIO INTRCRANL ART	36223	CPT				both			10983.36		7213.19	WellPoint	WellPoint	3409.23	31.04			550	12136.98	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Corrections	Corrections	14367.31	80			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Consumer	Consumer	17061.18	95			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Horizon	NJ Health	1494.09			744.55	550	17061.18	fee schedule	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Aetna	Medicare	6272.34				550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	First Trenton	First Trenton	16163.23	90			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Aetna	Better Health	5466.76	30.44			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	First Health	First Health	12571.4	70			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Aetna	Commercial	10236.46			4173.54	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Managed Care Inc	Managed Care Inc	16163.23	90			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Horizon	PPO	12136.98			5424.45	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Multiplan	Multiplan	14367.31	80			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Horizon	Medicare Blue	6272.34			2262.73	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Horizon	Indemnity	12136.98			5409.21	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	UHC	Medicare	6272.34			1417.31	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Horizon	MGD	12136.98			5036.56	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Americare	Americare	13469.36	75			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Wellcare	Medicare	6272.34				550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	WellPoint	WellPoint	5574.52	31.04			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Qualcare	Qualcare	13469.36	75			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Amerihealth	HMO/PPO	550				550	17061.18	fee schedule	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Three Rivers	Three Rivers	17061.18	95			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Amerihealth	Medicare	6272.34				550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	United	CommercialPPO	4843.06			1164.85	550	17061.18	case rate	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	UHC	Medicaid	5466.76	30.44		5256.76	550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	Wellcare	Medicaid	5466.76	30.44			550	17061.18	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	36224	CPT				both			17959.14		7213.19	United	Oxford	4843.06				550	17061.18	case rate	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Aetna	Commercial	5960.24				550	10434.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	First Trenton	First Trenton	9885.02	90			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Amerihealth	Medicare	3652.11				550	10434.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Aetna	Better Health	3343.33	30.44			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	UHC	Medicare	3652.11				550	10434.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Amerihealth	HMO/PPO	550				550	10434.19	fee schedule	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Consumer	Consumer	10434.19	95			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Aetna	Medicare	3652.11				550	10434.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Americare	Americare	8237.52	75			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Managed Care Inc	Managed Care Inc	9885.02	90			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Corrections	Corrections	8786.69	80			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Horizon	PPO	7066.83				550	10434.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Multiplan	Multiplan	8786.69	80			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Horizon	Indemnity	7066.83				550	10434.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Horizon	NJ Health	1365.24				550	10434.19	fee schedule	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	First Health	First Health	7688.35	70			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Qualcare	Qualcare	8237.52	75			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	UHC	Medicaid	3343.33	30.44			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Horizon	Medicare Blue	3652.11				550	10434.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	WellPoint	WellPoint	3409.23	31.04			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Wellcare	Medicare	3652.11				550	10434.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	United	CommercialPPO	3596.76				550	10434.19	case rate	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Three Rivers	Three Rivers	10434.19	95			550	10434.19	percent of total billed charges	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Horizon	MGD	7066.83				550	10434.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	United	Oxford	3596.76				550	10434.19	case rate	
SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	36225	CPT				both			10983.36		4199.93	Wellcare	Medicaid	3343.33	30.44			550	10434.19	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Aetna	Medicare	6272.34				550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Amerihealth	Medicare	6272.34				550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Aetna	Better Health	5466.76	30.44			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Amerihealth	HMO/PPO	550				550	17061.18	fee schedule	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Americare	Americare	13469.36	75			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Horizon	Indemnity	12136.98			5409.21	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Corrections	Corrections	14367.31	80			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	First Trenton	First Trenton	16163.23	90			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Consumer	Consumer	17061.18	95			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	UHC	Medicare	6272.34			1417.31	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Aetna	Commercial	10236.46			4173.54	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	First Health	First Health	12571.4	70			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Horizon	Medicare Blue	6272.34			2262.73	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	WellPoint	WellPoint	5574.52	31.04			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Horizon	MGD	12136.98			5036.55	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Managed Care Inc	Managed Care Inc	16163.23	90			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	United	CommercialPPO	4843.06			1164.85	550	17061.18	case rate	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Horizon	NJ Health	1523.49			747.38	550	17061.18	fee schedule	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Multiplan	Multiplan	14367.31	80			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Three Rivers	Three Rivers	17061.18	95			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	United	Oxford	4843.06				550	17061.18	case rate	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Wellcare	Medicare	6272.34				550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Horizon	PPO	12136.98			5424.45	550	17061.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	UHC	Medicaid	5466.76	30.44		5257.55	550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Wellcare	Medicaid	5466.76	30.44			550	17061.18	percent of total billed charges	
SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	36226	CPT				both			17959.14		7213.19	Qualcare	Qualcare	13469.36	75			550	17061.18	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Consumer	Consumer	16444.9	95			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Aetna	Commercial	6577.96	38			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Aetna	Better Health	5269.29	30.44			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			UHC	Medicaid	5269.29	30.44		5087.97	215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Qualcare	Qualcare	12982.82	75			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Americare	Americare	12982.82	75			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Amerihealth	HMO/PPO	550				215.7	16444.9	fee schedule	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Aetna	Medicare	5331.61	30.8			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Corrections	Corrections	13848.34	80			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Horizon	PPO	6626.43	38.28		5201.22	215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			First Health	First Health	12117.29	70			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			United	Oxford	1835.46				215.7	16444.9	case rate	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			First Trenton	First Trenton	15579.38	90			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Multiplan	Multiplan	13848.34	80			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Horizon	NJ Health	215.7			584.16	215.7	16444.9	fee schedule	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			WellPoint	WellPoint	5373.15	31.04			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Horizon	Medicare Blue	5193.13	30			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Wellcare	Medicaid	5269.29	30.44			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Horizon	Indemnity	6626.43	38.28			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Horizon	MGD	6626.43	38.28		5201.1	215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			United	CommercialPPO	1835.46			1122.77	215.7	16444.9	case rate	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Managed Care Inc	Managed Care Inc	15579.38	90			215.7	16444.9	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	36227	CPT				both			17310.42			Three Rivers	Three Rivers	16444.9	95			215.7	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Aetna	Commercial	6577.96	38			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Aetna	Medicare	5331.61	30.8			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Aetna	Better Health	5269.29	30.44			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Horizon	Indemnity	6626.43	38.28			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			WellPoint	WellPoint	5373.15	31.04			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			First Trenton	First Trenton	15579.38	90			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			First Health	First Health	12117.29	70			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Americare	Americare	12982.82	75			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Consumer	Consumer	16444.9	95			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Corrections	Corrections	13848.34	80			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Multiplan	Multiplan	13848.34	80			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Amerihealth	HMO/PPO	550				550	16444.9	fee schedule	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Horizon	Medicare Blue	5193.13	30			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Horizon	NJ Health	1046.58				550	16444.9	fee schedule	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Qualcare	Qualcare	12982.82	75			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Horizon	MGD	6626.43	38.28			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			United	Oxford	1835.46				550	16444.9	case rate	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Horizon	PPO	6626.43	38.28			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Wellcare	Medicaid	5269.29	30.44			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			UHC	Medicaid	5269.29	30.44			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Managed Care Inc	Managed Care Inc	15579.38	90			550	16444.9	percent of total billed charges	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			United	CommercialPPO	1835.46				550	16444.9	case rate	
SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	36228	CPT				both			17310.42			Three Rivers	Three Rivers	16444.9	95			550	16444.9	percent of total billed charges	
SLCTV CATHJ EA 1ST ORD ABDL PEULXTR ART BRNCH	36245	CPT				both			5604.9			Aetna	Medicare	1726.31	30.8			223.44	5324.66	percent of total billed charges	
SLCTV CATHJ EA 1ST ORD ABDL PEULXTR ART BRNCH	36245	CPT				both			5604.9			Corrections	Corrections	4483.92	80			223.44	5324.66	percent of total billed charges	
SLCTV CATHJ EA 1ST ORD ABDL PEULXTR ART BRNCH	36245	CPT				both			5604.9			Aetna	Better Health	1706.13	30.44			223.44	5324.66	percent of total billed charges	
SLCTV CATHJ EA 1ST ORD ABDL PEULXTR ART BRNCH	36245	CPT				both			5604.9			Americare	Americare	4203.68	75			223.44	5324.66	percent of total billed charges	
SLCTV CATHJ EA 1ST ORD ABDL PEULXTR ART BRNCH	36245	CPT				both			5604.9			Amerihealth	HMO/PPO	550				223.44	5324.66	fee schedule	
SLCTV CATHJ EA 1ST ORD ABDL PEULXTR ART BRNCH	36245	CPT				both			5604.9			First Trenton	First Trenton	5044.41	90			223.44	5324.66	percent of total bill

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SLCTV CATHJ EA 1ST ORD ABDL PELVLXTR ART BRNCH	36245	CPT				both			5604.9		United	CommercialPPO	1835.46				223.44	5324.66	case rate	
SLCTV CATHJ EA 1ST ORD ABDL PELVLXTR ART BRNCH	36245	CPT				both			5604.9		United	Oxford	1835.46				223.44	5324.66	case rate	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Aetna	Commercial	2339.17	38			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Corrections	Corrections	4924.56	80			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Aetna	Better Health	1873.8	30.44			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Amerihealth	HMO/PPO	650				367.5	5847.92	fee schedule	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Americare	Americare	4616.78	75			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		First Health	First Health	4308.99	70			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Consumer	Consumer	5847.92	95			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		First Trenton	First Trenton	5540.13	90			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Aetna	Medicare	1895.96	30.8			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		UHC	Medicaid	1873.8	30.44			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Horizon	MGD	2356.4	38.28			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Horizon	Indemnity	2356.4	38.28			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Multiplan	Multiplan	4924.56	80			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Horizon	NJ Health	367.5				367.5	5847.92	fee schedule	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		United	CommercialPPO	1835.46				367.5	5847.92	case rate	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Horizon	Medicare Blue	1846.71	30			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Qualcare	Qualcare	4616.78	75			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Horizon	PPO	2356.4	38.28			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		WellPoint	WellPoint	1910.73	31.04			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		United	Oxford	1835.46				367.5	5847.92	case rate	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Managed Care Inc	Managed Care Inc	5540.13	90			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Wellcare	Medicaid	1873.8	30.44			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 2ND ORDER ABDL PELVLXTR ART BRNCH	36246	CPT				both			6155.7		Three Rivers	Three Rivers	5847.92	95			367.5	5847.92	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Consumer	Consumer	4780.08	95			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Horizon	Indemnity	1926.12	38.28		2153.93	450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Aetna	Better Health	1531.64	30.44			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Aetna	Medicare	1549.75	30.8		1163.09	450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Corrections	Corrections	4025.33	80			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Aetna	Commercial	1912.03	38		1628.06	450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		First Health	First Health	3522.16	70			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Amerihealth	HMO/PPO	800			735.73	450.8	4780.08	fee schedule	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Horizon	Medicare Blue	1509.5	30		996.36	450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Americare	Americare	3773.75	75			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Horizon	NJ Health	450.8			586.42	450.8	4780.08	fee schedule	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		First Trenton	First Trenton	4528.49	90			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Wellcare	Medicaid	1531.64	30.44		1479.88	450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Horizon	MGD	1926.12	38.28		1671.38	450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Multiplan	Multiplan	4025.33	80			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		UHC	Medicaid	1531.64	30.44		1485.81	450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Horizon	PPO	1926.12	38.28		2117.33	450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Managed Care Inc	Managed Care Inc	4528.49	90			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Qualcare	Qualcare	3773.75	75			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		United	CommercialPPO	1835.46			313.29	450.8	4780.08	case rate	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		Three Rivers	Three Rivers	4780.08	95			450.8	4780.08	percent of total billed charges	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		United	Oxford	1835.46				450.8	4780.08	case rate	
SLCTV CATHJ 3RD+ ORD SLCTV ABDL PELVLXTR BRNCH	36247	CPT				both			5031.66		WellPoint	WellPoint	1561.83	31.04		1304.02	450.8	4780.08	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		First Health	First Health	961.76	70			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Corrections	Corrections	1099.15	80			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		First Trenton	First Trenton	1236.55	90			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Aetna	Medicare	423.17	30.8		300	80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Aetna	Better Health	418.23	30.44			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Amerihealth	HMO/PPO	650			144.97	80.85	1835.46	fee schedule	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Horizon	PPO	525.94	38.28		524.09	80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Multiplan	Multiplan	1099.15	80			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Aetna	Commercial	522.1	38		320.81	80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Wellcare	Medicaid	418.23	30.44		404.1	80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Horizon	Indemnity	525.94	38.28		424.44	80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Americare	Americare	1030.46	75			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		United	Oxford	1835.46				80.85	1835.46	case rate	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Horizon	MGD	525.94	38.28			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		UHC	Medicaid	418.23	30.44			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Qualcare	Qualcare	1030.46	75			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Horizon	NJ Health	80.85			163.64	80.85	1835.46	fee schedule	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Consumer	Consumer	1305.24	95			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		United	CommercialPPO	1835.46				80.85	1835.46	case rate	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		WellPoint	WellPoint	426.47	31.04		387.54	80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Managed Care Inc	Managed Care Inc	1236.55	90			80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Horizon	Medicare Blue	412.18	30		282.51	80.85	1835.46	percent of total billed charges	
SLCTV CATHJ EA 2ND+ ORD ABDL PELVLXTR ART BRNCH	36248	CPT				both			1373.94		Three Rivers	Three Rivers	1305.24	95			80.85	1835.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Horizon	MGD	7066.83				550	11707.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Consumer	Consumer	11707.46	95			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Americare	Americare	9242.73	75			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Aetna	Commercial	5960.24				550	11707.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Multiplan	Multiplan	9858.91	80			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Aetna	Better Health	3751.32	30.44			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Aetna	Medicare	3652.11				550	11707.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	UHC	Medicare	3652.11				550	11707.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Qualcare	Qualcare	9242.73	75			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Corrections	Corrections	9858.91	80			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Horizon	Medicare Blue	3652.11				550	11707.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Amerihealth	HMO/PPO	650				550	11707.46	fee schedule	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	First Health	First Health	8626.55	70			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Amerihealth	Medicare	3652.11				550	11707.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Horizon	NJ Health	1280.92				550	11707.46	fee schedule	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Horizon	Indemnity	7066.83				550	11707.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	First Trenton	First Trenton	11091.28	90			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	United	CommercialPPO	3596.76				550	11707.46	case rate	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Horizon	PPO	7066.83				550	11707.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Wellcare	Medicaid	3751.32	30.44			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Managed Care Inc	Managed Care Inc	11091.28	90			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	UHC	Medicaid	3751.32	30.44			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Three Rivers	Three Rivers	11707.46	95			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	United	Oxford	3596.76				550	11707.46	case rate	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	Wellcare	Medicare	3652.11				550	11707.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I UN	36251	CPT				both			12323.64	4199.93	WellPoint	WellPoint	3825.26	31.04			550	11707.46	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	First Health	First Health	7615.52	70			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Americare	Americare	8159.49	75			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Wellcare	Medicare	3652.11				550	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Aetna	Medicare	3350.83	30.8			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Aetna	Better Health	3311.67	30.44			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Aetna	Commercial	5960.24				550	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Horizon	MGD	7066.83				550	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Corrections	Corrections	8703.46	80			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Amerihealth	HMO/PPO	650				550	10335.35	fee schedule	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Consumer	Consumer	10335.35	95			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	UHC	Medicaid	3311.67	30.44			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Multiplan	Multiplan	8703.46	80			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	United	Oxford	3596.76				550	10335.35	case rate	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Amerihealth	Medicare	3652.11				550	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	UHC	Medicare	3652.11				550	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Horizon	PPO	7066.83				550	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	First Trenton	First Trenton	9791.39	90			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Qualcare	Qualcare	8159.49	75			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Horizon	Indemnity	7066.83				550	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	WellPoint	WellPoint	3376.94	31.04			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Horizon	Medicare Blue	3652.11				550	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	United	CommercialPPO	3596.76				550	10335.35	case rate	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Horizon	NJ Health	1402.48				550	10335.35	fee schedule	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Wellcare	Medicaid	3311.67	30.44			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Managed Care Inc	Managed Care Inc	9791.39	90			550	10335.35	percent of total billed charges	
SLCTV CATH 1STORD WIWO ART PUNCT/FLUORO/S&I BIL	36252	CPT				inpatient			10879.32	4199.93	Three Rivers	Three Rivers	10335.35	95			550	10335.35	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	Aetna	Commercial	10236.46				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	First Health	First Health	12764.89	70			650	17323.78	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	Aetna	Better Health	5550.9	30.44			650	17323.78	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	Amerihealth	HMO/PPO	650				650	17323.78	fee schedule	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	Corrections	Corrections	14588.45	80			650	17323.78	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	First Trenton	First Trenton	16412	90			650	17323.78	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	Aetna	Medicare	6272.34				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	UHC	Medicaid	5550.9	30.44			650	17323.78	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	Multiplan	Multiplan	14588.45	80			650	17323.78	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	Three Rivers	Three Rivers	17323.78	95			650	17323.78	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	Americare

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36253	CPT				both			18235.56	7213.19	Wellcare	Medicaid	6560.9	30.44			650	10335.35	17323.78	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Americare	Americare	8159.49	75			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Aetna	Commercial	5960.24				650	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Aetna	Medicare	3652.11				650	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Horizon	PPO	7066.83				650	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Amerihealth	Medicare	3652.11				650	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Aetna	Better Health	3311.67	30.44			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Multiplan	Multiplan	8703.46	80			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Consumer	Consumer	10335.35	95			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Three Rivers	Three Rivers	10335.35	95			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Amerihealth	HMO/PPO	650				650	10335.35	fee schedule		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Horizon	Medicare Blue	3652.11				650	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	WellPoint	WellPoint	3376.94	31.04			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Corrections	Corrections	8703.46	80			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	UHC	Medicare	3652.11				650	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Wellcare	Medicaid	3311.67	30.44			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	First Health	First Health	7615.52	70			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	United	Oxford	3596.76				650	10335.35	case rate		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Horizon	MGD	7066.83				650	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Qualcare	Qualcare	8159.49	75			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Wellcare	Medicare	3652.11				650	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	First Trenton	First Trenton	9791.39	90			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	UHC	Medicaid	3311.67	30.44			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Horizon	Indemnity	7066.83				650	10335.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Horizon	NJ Health	2039.97				650	10335.35	fee schedule		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	Managed Care Inc	Managed Care Inc	9791.39	90			650	10335.35	percent of total billed charges		
SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	36254	CPT				outpatient			10879.32	4199.93	United	CommercialPPO	3596.76				650	10335.35	case rate		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Amerihealth	HMO/PPO	331.5	65			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		First Trenton	First Trenton	459	90			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Aetna	Commercial	193.8	38			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Consumer	Consumer	484.5	95			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Americare	Americare	382.5	75			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Multiplan	Multiplan	408	80			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		First Health	First Health	357	70			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Horizon	PPO	195.23	38.28			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Horizon	MGD	195.23	38.28			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Corrections	Corrections	408	80			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Horizon	Medicare Blue	153	30			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Horizon	NJ Health	33.93				33.93	484.5	fee schedule		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			33.93	484.5	percent of total billed charges		
VNPNXR <3 YEARS PHY/QHP SKILL FEMORAL/JUGULAR VN	36400	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			33.93	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Americare	Americare	382.5	75			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Aetna	Commercial	193.8	38			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		First Trenton	First Trenton	459	90			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Amerihealth	HMO/PPO	125				125	484.5	fee schedule		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Consumer	Consumer	484.5	95			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		First Health	First Health	357	70			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Horizon	PPO	195.23	38.28			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Corrections	Corrections	408	80			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Horizon	MGD	195.23	38.28			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Multiplan	Multiplan	408	80			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Horizon	Medicare Blue	153	30			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			125	484.5	percent of total billed charges		
VNPNXR 3 YEARS/> PHYS/QHP SKILL DX/THER PURPOSES	36410	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			125	484.5	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Aetna	Medicare	9.09			8.48	1	58.14	fee schedule		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	First Trenton	First Trenton	55.08	90			1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Americare	Americare	45.9	75			1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Amerihealth	HMO/PPO	1			8.7	1	58.14	fee schedule		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Aetna	Better Health	18.63	30.44		15.27	1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Corrections	Corrections	48.96	80		11.76	1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Horizon	NJ Health	3.88			5.06	1	58.14	fee schedule		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Aetna	Commercial	23.26	38		13.24	1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Horizon	PPO	23.43	38.28		17.13	1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Managed Care Inc	Managed Care Inc	55.08	90			1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Consumer	Consumer	58.14	95			1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	UHC	Medicaid	4.42			15.5	1	58.14	fee schedule		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Amerihealth	Medicare	9.09			3.52	1	58.14	fee schedule		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	First Health	First Health	42.84	70			1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Horizon	Indemnity	23.43	38.28		15.3	1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	WellPoint	WellPoint	19	31.04		14.11	1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Multiplan	Multiplan	48.96	80			1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Horizon	Medicare Blue	18.36	30		7.74	1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Horizon	MGD	23.43	38.28		15.99	1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	UHC	Medicare	9.09			7.75	1	58.14	fee schedule		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Qualcare	Qualcare	45.9	75			1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Three Rivers	Three Rivers	58.14	95			1	58.14	percent of total billed charges		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Wellcare	Medicaid	4.42			15.21	1	58.14	fee schedule		
COLLECTION VENOUS BLOOD VENIPUNCTURE	36415	CPT				both			61.2	10.45	Wellcare	Medicare	9.09			8.5	1	58.14	fee schedule		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		UHC	Medicaid	1.8			2.41	1	30.04	fee schedule		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Corrections	Corrections	25.3	80			1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Multiplan	Multiplan	25.3	80			1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Aetna	Commercial	12.02	38		2.4	1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Americare	Americare	23.72	75			1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Amerihealth	HMO/PPO	1			1.51	1	30.04	fee schedule		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Aetna	Better Health	9.63	30.44		2.5	1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		First Health	First Health	22.13	70			1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Consumer	Consumer	30.04	95			1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		First Trenton	First Trenton	28.46	90			1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Qualcare	Qualcare	23.72	75			1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Aetna	Medicare	9.74	30.8		1.46	1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Wellcare	Medicaid	1.8			2.44	1	30.04	fee schedule		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Three Rivers	Three Rivers	30.04	95			1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		WellPoint	WellPoint	9.81	31.04		2.18	1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Horizon	Indemnity	12.1	38.28		2.43	1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Horizon	NJ Health	3.53			0.86	1	30.04	fee schedule		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Horizon	MGD	12.1	38.28		2.71	1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Horizon	PPO	12.1	38.28		2.42	1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Horizon	Medicare Blue	9.49	30		1.3	1	30.04	percent of total billed charges		
COLLECTION CAPILLARY BLOOD SPECIMEN	36416	CPT				both			31.62		Managed Care Inc	Managed Care Inc	28.46	90			1	30.04	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	UHC	Medicaid	21.83			290.61	21.83	1835.46	fee schedule		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Aetna	Commercial	827.86			387.81	21.83	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Horizon	Medicare Blue	507.27			128.04	21.83	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Amerihealth	HMO/PPO	376.16			116.79	21.83	1835.46	fee schedule		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	First Trenton	First Trenton	1044.68	90			21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Aetna	Better Health	353.34	30.44			21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Americare	Americare	870.57	75			21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Aetna	Medicare	507.27			128.11	21.83	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Wellcare	Medicare	507.27			132.26	21.83	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	WellPoint	WellPoint	360.3	31.04		315.35	21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Multiplan	Multiplan	928.61	80			21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Consumer	Consumer	1102.72	95			21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Managed Care Inc	Managed Care Inc	1044.68	90			21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	First Health	First Health	812.53	70			21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Corrections	Corrections	928.61	80		90.99	21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Amerihealth	Medicare	507.27				21.83	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Qualcare	Qualcare	870.57	75			21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Horizon	Indemnity	981.57			537.92	21.83	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Horizon	MGD	981.57			283.34	21.83	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	UHC	Medicare	507.27			136.33	21.83	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	United	CommercialPPO	1835.46			296.59	21.83	1835.46	case rate		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Horizon	NJ Health	47.45			62.44	21.83	1835.46	fee schedule		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Three Rivers	Three Rivers	1102.72	95			21.83	1835.46	percent of total billed charges		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Horizon	PPO	981.57			326.78	21.83	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	United	Oxford	1835.46			86.23	21.83	1835.46	case rate		
TRANSFUSION BLOOD/BLOOD COMPONENTS	36430	CPT				both			1160.76	583.36	Wellcare	Medicaid	21.83			220.74	21.83	1835.46	fee schedule		
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Amerihealth	Medicare	463.58				38.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LI

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46				38.39	1835.46	case rate	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Aetna	Medicare	463.58				38.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80			38.39	1835.46	percent of total billed charges	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			38.39	1835.46	percent of total billed charges	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				38.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				38.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				38.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			38.39	1835.46	percent of total billed charges	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				38.39	1835.46	case rate	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Quelcare	Quelcare	1040.4	75			38.39	1835.46	percent of total billed charges	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				38.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			38.39	1835.46	percent of total billed charges	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Horizon	NJ Health	38.39				38.39	1835.46	fee schedule	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				38.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			38.39	1835.46	percent of total billed charges	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			38.39	1835.46	percent of total billed charges	
INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	36468	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			38.39	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Aetna	Commercial	756.56				36.54	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				36.54	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Aetna	Medicare	463.58				36.54	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	125				36.54	1835.46	fee schedule	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				36.54	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Aetna	Better Health	422.26	30.44			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Amerihealth	Medicare	463.58				36.54	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				36.54	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				36.54	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58				36.54	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				36.54	1835.46	case rate	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46				36.54	1835.46	case rate	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Horizon	NJ Health	36.54				36.54	1835.46	fee schedule	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	First Trenton	First Trenton	1248.48	90			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			36.54	1835.46	percent of total billed charges	
INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	36470	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				36.54	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Aetna	Better Health	422.26	30.44			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Aetna	Commercial	756.56				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Aetna	Medicare	427.26	30.8			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	First Trenton	First Trenton	1248.48	90			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	300				46.98	1835.46	fee schedule	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Amerihealth	Medicare	463.58				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04		437.66	46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Quelcare	Quelcare	1040.4	75			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	United	CommercialPPO	1835.46				46.98	1835.46	case rate	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				46.98	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Horizon	NJ Health	46.98				46.98	1835.46	fee schedule	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			46.98	1835.46	percent of total billed charges	
INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	36471	CPT				outpatient			1387.2	533.12	United	Oxford	1835.46				46.98	1835.46	case rate	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Amerihealth	HMO/PPO	650				650	10519.46	fee schedule	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Amerihealth	Medicare	3652.11				650	10519.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Corrections	Corrections	8898.5	80			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	UHC	Medicaid	3370.66	30.44			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Aetna	Better Health	3370.66	30.44			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Aetna	Commercial	5960.24				650	10519.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Aetna	Medicare	3410.52	30.8			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	First Trenton	First Trenton	9965.81	90			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	First Health	First Health	7751.18	70			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Horizon	Indemnity	7066.83				650	10519.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Horizon	Medicare Blue	3652.11				650	10519.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	United	CommercialPPO	3596.76				650	10519.46	case rate	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Multiplan	Multiplan	8898.5	80			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Americare	Americare	8304.84	75			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Consumer	Consumer	10519.46	95			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	UHC	Medicare	3652.11				650	10519.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Horizon	MGD	7066.83				650	10519.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Wellcare	Medicare	3652.11				650	10519.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Horizon	PPO	7066.83				650	10519.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Qualcare	Qualcare	8304.84	75			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Horizon	NJ Health	2073.02				650	10519.46	fee schedule	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Wellcare	Medicaid	3370.66	30.44			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	WellPoint	WellPoint	3437.1	31.04			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Managed Care Inc	Managed Care Inc	9965.81	90			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	Three Rivers	Three Rivers	10519.46	95			650	10519.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	36473	CPT				outpatient			11073.12	4199.93	United	Oxford	3596.76				650	10519.46	case rate	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Consumer	Consumer	357.19	95			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Aetna	Better Health	114.45	30.44			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		First Trenton	First Trenton	338.39	90			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Horizon	Indemnity	143.93	38.28			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		First Health	First Health	263.19	70			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Aetna	Commercial	142.88	38			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Aetna	Medicare	115.8	30.8			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Americare	Americare	281.99	75			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Corrections	Corrections	300.79	80			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		WellPoint	WellPoint	116.71	31.04			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Horizon	Medicare Blue	112.8	30			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Horizon	PPO	143.93	38.28			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Three Rivers	Three Rivers	357.19	95			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Amerihealth	HMO/PPO	125				112.8	1835.46	fee schedule	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Horizon	MGD	143.93	38.28			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		United	CommercialPPO	1835.46				112.8	1835.46	case rate	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Horizon	NJ Health	379.7				112.8	1835.46	fee schedule	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Managed Care Inc	Managed Care Inc	338.39	90			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Wellcare	Medicaid	114.45	30.44			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Multiplan	Multiplan	300.79	80			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		United	Oxford	1835.46				112.8	1835.46	case rate	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		Quelcare	Quelcare	281.99	75			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	36474	CPT				outpatient			375.99		UHC	Medicaid	114.45	30.44			112.8	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	United	CommercialPPO	3596.76				650	15376.09	case rate	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	Consumer	Consumer	15376.09	95			650	15376.09	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	Aetna	Commercial	5960.24				650	15376.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	Aetna	Better Health	4926.82	30.44			650	15376.09	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	Amerihealth	Medicare	3652.11				650	15376.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	First Health	First Health	11329.75	70			650	15376.09	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	Corrections	Corrections	12948.29	80		3425.07	650	15376.09	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	Quelcare	Quelcare	12139.02	75			650	15376.09	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	Horizon	Indemnity	7066.83				650	15376.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	First Trenton	First Trenton	14566.82	90			650	15376.09	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	Aetna	Medicare	3652.11				650	15376.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	Multiplan	Multiplan	12948.29	80			650	15376.09	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	36475	CPT				outpatient			16185.36	4199.93	UHC	Medicare	3652.11				650	15376.09	other	Payer-specific negotiated char

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Aetna	Better Health	126.59	30.44			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Horizon	Medicare Blue	124.76	30			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Americare	Americare	311.9	75			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Consumer	Consumer	395.07	95			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Aetna	Commercial	158.03	38			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Horizon	Indemnity	159.19	38.28			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Amerihealth	HMO/PPO	125				124.76	1835.46	fee schedule	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Multiplan	Multiplan	332.69	80			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Horizon	MGD	159.19	38.28			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		WellPoint	WellPoint	129.08	31.04			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Horizon	PPO	159.19	38.28			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Qualcare	Qualcare	311.9	75			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Managed Care Inc	Managed Care Inc	374.27	90			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Three Rivers	Three Rivers	395.07	95			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		UHC	Medicaid	126.59	30.44			124.76	1835.46	percent of total billed charges	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		United	Commercial|PPO	1835.46				124.76	1835.46	case rate	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		United	Oxford	1835.46				124.76	1835.46	case rate	
ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	36476	CPT				outpatient			415.86		Wellcare	Medicaid	126.59	30.44			124.76	1835.46	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Americare	Americare	4450.01	75			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Aetna	Better Health	1806.11	30.44			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Aetna	Medicare	1827.47	30.8			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Amerihealth	HMO/PPO	1050				520.7	5636.67	fee schedule	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Corrections	Corrections	4746.67	80			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Aetna	Commercial	2254.67	38			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Consumer	Consumer	5636.67	95			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Horizon	MGD	2271.28	38.28			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		First Trenton	First Trenton	5340.01	90			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		WellPoint	WellPoint	1841.71	31.04			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		First Health	First Health	4153.34	70			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Horizon	Medicare Blue	1780	30			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		UHC	Medicaid	1806.11	30.44			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Horizon	Indemnity	2271.28	38.28			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Multiplan	Multiplan	4746.67	80			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Horizon	NJ Health	520.7				520.7	5636.67	fee schedule	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		United	Commercial|PPO	1835.46				520.7	5636.67	case rate	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Horizon	PPO	2271.28	38.28			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Qualcare	Qualcare	4450.01	75			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Managed Care Inc	Managed Care Inc	5340.01	90			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		United	Oxford	1835.46				520.7	5636.67	case rate	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Three Rivers	Three Rivers	5636.67	95			520.7	5636.67	percent of total billed charges	
PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	36481	CPT				both			5933.34		Wellcare	Medicaid	1806.11	30.44			520.7	5636.67	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Corrections	Corrections	15280.42	80			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Horizon	MGD	12136.98				2907.64	18145.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Aetna	Commercial	10236.46				2907.64	18145.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Amerihealth	Medicare	6272.34				2907.64	18145.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Aetna	Better Health	5814.2	30.44			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	First Health	First Health	13370.36	70			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Americare	Americare	14325.39	75			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Horizon	Medicare Blue	6272.34				2907.64	18145.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Horizon	Indemnity	12136.98				2907.64	18145.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	UHC	Medicaid	5814.2	30.44			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Aetna	Medicare	6272.34				2907.64	18145.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	UHC	Medicare	6272.34				2907.64	18145.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Amerihealth	HMO/PPO	12415.34	65			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Consumer	Consumer	18145.49	95			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Horizon	PPO	12136.98				2907.64	18145.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Wellcare	Medicaid	5814.2	30.44			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Multiplan	Multiplan	15280.42	80			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	First Trenton	First Trenton	17190.47	90			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	United	Commercial|PPO	4843.06				2907.64	18145.49	case rate	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Horizon	NJ Health	2907.64				2907.64	18145.49	fee schedule	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Qualcare	Qualcare	14325.39	75			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Managed Care Inc	Managed Care Inc	17190.47	90			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	United	Oxford	4843.06				2907.64	18145.49	case rate	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Three Rivers	Three Rivers	18145.49	95			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	Wellcare	Medicare	6272.34				2907.64	18145.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ THER CHEM ADHESIVE 1ST VEIN	36482	CPT				outpatient			19100.52	7213.19	WellPoint	WellPoint	5928.8	31.04			2907.64	18145.49	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Americare	Americare	382.5	75			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		First Trenton	First Trenton	459	90			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Amerihealth	HMO/PPO	331.5	65			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Aetna	Commercial	193.8	38			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Consumer	Consumer	484.5	95			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Horizon	Medicare Blue	153	30			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		First Health	First Health	357	70			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Corrections	Corrections	408	80			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		United	Commercial|PPO	1835.46				153	1835.46	case rate	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Horizon	MGD	195.23	38.28			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Horizon	PPO	195.23	38.28			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Horizon	NJ Health	197.52				153	1835.46	fee schedule	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		United	Oxford	1835.46				153	1835.46	case rate	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Multiplan	Multiplan	408	80			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			153	1835.46	percent of total billed charges	
ENDOVEN ABLTJ THER CHEM ADHESIVE SBSQ VEIN	36483	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04		2.24	153	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Horizon	Indemnity	94.49	38.28			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Aetna	Medicare	76.03	30.8			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		First Health	First Health	172.79	70			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Aetna	Better Health	75.14	30.44			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		First Trenton	First Trenton	222.16	90			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Americare	Americare	185.13	75			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Consumer	Consumer	234.5	95			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Aetna	Commercial	93.8	38			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Horizon	Medicare Blue	74.05	30			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Horizon	MGD	94.49	38.28			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Multiplan	Multiplan	197.47	80			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		WellPoint	WellPoint	76.62	31.04			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Managed Care Inc	Managed Care Inc	222.16	90			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Amerihealth	HMO/PPO	550				74.05	1835.46	fee schedule	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Corrections	Corrections	197.47	80			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Horizon	PPO	94.49	38.28			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Qualcare	Qualcare	185.13	75			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Three Rivers	Three Rivers	234.5	95			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Wellcare	Medicaid	75.14	30.44			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		Horizon	NJ Health	331.47				74.05	1835.46	fee schedule	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		UHC	Medicaid	75.14	30.44			74.05	1835.46	percent of total billed charges	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		United	Commercial|PPO	1835.46				74.05	1835.46	case rate	
VEN CATHJ SLCTV ORGAN BLD SAMPLING	36500	CPT				both			246.84		United	Oxford	1835.46				74.05	1835.46	case rate	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Horizon	Medicare Blue	1902.09				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Consumer	Consumer	4613.41	95			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Aetna	Medicare	1902.09				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Qualcare	Qualcare	3642.17	75			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Amerihealth	HMO/PPO	1165.69				127.89	4613.41	fee schedule	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Aetna	Commercial	3104.21				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Horizon	MGD	3680.54				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Aetna	Better Health	1478.23	30.44			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	United	Oxford	2567.79				127.89	4613.41	case rate	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Corrections	Corrections	3884.98	80			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Amerihealth	Medicare	1902.09				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	UHC	Medicaid	1478.23	30.44			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	First Health	First Health	3399.35	70			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Americare	Americare	3642.17	75			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Horizon	Indemnity	3680.54				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	First Trenton	First Trenton	4370.6	90			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	United	Commercial|PPO	2567.79				127.89	4613.41	case rate	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Horizon	NJ Health	127.89				127.89	4613.41	fee schedule	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Wellcare	Medicaid	1478.23	30.44			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Horizon	PPO	3680.54				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Multiplan	Multiplan	3884.98	80			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Managed Care Inc	Managed Care Inc	4370.6	90			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Three Rivers	Three Rivers	4613.41	95			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	UHC	Medicare	1902.09				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	Wellcare	Medicare	1902.09				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS WHITE BLOOD CELLS	36511	CPT				outpatient			4856.22	2187.4	WellPoint	WellPoint	1927.37	31.04			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32	2187.4	Americare	Americare	4487.49	75			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32	2187.4	UHC	Medicare	1902.09				132.33	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Horizon		3680.54				132.33	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Qualcare	Qualcare	4487.49	75			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 First Health	First Health	4188.32	70			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Amerihealth	Medicare	1902.09				132.33	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 UHC	Medicaid	1821.32	30.44			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Consumer	Consumer	5684.15	95			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 United	Commercial|PPO	2567.79				132.33	5684.15	case rate	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Horizon	Medicare Blue	1902.09				132.33	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 United	Oxford	2567.79				132.33	5684.15	case rate	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Corrections	Corrections	4786.66	80			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 First Trenton	First Trenton	5384.99	90			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Wellcare	Medicaid	1821.32	30.44			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 WellPoint	WellPoint	1857.22	31.04			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Horizon	NJ Health	132.33				132.33	5684.15	fee schedule	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Managed Care Inc	Managed Care Inc	5384.99	90			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Three Rivers	Three Rivers	5684.15	95			132.33	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS RED BLOOD CELLS	36512	CPT				both			5983.32		2187.4 Wellcare	Medicare	1902.09				132.33	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Aetna	Commercial	827.86				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Amerihealth	Medicare	507.27				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Horizon	PPO	981.57				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Aetna	Better Health	1478.23	30.44			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Americare	Americare	3642.17	75			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Aetna	Medicare	1495.72	30.8			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Consumer	Consumer	4613.41	95			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 First Health	First Health	3399.35	70			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Amerihealth	HMO|PPO	376.16				127.89	4613.41	fee schedule	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 First Trenton	First Trenton	4370.6	90			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Corrections	Corrections	3884.98	80			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Horizon	Medicare Blue	507.27				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Horizon	MGD	981.57				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 UHC	Medicaid	1478.23	30.44			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Horizon	NJ Health	127.89				127.89	4613.41	fee schedule	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Multiplan	Multiplan	3884.98	80			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Horizon	Indemnity	981.57				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Qualcare	Qualcare	3642.17	75			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 United	Commercial|PPO	1835.46				127.89	4613.41	case rate	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Three Rivers	Three Rivers	4613.41	95			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Managed Care Inc	Managed Care Inc	4370.6	90			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 UHC	Medicare	507.27				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 United	Oxford	1835.46				127.89	4613.41	case rate	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Wellcare	Medicaid	1478.23	30.44			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 WellPoint	WellPoint	1507.37	31.04			127.89	4613.41	percent of total billed charges	
THERAPEUTIC APHERESIS PLATELETS	36513	CPT				outpatient			4856.22		583.36 Wellcare	Medicare	507.27				127.89	4613.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Multiplan	Multiplan	4786.66	80			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Amerihealth	HMO|PPO	1165.69				798.63	5684.15	fee schedule	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Aetna	Better Health	1821.32	30.44			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Aetna	Commercial	3104.21				798.63	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Corrections	Corrections	4786.66	80			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 First Trenton	First Trenton	5384.99	90			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Aetna	Medicare	1902.09				798.63	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Amerihealth	Medicare	1902.09				798.63	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Qualcare	Qualcare	4487.49	75			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 First Health	First Health	4188.32	70			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Americare	Americare	4487.49	75			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Horizon	Medicare Blue	1902.09				798.63	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Horizon	Indemnity	3680.54				798.63	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Managed Care Inc	Managed Care Inc	5384.99	90			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Consumer	Consumer	5684.15	95			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 UHC	Medicare	1902.09				798.63	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Horizon	NJ Health	798.63				798.63	5684.15	fee schedule	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Wellcare	Medicaid	1821.32	30.44			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Horizon	MGD	3680.54				798.63	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Three Rivers	Three Rivers	5684.15	95			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Horizon	PPO	3680.54				798.63	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 Wellcare	Medicare	1902.09				798.63	5684.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 United	Commercial|PPO	2567.79				798.63	5684.15	case rate	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 UHC	Medicaid	1821.32	30.44			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 WellPoint	WellPoint	1857.22	31.04			798.63	5684.15	percent of total billed charges	
THERAPEUTIC APHERESIS PLASMA PHERESIS	36514	CPT				both			5983.32		2187.4 United	Oxford	2567.79				798.63	5684.15	case rate	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Amerihealth	HMO|PPO	3382.26				127.89	1502\5.31	fee schedule	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Three Rivers	Three Rivers	15025.31	95			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Wellcare	Medicare	5436.3				127.89	1502\5.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Corrections	Corrections	12652.9	80			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 United	Commercial|PPO	6552.86				127.89	1502\5.31	case rate	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Aetna	Medicare	5436.3				127.89	1502\5.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Aetna	Better Health	4814.43	30.44			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Aetna	Commercial	8872.04				127.89	1502\5.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Amerihealth	Medicare	5436.3				127.89	1502\5.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Wellcare	Medicaid	914.46				127.89	1502\5.31	fee schedule	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Americare	Americare	11862.09	75			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Multiplan	Multiplan	12652.9	80			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 WellPoint	WellPoint	4909.32	31.04			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 First Trenton	First Trenton	14234.51	90			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Consumer	Consumer	15025.31	95			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Qualcare	Qualcare	11862.09	75			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 First Health	First Health	11071.28	70			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Horizon	MGD	10519.24				127.89	1502\5.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 UHC	Medicaid	914.46				127.89	1502\5.31	fee schedule	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Horizon	NJ Health	127.89				127.89	1502\5.31	fee schedule	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Horizon	Indemnity	10519.24				127.89	1502\5.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Horizon	PPO	10519.24				127.89	1502\5.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 United	Oxford	6552.86				127.89	1502\5.31	case rate	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Managed Care Inc	Managed Care Inc	14234.51	90			127.89	1502\5.31	percent of total billed charges	
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 Horizon	Medicare Blue	5436.3				127.89	1502\5.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	36516	CPT				outpatient			15816.12		6251.75 UHC	Medicare	5436.3				127.89	1502\5.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Amerihealth	Medicare	3652.11				300	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 First Health	First Health	3597.13	70			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Multiplan	Multiplan	4111.01	80			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 First Trenton	First Trenton	4624.88	90			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Aetna	Better Health	1564.24	30.44			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Aetna	Commercial	5960.24				300	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Americare	Americare	3854.07	75			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Aetna	Medicare	3652.11				300	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Horizon	Indemnity	7066.83				300	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Three Rivers	Three Rivers	4881.82	95			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Wellcare	Medicaid	1564.24	30.44			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Managed Care Inc	Managed Care Inc	4624.88	90			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 WellPoint	WellPoint	1595.07	31.04			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Amerihealth	HMO|PPO	300				300	7066.83	fee schedule	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Consumer	Consumer	4881.82	95			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Corrections	Corrections	4111.01	80			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Horizon	Medicare Blue	3652.11				300	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Horizon	MGD	7066.83				300	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Wellcare	Medicare	3652.11				300	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Qualcare	Qualcare	3854.07	75			300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Horizon	PPO	7066.83				300	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 UHC	Medicare	3652.11				300	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 Horizon	NJ Health	417.6			129.8	300	7066.83	fee schedule	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 UHC	Medicaid	1564.24	30.44		1479	300	7066.83	percent of total billed charges	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 United	Commercial|PPO	1871.51				300	7066.83	case rate	
INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	36556	CPT				both			5138.76		4199.93 United	Oxford	1871.51				300	7066.83	case rate	
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Corrections	Corrections	7409.28	80			550	8798.52	percent of total billed charges	
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Americare	Americare	6946.2	75			550	8798.52	percent of total billed charges	
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Aetna	Commercial	5960.24				550	8798.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Amerihealth	Medicare	3652.11				550	8798.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 First Trenton	First Trenton	8335.44	90			550	8798.52	percent of total billed charges	
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 First Health	First Health	6483.12	70			550	8798.52	percent of total billed charges	
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Aetna	Medicare	3652.11			3572.53	550	8798.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Aetna	Better Health	2819.23	30.44			550	8798.52	percent of total billed charges	
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Horizon	NJ Health	1243.3			206.18	550	8798.52	fee schedule	
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Amerihealth	HMO|PPO	550				550	8798.52	fee schedule	
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Horizon	MGD	7066.83				550	8798.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Horizon	Medicare Blue	3652.11				550	8798.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Managed Care Inc	Managed Care Inc	8335.44	90			550	8798.52	percent of total billed charges	
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT				both			9261.6		4199.93 Wellcare	Medicare	3652.11				550	8798.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	36558	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Aetna	Commercial	5960.24			3656.77	770	11054.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Aetna	Better Health	3542.05	30.44			770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Aetna	Medicare	3583.94	30.8		2838.57	770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Qualcare	Qualcare	8727.12	75			770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Horizon	NJ Health	1830.47			3058.18	770	11054.35	fee schedule	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Horizon	Medicare Blue	3652.11			2836.4	770	11054.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Americare	Americare	8727.12	75			770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Horizon	Indemnity	7066.83				770	11054.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Corrections	Corrections	9308.93	80			770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Consumer	Consumer	11054.35	95			770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Amerihealth	HMO/PPO	770			3476.21	770	11054.35	fee schedule	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	United	Commercial/PPO	3596.76				770	11054.35	case rate	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Horizon	PPO	7066.83			5244.55	770	11054.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Horizon	MGD	7066.83				770	11054.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Amerihealth	Medicare	3652.11				770	11054.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Multiplan	Multiplan	9308.93	80			770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	First Trenton	First Trenton	10472.54	90			770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	WellPoint	WellPoint	3611.86	31.04		2877.92	770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Wellcare	Medicaid	3542.05	30.44		1548.31	770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Three Rivers	Three Rivers	11054.35	95			770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Managed Care Inc	Managed Care Inc	10472.54	90			770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	UHC	Medicaid	3542.05	30.44		2630.21	770	11054.35	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	UHC	Medicare	3652.11			3142.76	770	11054.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	United	Oxford	3596.76				770	11054.35	case rate	
INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	36561	CPT				both			11636.16	4199.93	Wellcare	Medicare	3652.11				770	11054.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Aetna	Better Health	5550.9	30.44			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Amerihealth	HMO/PPO	650				650	17323.78	fee schedule	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Aetna	Commercial	10236.46				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Amerihealth	Medicare	6272.34				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Americare	Americare	13676.67	75			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	First Health	First Health	12764.89	70			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Corrections	Corrections	14588.45	80			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Horizon	Medicare Blue	6272.34				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Aetna	Medicare	6272.34				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	First Trenton	First Trenton	16412	90			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Multiplan	Multiplan	14588.45	80			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Horizon	Indemnity	12136.98				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Consumer	Consumer	17323.78	95			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Horizon	MGD	12136.98				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Qualcare	Qualcare	13676.67	75			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	UHC	Medicare	6272.34				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Wellcare	Medicaid	5550.9	30.44			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Horizon	NJ Health	2675.25				650	17323.78	fee schedule	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	United	Oxford	4843.06				650	17323.78	case rate	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Horizon	PPO	12136.98				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Managed Care Inc	Managed Care Inc	16412	90			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Wellcare	Medicare	6272.34				650	17323.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	Three Rivers	Three Rivers	17323.78	95			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	United	Commercial/PPO	4843.06				650	17323.78	case rate	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	UHC	Medicaid	5550.9	30.44			650	17323.78	percent of total billed charges	
INSJ TUNNELED CTR VAD W/SUBQ PUMP	36563	CPT				both			18235.56	7213.19	WellPoint	WellPoint	5660.32	31.04			650	17323.78	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	UHC	Medicare	1802.49				300	5409.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Aetna	Better Health	1733.47	30.44			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Americare	Americare	4271.04	75			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Consumer	Consumer	5409.98	95			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Amerihealth	HMO/PPO	300				300	5409.98	fee schedule	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Corrections	Corrections	4555.78	80			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Aetna	Medicare	1802.49				300	5409.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Aetna	Commercial	2941.66				300	5409.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Amerihealth	Medicare	1802.49				300	5409.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	First Trenton	First Trenton	5125.25	90			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Horizon	Medicare Blue	1802.49				300	5409.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	First Health	First Health	3986.3	70			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Horizon	Indemnity	3487.82				300	5409.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Horizon	PPO	3487.82				300	5409.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	United	Oxford	1871.51				300	5409.98	case rate	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Horizon	MGD	3487.82				300	5409.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	United	Commercial/PPO	1871.51				300	5409.98	case rate	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Horizon	NJ Health	433.39				300	5409.98	fee schedule	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Wellcare	Medicaid	1733.47	30.44			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Multiplan	Multiplan	4555.78	80			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	WellPoint	WellPoint	1767.64	31.04			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Qualcare	Qualcare	4271.04	75			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Managed Care Inc	Managed Care Inc	5125.25	90			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	UHC	Medicaid	1733.47	30.44			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Three Rivers	Three Rivers	5409.98	95			300	5409.98	percent of total billed charges	
INSERTION PICC W/O IMG GDN < 5 YR	36568	CPT				inpatient			5694.72	2072.86	Wellcare	Medicare	1802.49				300	5409.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Americare	Americare	3912.98	75			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Horizon	Medicare Blue	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Aetna	Medicare	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Consumer	Consumer	4956.44	95			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Amerihealth	Medicare	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Aetna	Commercial	2941.66				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Aetna	Better Health	1588.15	30.44			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Corrections	Corrections	4173.84	80			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Amerihealth	HMO/PPO	300				300	4956.44	fee schedule	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	UHC	Medicare	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	First Health	First Health	3652.11	70			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	First Trenton	First Trenton	4695.57	90			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Horizon	MGD	3487.82				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Wellcare	Medicaid	1588.15	30.44			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Multiplan	Multiplan	4173.84	80			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Horizon	Indemnity	3487.82				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	UHC	Medicaid	1588.15	30.44			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Wellcare	Medicare	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Qualcare	Qualcare	3912.98	75			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Horizon	NJ Health	395.55				300	4956.44	fee schedule	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	United	Commercial/PPO	1871.51				300	4956.44	case rate	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Horizon	PPO	3487.82				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Managed Care Inc	Managed Care Inc	4695.57	90			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	WellPoint	WellPoint	1619.45	31.04			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	Three Rivers	Three Rivers	4956.44	95			300	4956.44	percent of total billed charges	
INSERTION PICC W/O IMG GDN 5 YR/>	36569	CPT				both			5217.3	2072.86	United	Oxford	1871.51				300	4956.44	case rate	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	First Trenton	First Trenton	8503.33	90			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Americare	Americare	7086.11	75			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Aetna	Commercial	5960.24				670	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	UHC	Medicaid	2876.01	30.44			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Amerihealth	HMO/PPO	670				670	8975.73	fee schedule	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Amerihealth	Medicare	3652.11				670	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Horizon	MGD	7066.83				670	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Aetna	Better Health	2876.01	30.44			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Horizon	Medicare Blue	3652.11				670	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Managed Care Inc	Managed Care Inc	8503.33	90			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Aetna	Medicare	3652.11				670	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	UHC	Medicare	3652.11				670	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	First Health	First Health	6613.7	70			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Consumer	Consumer	8975.73	95			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Multiplan	Multiplan	7558.51	80			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Wellcare	Medicare	3652.11				670	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Horizon	PPO	7066.83				670	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Three Rivers	Three Rivers	8975.73	95			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Qualcare	Qualcare	7086.11	75			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Corrections	Corrections	7558.51	80			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	United	Commercial/PPO	3596.76				670	8975.73	case rate	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Horizon	Indemnity	7066.83				670	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	United	Oxford	3596.76				670	8975.73	case rate	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Horizon	NJ Health	1784.48				670	8975.73	fee schedule	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	Wellcare	Medicaid	2876.01	30.44			670	8975.73	percent of total billed charges	
INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	36571	CPT				inpatient			9448.14	4199.93	WellPoint	WellPoint	2932.7	31.04			670	8975.73	percent of total billed charges	
INSERTION PICC W/RSA| < 5 YR	36572	CPT				both			2590.8	824.99	Aetna	Commercial	1170.76				371.66	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RSA| < 5 YR	36572	CPT				both			2590.8	824.99	First Health	First Health	1813.56	70			371.66	2461.26	percent of total billed charges	
INSERTION PICC W/RSA| < 5 YR	36572	CPT				both			2590.8	824.99	Americare	Americare	1943.1	75			371.66	2461.26	percent of total billed charges	
INSERTION PICC W/RSA| < 5 YR	36572	CPT				both			2590.8	824.99	Horizon	MGD	1388.13				371.66	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RSA| < 5 YR	36572	CPT				both			2590.8	824.99	Amerihealth	HMO/PPO	1684.02	65			371.66	2461.26	percent of total billed charges	
INSERTION PICC W/RSA| < 5 YR	36572	CPT				both			2590.8	824.99	Aetna	Better Health	788.64	30.44			371.66	2461.26	percent of total billed charges	
INSERTION PICC W/RSA| < 5 YR	36572	CPT				both			2590.8	824.99	Amerihealth	Medicare	717.38				371.66	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RSA| < 5 YR	36572	CPT				both			2590.8	824.99	Horizon	PPO	1388.13				371.66	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RSA| < 5 YR	36572	CPT				both			2590.8	824.99	Aetna	Medicare	717.38				371.66	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RSA| < 5 YR	36572	CPT		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSERTION PICC W/RS&I < 5 YR	36572	CPT				both			2590.8	824.99	Multiplan	Multiplan	2072.64	80			371.66	2461.26	percent of total billed charges	
INSERTION PICC W/RS&I < 5 YR	36572	CPT				both			2590.8	824.99	Horizon	Indemnity	1388.13				371.66	2461.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I < 5 YR	36572	CPT				both			2590.8	824.99	Qualcare	Qualcare	1943.1	75			371.66	2461.26	percent of total billed charges	
INSERTION PICC W/RS&I < 5 YR	36572	CPT				both			2590.8	824.99	Horizon	NJ Health	371.66				371.66	2461.26	fee schedule	
INSERTION PICC W/RS&I < 5 YR	36572	CPT				both			2590.8	824.99	United	Commercial/PPO	1871.51				371.66	2461.26	case rate	
INSERTION PICC W/RS&I < 5 YR	36572	CPT				both			2590.8	824.99	Managed Care Inc	Managed Care Inc	2331.72	90			371.66	2461.26	percent of total billed charges	
INSERTION PICC W/RS&I < 5 YR	36572	CPT				both			2590.8	824.99	Three Rivers	Three Rivers	2461.26	95			371.66	2461.26	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Wellcare	Medicare	1802.49				349.68	4343.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Horizon	MGD	3487.82			2622.57	349.68	4343.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Amerihealth	Medicare	1802.49				349.68	4343.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Aetna	Better Health	1391.61	30.44			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Aetna	Commercial	2941.66				349.68	4343.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Aetna	Medicare	1802.49				349.68	4343.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Consumer	Consumer	4343.06	95			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	First Health	First Health	3200.15	70			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Americare	Americare	3428.73	75			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Horizon	NJ Health	349.68			3013.5	349.68	4343.06	fee schedule	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Corrections	Corrections	3657.31	80			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Horizon	PPO	3487.82				349.68	4343.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Horizon	Medicare Blue	1802.49			703.92	349.68	4343.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Amerihealth	HMO/PPO	2971.57	65			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	First Trenton	First Trenton	4114.48	90			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	UHC	Medicare	1802.49			800.64	349.68	4343.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Three Rivers	Three Rivers	4343.06	95			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Multiplan	Multiplan	3657.31	80			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Horizon	Indemnity	3487.82				349.68	4343.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	United	Oxford	2567.79				349.68	4343.06	case rate	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	UHC	Medicaid	1391.61	30.44		1345.94	349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Qualcare	Qualcare	3428.73	75			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Managed Care Inc	Managed Care Inc	4114.48	90			349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	United	Commercial/PPO	2567.79				349.68	4343.06	case rate	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	WellPoint	WellPoint	1419.04	31.04		1411.92	349.68	4343.06	percent of total billed charges	
INSERTION PICC W/RS&I 5 YR/>	36573	CPT				both			4571.64	2072.86	Wellcare	Medicaid	1391.61	30.44		1412.8	349.68	4343.06	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Americare	Americare	8687.34	75			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Aetna	Better Health	3525.9	30.44			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Aetna	Commercial	5960.24				125	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Amerihealth	Medicare	3652.11				125	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Aetna	Medicare	3652.11				125	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Consumer	Consumer	11003.96	95			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Managed Care Inc	Managed Care Inc	10424.81	90			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Horizon	Medicare Blue	3652.11				125	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Amerihealth	HMO/PPO	125				125	11003.96	fee schedule	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	First Health	First Health	8108.18	70			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Multiplan	Multiplan	9266.5	80			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Horizon	Indemnity	7066.83				125	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	First Trenton	First Trenton	10424.81	90			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Corrections	Corrections	9266.5	80			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Qualcare	Qualcare	8687.34	75			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	UHC	Medicare	3652.11				125	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Horizon	MGD	7066.83				125	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Wellcare	Medicaid	3525.9	30.44			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Three Rivers	Three Rivers	11003.96	95			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Horizon	PPO	7066.83				125	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Horizon	NJ Health	1137.96				125	11003.96	fee schedule	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	United	Commercial/PPO	3596.76				125	11003.96	case rate	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	Wellcare	Medicare	3652.11				125	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	WellPoint	WellPoint	3595.4	31.04			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	UHC	Medicaid	3525.9	30.44			125	11003.96	percent of total billed charges	
RPLCMT CATH CTR VAD SUBQ PORT/PMP	36578	CPT				both			11583.12	4199.93	United	Oxford	3596.76				125	11003.96	case rate	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Aetna	Medicare	3652.11				550	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Horizon	MGD	7066.83				550	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	UHC	Medicare	3652.11			856.69	550	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Corrections	Corrections	4295.42	80			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	First Trenton	First Trenton	4832.35	90			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Aetna	Better Health	1634.41	30.44			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Aetna	Commercial	5960.24				550	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Multiplan	Multiplan	4295.42	80			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Americare	Americare	4026.96	75			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	UHC	Medicaid	1634.41	30.44			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Amerihealth	Medicare	3652.11				550	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Horizon	Indemnity	7066.83				550	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Horizon	NJ Health	1088.37			608.71	550	7066.83	fee schedule	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Consumer	Consumer	5100.82	95			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Horizon	Medicare Blue	3652.11				550	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Qualcare	Qualcare	4026.96	75			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Amerihealth	HMO/PPO	550				550	7066.83	fee schedule	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	First Health	First Health	3758.5	70			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Managed Care Inc	Managed Care Inc	4832.35	90			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Horizon	PPO	7066.83				550	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	United	Oxford	3596.76				550	7066.83	case rate	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Wellcare	Medicare	3652.11				550	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Three Rivers	Three Rivers	5100.82	95			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	United	Commercial/PPO	3596.76				550	7066.83	case rate	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	Wellcare	Medicaid	1634.41	30.44			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	36581	CPT				both			5369.28	4199.93	WellPoint	WellPoint	1666.62	31.04			550	7066.83	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	First Trenton	First Trenton	10424.81	90			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Horizon	NJ Health	1552.95			3043.03	770	11003.96	fee schedule	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Consumer	Consumer	11003.96	95			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Aetna	Better Health	3525.9	30.44			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Amerihealth	Medicare	3652.11				770	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Amerihealth	HMO/PPO	770				770	11003.96	fee schedule	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Aetna	Commercial	5960.24				770	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Corrections	Corrections	9266.5	80			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Horizon	Indemnity	7066.83				770	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Horizon	PPO	7066.83				770	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Aetna	Medicare	3652.11				770	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Horizon	Medicare Blue	3652.11				770	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	UHC	Medicare	3652.11				770	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	First Health	First Health	8108.18	70			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Americare	Americare	8687.34	75			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	WellPoint	WellPoint	3595.4	31.04			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Managed Care Inc	Managed Care Inc	10424.81	90			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	UHC	Medicaid	3525.9	30.44			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Horizon	MGD	7066.83				770	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Wellcare	Medicaid	3525.9	30.44			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Multiplan	Multiplan	9266.5	80			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	United	Commercial/PPO	3596.76				770	11003.96	case rate	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Qualcare	Qualcare	8687.34	75			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Wellcare	Medicare	3652.11				770	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	Three Rivers	Three Rivers	11003.96	95			770	11003.96	percent of total billed charges	
RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	36582	CPT				both			11583.12	4199.93	United	Oxford	3596.76				770	11003.96	case rate	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Corrections	Corrections	4173.84	80			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Aetna	Better Health	1588.15	30.44			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Americare	Americare	3912.98	75			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Aetna	Commercial	2941.66				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	First Trenton	First Trenton	4695.57	90			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Amerihealth	Medicare	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Amerihealth	HMO/PPO	300				300	4956.44	fee schedule	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Consumer	Consumer	4956.44	95			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Horizon	PPO	3487.82				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Aetna	Medicare	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	UHC	Medicaid	1588.15	30.44			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Horizon	MGD	3487.82				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Horizon	Indemnity	3487.82				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Horizon	Medicare Blue	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	UHC	Medicare	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	First Health	First Health	3652.11	70			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Wellcare	Medicare	1802.49				300	4956.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Multiplan	Multiplan	4173.84	80			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	United	Commercial/PPO	1871.51				300	4956.44	case rate	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Qualcare	Qualcare	3912.98	75			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Horizon	NJ Health	380.62				300	4956.44	fee schedule	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Wellcare	Medicaid	1588.15	30.44			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	WellPoint	WellPoint	1619.45	31.04			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	United	Oxford	1871.51				300	4956.44	case rate	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Managed Care Inc	Managed Care Inc	4695.57	90			300	4956.44	percent of total billed charges	
COMPLETE REPLACEMENT PICC RS&I	36584	CPT				both			5217.3	2072.86	Three Rivers	Three Rivers	4956.44	95			300	4956.44	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Americare	Americare	8572.59	75			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Corrections	Corrections	9144.1	80			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	UHC	Medicare	3652.11				550	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Consumer	Consumer	10858.61	95			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Aetna	Commercial	5960.24				550	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Aetna	Better Health	3479.33

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Horizon	Indemnity	7066.83				550	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Aetna	Medicare	3652.11				550	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Multiplan	Multiplan	9144.1	80			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	First Trenton	First Trenton	10287.11	90			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Horizon	NJ Health	2675.25				550	10858.61	fee schedule	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Horizon	MGD	7066.83				550	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Qualcare	Qualcare	8572.59	75			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Horizon	PPO	7066.83				550	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Three Rivers	Three Rivers	10858.61	95			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Managed Care Inc	Managed Care Inc	10287.11	90			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	UHC	Medicaid	3479.33	30.44			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	United	Oxford	3596.76				550	10858.61	case rate	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	United	Commercial|PPO	3596.76				550	10858.61	case rate	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	WellPoint	WellPoint	3547.91	31.04			550	10858.61	percent of total billed charges	
RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	36585	CPT				inpatient			11430.12	4199.93	Wellcare	Medicaid	3479.33	30.44			550	10858.61	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	First Health	First Health	1892.81	70			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	UHC	Medicare	717.38				125	2568.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Horizon	NJ Health	244.61			2119.55	125	2568.82	fee schedule	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Aetna	Better Health	823.1	30.44			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Amerihealth	HMO/PPO	125				125	2568.82	fee schedule	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Amerihealth	Medicare	717.38				125	2568.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Aetna	Medicare	717.38			722.06	125	2568.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Americare	Americare	2028.02	75			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Horizon	Indemnity	1388.13			966.9	125	2568.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Horizon	PPO	1388.13				125	2568.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Multiplan	Multiplan	2163.22	80			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Aetna	Commercial	1170.76			926.23	125	2568.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Horizon	MGD	1388.13				125	2568.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	United	Commercial|PPO	1871.51				125	2568.82	case rate	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Corrections	Corrections	2163.22	80			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Consumer	Consumer	2568.82	95			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Horizon	Medicare Blue	717.38			350.23	125	2568.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	WellPoint	WellPoint	839.33	31.04			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Qualcare	Qualcare	2028.02	75			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	UHC	Medicaid	823.1	30.44		786.54	125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Three Rivers	Three Rivers	2568.82	95			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	United	Oxford	1871.51				125	2568.82	case rate	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	First Trenton	First Trenton	2433.62	90			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Wellcare	Medicaid	823.1	30.44			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Managed Care Inc	Managed Care Inc	2433.62	90			125	2568.82	percent of total billed charges	
RMVL TUN CVC W/O SUBQ PORT/PMP	36589	CPT				both			2704.02	824.99	Wellcare	Medicare	717.38				125	2568.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Aetna	Commercial	2941.66			2292.1	300	5254.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Aetna	Medicare	1802.49			1419.12	300	5254.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	First Trenton	First Trenton	4978.31	90			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Horizon	Indemnity	3487.82			2377.06	300	5254.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Amerihealth	Medicare	1802.49				300	5254.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	UHC	Medicaid	1683.78	30.44		1605.36	300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Horizon	MGD	3487.82			2351.16	300	5254.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Aetna	Better Health	1683.78	30.44			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Americare	Americare	4148.6	75			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Consumer	Consumer	5254.89	95			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Horizon	PPO	3487.82				300	5254.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Horizon	Medicare Blue	1802.49				300	5254.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Amerihealth	HMO/PPO	300				300	5254.89	fee schedule	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Corrections	Corrections	4425.17	80			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	United	Commercial|PPO	2567.79			1615.98	300	5254.89	case rate	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	First Health	First Health	3872.02	70			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	UHC	Medicare	1802.49			710.01	300	5254.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Horizon	NJ Health	537.66			3181.39	300	5254.89	fee schedule	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	United	Oxford	2567.79				300	5254.89	case rate	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Multiplan	Multiplan	4425.17	80			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	WellPoint	WellPoint	1716.97	31.04			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Wellcare	Medicaid	1683.78	30.44		1623.2	300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Managed Care Inc	Managed Care Inc	4976.31	90			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Qualcare	Qualcare	4148.6	75			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Three Rivers	Three Rivers	5254.89	95			300	5254.89	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	36590	CPT				both			5531.46	2072.86	Wellcare	Medicare	1802.49				300	5254.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Wellcare	Medicare	384.87				47.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Amerihealth	Medicare	384.87				47.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Aetna	Better Health	377.24	30.44			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Aetna	Commercial	628.11			545.51	47.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Horizon	MGD	744.72				47.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Americare	Americare	929.48	75			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Amerihealth	HMO/PPO	50				47.55	1835.46	fee schedule	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Multiplan	Multiplan	991.44	80			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	UHC	Medicaid	377.24	30.44		365.44	47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Consumer	Consumer	1177.34	95			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Horizon	PPO	744.72				47.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Aetna	Medicare	384.87				47.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	UHC	Medicare	384.87				47.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Horizon	NJ Health	47.55			784.89	47.55	1835.46	fee schedule	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	First Health	First Health	867.51	70			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Wellcare	Medicaid	377.24	30.44			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	United	Commercial|PPO	1835.46				47.55	1835.46	case rate	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	First Trenton	First Trenton	1115.37	90			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	United	Oxford	1835.46				47.55	1835.46	case rate	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Corrections	Corrections	991.44	80			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Three Rivers	Three Rivers	1177.34	95			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Qualcare	Qualcare	929.48	75			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Horizon	Indemnity	744.72				47.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Horizon	Medicare Blue	384.87				47.55	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	Managed Care Inc	Managed Care Inc	1115.37	90			47.55	1835.46	percent of total billed charges	
DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	36593	CPT				both			1239.3	442.6	WellPoint	WellPoint	384.68	31.04		384.78	47.55	1835.46	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	First Health	First Health	3932	70			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Amerihealth	Medicare	1802.49				125	5336.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Horizon	Medicare Blue	1802.49				125	5336.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Aetna	Better Health	1709.86	30.44			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Consumer	Consumer	5336.28	95			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Aetna	Commercial	2941.66				125	5336.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Aetna	Medicare	1730.08	30.8			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Multiplan	Multiplan	4493.71	80			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Three Rivers	Three Rivers	5336.28	95			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Americare	Americare	4212.86	75			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	UHC	Medicare	1802.49				125	5336.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Horizon	NJ Health	341.91			1279.81	125	5336.28	fee schedule	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Corrections	Corrections	4493.71	80			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Amerihealth	HMO/PPO	125				125	5336.28	fee schedule	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Horizon	MGD	3487.82				125	5336.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Qualcare	Qualcare	4212.86	75			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	First Trenton	First Trenton	5055.43	90			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	United	Commercial|PPO	1871.51				125	5336.28	case rate	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Wellcare	Medicare	1802.49				125	5336.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Horizon	Indemnity	3487.82				125	5336.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	UHC	Medicaid	1709.86	30.44			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Horizon	PPO	3487.82				125	5336.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Wellcare	Medicaid	1709.86	30.44			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	Managed Care Inc	Managed Care Inc	5055.43	90			125	5336.28	percent of total billed charges	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	United	Oxford	1871.51				125	5336.28	case rate	
RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	36597	CPT				both			5617.14	2072.86	WellPoint	WellPoint	1743.56	31.04			125	5336.28	percent of total billed charges	
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	UHC	Medicare	149.57				5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Aetna	Commercial	244.1			179.15	5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Aetna	Better Health	135.99	30.44			5	1835.46	percent of total billed charges	
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Amerihealth	Medicare	149.57				5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Horizon	MGD	289.42				5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Qualcare	Qualcare	335.07	75			5	1835.46	percent of total billed charges	
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Amerihealth	HMO/PPO	5				5	1835.46	fee schedule	
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Aetna	Medicare	149.57				5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Horizon	PPO	289.42			39.63	5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Consumer	Consumer	424.42	95			5	1835.46	percent of total billed charges	
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	First Health	First Health	312.73	70			5	1835.46	percent of total billed charges	
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Multiplan	Multiplan	357.41	80			5	1835.46	percent of total billed charges	
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	United	Oxford	1835.46				5	1835.46	case rate	
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Corrections	Corrections	357.41	80			5	1835.46	percent of total billed charges	
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT				both			446.76	172.01	Horizon	Indemnity	289.42				5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	36600	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Aetna	Better Health	103.08	30.44			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		WellPoint	WellPoint	105.11	31.04			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Horizon	Indemnity	129.63	38.28			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Consumer	Consumer	321.71	95			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		First Health	First Health	237.05	70			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Amerihealth	HMO/PPO	125				61.13	1835.46	fee schedule	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Horizon	Medicare Blue	101.59	30			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Horizon	MGD	129.63	38.28			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Corrections	Corrections	270.91	80			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Wellcare	Medicaid	103.08	30.44			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Qualcare	Qualcare	253.98	75			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		United	Oxford	1835.46				61.13	1835.46	case rate	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Horizon	PPO	129.63	38.28			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Multiplan	Multiplan	270.91	80			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		First Trenton	First Trenton	304.78	90			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		UHC	Medicaid	103.08	30.44		97.96	61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Three Rivers	Three Rivers	321.71	95			61.13	1835.46	percent of total billed charges	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Horizon	NJ Health	61.13				61.13	1835.46	fee schedule	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		United	Commercial/PPO	1835.46				61.13	1835.46	case rate	
ARTL CATH,I/CANNULI,I MNTR/TRANSFUSION SPX PRQ	36620	CPT				both			338.64		Managed Care Inc	Managed Care Inc	304.78	90			61.13	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Aetna	Better Health	191.57	30.44			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Corrections	Corrections	503.47	80			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Aetna	Commercial	755.63				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Consumer	Consumer	597.87	95			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Horizon	Medicare Blue	463.01				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	First Trenton	First Trenton	566.41	90			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Americare	Americare	472.01	75			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	First Health	First Health	440.54	70			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Horizon	PPO	895.92				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Horizon	NJ Health	96.57			24.33	96.57	1835.46	fee schedule	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Aetna	Medicare	463.01				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Horizon	Indemnity	895.92				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	WellPoint	WellPoint	195.35	31.04			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Managed Care Inc	Managed Care Inc	566.41	90			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Amerihealth	HMO/PPO	125				96.57	1835.46	fee schedule	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Multiplan	Multiplan	503.47	80			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Horizon	MGD	895.92				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Three Rivers	Three Rivers	597.87	95			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Amerihealth	Medicare	463.01				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	United	Commercial/PPO	1835.46				96.57	1835.46	case rate	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	UHC	Medicare	463.01				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	UHC	Medicaid	191.57	30.44		183.35	96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Qualcare	Qualcare	472.01	75			96.57	1835.46	percent of total billed charges	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	United	Oxford	1835.46				96.57	1835.46	case rate	
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Wellcare	Medicare	463.01				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	36680	CPT				outpatient			629.34	532.46	Wellcare	Medicaid	191.57	30.44			96.57	1835.46	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	United	Oxford	6018.29				6018.29	62462.71	case rate	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Corrections	Corrections	52600.18	80			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Aetna	Commercial	34003.6				6018.29	62462.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	UHC	Medicaid	20014.37	30.44			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	First Trenton	First Trenton	59175.2	90			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Aetna	Better Health	20014.37	30.44			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Aetna	Medicare	20251.07	30.8			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Amerihealth	HMO/PPO	42737.64	65			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Wellcare	Medicaid	20014.37	30.44			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Horizon	MGD	40316.77				6018.29	62462.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Horizon	Indemnity	40316.77				6018.29	62462.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	UHC	Medicare	20835.54				6018.29	62462.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Horizon	PPO	40316.77				6018.29	62462.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Americare	Americare	49312.67	75			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Horizon	Medicare Blue	20835.54				6018.29	62462.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Amerihealth	Medicare	20835.54				6018.29	62462.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Managed Care Inc	Managed Care Inc	59175.2	90			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Consumer	Consumer	62462.71	95			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Wellcare	Medicare	20835.54				6018.29	62462.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	United	Commercial/PPO	6018.29				6018.29	62462.71	case rate	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	WellPoint	WellPoint	20408.87	31.04			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Three Rivers	Three Rivers	62462.71	95			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	First Health	First Health	46025.15	70			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Multiplan	Multiplan	52600.18	80			6018.29	62462.71	percent of total billed charges	
PERQ AV FISTULA CREATION UXTR SEP ACCESS SITES	36837	CPT				outpatient			65750.22	23960.87	Qualcare	Qualcare	49312.67	75			6018.29	62462.71	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Horizon	Indemnity	3487.82				550	5248.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Aetna	Commercial	2941.66				550	5248.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Aetna	Better Health	1681.6	30.44			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Aetna	Medicare	1802.49				550	5248.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	First Trenton	First Trenton	4971.89	90			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Americare	Americare	4143.24	75			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	WellPoint	WellPoint	1714.75	31.04		1172.41	550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Consumer	Consumer	5248.1	95			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Horizon	Medicare Blue	1802.49			1606.83	550	5248.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Amerihealth	Medicare	1802.49				550	5248.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Amerihealth	HMO/PPO	550				550	5248.1	fee schedule	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Corrections	Corrections	4419.46	80			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Managed Care Inc	Managed Care Inc	4971.89	90			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Three Rivers	Three Rivers	5248.1	95			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	First Health	First Health	3867.02	70			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Horizon	NJ Health	781.56			276.2	550	5248.1	fee schedule	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	UHC	Medicaid	1681.6	30.44			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Multiplan	Multiplan	4419.46	80			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Horizon	MGD	3487.82			1573.51	550	5248.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Horizon	PPO	3487.82				550	5248.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	UHC	Medicare	1802.49				550	5248.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Wellcare	Medicare	1802.49				550	5248.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Wellcare	Medicaid	1681.6	30.44			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	United	Oxford	2567.79				550	5248.1	case rate	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	United	Commercial/PPO	2567.79				550	5248.1	case rate	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	36901	CPT				both			5524.32	2072.86	Qualcare	Qualcare	4143.24	75			550	5248.1	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	First Trenton	First Trenton	19111.84	90			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Corrections	Corrections	16988.3	80			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Aetna	Commercial	10796.64				1200	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Aetna	Better Health	6464.05	30.44			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Horizon	NJ Health	1682.13			1457.01	1200	20173.61	fee schedule	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	First Health	First Health	14864.77	70			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Americare	Americare	15926.54	75			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Aetna	Medicare	6540.5	30.8		4936.02	1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Managed Care Inc	Managed Care Inc	19111.84	90			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Horizon	MGD	12801.17			7229.63	1200	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Amerihealth	HMO/PPO	1200				1200	20173.61	fee schedule	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Consumer	Consumer	20173.61	95			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Three Rivers	Three Rivers	20173.61	95			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Horizon	Indemnity	12801.17				1200	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Amerihealth	Medicare	6615.59				1200	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Horizon	PPO	12801.17				1200	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Wellcare	Medicare	6615.59				1200	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Multiplan	Multiplan	16988.3	80			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Horizon	Medicare Blue	6615.59				1200	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	UHC	Medicaid	6464.05	30.44			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	United	Oxford	4843.06				1200	20173.61	case rate	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Qualcare	Qualcare	15926.54	75			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	UHC	Medicare	6615.59				1200	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	United	Commercial/PPO	4843.06				1200	20173.61	case rate	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	WellPoint	WellPoint	6591.46	31.04		4641.89	1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	36902	CPT				both			21235.38	7607.93	Wellcare	Medicaid	6464.05	30.44			1200	20173.61	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	First Health	First Health	30040.84	70			1400	40769.71	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	UHC	Medicare	13158.69				1400	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	Corrections	Corrections	34332.38	80			1400	40769.71	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	Aetna	Commercial	21474.98				1400	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	Consumer	Consumer	40769.71	95			1400	40769.71	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	First Trenton	First Trenton	38623.93	90			1400	40769.71	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	Aetna	Better Health	13063.47	30.44			1400	40769.71	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	Americare	Americare	32186.61	75			1400	40769.71	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	Multiplan	Multiplan	34332.38	80			1400	40769.71	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	Wellcare	Medicare	13158.69				1400	40769.71	other	Payer-specific negotiated charge calculated as a percent

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	36903	CPT				both			42915.48	15132.49	Wellcare	Medicaid	13063.47	30.44			1400	42769.71	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Americare	Americare	15926.54	75			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	UHC	Medicaid	6464.05	30.44			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Consumer	Consumer	20173.61	95			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Amerihealth	Medicare	6815.59				800	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Aetna	Commercial	10796.64				800	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Aetna	Medicare	6540.5	30.8			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Aetna	Better Health	6464.05	30.44			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Horizon	MCD	12801.17				800	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Managed Care Inc	Managed Care Inc	19111.84	90			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Amerihealth	HMO/PPO	800				800	20173.61	fee schedule	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Corrections	Corrections	16988.3	80			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	First Trenton	First Trenton	19111.84	90			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Multiplan	Multiplan	16988.3	80			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	First Health	First Health	14864.77	70			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Wellcare	Medicare	6815.59				800	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	UHC	Medicare	6815.59				800	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Three Rivers	Three Rivers	20173.61	95			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	United	Commercial/PPO	4843.06				800	20173.61	case rate	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Horizon	Indemnity	12801.17				800	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Wellcare	Medicaid	6464.05	30.44			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Qualcare	Qualcare	15926.54	75			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Horizon	Medicare Blue	6815.59				800	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Horizon	NJ Health	2423.39				800	20173.61	fee schedule	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	Horizon	PPO	12801.17				800	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	United	Oxford	4843.06				800	20173.61	case rate	
PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	36904	CPT				both			21235.38	7607.93	WellPoint	WellPoint	6591.46	31.04			800	20173.61	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Three Rivers	Three Rivers	40769.71	95			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Amerihealth	HMO/PPO	1200				1200	40769.71	fee schedule	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Qualcare	Qualcare	32186.61	75			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Aetna	Better Health	13063.47	30.44			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Aetna	Medicare	13158.69				1200	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	UHC	Medicaid	13063.47	30.44			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Aetna	Commercial	21474.98				1200	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Americare	Americare	32186.61	75			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Corrections	Corrections	34332.38	80			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Amerihealth	Medicare	13158.69				1200	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Multiplan	Multiplan	34332.38	80			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Wellcare	Medicare	13158.69				1200	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	First Trenton	First Trenton	38623.93	90			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	UHC	Medicare	13158.69				1200	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Horizon	MCD	25462.07				1200	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Consumer	Consumer	40769.71	95			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Horizon	NJ Health	3101.1				1200	40769.71	fee schedule	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	First Health	First Health	30040.84	70			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Horizon	PPO	25462.07				1200	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Horizon	Medicare Blue	13158.69				1200	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Managed Care Inc	Managed Care Inc	38623.93	90			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Horizon	Indemnity	25462.07				1200	40769.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	WellPoint	WellPoint	13320.96	31.04			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	United	Oxford	6018.29				1200	40769.71	case rate	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	United	Commercial/PPO	6018.29				1200	40769.71	case rate	
PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	36905	CPT				both			42915.48	15132.49	Wellcare	Medicaid	13063.47	30.44			1200	40769.71	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Horizon	Medicare Blue	20835.54				1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Americare	Americare	48786.35	75			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	First Health	First Health	45533.92	70			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	First Trenton	First Trenton	58543.61	90			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Aetna	Better Health	19800.75	30.44			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Aetna	Commercial	34003.6				1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Consumer	Consumer	61796.04	95			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Corrections	Corrections	52038.77	80			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Horizon	PPO	40316.77				1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Amerihealth	HMO/PPO	1400				1400	61796.04	fee schedule	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Multiplan	Multiplan	52038.77	80			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Managed Care Inc	Managed Care Inc	58543.61	90			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Horizon	Indemnity	40316.77				1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Aetna	Medicare	20835.54				1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Qualcare	Qualcare	48786.35	75			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Three Rivers	Three Rivers	61796.04	95			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Horizon	NJ Health	9242.9				1400	61796.04	fee schedule	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Amerihealth	Medicare	20835.54				1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Wellcare	Medicare	20835.54				1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Horizon	MCD	40316.77				1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	UHC	Medicaid	19800.75	30.44			1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	WellPoint	WellPoint	20191.04	31.04		16689.7	1400	61796.04	percent of total billed charges	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	United	Commercial/PPO	6749.59				1400	61796.04	case rate	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	UHC	Medicare	20835.54				1400	61796.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	United	Oxford	6749.59				1400	61796.04	case rate	
PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	36906	CPT				both			65048.46	23960.87	Wellcare	Medicaid	19800.75	30.44			1400	61796.04	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Horizon	Indemnity	4065.43	38.28			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		First Health	First Health	7434.17	70			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Aetna	Medicare	3271.03	30.8			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		First Trenton	First Trenton	9558.22	90			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Americare	Americare	7965.18	75			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Aetna	Better Health	3232.8	30.44			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Corrections	Corrections	8496.19	80			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Amerihealth	HMO/PPO	800				800	10089.23	fee schedule	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Horizon	Medicare Blue	3186.07	30			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Aetna	Commercial	4035.69	38			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Consumer	Consumer	10089.23	95			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Horizon	PPO	4065.43	38.28			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Multiplan	Multiplan	8496.19	80			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		UHC	Medicaid	3232.8	30.44			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		WellPoint	WellPoint	3296.52	31.04			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Managed Care Inc	Managed Care Inc	9558.22	90			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Qualcare	Qualcare	7965.18	75			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		United	Commercial/PPO	1835.46				800	10089.23	case rate	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Horizon	MCD	4065.43	38.28			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Horizon	NJ Health	994.57				800	10089.23	fee schedule	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Three Rivers	Three Rivers	10089.23	95			800	10089.23	percent of total billed charges	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		United	Oxford	1835.46				800	10089.23	case rate	
TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	36907	CPT				outpatient			10620.24		Wellcare	Medicaid	3232.8	30.44			800	10089.23	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Aetna	Commercial	8154.72	38			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		UHC	Medicaid	6532.36	30.44			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Americare	Americare	16094.84	75			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Aetna	Better Health	6532.36	30.44			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Consumer	Consumer	20386.79	95			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Aetna	Medicare	6609.61	30.8			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Wellcare	Medicaid	6532.36	30.44			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		First Health	First Health	15021.85	70			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Horizon	MGD	8214.8	38.28			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		United	Oxford	1835.46				650	20386.79	case rate	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Amerihealth	HMO/PPO	650				650	20386.79	fee schedule	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		First Trenton	First Trenton	19313.8	90			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Corrections	Corrections	17167.82	80			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		United	Commercial/PPO	1835.46				650	20386.79	case rate	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Multiplan	Multiplan	17167.82	80			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Horizon	Indemnity	8214.8	38.28			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Horizon	Medicare Blue	6437.93	30			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		WellPoint	WellPoint	6661.12	31.04			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Qualcare	Qualcare	16094.84	75			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Horizon	PPO	8214.8	38.28			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Horizon	NJ Health	3663.34				650	20386.79	fee schedule	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Three Rivers	Three Rivers	20386.79	95			650	20386.79	percent of total billed charges	
STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	36908	CPT				outpatient			21459.78		Managed Care Inc	Managed Care Inc	19313.8	90			650	20386.79	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	36909	CPT				both			10620.24		Aetna	Medicare	3271.03	30.8			950	10089.23	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	36909	CPT				both			10620.24		Corrections	Corrections	8496.19	80			950	10089.23	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	36909	CPT				both			10620.24		Aetna	Better Health	3232.8	30.44			950	10089.23	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	36909	CPT				both			10620.24		Amerihealth	HMO/PPO	950				950	10089.23	fee schedule	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	36909	CPT				both			10620.24		Consumer	Consumer	10089.23	95			950	10089.23	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	36909	CPT				both			10620.24		First Trenton	First Trenton	9558.22	90			950	10089.23	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	36909	CPT				both			10620.24		Americare	Americare	7965.18	75			950	10089.23	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	36909	CPT				both			10620.24		Horizon	MGD	4065.43	38.28			950	10089.23	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	36909	CPT				both			10620.24		Multiplan	Multiplan	8496.19	80			950	10089.23	percent of

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Corrections	Corrections	30413.14	80			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Consumer		36115.6	95			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Amerihealth	HMO/PPO	550				550		36115.6 fee schedule	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Americare	Americare	28512.32	75			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Aetna	Medicare	11709.06	30.8			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Aetna	Better Health	11572.2	30.44			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		United	Oxford	6018.29				550		36115.6 case rate	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Horizon	MGD	14552.69	38.28			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		United	Commercial|PPO	6018.29				550		36115.6 case rate	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		First Health	First Health	26611.49	70			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Wellcare	Medicaid	11572.2	30.44			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		UHC	Medicaid	11572.2	30.44			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		First Trenton	First Trenton	34214.78	90			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Aetna	Commercial	14446.24	38			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		WellPoint	WellPoint	11800.3	31.04			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Horizon	Medicare Blue	11404.93	30			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Horizon	NJ Health	1221.48				550		36115.6 fee schedule	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Horizon	Indemnity	14552.69	38.28			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Horizon	PPO	14552.69	38.28			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Multiplan	Multiplan	30413.14	80			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Managed Care Inc	Managed Care Inc	34214.78	90			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Qualcare	Qualcare	28512.32	75			550		36115.6 percent of total billed charges	
INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	37182	CPT				both			38016.42		Three Rivers	Three Rivers	36115.6	95			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Aetna	Better Health	11572.2	30.44			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Consumer	Consumer	36115.6	95			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Aetna	Medicare	11709.06	30.8			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Americare	Americare	28512.32	75			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Aetna	Commercial	10796.64			9578.3	550		36115.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Corrections	Corrections	30413.14	80			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	First Trenton	First Trenton	34214.78	90			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Amerihealth	Medicare	6615.59				550		36115.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	First Health	First Health	26611.49	70			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Horizon	MGD	12801.17				550		36115.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Horizon	Indemnity	12801.17				550		36115.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Amerihealth	HMO/PPO	550				550		36115.6 fee schedule	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Horizon	NJ Health	574.2			3160.69	550		36115.6 fee schedule	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Horizon	PPO	12801.17				550		36115.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Three Rivers	Three Rivers	36115.6	95			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Horizon	Medicare Blue	6615.59			5600.63	550		36115.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Multiplan	Multiplan	30413.14	80			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Managed Care Inc	Managed Care Inc	34214.78	90			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Wellcare	Medicaid	11572.2	30.44			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	UHC	Medicare	6615.59				550		36115.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Qualcare	Qualcare	28512.32	75			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	UHC	Medicaid	11572.2	30.44			550		36115.6 percent of total billed charges	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	Wellcare	Medicare	6615.59				550		36115.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	United	Commercial|PPO	6018.29				550		36115.6 case rate	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	United	Oxford	6018.29				550		36115.6 case rate	
REVJ TRANSVNS INTRHPTC PORTOSYSTEMIC SHNT (TIPS)	37183	CPT				both			38016.42	7607.93	WellPoint	WellPoint	11800.3	31.04			550		36115.6 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	First Health	First Health	36383.52	70			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Corrections	Corrections	41581.16	80			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Aetna	Better Health	15821.63	30.44			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Aetna	Commercial	34003.6				950		49377.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Americare	Americare	38962.34	75			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	First Trenton	First Trenton	46778.81	90			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Amerihealth	Medicare	20835.54				950		49377.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Consumer	Consumer	49377.63	95			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	UHC	Medicare	20835.54				950		49377.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Horizon	PPO	40316.77				950		49377.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Aetna	Medicare	20835.54				950		49377.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Horizon	MGD	40316.77				950		49377.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Amerihealth	HMO/PPO	950				950		49377.63 fee schedule	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Horizon	NJ Health	3631.5				950		49377.63 fee schedule	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Horizon	Medicare Blue	20835.54				950		49377.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Multiplan	Multiplan	41581.16	80			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Wellcare	Medicare	20835.54				950		49377.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	WellPoint	WellPoint	16133.49	31.04			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Horizon	Indemnity	40316.77				950		49377.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Qualcare	Qualcare	38962.34	75			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	UHC	Medicaid	15821.63	30.44			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Managed Care Inc	Managed Care Inc	46778.81	90			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	United	Commercial|PPO	4843.06				950		49377.63 case rate	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Three Rivers	Three Rivers	49377.63	95			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	United	Oxford	4843.06				950		49377.63 case rate	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	37184	CPT				both			51976.45	23960.87	Wellcare	Medicaid	15821.63	30.44			950		49377.63 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Consumer		5251.98	95			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Aetna	Better Health	1682.84	30.44			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Horizon	Indemnity	2116.27	38.28			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Amerihealth	HMO/PPO	950				950		5251.98 fee schedule	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Aetna	Medicare	1702.75	30.8			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Aetna	Commercial	2100.79	38			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Corrections	Corrections	4422.72	80			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Americare	Americare	4146.3	75			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Multiplan	Multiplan	4422.72	80			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Horizon	Medicare Blue	1658.52	30			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Qualcare	Qualcare	4146.3	75			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		First Health	First Health	3869.88	70			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		First Trenton	First Trenton	4975.56	90			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Horizon	MGD	2116.27	38.28			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		WellPoint	WellPoint	1716.02	31.04			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Wellcare	Medicaid	1682.84	30.44			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Horizon	NJ Health	1182.96				950		5251.98 fee schedule	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Horizon	PPO	2116.27	38.28			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Managed Care Inc	Managed Care Inc	4975.56	90			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		Three Rivers	Three Rivers	5251.98	95			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		UHC	Medicaid	1682.84	30.44			950		5251.98 percent of total billed charges	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		United	Commercial|PPO	1835.46				950		5251.98 case rate	
PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	37185	CPT				both			5528.4		United	Oxford	1835.46				950		5251.98 case rate	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Aetna	Medicare	12354.03	30.8			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Aetna	Commercial	21474.98				950		38104.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Aetna	Better Health	12209.63	30.44			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Amerihealth	Medicare	13158.69				950		38104.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	First Trenton	First Trenton	36099.43	90			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Horizon	MGD	25462.07				950		38104.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	First Health	First Health	28077.34	70			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Americare	Americare	30082.86	75			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Amerihealth	HMO/PPO	950				950		38104.96 fee schedule	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Corrections	Corrections	32088.38	80			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	UHC	Medicare	13158.69				950		38104.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Consumer	Consumer	38104.96	95			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Horizon	Medicare Blue	13158.69				950		38104.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Horizon	Indemnity	25462.07				950		38104.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Multiplan	Multiplan	32088.38	80			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Horizon	NJ Health	3446.06				950		38104.96 fee schedule	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	UHC	Medicaid	12209.63	30.44			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Three Rivers	Three Rivers	38104.96	95			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Qualcare	Qualcare	30082.86	75			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Horizon	PPO	25462.07				950		38104.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Wellcare	Medicare	13158.69				950		38104.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	United	Commercial|PPO	4843.06				950		38104.96 case rate	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Managed Care Inc	Managed Care Inc	36099.43	90			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	United	Oxford	4843.06				950		38104.96 case rate	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	WellPoint	WellPoint	12450.29	31.04			950		38104.96 percent of total billed charges	
PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	37187	CPT				inpatient			40110.48	15132.49	Wellcare	Medicaid	12209.63	30.44			950		38104.96 percent of total billed charges	
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	First Trenton	First Trenton	18306.76	90			950		19323.8 percent of total billed charges	
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	Horizon	MGD	7066.83				950		19323.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	Aetna	Medicare	3652.11				950		19323.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	Aetna	Better Health	6191.75	30.44			950		19323.8 percent of total billed charges	
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	Corrections	Corrections	16272.67	80			950		19323.8 percent of total billed charges	
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	Amerihealth	Medicare	3652.11				950		19323.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	Aetna	Commercial	5960.24				950		19323.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	Americare	Americare	15255.63	75			950		19323.8 percent of total billed charges	
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	Horizon	NJ Health	2985.34				950		19323.8 fee schedule	
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	First Health	First Health	14238.59	70			950		19323.8 percent of total billed charges	
PRQ TRLLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	Consumer

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	United	CommercialPPO	3596.76				950	193223.8	case rate	
PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	37188	CPT				outpatient			20340.84	4199.93	WellPoint	WellPoint	6313.8	31.04			950	193223.8	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Horizon	PPO	12136.98				550	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Aetna	Better Health	4958.36	30.44			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Aetna	Commercial	10236.46				550	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Corrections	Corrections	13031.16	80			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	First Trenton	First Trenton	14660.06	90			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Amerihealth	HMO/PPO	550				550	15474.5	fee schedule	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Consumer	Consumer	15474.5	95			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Aetna	Medicare	5017	30.8			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	UHC	Medicaid	4958.36	30.44			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	United	Oxford	4843.06				550	15474.5	case rate	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Americare	Americare	12216.71	75			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Horizon	MGD	12136.98				550	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Managed Care Inc	Managed Care Inc	14660.06	90			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Amerihealth	Medicare	6272.34				550	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Horizon	NJ Health	2344.96				550	15474.5	fee schedule	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	WellPoint	WellPoint	5056.09	31.04			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	UHC	Medicare	6272.34				550	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Wellcare	Medicaid	4958.36	30.44			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Multiplan	Multiplan	13031.16	80			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	First Health	First Health	11402.27	70			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Wellcare	Medicare	6272.34				550	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Horizon	Indemnity	12136.98				550	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Three Rivers	Three Rivers	15474.5	95			550	15474.5	percent of total billed charges	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Horizon	Medicare Blue	6272.34				550	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	United	CommercialPPO	4843.06				550	15474.5	case rate	
INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	37191	CPT				both			16288.95	7213.19	Qualcare	Qualcare	12216.71	75			550	15474.5	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	First Trenton	First Trenton	9997.94	90			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Aetna	Better Health	3381.52	30.44			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Aetna	Commercial	5960.24				550	10553.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	UHC	Medicaid	3381.52	30.44			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Corrections	Corrections	8887.06	80			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Consumer	Consumer	10553.38	95			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Americare	Americare	8331.62	75			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Amerihealth	HMO/PPO	550				550	10553.38	fee schedule	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Managed Care Inc	Managed Care Inc	9997.94	90			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Wellcare	Medicare	3652.11				550	10553.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Aetna	Medicare	3652.11				550	10553.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	UHC	Medicare	3652.11				550	10553.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Horizon	MGD	7066.83				550	10553.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Horizon	Medicare Blue	3652.11				550	10553.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Multiplan	Multiplan	8887.06	80			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Amerihealth	Medicare	3652.11				550	10553.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Three Rivers	Three Rivers	10553.38	95			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Horizon	NJ Health	1559.69				550	10553.38	fee schedule	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Qualcare	Qualcare	8331.62	75			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	First Health	First Health	7776.17	70			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Horizon	PPO	7066.83				550	10553.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	United	Oxford	3596.76				550	10553.38	case rate	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	WellPoint	WellPoint	3448.18	31.04			550	10553.38	percent of total billed charges	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Horizon	Indemnity	7066.83				550	10553.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	United	CommercialPPO	3596.76				550	10553.38	case rate	
REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37192	CPT				outpatient			11108.82	4199.93	Wellcare	Medicaid	3381.52	30.44			550	10553.38	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Americare	Americare	8687.34	75			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Aetna	Better Health	3525.9	30.44			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Aetna	Commercial	5960.24			4502.18	550	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Horizon	NJ Health	1487.58			720.62	550	11003.96	fee schedule	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Amerihealth	HMO/PPO	550			2547.75	550	11003.96	fee schedule	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	First Health	First Health	8108.18	70			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Horizon	Medicare Blue	3652.11				550	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Horizon	MGD	7066.83			4207.11	550	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Consumer	Consumer	11003.96	95			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	UHC	Medicare	3652.11				550	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Aetna	Medicare	3652.11				550	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	WellPoint	WellPoint	3595.4	31.04			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Amerihealth	Medicare	3652.11				550	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Wellcare	Medicare	3652.11				550	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Multiplan	Multiplan	9266.5	80			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	UHC	Medicaid	3525.9	30.44			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	First Trenton	First Trenton	10424.81	90			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	United	CommercialPPO	3596.76				550	11003.96	case rate	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Horizon	PPO	7066.83			3256.81	550	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	United	Oxford	3596.76				550	11003.96	case rate	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Corrections	Corrections	9266.5	80			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Qualcare	Qualcare	8687.34	75			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Managed Care Inc	Managed Care Inc	10424.81	90			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Wellcare	Medicaid	3525.9	30.44			550	11003.96	percent of total billed charges	
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Horizon	Indemnity	7066.83				550	11003.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	37193	CPT				both			11583.12	4199.93	Three Rivers	Three Rivers	11003.96	95			550	11003.96	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Amerihealth	Medicare	6272.34				313.6	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Aetna	Commercial	10236.46				313.6	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Amerihealth	HMO/PPO	1060				313.6	12136.98	fee schedule	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Aetna	Better Health	3505.1	30.44			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	UHC	Medicare	6272.34				313.6	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Multiplan	Multiplan	9211.82	80			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Horizon	NJ Health	313.6			1419.29	313.6	12136.98	fee schedule	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Aetna	Medicare	6272.34				313.6	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	First Health	First Health	8060.35	70			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Horizon	Indemnity	12136.98				313.6	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Horizon	PPO	12136.98				313.6	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Americare	Americare	8636.09	75			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Horizon	Medicare Blue	6272.34			1123.63	313.6	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Qualcare	Qualcare	8636.09	75			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	United	Oxford	4843.06				313.6	12136.98	case rate	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Consumer	Consumer	10939.04	95			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Wellcare	Medicare	6272.34				313.6	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Horizon	MGD	12136.98			4688.56	313.6	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	WellPoint	WellPoint	3574.19	31.04			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	First Trenton	First Trenton	10363.3	90			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	UHC	Medicaid	3505.1	30.44		3408.3	313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Corrections	Corrections	9211.82	80			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	United	CommercialPPO	4843.06				313.6	12136.98	case rate	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Managed Care Inc	Managed Care Inc	10363.3	90			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Wellcare	Medicaid	3505.1	30.44			313.6	12136.98	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT				both			11514.78	7213.19	Three Rivers	Three Rivers	10939.04	95			313.6	12136.98	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Aetna	Better Health	5790.6	30.44			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Amerihealth	Medicare	6272.34				333.51	18071.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	UHC	Medicaid	5790.6	30.44			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Americare	Americare	14267.25	75			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Consumer	Consumer	18071.85	95			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Horizon	MGD	12136.98				333.51	18071.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Aetna	Medicare	5859.08	30.8			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Aetna	Commercial	10236.46				333.51	18071.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Multiplan	Multiplan	15218.4	80			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	First Trenton	First Trenton	17120.7	90			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Amerihealth	HMO/PPO	800				333.51	18071.85	fee schedule	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Managed Care Inc	Managed Care Inc	17120.7	90			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Corrections	Corrections	15218.4	80			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	UHC	Medicare	6272.34				333.51	18071.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	First Health	First Health	13216.1	70			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Three Rivers	Three Rivers	18071.85	95			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Qualcare	Qualcare	14267.25	75			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	United	CommercialPPO	4843.06				333.51	18071.85	case rate	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Horizon	Indemnity	12136.98				333.51	18071.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Wellcare	Medicaid	5790.6	30.44			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Wellcare	Medicare	6272.34				333.51	18071.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Horizon	Medicare Blue	6272.34				333.51	18071.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Horizon	NJ Health	333.51				333.51	18071.85	fee schedule	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	Horizon	PPO	12136.98				333.51	18071.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	United	Oxford	4843.06				333.51	18071.85	case rate	
THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	37211	CPT				both			19023	7213.19	WellPoint	WellPoint	5904.74	31.04			333.51	18071.85	percent of total billed charges	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Corrections	Corrections	8313.41	80			294.43	9872.17	percent of total billed charges	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Aetna	Commercial	5960.24				294.43	9872.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Amerihealth	HMO/PPO	800				294.43	9872.17	fee schedule	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Amerihealth	Medicare	3652.11				294.43	9872.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	WellPoint	WellPoint	3225.6	31.04			294.43	9872.17	percent of total billed charges	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Americare	Americare	7793.82	75			294.43	9872.17	percent of total billed charges	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Wellcare	Medicaid	3163.25	30.44			294.43	9872.17	percent of total billed charges	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Managed Care Inc	Managed Care Inc	9352.58	90			294.43	9872.17	percent of total billed charges	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	United	Oxford	3596.76				294.43	9872.17	case rate	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Three Rivers	Three Rivers	9872.17	95			294.43	9872.17	percent of total billed charges	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Wellcare	Medicare	3652.11				294.43	9872.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Horizon	MGD	7066.83				294.43	9872.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Multiplan	Multiplan	8313.41	80			294.43	9872.17	percent of total billed charges	
THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	37212	CPT				both			10391.76	4199.93	Qualcare	Qualcare	7793.82	75			294.43	9872.17	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Aetna	Medicare	3652.11				205.47	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Corrections	Corrections	7558.51	80			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Aetna	Commercial	5960.24				205.47	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	First Health	First Health	6613.7	70			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Amerihealth	HMO/PPO	800				205.47	8975.73	fee schedule	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Aetna	Better Health	2876.01	30.44			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	UHC	Medicare	3652.11				205.47	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Horizon	MGD	7066.83				205.47	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Amerihealth	Medicare	3652.11				205.47	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Horizon	PPO	7066.83				205.47	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Americare	Americare	7086.11	75			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Multiplan	Multiplan	7558.51	80			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Horizon	Medicare Blue	3652.11				205.47	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Consumer	Consumer	8975.73	95			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Horizon	Indemnity	7066.83				205.47	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Qualcare	Qualcare	7086.11	75			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Wellcare	Medicaid	2876.01	30.44			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Wellcare	Medicare	3652.11				205.47	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	UHC	Medicaid	2876.01	30.44			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	First Trenton	First Trenton	8503.33	90			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	United	Commercial/PPO	1871.51				205.47	8975.73	case rate	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	WellPoint	WellPoint	2932.7	31.04			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Horizon	NJ Health	205.47				205.47	8975.73	fee schedule	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Managed Care Inc	Managed Care Inc	8503.33	90			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	Three Rivers	Three Rivers	8975.73	95			205.47	8975.73	percent of total billed charges	
THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	37213	CPT				outpatient			9448.14	4199.93	United	Oxford	1871.51				205.47	8975.73	case rate	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Corrections	Corrections	6944.98	80			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Americare	Americare	6510.92	75			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Aetna	Commercial	5960.24				121.34	8247.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Aetna	Better Health	2642.56	30.44			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	First Trenton	First Trenton	7813.1	90			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Amerihealth	HMO/PPO	800				121.34	8247.16	fee schedule	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Consumer	Consumer	8247.16	95			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Amerihealth	Medicare	3652.11				121.34	8247.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Horizon	PPO	7066.83				121.34	8247.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	UHC	Medicaid	2642.56	30.44			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Horizon	MGD	7066.83				121.34	8247.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Aetna	Medicare	3652.11				121.34	8247.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Horizon	Indemnity	7066.83				121.34	8247.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	UHC	Medicare	3652.11				121.34	8247.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	First Health	First Health	6076.85	70			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Horizon	Medicare Blue	3652.11				121.34	8247.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Wellcare	Medicare	3652.11				121.34	8247.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	United	Commercial/PPO	1871.51				121.34	8247.16	case rate	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Multiplan	Multiplan	6944.98	80			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	United	Oxford	1871.51				121.34	8247.16	case rate	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Horizon	NJ Health	121.34				121.34	8247.16	fee schedule	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Wellcare	Medicaid	2642.56	30.44			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Qualcare	Qualcare	6510.92	75			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	WellPoint	WellPoint	2694.65	31.04			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Managed Care Inc	Managed Care Inc	7813.1	90			121.34	8247.16	percent of total billed charges	
CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	37214	CPT				outpatient			8681.22	4199.93	Three Rivers	Three Rivers	8247.16	95			121.34	8247.16	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Aetna	Medicare	4087.85	30.8			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Aetna	Better Health	4040.07	30.44			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		WellPoint	WellPoint	4119.7	31.04			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Consumer	Consumer	12608.63	95			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Horizon	Medicare Blue	3981.67	30			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Corrections	Corrections	10617.79	80			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Americare	Americare	9954.18	75			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		First Health	First Health	9290.57	70			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Wellcare	Medicaid	4040.07	30.44			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Aetna	Commercial	5043.45	38			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Amerihealth	HMO/PPO	950				950	12608.63	fee schedule	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		First Trenton	First Trenton	11945.02	90			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Horizon	MGD	5080.61	38.28			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Horizon	Indemnity	5080.61	38.28			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Horizon	NJ Health	1598.1				950	12608.63	fee schedule	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Multiplan	Multiplan	10617.79	80			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Horizon	PPO	5080.61	38.28			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Qualcare	Qualcare	9954.18	75			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Managed Care Inc	Managed Care Inc	11945.02	90			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		Three Rivers	Three Rivers	12608.63	95			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		UHC	Medicaid	4040.07	30.44			950	12608.63	percent of total billed charges	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		United	Commercial/PPO	1835.46				950	12608.63	case rate	
TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	37215	CPT				inpatient			13272.24		United	Oxford	1835.46				950	12608.63	case rate	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		United	Commercial/PPO	1835.46				1457.11	5098.88	case rate	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Aetna	Better Health	1633.79	30.44			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Horizon	MGD	2054.58	38.28			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Aetna	Commercial	2039.55	38			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Americare	Americare	4025.43	75			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Consumer	Consumer	5098.88	95			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		UHC	Medicaid	1633.79	30.44			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Corrections	Corrections	4293.79	80			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Wellcare	Medicaid	1633.79	30.44			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		First Health	First Health	3757.07	70			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		First Trenton	First Trenton	4830.52	90			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Aetna	Medicare	1653.11	30.8			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Horizon	PPO	2054.58	38.28			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Horizon	Indemnity	2054.58	38.28			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Three Rivers	Three Rivers	5098.88	95			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Horizon	Medicare Blue	1610.17	30			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		United	Oxford	1835.46				1457.11	5098.88	case rate	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Amerihealth	HMO/PPO	3488.71	65			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Horizon	NJ Health	1457.11				1457.11	5098.88	fee schedule	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Multiplan	Multiplan	4293.79	80			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Managed Care Inc	Managed Care Inc	4830.52	90			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		Qualcare	Qualcare	4025.43	75			1457.11	5098.88	percent of total billed charges	
TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	37216	CPT				outpatient			5367.24		WellPoint	WellPoint	1665.99	31.04			1457.11	5098.88	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Amerihealth	HMO/PPO	2296.26	65			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Consumer	Consumer	3356.07	95			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Aetna	Medicare	1088.07	30.8			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Americare	Americare	2649.53	75			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Aetna	Better Health	1075.36	30.44			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Corrections	Corrections	2826.17	80			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		First Trenton	First Trenton	3179.44	90			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Aetna	Commercial	1342.43	38			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		First Health	First Health	2472.9	70			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Horizon	NJ Health	1281.12				1059.81	3356.07	fee schedule	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Horizon	MGD	1352.32	38.28			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Horizon	Indemnity	1352.32	38.28			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Horizon	Medicare Blue	1059.81	30			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Three Rivers	Three Rivers	3356.07	95			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Horizon	PPO	1352.32	38.28			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Multiplan	Multiplan	2826.17	80			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		UHC	Medicaid	1075.36	30.44			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Qualcare	Qualcare	2649.53	75			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Managed Care Inc	Managed Care Inc	3179.44	90			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		United	Commercial/PPO	1835.46				1059.81	3356.07	case rate	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		WellPoint	WellPoint	1096.55	31.04			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		United	Oxford	1835.46				1059.81	3356.07	case rate	
TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	37217	CPT				outpatient			3532.71		Wellcare	Medicaid	1075.36	30.44			1059.81	3356.07	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	37218	CPT				outpatient			2732.84		Aetna	Better Health	831.88	30.44			819.85	2596.2	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	37218	CPT				outpatient			2732.84		Horizon	Indemnity	1046.13	38.28			819.85	2596.2	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	37218	CPT				outpatient			2732.84		Aetna	Commercial	1038.48	38			819.85	2596.2	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	37218	CPT				outpatient			2732.84		Corrections	Corrections	2186.27	80			819.85	2596.2	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	37218	CPT				outpatient			2732.84		Amerihealth	HMO/PPO	1776.35	65			819.85	2596.2	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TCATH STENT PLACEMT ANTEGRADE CAROTID|INNOMINATE	37218	CPT				outpatient			2732.84		Horizon	PPO	1046.13	38.28			819.85	2596.2	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROTID|INNOMINATE	37218	CPT				outpatient			2732.84		United	Oxford	1835.46				819.85	2596.2	case rate	
TCATH STENT PLACEMT ANTEGRADE CAROTID|INNOMINATE	37218	CPT				outpatient			2732.84		Managed Care Inc	Managed Care Inc	2459.56	90			819.85	2596.2	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROTID|INNOMINATE	37218	CPT				outpatient			2732.84		Qualcare	Qualcare	2049.63	75			819.85	2596.2	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROTID|INNOMINATE	37218	CPT				outpatient			2732.84		Three Rivers	Three Rivers	2596.2	95			819.85	2596.2	percent of total billed charges	
TCATH STENT PLACEMT ANTEGRADE CAROTID|INNOMINATE	37218	CPT				outpatient			2732.84		Wellcare	Medicaid	831.88	30.44			819.85	2596.2	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Corrections	Corrections	16290.62	80			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 First Trenton	First Trenton	18326.95	90			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Aetna	Better Health	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Aetna	Commercial	10796.64				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Horizon	Indemnity	12801.17				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Aetna	Medicare	6615.59				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Horizon	MGD	12801.17				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Amerihealth	HMO/PPO	1600				1600	19345.12	fee schedule	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 United	Commercial|PPO	4843.06				1600	19345.12	case rate	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Horizon	NJ Health	3895.13				1600	19345.12	fee schedule	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Consumer	Consumer	19345.12	95			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Amerihealth	Medicare	6615.59				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Multiplan	Multiplan	16290.62	80			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Americare	Americare	15272.46	75			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Horizon	PPO	12801.17				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Horizon	Medicare Blue	6615.59				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 WellPoint	WellPoint	6320.76	31.04			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Managed Care Inc	Managed Care Inc	18326.95	90			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 First Health	First Health	14254.3	70			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 UHC	Medicare	6615.59				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Qualcare	Qualcare	15272.46	75			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Three Rivers	Three Rivers	19345.12	95			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 UHC	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 United	Oxford	4843.06				1600	19345.12	case rate	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Wellcare	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	37220	CPT				both			20363.28		7607.93 Wellcare	Medicare	6615.59				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Aetna	Better Health	6198.58	30.44			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Americare	Americare	15272.46	75			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Horizon	Medicare Blue	13158.69				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Aetna	Commercial	21474.98				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Consumer	Consumer	19345.12	95			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Aetna	Medicare	13158.69				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Multiplan	Multiplan	16290.62	80			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 First Trenton	First Trenton	18326.95	90			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 First Health	First Health	14254.3	70			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Amerihealth	HMO/PPO	1600				1600	25462.07	fee schedule	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 United	Commercial|PPO	6018.29				1600	25462.07	case rate	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Amerihealth	Medicare	13158.69				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Corrections	Corrections	16290.62	80			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Horizon	MGD	25462.07				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Wellcare	Medicaid	6198.58	30.44		6032.57	1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Horizon	Indemnity	25462.07				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Three Rivers	Three Rivers	19345.12	95			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 UHC	Medicare	13158.69			2705.88	1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Horizon	NJ Health	5467.58				1600	25462.07	fee schedule	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Qualcare	Qualcare	15272.46	75			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Wellcare	Medicare	13158.69				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Horizon	PPO	25462.07				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 Managed Care Inc	Managed Care Inc	18326.95	90			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 UHC	Medicaid	6198.58	30.44			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 United	Oxford	6018.29				1600	25462.07	case rate	
REVSC OPN/PRQ ILIAC ART W\STNT PLMT & ANGIOPLSTY	37221	CPT				both			20363.28		15132.49 WellPoint	WellPoint	6320.76	31.04			1600	25462.07	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Horizon	Indemnity	8074.63	38.28			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Consumer	Consumer	20038.92	95			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Aetna	Medicare	6496.83	30.8			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Aetna	Better Health	6420.89	30.44			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Americare	Americare	15820.2	75			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Aetna	Commercial	8015.57	38			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		First Trenton	First Trenton	18984.24	90			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Multiplan	Multiplan	16874.88	80			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Amerihealth	HMO/PPO	1600				1060.52	20038.92	fee schedule	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Corrections	Corrections	16874.88	80			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Horizon	MGD	8074.63	38.28			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		First Health	First Health	14765.52	70			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Horizon	PPO	8074.63	38.28			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		WellPoint	WellPoint	6547.45	31.04			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		United	Commercial|PPO	4843.06				1060.52	20038.92	case rate	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Qualcare	Qualcare	15820.2	75			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Managed Care Inc	Managed Care Inc	18984.24	90			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Horizon	Medicare Blue	6328.08	30			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		UHC	Medicaid	6420.89	30.44			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Horizon	NJ Health	1060.52				1060.52	20038.92	fee schedule	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		United	Oxford	4843.06				1060.52	20038.92	case rate	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Three Rivers	Three Rivers	20038.92	95			1060.52	20038.92	percent of total billed charges	
REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	37222	CPT				outpatient			21093.6		Wellcare	Medicaid	6420.89	30.44			1060.52	20038.92	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Aetna	Medicare	6271.89	30.8			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Horizon	Indemnity	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Aetna	Commercial	7738.05	38			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		First Trenton	First Trenton	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Aetna	Better Health	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Corrections	Corrections	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		First Health	First Health	14254.3	70			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Amerihealth	HMO/PPO	1600				1600	19345.12	fee schedule	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Americare	Americare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Multiplan	Multiplan	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Horizon	MGD	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Horizon	NJ Health	3015.59				1600	19345.12	fee schedule	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Consumer	Consumer	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Qualcare	Qualcare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		UHC	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Horizon	PPO	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Horizon	Medicare Blue	6198.98	30			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Managed Care Inc	Managed Care Inc	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		United	Commercial|PPO	4843.06				1600	19345.12	case rate	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Three Rivers	Three Rivers	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		United	Oxford	4843.06				1600	19345.12	case rate	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		WellPoint	WellPoint	6320.76	31.04			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ ILIAC ART W\STNT & ANGIOP IPSILATL	37223	CPT				outpatient			20363.28		Wellcare	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Aetna	Commercial	10796.64				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Aetna	Better Health	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 First Trenton	First Trenton	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Consumer	Consumer	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Horizon	NJ Health	6074.51			2557.69	1600	19345.12	fee schedule	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Aetna	Medicare	6615.59				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Three Rivers	Three Rivers	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Amerihealth	Medicare	6615.59				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Americare	Americare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 UHC	Medicaid	6198.58	30.44		6165.88	1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Horizon	Indemnity	12801.17				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 UHC	Medicare	6615.59			4039.48	1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Multiplan	Multiplan	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Amerihealth	HMO/PPO	1600				1600	19345.12	fee schedule	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 United	Commercial|PPO	4843.06				1600	19345.12	case rate	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Corrections	Corrections	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Qualcare	Qualcare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 WellPoint	WellPoint	6320.76	31.04			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Horizon	PPO	12801.17				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 United	Oxford	4843.06				1600	19345.12	case rate	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Wellcare	Medicare	6615.59				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 First Health	First Health	14254.3	70			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Managed Care Inc	Managed Care Inc	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Horizon	Medicare Blue	6615.59			4173.16	1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Horizon	MGD	12801.17				1600	19345.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ANGIOPLASTY UNI	37224	CPT				both			20363.28		7607.93 Wellcare	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45		23960.87 Consumer	Consumer	49377.63	95			2500	49377.63	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45		23960.87 Amerihealth	Medicare	20835.54				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRG FEM/POP W\ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45		23960.87 Corrections	Corrections	41581.16	80			2500	49377.63	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45		23960.87 Three Rivers	Three Rivers	49377.63	95			2500	49377.63	percent of total billed charges	
REVSC OPN/PRG FEM/POP W\ATHRC/ANGIOP SM VSL	37225	CPT				both

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45	23960.87	Horizon	PPO	40316.77				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45	23960.87	United	Oxford	6018.29				2500	49377.63	case rate	
REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45	23960.87	Horizon	MGD	40316.77				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45	23960.87	Wellcare	Medicaid	15821.63	30.44			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45	23960.87	Managed Care Inc	Managed Care Inc	46778.81	90			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45	23960.87	Wellcare	Medicare	20835.54				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45	23960.87	Multiplan	Multiplan	41581.16	80			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	37225	CPT				both			51976.45	23960.87	Quelcare	Quelcare	38982.34	75			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Consumer	Consumer	41062.34	95			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Aetna	Medicare	13312.84	30.8			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Multiplan	Multiplan	34578.82	80			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Amerihealth	HMO/PPO	2500				2500	41062.34	fee schedule	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Aetna	Better Health	13157.24	30.44			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Aetna	Commercial	21474.98				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Quelcare	Quelcare	32417.64	75			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Amerihealth	Medicare	13158.69				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Corrections	Corrections	34578.82	80			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Americare	Americare	32417.64	75			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	First Health	First Health	30256.46	70			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Horizon	Indemnity	25462.07				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	First Trenton	First Trenton	38901.17	90			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Horizon	Medicare Blue	13158.69				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Three Rivers	Three Rivers	41062.34	95			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	UHC	Medicare	13158.69			8997.76	2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Horizon	MGD	25462.07				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	United	Oxford	6018.29				2500	41062.34	case rate	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Wellcare	Medicare	13158.69				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	United	Commercial/PPO	6018.29				2500	41062.34	case rate	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Horizon	NJ Health	10538.14				2500	41062.34	fee schedule	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Wellcare	Medicaid	13157.24	30.44			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Horizon	PPO	25462.07				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	Managed Care Inc	Managed Care Inc	38901.17	90			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	UHC	Medicaid	13157.24	30.44			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	37226	CPT				both			43223.52	15132.49	WellPoint	WellPoint	13416.58	31.04			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Aetna	Commercial	34003.6				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Aetna	Better Health	22782.99	30.44			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	First Trenton	First Trenton	67361	90			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	First Health	First Health	52391.89	70			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Aetna	Medicare	20835.54				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Amerihealth	Medicare	20835.54				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Quelcare	Quelcare	56134.17	75			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Consumer	Consumer	71103.28	95			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Americare	Americare	56134.17	75			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	WellPoint	WellPoint	23232.06	31.04			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Managed Care Inc	Managed Care Inc	67361	90			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Multiplan	Multiplan	59876.45	80			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Amerihealth	HMO/PPO	3500				3500	71103.28	fee schedule	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Horizon	Indemnity	40316.77				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	UHC	Medicare	20835.54				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Corrections	Corrections	59876.45	80			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Horizon	MGD	40316.77				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Horizon	Medicare Blue	20835.54				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Three Rivers	Three Rivers	71103.28	95			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Horizon	PPO	40316.77				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Horizon	NJ Health	17027.12				3500	71103.28	fee schedule	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Wellcare	Medicaid	22782.99	30.44			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	UHC	Medicaid	22782.99	30.44			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	Wellcare	Medicare	20835.54				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	United	Commercial/PPO	6749.59				3500	71103.28	case rate	
REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	37227	CPT				both			74845.56	23960.87	United	Oxford	6749.59				3500	71103.28	case rate	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	UHC	Medicare	13158.69				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	First Health	First Health	14254.3	70			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Aetna	Medicare	13158.69				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Aetna	Better Health	6198.58	30.44			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Aetna	Commercial	21474.98				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Horizon	MGD	25462.07				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Americare	Americare	15272.46	75			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Corrections	Corrections	16290.62	80			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Amerihealth	Medicare	13158.69				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Multiplan	Multiplan	16290.62	80			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Amerihealth	HMO/PPO	1600				1600	25462.07	fee schedule	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Consumer	Consumer	19345.12	95			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Horizon	Indemnity	25462.07				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Qualcare	Qualcare	15272.46	75			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Horizon	Medicare Blue	13158.69			4173.16	1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Horizon	PPO	25462.07				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Wellcare	Medicaid	6198.58	30.44			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	UHC	Medicaid	6198.58	30.44		6101.3	1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	First Trenton	First Trenton	18326.95	90			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	United	Commercial/PPO	4843.06				1600	25462.07	case rate	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Wellcare	Medicare	13158.69				1600	25462.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Horizon	NJ Health	8694.72				1600	25462.07	fee schedule	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	WellPoint	WellPoint	6320.76	31.04			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Managed Care Inc	Managed Care Inc	18326.95	90			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	Three Rivers	Three Rivers	19345.12	95			1600	25462.07	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	37228	CPT				both			20363.28	15132.49	United	Oxford	4843.06				1600	25462.07	case rate	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	First Health	First Health	30383.52	70			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Horizon	Medicare Blue	20835.54				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Corrections	Corrections	41581.16	80			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Americare	Americare	38982.34	75			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Aetna	Commercial	34003.6				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Amerihealth	Medicare	20835.54				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Multiplan	Multiplan	41581.16	80			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Aetna	Better Health	15821.63	30.44			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Three Rivers	Three Rivers	49377.63	95			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	UHC	Medicare	20835.54				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	First Trenton	First Trenton	46778.81	90			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Consumer	Consumer	49377.63	95			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Amerihealth	HMO/PPO	2500				2500	49377.63	fee schedule	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Horizon	Indemnity	40316.77				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Quelcare	Quelcare	38982.34	75			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Aetna	Medicare	20835.54				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Horizon	MGD	40316.77				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Horizon	NJ Health	17143.13			6124.98	2500	49377.63	fee schedule	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Managed Care Inc	Managed Care Inc	46778.81	90			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	UHC	Medicaid	15821.63	30.44			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Horizon	PPO	40316.77				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Wellcare	Medicaid	15821.63	30.44			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	United	Commercial/PPO	6018.29				2500	49377.63	case rate	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	United	Oxford	6018.29				2500	49377.63	case rate	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	WellPoint	WellPoint	16133.49	31.04			2500	49377.63	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	37229	CPT				both			51976.45	23960.87	Wellcare	Medicare	20835.54				2500	49377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Amerihealth	Medicare	20835.54				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Aetna	Medicare	20835.54				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	First Trenton	First Trenton	38901.17	90			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Aetna	Commercial	34003.6				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Horizon	Indemnity	40316.77				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Aetna	Better Health	13157.24	30.44			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Amerihealth	HMO/PPO	2500				2500	41062.34	fee schedule	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Horizon	Medicare Blue	20835.54				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Multiplan	Multiplan	34578.82	80			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Consumer	Consumer	41062.34	95			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Horizon	PPO	40316.77				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Americare	Americare	32417.64	75			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Managed Care Inc	Managed Care Inc	38901.17	90			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Corrections	Corrections	34578.82	80			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	First Health	First Health	30256.46	70			2500	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Horizon	MGD	40316.77				2500	41062.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	37230	CPT				both			43223.52	23960.87	Quelcare	Quelcare	32417.64	75			2500	41062.34

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Horizon	Indemnity	40316.77				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Horizon	MGD	40316.77				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	UHC	Medicare	20835.54			9945.54	3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Consumer	Consumer	71103.28	95			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	United	Commercial/PPO	6749.59				3500	71103.28	case rate	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Multiplan	Multiplan	59876.45	80			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	United	Oxford	6749.59				3500	71103.28	case rate	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Wellcare	Medicare	20835.54				3500	71103.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Wellcare	Medicaid	22782.99	30.44			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Qualcare	Qualcare	56134.17	75			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	First Trenton	First Trenton	67361	90			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	UHC	Medicaid	22782.99	30.44			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	WellPoint	WellPoint	23232.06	31.04			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Horizon	NJ Health	15736.47				3500	71103.28	fee schedule	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Managed Care Inc	Managed Care Inc	67361	90			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	37231	CPT				both			74845.56	23960.87	Three Rivers	Three Rivers	71103.28	95			3500	71103.28	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		WellPoint	WellPoint	6320.76	31.04			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Aetna	Medicare	6271.89	30.8			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Multiplan	Multiplan	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Aetna	Better Health	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		First Trenton	First Trenton	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		UHC	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Americare	Americare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Consumer	Consumer	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Horizon	Indemnity	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Amerihealth	HMO/PPO	1600				1600	19345.12	fee schedule	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Qualcare	Qualcare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Aetna	Commercial	7738.05	38			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Horizon	PPO	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		First Health	First Health	14254.3	70			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Three Rivers	Three Rivers	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Corrections	Corrections	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Managed Care Inc	Managed Care Inc	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Horizon	MGD	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Horizon	Medicare Blue	6108.98	30			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		United	Commercial/PPO	4843.06				1600	19345.12	case rate	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Horizon	NJ Health	1932.55				1600	19345.12	fee schedule	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		Wellcare	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	37232	CPT				both			20363.28		United	Oxford	4843.06				1600	19345.12	case rate	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Aetna	Better Health	13157.24	30.44			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Amerihealth	HMO/PPO	2500				1725.05	41062.34	fee schedule	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		First Health	First Health	30256.46	70			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Americare	Americare	32417.64	75			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Corrections	Corrections	34578.82	80			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		WellPoint	WellPoint	13416.58	31.04			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		UHC	Medicaid	13157.24	30.44			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Aetna	Commercial	16424.94	38			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Consumer	Consumer	41062.34	95			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Horizon	Medicare Blue	12967.06	30			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		United	Commercial/PPO	6018.29				1725.05	41062.34	case rate	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Aetna	Medicare	13312.84	30.8			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Horizon	Indemnity	16545.96	38.28			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		United	Oxford	6018.29				1725.05	41062.34	case rate	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		First Trenton	First Trenton	38901.17	90			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Horizon	MGD	16545.96	38.28			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Horizon	NJ Health	1725.05				1725.05	41062.34	fee schedule	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Wellcare	Medicaid	13157.24	30.44			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Horizon	PPO	16545.96	38.28			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Multiplan	Multiplan	34578.82	80			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Managed Care Inc	Managed Care Inc	38901.17	90			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Qualcare	Qualcare	32417.64	75			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	37233	CPT				inpatient			43223.52		Three Rivers	Three Rivers	41062.34	95			1725.05	41062.34	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Horizon	MGD	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		First Trenton	First Trenton	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Aetna	Commercial	7738.05	38			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Consumer	Consumer	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Amerihealth	HMO/PPO	1600				1600	19345.12	fee schedule	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		United	Commercial/PPO	4843.06				1600	19345.12	case rate	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Aetna	Medicare	6271.89	30.8			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Aetna	Better Health	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		UHC	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Corrections	Corrections	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Multiplan	Multiplan	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Americare	Americare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		First Health	First Health	14254.3	70			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Horizon	NJ Health	4535.79				1600	19345.12	fee schedule	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Qualcare	Qualcare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Horizon	Indemnity	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		United	Oxford	4843.06				1600	19345.12	case rate	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Managed Care Inc	Managed Care Inc	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Horizon	Medicare Blue	6108.98	30			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Horizon	PPO	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		WellPoint	WellPoint	6320.76	31.04			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Three Rivers	Three Rivers	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	37234	CPT				inpatient			20363.28		Wellcare	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Aetna	Commercial	7738.05	38			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Aetna	Better Health	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Consumer	Consumer	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Aetna	Medicare	6271.89	30.8			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Americare	Americare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		First Health	First Health	14254.3	70			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Qualcare	Qualcare	15272.46	75			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		United	Commercial/PPO	4843.06				1600	19345.12	case rate	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Multiplan	Multiplan	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Horizon	Indemnity	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Corrections	Corrections	16290.62	80			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Horizon	MGD	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Amerihealth	HMO/PPO	1600				1600	19345.12	fee schedule	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Horizon	Medicare Blue	6108.98	30			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		First Trenton	First Trenton	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		UHC	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Wellcare	Medicaid	6198.58	30.44			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Horizon	PPO	7795.06	38.28			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Horizon	NJ Health	4838.99				1600	19345.12	fee schedule	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		United	Oxford	4843.06				1600	19345.12	case rate	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Managed Care Inc	Managed Care Inc	18326.95	90			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		Three Rivers	Three Rivers	19345.12	95			1600	19345.12	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	37235	CPT				outpatient			20363.28		WellPoint	WellPoint	6320.76	31.04			1600	19345.12	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Aetna	Better Health	13540.69	30.44		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Aetna	Medicare	13158.69			528.63	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Amerihealth	Medicare	13158.69			528.63	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	UHC	Medicare	13158.69			528.63	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Consumer	Consumer	42259.06	95		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Americare	Americare	33362.42	75		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Horizon	Medicare Blue	13158.69			528.63	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Aetna	Commercial	21474.98			528.63	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	First Health	First Health	31138.25	70		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	First Trenton	First Trenton	40034.9	90		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Horizon	Indemnity	25462.07			528.63	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Multiplan	Multiplan	35586.58	80		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Corrections	Corrections	35586.58	80		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Amerihealth	HMO/PPO	650			528.63	42259.06	fee schedule	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Horizon	PPO	25462.07			528.63	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Qualcare	Qualcare	33362.42	75		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Horizon	NJ Health	528.63			528.63	42259.06	fee schedule	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Horizon	MGD	25462.07			528.63	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	UHC	Medicaid	13540.69	30.44		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Managed Care Inc	Managed Care Inc	40034.9	90		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	United	Oxford	6018.29			528.63	42259.06	case rate	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	United	Commercial/PPO	6018.29			528.63	42259.06	case rate	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Three Rivers	Three Rivers	42259.06	95		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	WellPoint	WellPoint	13807.59	31.04		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.22		15132.49	Wellcare	Medicaid	13540.69	30.44		528.63	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	37236	CPT				both			44483.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	37237	CPT				outpatient			21516.9		Horizon	NJ Health	246.78				246.78	20441.06	fee schedule	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	37237	CPT				outpatient			21516.9		Multiplan	Multiplan	17213.52	80			246.78	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	37237	CPT				outpatient			21516.9		United	Oxford	4843.06				246.78	20441.06	case rate	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	37237	CPT				outpatient			21516.9		WellPoint	WellPoint	6678.85	31.04			246.78	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	37237	CPT				outpatient			21516.9		Horizon	PPO	8236.67	38.28			246.78	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	37237	CPT				outpatient			21516.9		Qualcare	Qualcare	16137.68	75			246.78	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	37237	CPT				outpatient			21516.9		Wellcare	Medicaid	6549.74	30.44			246.78	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	37237	CPT				outpatient			21516.9		Managed Care Inc	Managed Care Inc	19365.21	90			246.78	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	37237	CPT				outpatient			21516.9		Three Rivers	Three Rivers	20441.06	95			246.78	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Aetna	Better Health	13540.69	30.44			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Aetna	Commercial	21474.98				370.44	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Americare	Americare	33362.42	75			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Consumer	Consumer	42259.06	95			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Multiplan	Multiplan	35586.58	80			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Wellcare	Medicare	13158.69				370.44	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Amerihealth	Medicare	13158.69				370.44	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	First Health	First Health	31138.25	70			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Aetna	Medicare	13158.69				370.44	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Horizon	MGD	25462.07				370.44	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Amerihealth	HMO/PPO	650				370.44	42259.06	fee schedule	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	UHC	Medicaid	13540.69	30.44			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Qualcare	Qualcare	33362.42	75			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	UHC	Medicare	13158.69				370.44	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	First Trenton	First Trenton	40034.9	90			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Corrections	Corrections	35586.58	80			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	United	Commercial/PPO	6018.29				370.44	42259.06	case rate	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Horizon	PPO	25462.07				370.44	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Horizon	Indemnity	25462.07				370.44	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	WellPoint	WellPoint	13807.59	31.04			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	United	Oxford	6018.29				370.44	42259.06	case rate	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Horizon	Medicare Blue	13158.69				370.44	42259.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Wellcare	Medicaid	13540.69	30.44			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Horizon	NJ Health	370.44				370.44	42259.06	fee schedule	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Managed Care Inc	Managed Care Inc	40034.9	90			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	37238	CPT				both			44483.22	15132.49	Three Rivers	Three Rivers	42259.06	95			370.44	42259.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Aetna	Commercial	8176.42	38			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Americare	Americare	16137.68	75			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Aetna	Better Health	6549.74	30.44			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		UHC	Medicaid	6549.74	30.44			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Consumer	Consumer	20441.06	95			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Horizon	MGD	8236.67	38.28			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		First Health	First Health	15081.83	70			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Aetna	Medicare	6627.21	30.8			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Multiplan	Multiplan	17213.52	80			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Amerihealth	HMO/PPO	650				172.21	20441.06	fee schedule	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		First Trenton	First Trenton	19365.21	90			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		United	Oxford	4843.06				172.21	20441.06	case rate	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Corrections	Corrections	17213.52	80			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Wellcare	Medicaid	6549.74	30.44			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Horizon	Indemnity	8236.67	38.28			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		United	Commercial/PPO	4843.06				172.21	20441.06	case rate	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Qualcare	Qualcare	16137.68	75			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		WellPoint	WellPoint	6678.85	31.04			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Horizon	PPO	8236.67	38.28			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Horizon	Medicare Blue	6455.07	30			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Managed Care Inc	Managed Care Inc	19365.21	90			172.21	20441.06	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Horizon	NJ Health	172.21				172.21	20441.06	fee schedule	
OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	37239	CPT				inpatient			21516.9		Three Rivers	Three Rivers	20441.06	95			172.21	20441.06	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	First Health	First Health	31004.74	70			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Amerihealth	Medicare	13158.69				508.4	42077.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Horizon	PPO	25462.07				508.4	42077.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Aetna	Commercial	21474.98				508.4	42077.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Aetna	Better Health	13482.63	30.44			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Americare	Americare	33219.36	75			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Consumer	Consumer	42077.86	95			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Aetna	Medicare	13158.69				508.4	42077.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Multiplan	Multiplan	35433.98	80			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	First Trenton	First Trenton	39863.23	90			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Corrections	Corrections	35433.98	80			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Amerihealth	HMO/PPO	950				508.4	42077.86	fee schedule	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Qualcare	Qualcare	33219.36	75			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Three Rivers	Three Rivers	42077.86	95			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	WellPoint	WellPoint	13748.39	31.04			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Horizon	MGD	25462.07				508.4	42077.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Wellcare	Medicaid	13482.63	30.44			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Horizon	Indemnity	25462.07				508.4	42077.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Wellcare	Medicare	13158.69				508.4	42077.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	UHC	Medicare	13158.69				508.4	42077.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	UHC	Medicaid	13482.63	30.44			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Horizon	Medicare Blue	13158.69				508.4	42077.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	United	Commercial/PPO	6018.29				508.4	42077.86	case rate	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Horizon	NJ Health	508.4				508.4	42077.86	fee schedule	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	United	Oxford	6018.29				508.4	42077.86	case rate	
VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	37241	CPT				both			44292.48	15132.49	Managed Care Inc	Managed Care Inc	39863.23	90			508.4	42077.86	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	First Health	First Health	30190.06	70			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Aetna	Commercial	34003.6				567.65	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Amerihealth	Medicare	20835.54				567.65	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Consumer	Consumer	40972.23	95			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	First Trenton	First Trenton	38815.79	90			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Horizon	Indemnity	40316.77			21051.54	567.65	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Horizon	Medicare Blue	20835.54			9934.84	567.65	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Aetna	Better Health	13128.36	30.44			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Wellcare	Medicaid	13128.36	30.44			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Horizon	PPO	40316.77			25401.06	567.65	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Multiplan	Multiplan	34502.93	80			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Corrections	Corrections	34502.93	80			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	UHC	Medicaid	13128.36	30.44		13340.28	567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Aetna	Medicare	13263.63	30.8		11227.92	567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	UHC	Medicare	20835.54				567.65	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Horizon	NJ Health	567.65			2277.81	567.65	40972.23	fee schedule	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Wellcare	Medicare	20835.54				567.65	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Americare	Americare	32346.5	75			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Qualcare	Qualcare	32346.5	75			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Amerihealth	HMO/PPO	950			2330.45	567.65	40972.23	fee schedule	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	United	Oxford	6018.29				567.65	40972.23	case rate	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Horizon	MGD	40316.77				567.65	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	United	Commercial/PPO	6018.29				567.65	40972.23	case rate	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Managed Care Inc	Managed Care Inc	38815.79	90			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	WellPoint	WellPoint	13387.14	31.04		12165.11	567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	37242	CPT				both			43128.66	23960.87	Three Rivers	Three Rivers	40972.23	95			567.65	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Amerihealth	Medicare	13158.69				676.75	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Amerihealth	HMO/PPO	950			9030.08	676.75	40972.23	fee schedule	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Aetna	Better Health	13128.36	30.44			676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Aetna	Commercial	21474.98			14462.45	676.75	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Americare	Americare	32346.5	75			676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Multiplan	Multiplan	34502.93	80			676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	First Health	First Health	30190.06	70			676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	WellPoint	WellPoint	13387.14	31.04			676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Corrections	Corrections	34502.93	80			676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Horizon	Indemnity	25462.07			17040.75	676.75	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Aetna	Medicare	13158.69			9201.71	676.75	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Horizon	MGD	25462.07				676.75	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Consumer	Consumer	40972.23	95			676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Qualcare	Qualcare	32346.5	75			676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Wellcare	Medicaid	13128.36	30.44		12684.85	676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	United	Commercial/PPO	6018.29				676.75	40972.23	case rate	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Horizon	PPO	25462.07			8022.66	676.75	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Horizon	Medicare Blue	13158.69			8586.61	676.75	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	Horizon	NJ Health	676.75			6144.01	676.75	40972.23	fee schedule	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	United	Oxford	6018.29				676.75	40972.23	case rate	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	First Trenton	First Trenton	38815.79	90			676.75	40972.23	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	37243	CPT				both			43128.66	15132.49	UHC	Medicaid	13128.36	30.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Amerihealth	Medicare	13158.69				789.37	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Horizon	Medicare Blue	13158.69			7171.29	789.37	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Horizon	PPO	25462.07				789.37	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Multiplan	Multiplan	34502.93	80			789.37	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	First Health	First Health	30190.06	70			789.37	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	UHC	Medicaid	13128.36	30.44		12692.08	789.37	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Horizon	NJ Health	789.37			2543.23	789.37	40972.23	fee schedule	
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Qualcare	Qualcare	32346.5	75			789.37	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Horizon	Indemnity	25462.07	30.8			789.37	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	UHC	Medicare	13158.69			8820.54	789.37	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Managed Care Inc	Managed Care Inc	38815.79	90			789.37	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Wellcare	Medicare	13158.69				789.37	40972.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Wellcare	Medicaid	13128.36	30.44			789.37	40972.23	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	37244	CPT				both			43128.66		15132.49	Three Rivers	Three Rivers	40972.23	95			789.37	40972.23	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Americare	Americare	15926.54	75			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Horizon	PPO	12801.17				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Aetna	Commercial	10796.64				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Aetna	Better Health	6464.05	30.44			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Amerihealth	Medicare	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Horizon	MGD	12801.17				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Horizon	Medicare Blue	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Amerihealth	HMO/PPO	950				950	20173.61	fee schedule	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Consumer	Consumer	20173.61	95			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	WellPoint	WellPoint	6591.46	31.04			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Aetna	Medicare	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	UHC	Medicare	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Corrections	Corrections	16988.3	80			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Medicaid	Medicaid	6464.05	30.44			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Multiplan	Multiplan	16988.3	80			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	First Health	First Health	14864.77	70			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	First Trenton	First Trenton	19111.84	90			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Wellcare	Medicare	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	United	Oxford	4843.06				950	20173.61	case rate	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Horizon	Indemnity	12801.17				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Qualcare	Qualcare	15926.54	75			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Horizon	NJ Health	2927.19				950	20173.61	fee schedule	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Wellcare	Medicaid	6464.05	30.44			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	United	Commercial/PPO	4843.06				950	20173.61	case rate	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Managed Care Inc	Managed Care Inc	19111.84	90			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	37246	CPT				both			21235.38		7607.93	Three Rivers	Three Rivers	20173.61	95			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Aetna	Commercial	9156.27	38			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Corrections	Corrections	19276.37	80			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			First Trenton	First Trenton	21685.91	90			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Americare	Americare	18071.6	75			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			First Health	First Health	16866.82	70			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Aetna	Better Health	7334.66	30.44			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Amerihealth	HMO/PPO	950				950	22890.69	fee schedule	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Multiplan	Multiplan	19276.37	80			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Aetna	Medicare	7421.4	30.8			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			WellPoint	WellPoint	7479.23	31.04			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Horizon	PPO	9223.74	38.28			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Qualcare	Qualcare	18071.6	75			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Horizon	MGD	9223.74	38.28			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Consumer	Consumer	22890.69	95			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Horizon	Indemnity	9223.74	38.28			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Horizon	Medicare Blue	7228.64	30			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			UHC	Medicaid	7334.66	30.44			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Horizon	NJ Health	1184.42				950	22890.69	fee schedule	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Managed Care Inc	Managed Care Inc	21685.91	90			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Three Rivers	Three Rivers	22890.69	95			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			United	Commercial/PPO	1835.46				950	22890.69	case rate	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			United	Oxford	1835.46				950	22890.69	case rate	
TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	37247	CPT				outpatient			24095.46			Wellcare	Medicaid	7334.66	30.44			950	22890.69	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Amerihealth	Medicare	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Multiplan	Multiplan	16988.3	80			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Horizon	PPO	12801.17				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	First Health	First Health	14864.77	70			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Aetna	Commercial	10796.64				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Aetna	Medicare	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Horizon	MGD	12801.17				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Aetna	Better Health	6464.05	30.44			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Horizon	Medicare Blue	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Qualcare	Qualcare	15926.54	75			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Wellcare	Medicare	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Consumer	Consumer	20173.61	95			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Americare	Americare	15926.54	75			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Corrections	Corrections	16988.3	80			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	UHC	Medicaid	6464.05	30.44			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	First Trenton	First Trenton	19111.84	90			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Amerihealth	HMO/PPO	950				950	20173.61	fee schedule	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Horizon	Indemnity	12801.17				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	WellPoint	WellPoint	6591.46	31.04			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Horizon	NJ Health	2027.79				950	20173.61	fee schedule	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	UHC	Medicare	6615.59				950	20173.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Managed Care Inc	Managed Care Inc	19111.84	90			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	United	Commercial/PPO	4843.06				950	20173.61	case rate	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Three Rivers	Three Rivers	20173.61	95			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	Wellcare	Medicaid	6464.05	30.44			950	20173.61	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I 1ST VEIN	37248	CPT				both			21235.38		7607.93	United	Oxford	4843.06				950	20173.61	case rate	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Aetna	Commercial	15832.68	38			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Aetna	Better Health	12682.81	30.44			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Horizon	Indemnity	15949.35	38.28			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Aetna	Medicare	12832.81	30.8			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Americare	Americare	31248.72	75			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Amerihealth	HMO/PPO	950				868.97	39581.71	fee schedule	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Consumer	Consumer	39581.71	95			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Corrections	Corrections	33331.97	80			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Horizon	MGD	15949.35	38.28			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			United	Oxford	1835.46				868.97	39581.71	case rate	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Multiplan	Multiplan	33331.97	80			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			First Trenton	First Trenton	37498.46	90			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			UHC	Medicaid	12682.81	30.44			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Wellcare	Medicaid	12682.81	30.44			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			First Health	First Health	29165.47	70			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			United	Commercial/PPO	1835.46				868.97	39581.71	case rate	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Qualcare	Qualcare	31248.72	75			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Horizon	NJ Health	866.97				868.97	39581.71	fee schedule	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Horizon	Medicare Blue	12499.49	30			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			WellPoint	WellPoint	12932.8	31.04			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Horizon	PPO	15949.35	38.28			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Managed Care Inc	Managed Care Inc	37498.46	90			868.97	39581.71	percent of total billed charges	
TRLML BALO ANGIOP OPEN/PERQ WI/MG S&I ADDL VEIN	37249	CPT				outpatient			41664.96			Three Rivers	Three Rivers	39581.71	95			868.97	39581.71	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Aetna	Commercial	739.93	38			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Aetna	Better Health	592.72	30.44			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			First Trenton	First Trenton	1752.46	90			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Amerihealth	HMO/PPO	1265.67	65			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Americare	Americare	1460.39	75			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Consumer	Consumer	1849.82	95			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Horizon	Indemnity	745.38	38.28			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			First Health	First Health	1363.03	70			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Aetna	Medicare	599.73	30.8			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			WellPoint	WellPoint	604.4	31.04			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Horizon	Medicare Blue	584.15	30			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Qualcare	Qualcare	1460.39	75			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Horizon	MGD	745.38	38.28			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Corrections	Corrections	1557.74	80			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Horizon	PPO	745.38	38.28			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Multiplan	Multiplan	1557.74	80			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Managed Care Inc	Managed Care Inc	1752.46	90			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Horizon	NJ Health	2084.09				584.15	2084.09	fee schedule	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			United	Oxford	1835.46				584.15	2084.09	case rate	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			UHC	Medicaid	592.72	30.44			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Three Rivers	Three Rivers	1849.82	95			584.15	2084.09	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			United	Commercial/PPO	1835.46				584.15	2084.09	case rate	
INTRAVASCULAR US NONCORONARY RS&I INITIAL VESSEL	37252	CPT				both			1947.18			Wellcare	Medicaid	592.72

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		Wellcare	Medicaid	592.72	30.44			318.11	1849.82	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		Multiplan	Multiplan	1557.74	80			318.11	1849.82	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		Three Rivers	Three Rivers	1849.82	95			318.11	1849.82	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		United	Oxford	1835.46				318.11	1849.82	case rate	
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		WellPoint	WellPoint	604.4	31.04			318.11	1849.82	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		Horizon	Indemnity	745.38	38.28			318.11	1849.82	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		UHC	Medicaid	592.72	30.44			318.11	1849.82	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		Qualcare	Qualcare	1460.39	75			318.11	1849.82	percent of total billed charges	
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		United	Commercial/PPO	1835.46				318.11	1849.82	case rate	
INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	37253	CPT				outpatient			1947.18		Horizon	Medicare Blue	584.15	30			318.11	1849.82	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Consumer	Consumer	6242.3	95			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	First Health	First Health	4599.59	70			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Aetna	Commercial	3068.16				187.92	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Amerihealth	Medicare	1880				187.92	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Aetna	Better Health	2000.16	30.44			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	First Trenton	First Trenton	5913.76	90			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Americare	Americare	4928.13	75			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Horizon	Medicare Blue	1880				187.92	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Corrections	Corrections	5256.67	80			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Horizon	MGD	3637.8				187.92	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Aetna	Medicare	1880				187.92	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Horizon	Indemnity	3637.8				187.92	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Multiplan	Multiplan	5256.67	80			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Horizon	NJ Health	187.92				187.92	6242.3	fee schedule	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Amerihealth	HMO/PPO	550				187.92	6242.3	fee schedule	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	UHC	Medicare	1880				187.92	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Qualcare	Qualcare	4928.13	75			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Managed Care Inc	Managed Care Inc	5913.76	90			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Wellcare	Medicaid	2000.16	30.44			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Horizon	PPO	3637.8				187.92	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Three Rivers	Three Rivers	6242.3	95			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	Wellcare	Medicare	1880				187.92	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	UHC	Medicaid	2000.16	30.44			187.92	6242.3	percent of total billed charges	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	United	Oxford	2567.79				187.92	6242.3	case rate	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	United	Commercial/PPO	2567.79				187.92	6242.3	case rate	
LIGATION/BIOPSY TEMPORAL ARTERY	37609	CPT				outpatient			6570.84	2162	WellPoint	WellPoint	2039.59	31.04			187.92	6242.3	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Aetna	Commercial	1170.76				650	2460.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Americare	Americare	1942.34	75			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Amerihealth	HMO/PPO	650				650	2460.29	fee schedule	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Aetna	Better Health	788.33	30.44			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Aetna	Medicare	717.38				650	2460.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Amerihealth	Medicare	717.38				650	2460.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	First Trenton	First Trenton	2330.8	90			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	First Health	First Health	1812.85	70			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Multiplan	Multiplan	2071.82	80			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Horizon	Medicare Blue	717.38				650	2460.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Horizon	Indemnity	1388.13				650	2460.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Horizon	PPO	1388.13				650	2460.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Corrections	Corrections	2071.82	80			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Consumer	Consumer	2460.29	95			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Managed Care Inc	Managed Care Inc	2330.8	90			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Horizon	MGD	1388.13				650	2460.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Qualcare	Qualcare	1942.34	75			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	United	Oxford	1871.51				650	2460.29	case rate	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	UHC	Medicaid	788.33	30.44			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	WellPoint	WellPoint	803.67	31.04			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Wellcare	Medicare	717.38				650	2460.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Wellcare	Medicaid	788.33	30.44			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	Three Rivers	Three Rivers	2460.29	95			650	2460.29	percent of total billed charges	
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	UHC	Medicare	717.38				650	2460.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VASCULAR SURGERY	37799	CPT				inpatient			2589.78	824.99	United	Commercial/PPO	1871.51				650	2460.29	case rate	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Consumer	Consumer	5446.75	95			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Americare	Americare	4300.07	75			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Aetna	Medicare	1765.89	30.8			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Amerihealth	Medicare	1880				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Aetna	Better Health	1745.25	30.44			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Aetna	Commercial	3068.16				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	UHC	Medicaid	1745.25	30.44			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Horizon	MGD	3637.8				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Corrections	Corrections	4586.74	80			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Managed Care Inc	Managed Care Inc	5160.08	90			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Amerihealth	HMO/PPO	125				125	5446.75	fee schedule	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	First Trenton	First Trenton	5160.08	90			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Wellcare	Medicare	1880				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Multiplan	Multiplan	4586.74	80			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	First Health	First Health	4013.39	70			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	UHC	Medicare	1880				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Horizon	Indemnity	3637.8				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Three Rivers	Three Rivers	5446.75	95			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	United	Commercial/PPO	1871.51				125	5446.75	case rate	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Qualcare	Qualcare	4300.07	75			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Horizon	Medicare Blue	1880				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Wellcare	Medicaid	1745.25	30.44			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Horizon	NJ Health	469.8				125	5446.75	fee schedule	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	Horizon	PPO	3637.8				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	United	Oxford	1871.51				125	5446.75	case rate	
DIAGNOSTIC BONE MARROW ASPIRATIONS	38220	CPT				both			5733.42	2162	WellPoint	WellPoint	1779.65	31.04			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Aetna	Medicare	1765.89	30.8			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Amerihealth	HMO/PPO	125				125	5446.75	fee schedule	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Consumer	Consumer	5446.75	95			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Amerihealth	Medicare	1880				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Aetna	Commercial	3068.16				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Horizon	PPO	3637.8				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Aetna	Better Health	1745.25	30.44			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Horizon	MGD	3637.8				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Multiplan	Multiplan	4586.74	80			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	First Health	First Health	4013.39	70			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Corrections	Corrections	4586.74	80			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	UHC	Medicare	1880				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Horizon	Indemnity	3637.8				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	United	Oxford	1871.51				125	5446.75	case rate	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Americare	Americare	4300.07	75			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	United	Commercial/PPO	1871.51				125	5446.75	case rate	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Qualcare	Qualcare	4300.07	75			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Wellcare	Medicare	1880				125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Horizon	NJ Health	247.43			71.94	125	5446.75	fee schedule	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	WellPoint	WellPoint	1779.65	31.04			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Wellcare	Medicaid	1745.25	30.44			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	First Trenton	First Trenton	5160.08	90			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	UHC	Medicaid	1745.25	30.44		1523	125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Horizon	Medicare Blue	1880			667.8	125	5446.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Managed Care Inc	Managed Care Inc	5160.08	90			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES	38221	CPT				both			5733.42	2162	Three Rivers	Three Rivers	5446.75	95			125	5446.75	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Aetna	Better Health	2939.08	30.44			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Aetna	Commercial	5419.69				469.8	9172.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Consumer	Consumer	9172.55	95			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Amerihealth	Medicare	3320.89				469.8	9172.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Amerihealth	HMO/PPO	6275.96	65			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Horizon	MGD	6425.92			4519.49	469.8	9172.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	First Health	First Health	6758.72	70			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Americare	Americare	7241.49	75			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Aetna	Medicare	3320.89				469.8	9172.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	UHC	Medicare	3320.89				469.8	9172.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Horizon	NJ Health	469.8			769	469.8	9172.55	fee schedule	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Horizon	Indemnity	6425.92				469.8	9172.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Horizon	Medicare Blue	3320.89			1124.61	469.8	9172.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	WellPoint	WellPoint	2997.01	31.04		2123.38	469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Corrections	Corrections	7724.26	80			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	First Trenton	First Trenton	8689.79	90			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Multiplan	Multiplan	7724.26	80			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	United	Commercial/PPO	2567.79			1665.23	469.8	9172.55	case rate	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Horizon	PPO	6425.92				469.8	9172.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Managed Care Inc	Managed Care Inc	8689.79	90			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Qualcare	Qualcare	7241.49	75			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Wellcare	Medicaid	2939.08	30.44			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Wellcare	Medicare	3320.89				469.8	9172.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	Three Rivers	Three Rivers	9172.55	95			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	UHC	Medicaid	2939.08	30.44			469.8	9172.55	percent of total billed charges	
DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	38222	CPT				both			9655.32	3819.02	United	Oxford	2967.79				469.8	9172.55	case rate	
EXC/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Corrections	Corrections	10222.03	80			109.62	12138.66	percent of total billed charges	
EXC/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Amerihealth	Medicare	4443.19				109.62	12138.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Aetna	Commercial	7251.29				109.62	12138.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	First Health	First Health	8944.28	70			109.62	12138.66	percent of total billed charges	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Ameritealth	HMO/PPO	550				109.62	12138.66	fee schedule	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Aetna	Medicare	4443.19				109.62	12138.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	UHC	Medicaid	3889.48	30.44			109.62	12138.66	percent of total billed charges	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Consumer	Consumer	12138.66	95			109.62	12138.66	percent of total billed charges	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Horizon	Indemnity	8597.57				109.62	12138.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Horizon	MGD	8597.57				109.62	12138.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Horizon	NJ Health	109.62				109.62	12138.66	fee schedule	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Multiplan	Multiplan	10222.03	80			109.62	12138.66	percent of total billed charges	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	United	Commercial/PPO	2859.28				109.62	12138.66	case rate	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Horizon	PPO	8597.57				109.62	12138.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Managed Care Inc	Managed Care Inc	11499.79	90			109.62	12138.66	percent of total billed charges	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Horizon	Medicare Blue	4443.19				109.62	12138.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Wellcare	Medicare	4443.19				109.62	12138.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	WellPoint	WellPoint	3966.15	31.04			109.62	12138.66	percent of total billed charges	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	Wellcare	Medicaid	3889.48	30.44			109.62	12138.66	percent of total billed charges	
BX/EXC LYMPH NODE OPEN SUPERFICIAL	38500	CPT				outpatient			12777.54	5109.67	United	Oxford	2859.28				109.62	12138.66	case rate	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Aetna	Medicare	1880			668.21	186.98	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Aetna	Better Health	1696.51	30.44			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Consumer	Consumer	5294.62	95			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Americare	Americare	4179.96	75			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	First Trenton	First Trenton	5015.95	90			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Horizon	Medicare Blue	1880				186.98	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Aetna	Commercial	3068.16				186.98	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Ameritealth	Medicare	1880				186.98	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Corrections	Corrections	4458.62	80			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Ameritealth	HMO/PPO	300				186.98	5294.62	fee schedule	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	First Health	First Health	3901.3	70			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Horizon	MGD	3637.8				186.98	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Managed Care Inc	Managed Care Inc	5015.95	90			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Wellcare	Medicaid	1696.51	30.44			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Multiplan	Multiplan	4458.62	80			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Horizon	NJ Health	186.98			1793.67	186.98	5294.62	fee schedule	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Horizon	Indemnity	3637.8				186.98	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	United	Oxford	2567.79				186.98	5294.62	case rate	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	UHC	Medicare	1880			908.62	186.98	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Three Rivers	Three Rivers	5294.62	95			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Qualcare	Qualcare	4179.96	75			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Horizon	PPO	3637.8				186.98	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	Wellcare	Medicare	1880				186.98	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	UHC	Medicaid	1696.51	30.44			186.98	5294.62	percent of total billed charges	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	United	Commercial/PPO	2567.79				186.98	5294.62	case rate	
BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	38505	CPT				both			5573.28	2162	WellPoint	WellPoint	1729.95	31.04			186.98	5294.62	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Consumer	Consumer	1360.48	95			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Aetna	Medicare	441.08	30.8			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Americare	Americare	1074.06	75			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Aetna	Better Health	435.93	30.44			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Corrections	Corrections	1145.66	80			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		First Trenton	First Trenton	1288.87	90			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Aetna	Commercial	544.19	38			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		First Health	First Health	1002.46	70			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Horizon	NJ Health	130.44				130.44	1835.46	fee schedule	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Horizon	MGD	548.2	38.28			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Ameritealth	HMO/PPO	950				130.44	1835.46	fee schedule	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Horizon	Medicare Blue	429.62	30			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Horizon	Indemnity	548.2	38.28			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Managed Care Inc	Managed Care Inc	1288.87	90			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Multiplan	Multiplan	1145.66	80			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Horizon	PPO	548.2	38.28			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Qualcare	Qualcare	1074.06	75			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		WellPoint	WellPoint	444.52	31.04			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Three Rivers	Three Rivers	1360.48	95			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		UHC	Medicaid	435.93	30.44			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		Wellcare	Medicaid	435.93	30.44			130.44	1835.46	percent of total billed charges	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		United	Commercial/PPO	1835.46				130.44	1835.46	case rate	
INJECTION PROCEDURE LYMPHANGIOGRAPHY	38790	CPT				inpatient			1432.08		United	Oxford	1835.46				130.44	1835.46	case rate	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Aetna	Commercial	387.6	38			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Multiplan	Multiplan	816	80			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Americare	Americare	765	75			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Aetna	Medicare	314.16	30.8			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Consumer	Consumer	969	95			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Aetna	Better Health	310.49	30.44			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Horizon	Indemnity	390.46	38.28			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		First Trenton	First Trenton	918	90			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		WellPoint	WellPoint	316.61	31.04			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Qualcare	Qualcare	765	75			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Ameritealth	HMO/PPO	550				306	1835.46	fee schedule	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Corrections	Corrections	816	80			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		First Health	First Health	714	70			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Horizon	PPO	390.46	38.28			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Horizon	Medicare Blue	306	30			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Horizon	MGD	390.46	38.28			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Wellcare	Medicaid	310.49	30.44			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Managed Care Inc	Managed Care Inc	918	90			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Horizon	NJ Health	1190.16				306	1835.46	fee schedule	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		Three Rivers	Three Rivers	969	95			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		United	Commercial/PPO	1835.46				306	1835.46	case rate	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		UHC	Medicaid	310.49	30.44			306	1835.46	percent of total billed charges	
MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR	39010	CPT				both			1020		United	Oxford	1835.46				306	1835.46	case rate	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		First Trenton	First Trenton	918	90			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Americare	Americare	765	75			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		First Health	First Health	714	70			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Aetna	Commercial	387.6	38			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Aetna	Medicare	314.16	30.8			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Horizon	Indemnity	390.46	38.28			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Consumer	Consumer	969	95			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Aetna	Better Health	310.49	30.44			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Horizon	Medicare Blue	306	30			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Ameritealth	HMO/PPO	550				306	1835.46	fee schedule	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Multiplan	Multiplan	816	80			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Horizon	PPO	390.46	38.28			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Horizon	MGD	390.46	38.28			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		United	Commercial/PPO	1835.46				306	1835.46	case rate	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Corrections	Corrections	816	80			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Managed Care Inc	Managed Care Inc	918	90			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Three Rivers	Three Rivers	969	95			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Qualcare	Qualcare	765	75			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Horizon	NJ Health	1260.63				306	1835.46	fee schedule	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		UHC	Medicaid	310.49	30.44			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		Wellcare	Medicaid	310.49	30.44			306	1835.46	percent of total billed charges	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		United	Oxford	1835.46				306	1835.46	case rate	
RESECTION MEDIASTINAL TUMOR	39220	CPT				both			1020		WellPoint	WellPoint	316.61	31.04			306	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	First Trenton	First Trenton	695.84	90			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Americare	Americare	579.87	75			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Multiplan	Multiplan	618.53	80			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Horizon	MGD	521.39				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Ameritealth	HMO/PPO	125				47.5	1835.46	fee schedule	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Consumer	Consumer	734.5	95			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Aetna	Better Health	235.35	30.44			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Aetna	Commercial	439.74				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Horizon	Medicare Blue	269.45				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Aetna	Medicare	269.45				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Qualcare	Qualcare	579.87	75			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	UHC	Medicare	269.45				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Ameritealth	Medicare	269.45				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Corrections	Corrections	618.53	80			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Three Rivers	Three Rivers	734.5	95			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	UHC	Medicaid	235.35	30.44			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	First Health	First Health	541.21	70			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Horizon	NJ Health	47.5				47.5	1835.46	fee schedule	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	United	Oxford	1835.46				47.5	1835.46	case rate	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Horizon	PPO	521.39				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Horizon	Indemnity	521.39				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Managed Care Inc	Managed Care Inc	695.84	90			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	United	Commercial/PPO	1835.46				47.5	1835.46	case rate	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Wellcare	Medicare	269.45				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	Wellcare	Medicaid	235.35	30.44			47.5	1835.46	percent of total billed charges	
BIOPSY OF LIP	40490	CPT				outpatient			773.16	309.87	WellPoint	WellPoint	239.99	31.04			47.5	1835.46	percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	Horizon	NJ Health	354.44			405.01	354.44	3251.96	fee schedule	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	Horizon	MGD	1143.37				354.44	3251.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	Aetna	Medicare	1054.32	30.8			354.44	3251.96	percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	First Trenton	First Trenton	3080.81	90			354.44	3251.96	percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	Aetna	Commercial	964.33				354.44	3251.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	Horizon	PPO	1143.37				354.44	3251.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	Aetna	Better Health	1042	30.44		1042	354.44	3251.96	percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	Americare	Americare	2567.34	75			354.44	3251.96	percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	UHC	Medicare	580.89				354.44	3251.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12	679.52	WellPoint	WellPoint	1062.54	31.04			354.44	3251.96	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Ameritheal	Medicare	590.89				354.44		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Managed Care Inc	Managed Care Inc	3080.81	90			354.44		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Multiplan	Multiplan	2738.5	80			354.44		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Ameritheal	HMO/PPO	650				354.44		3251.96 fee schedule	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Consumer	Consumer	3251.96	95			354.44		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Horizon	Indemnity	1143.37				354.44		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Wellcare	Medicare	590.89				354.44		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 United	Commercial|PPO	1835.46				354.44		3251.96 case rate	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 First Health	First Health	2396.18	70			354.44		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Qualcare	Qualcare	2567.34	75			354.44		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Corrections	Corrections	2738.5	80			354.44		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 UHC	Medicaid	1042	30.44			354.44		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Three Rivers	Three Rivers	3251.96	95			354.44		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Horizon	Medicare Blue	590.89				354.44		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 Wellcare	Medicaid	1042	30.44			354.44		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS VERMILION ONLY	40650	CPT				outpatient			3423.12		679.52 United	Oxford	1835.46				354.44		3251.96 case rate	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Qualcare	Qualcare	2567.34	75			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Horizon	MGD	1143.37				590.89		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Aetna	Commercial	964.33				590.89		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Aetna	Better Health	1042	30.44			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Consumer	Consumer	3251.96	95			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 WellPoint	WellPoint	1062.54	31.04			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Ameritheal	Medicare	590.89				590.89		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 First Health	First Health	2396.18	70			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 United	Commercial|PPO	1835.46				590.89		3251.96 case rate	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Horizon	PPO	1143.37				590.89		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Aetna	Medicare	590.89				590.89		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Ameritheal	HMO/PPO	650				590.89		3251.96 fee schedule	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Corrections	Corrections	2738.5	80			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 UHC	Medicaid	1042	30.44			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Horizon	Medicare Blue	590.89				590.89		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Three Rivers	Three Rivers	3251.96	95			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 First Trenton	First Trenton	3080.81	90			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Horizon	Indemnity	1143.37				590.89		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Americare	Americare	2567.34	75			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Wellcare	Medicare	590.89				590.89		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Horizon	NJ Health	595.08				590.89		3251.96 fee schedule	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 UHC	Medicare	590.89				590.89		3251.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Multiplan	Multiplan	2738.5	80			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Managed Care Inc	Managed Care Inc	3080.81	90			590.89		3251.96 percent of total billed charges	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 United	Oxford	1835.46				590.89		3251.96 case rate	
REPAIR LIP FULL THICKNESS <HALF VERTICAL HEIGHT	40652	CPT				outpatient			3423.12		679.52 Wellcare	Medicaid	1042	30.44			590.89		3251.96 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Aetna	Commercial	2805.02				650		5133.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Ameritheal	HMO/PPO	650				650		5133.76 fee schedule	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Ameritheal	Medicare	1718.76				650		5133.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Corrections	Corrections	4323.17	80			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Consumer	Consumer	5133.76	95			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Horizon	MGD	3325.8				650		5133.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Horizon	Medicare Blue	1718.76				650		5133.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Aetna	Better Health	1644.97	30.44			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Aetna	Medicare	1718.76				650		5133.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 First Health	First Health	3782.77	70			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 UHC	Medicare	1718.76				650		5133.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Horizon	PPO	3325.8				650		5133.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 First Trenton	First Trenton	4863.56	90			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 UHC	Medicaid	1644.97	30.44			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Americare	Americare	4052.97	75			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Horizon	Indemnity	3325.8				650		5133.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Horizon	NJ Health	720.36				650		5133.76 fee schedule	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Wellcare	Medicare	1718.76				650		5133.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Managed Care Inc	Managed Care Inc	4863.56	90			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 WellPoint	WellPoint	1677.39	31.04			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Three Rivers	Three Rivers	5133.76	95			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 United	Commercial|PPO	2567.79				650		5133.76 case rate	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Multiplan	Multiplan	4323.17	80			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 United	Oxford	2567.79				650		5133.76 case rate	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Qualcare	Qualcare	4052.97	75			650		5133.76 percent of total billed charges	
RPR LIP FTH OVER ONE-HALF VERT HEIGHT/COMPLEX	40654	CPT				outpatient			5403.96		1976.57 Wellcare	Medicaid	1644.97	30.44			650		5133.76 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Ameritheal	Medicare	816.39				56.85		2300.41 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Aetna	Medicare	816.39				56.85		2300.41 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Aetna	Better Health	737.1	30.44			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Corrections	Corrections	1657.18	80			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Aetna	Commercial	1332.35				56.85		2300.41 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Americare	Americare	1816.11	75			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Horizon	MGD	1579.71				56.85		2300.41 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 First Health	First Health	1695.04	70			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Horizon	Medicare Blue	816.39				56.85		2300.41 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Ameritheal	HMO/PPO	125				56.85		2300.41 fee schedule	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Consumer	Consumer	2309.41	95			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Horizon	Indemnity	1579.71				56.85		2300.41 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 UHC	Medicare	816.39				56.85		2300.41 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 First Trenton	First Trenton	2179.33	90			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Multiplan	Multiplan	1937.18	80			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 United	Oxford	1871.51				56.85		2300.41 case rate	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Horizon	PPO	1579.71				56.85		2300.41 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Horizon	NJ Health	56.85				56.85		2300.41 fee schedule	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Qualcare	Qualcare	1816.11	75			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Wellcare	Medicaid	737.1	30.44			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 UHC	Medicaid	737.1	30.44			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Managed Care Inc	Managed Care Inc	2179.33	90			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 United	Commercial|PPO	1871.51				56.85		2300.41 case rate	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Three Rivers	Three Rivers	2309.41	95			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 WellPoint	WellPoint	751.63	31.04			56.85		2300.41 percent of total billed charges	
DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	40800	CPT				outpatient			2421.48		938.85 Wellcare	Medicare	816.39				56.85		2300.41 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 First Trenton	First Trenton	2863.24	90			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 First Health	First Health	2226.97	70			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Aetna	Commercial	1775.4				65.77		3022.31 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Aetna	Better Health	968.41	30.44			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Americare	Americare	2386.04	75			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Corrections	Corrections	2545.1	80			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Ameritheal	HMO/PPO	125				65.77		3022.31 fee schedule	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Aetna	Medicare	1087.87				65.77		3022.31 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Managed Care Inc	Managed Care Inc	2863.24	90			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Horizon	Indemnity	2105.03				65.77		3022.31 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Ameritheal	Medicare	1087.87				65.77		3022.31 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Consumer	Consumer	3022.31	95			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Three Rivers	Three Rivers	3022.31	95			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 UHC	Medicaid	968.41	30.44			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Horizon	Medicare Blue	1087.87				65.77		3022.31 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Horizon	NJ Health	65.77			416.24	65.77		3022.31 fee schedule	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Wellcare	Medicare	1087.87				65.77		3022.31 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Multiplan	Multiplan	2545.1	80			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Horizon	MGD	2105.03			245.83	65.77		3022.31 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Horizon	PPO	2105.03				65.77		3022.31 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 United	Oxford	2567.79				65.77		3022.31 case rate	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 United	Commercial|PPO	2567.79				65.77		3022.31 case rate	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 UHC	Medicare	1087.87				65.77		3022.31 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Qualcare	Qualcare	2386.04	75			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 WellPoint	WellPoint	987.5	31.04			65.77		3022.31 percent of total billed charges	
RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	40804	CPT				outpatient			3181.38		1251.05 Wellcare	Medicaid	968.41	30.44			65.77		3022.31 percent of total billed charges	
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Aetna	Better Health	599.24	30.44			41.06		1870.17 percent of total billed charges	
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Aetna	Commercial	964.33				41.06		1870.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Ameritheal	Medicare	590.89				41.06		1870.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Corrections	Corrections	1574.88	80			41.06		1870.17 percent of total billed charges	
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Aetna	Medicare	590.89				41.06		1870.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Qualcare	Qualcare	1476.45	75			41.06		1870.17 percent of total billed charges	
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Americare	Americare	1476.45	75			41.06		1870.17 percent of total billed charges	
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Three Rivers	Three Rivers	1870.17	95			41.06		1870.17 percent of total billed charges	
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Horizon	PPO	1143.37			828.03	41.06		1870.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Multiplan	Multiplan	1574.88	80			41.06		1870.17 percent of total billed charges	
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Horizon	Medicare Blue	590.89				41.06		1870.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 First Trenton	First Trenton	1771.74	90			41.06		1870.17 percent of total billed charges	
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Ameritheal	HMO/PPO	300				41.06		1870.17 fee schedule	
BIOPSY VESTIBULE MOUTH	40808	CPT				outpatient			1968.6		679.52 Wellcare	Medicare	590.89				41.06		1870.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VESTIBUL

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Consumer	Consumer	10045.62	95			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Aetna	Better Health	3218.83	30.44			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	First Trenton	First Trenton	9516.91	90			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Aetna	Medicare	3256.9	30.8			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	First Health	First Health	7402.04	70			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Amerihealth	Medicare	3763				116.93	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Americare	Americare	7930.76	75			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	UHC	Medicaid	3218.83	30.44			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Horizon	NJ Health	116.93			112.11	116.93	10045.62	fee schedule	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Multiplan	Multiplan	8459.47	80			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Three Rivers	Three Rivers	10045.62	95			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	United	Commercial|PPO	2567.79				116.93	10045.62	case rate	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Corrections	Corrections	8459.47	80			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Qualcare	Qualcare	7930.76	75			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Amerihealth	HMO|PPO	300				116.93	10045.62	fee schedule	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	United	Oxford	2567.79				116.93	10045.62	case rate	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	WellPoint	WellPoint	3282.28	31.04			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Wellcare	Medicaid	3218.83	30.44			116.93	10045.62	percent of total billed charges	
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Horizon	MGD	7281.41				116.93	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Wellcare	Medicare	3763				116.93	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Horizon	Indemnity	7281.41				116.93	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Horizon	Medicare Blue	3763				116.93	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	40810	CPT				outpatient			10574.34	4327.45	Horizon	PPO	7281.41				116.93	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Amerihealth	HMO|PPO	300				116.93	4902.17	fee schedule	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Aetna	Better Health	1570.76	30.44			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Aetna	Medicare	1718.76				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Aetna	Commercial	2805.02				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	UHC	Medicaid	1570.76	30.44			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Consumer	Consumer	4902.17	95			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	First Trenton	First Trenton	4644.16	90			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Qualcare	Qualcare	3870.14	75			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Amerihealth	Medicare	1718.76				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Wellcare	Medicare	1718.76				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Horizon	MGD	3325.8				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Americare	Americare	3870.14	75			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	First Health	First Health	3612.13	70			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Corrections	Corrections	4128.14	80			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Horizon	PPO	3325.8				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Multiplan	Multiplan	4128.14	80			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Horizon	Indemnity	3325.8				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Horizon	Medicare Blue	1718.76				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Managed Care Inc	Managed Care Inc	4644.16	90			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Three Rivers	Three Rivers	4902.17	95			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	United	Commercial|PPO	2567.79				116.93	4902.17	case rate	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Horizon	NJ Health	116.93				116.93	4902.17	fee schedule	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	UHC	Medicare	1718.76				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	United	Oxford	2567.79				116.93	4902.17	case rate	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	Wellcare	Medicaid	1570.76	30.44			116.93	4902.17	percent of total billed charges	
EXC FRENUM LABIAL/BUCCAL	40819	CPT				outpatient			5160.18	1976.57	WellPoint	WellPoint	1601.72	31.04			116.93	4902.17	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Aetna	Better Health	328.5	30.44			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Consumer	Consumer	1025.2	95			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Horizon	MGD	521.39				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Corrections	Corrections	863.33	80			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Amerihealth	HMO|PPO	300				65.77	1835.46	fee schedule	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Aetna	Commercial	439.74				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Aetna	Medicare	332.38	30.8			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	First Trenton	First Trenton	971.24	90			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Three Rivers	Three Rivers	1025.2	95			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Americare	Americare	809.37	75			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Amerihealth	Medicare	269.45				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	UHC	Medicaid	328.5	30.44			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	United	Oxford	1835.46				65.77	1835.46	case rate	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Multiplan	Multiplan	863.33	80			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	First Health	First Health	755.41	70			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Horizon	NJ Health	65.77				65.77	1835.46	fee schedule	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Horizon	Indemnity	521.39				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Qualcare	Qualcare	809.37	75			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Horizon	Medicare Blue	269.45				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	United	Commercial|PPO	1835.46				65.77	1835.46	case rate	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	UHC	Medicare	269.45				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Horizon	PPO	521.39				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Wellcare	Medicaid	328.5	30.44			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	WellPoint	WellPoint	334.97	31.04			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Managed Care Inc	Managed Care Inc	971.24	90			65.77	1835.46	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	40830	CPT				both			1079.16	309.87	Wellcare	Medicare	269.45				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Aetna	Better Health	897	30.44			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Aetna	Commercial	964.33				142.11	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	First Health	First Health	2062.75	70			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Amerihealth	Medicare	590.89				142.11	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Corrections	Corrections	2357.42	80			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Americare	Americare	2210.09	75			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Amerihealth	HMO|PPO	300				142.11	2799.44	fee schedule	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Horizon	Medicare Blue	590.89				142.11	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Multiplan	Multiplan	2357.42	80			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Aetna	Medicare	590.89				142.11	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Wellcare	Medicare	590.89				142.11	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	UHC	Medicare	590.89				142.11	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Horizon	Indemnity	1143.37				142.11	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Consumer	Consumer	2799.44	95			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Horizon	MGD	1143.37				142.11	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Wellcare	Medicaid	897	30.44			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Qualcare	Qualcare	2210.09	75			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	First Trenton	First Trenton	2652.1	90			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	UHC	Medicaid	897	30.44			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Horizon	NJ Health	142.11				142.11	2799.44	fee schedule	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Horizon	PPO	1143.37				142.11	2799.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Managed Care Inc	Managed Care Inc	2652.1	90			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	United	Commercial|PPO	1835.46				142.11	2799.44	case rate	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	Three Rivers	Three Rivers	2799.44	95			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	WellPoint	WellPoint	914.68	31.04			142.11	2799.44	percent of total billed charges	
CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	40831	CPT				outpatient			2946.78	679.52	United	Oxford	1835.46				142.11	2799.44	case rate	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Consumer	Consumer	18851.9	95			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Corrections	Corrections	15875.28	80			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Aetna	Medicare	6864.06				505.3	18851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	UHC	Medicaid	6040.54	30.44			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Aetna	Better Health	6040.54	30.44			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Three Rivers	Three Rivers	18851.9	95			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Aetna	Commercial	11202.15				505.3	18851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Amerihealth	HMO|PPO	550				505.3	18851.9	fee schedule	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Horizon	Medicare Blue	6864.06				505.3	18851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	First Trenton	First Trenton	17859.69	90			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Multiplan	Multiplan	15875.28	80			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	UHC	Medicare	6864.06				505.3	18851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Wellcare	Medicare	6864.06				505.3	18851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Horizon	MGD	13281.96				505.3	18851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Americare	Americare	14883.08	75			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Amerihealth	Medicare	6864.06				505.3	18851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	United	Oxford	2859.28				505.3	18851.9	case rate	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Horizon	NJ Health	505.3				505.3	18851.9	fee schedule	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Qualcare	Qualcare	14883.08	75			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	First Health	First Health	13890.87	70			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Horizon	PPO	13281.96				505.3	18851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Horizon	Indemnity	13281.96				505.3	18851.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Managed Care Inc	Managed Care Inc	17859.69	90			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	United	Commercial|PPO	2859.28				505.3	18851.9	case rate	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	WellPoint	WellPoint	6159.61	31.04			505.3	18851.9	percent of total billed charges	
VESTIBULOPLASTY ANTERIOR	40840	CPT				outpatient			19844.1	7893.67	Wellcare	Medicaid	6040.54	30.44			505.3	18851.9	percent of total billed charges	
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Consumer	Consumer	808.73	95			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Amerihealth	Medicare	269.45				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Aetna	Better Health	258.13	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Aetna	Commercial	439.74				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Corrections	Corrections	681.03	80			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Americare	Americare	638.47	75			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Aetna	Medicare	269.45				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	UHC	Medicare	269.45				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Three Rivers	Three

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Wellcare	Medicaid	30.44				125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	UHC	Medicaid	259.13	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	Horizon	PPO	521.39				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	United	CommercialPPO	1835.46				125	1835.46	case rate	
UNLISTED PROCEDURE VESTIBULE MOUTH	40899	CPT				outpatient			851.29	309.87	WellPoint	WellPoint	264.24	31.04			125	1835.46	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Consumer	Consumer	10045.62	95			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Aetna	Medicare	3256.9	30.8			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Aetna	Commercial	6141.22				132.64	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Aetna	Better Health	3218.83	30.44			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Corrections	Corrections	8459.47	80			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	First Trenton	First Trenton	9516.91	90			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Amerihealth	Medicare	3763				132.64	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	First Health	First Health	7402.04	70			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Americare	Americare	7930.76	75			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Horizon	PPO	7281.41				132.64	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Horizon	NJ Health	132.64			615.52	132.64	10045.62	fee schedule	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Horizon	Medicare Blue	3763				132.64	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Amerihealth	HMO/PPO	300				132.64	10045.62	fee schedule	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Horizon	Indemnity	7281.41				132.64	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Horizon	MGD	7281.41				132.64	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Multiplan	Multiplan	8459.47	80			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	UHC	Medicaid	3218.83	30.44			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Qualcare	Qualcare	7930.76	75			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Three Rivers	Three Rivers	10045.62	95			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	United	Oxford	2567.79				132.64	10045.62	case rate	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Wellcare	Medicaid	3218.83	30.44			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	UHC	Medicare	3763				132.64	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	Wellcare	Medicare	3763				132.64	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	WellPoint	WellPoint	3282.28	31.04			132.64	10045.62	percent of total billed charges	
INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	41008	CPT				outpatient			10574.34	4327.45	United	CommercialPPO	2567.79				132.64	10045.62	case rate	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Amerihealth	Medicare	1718.76				110.79	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Horizon	Medicare Blue	1718.76				110.79	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Aetna	Commercial	2805.02				110.79	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Aetna	Medicare	1718.76				110.79	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	First Trenton	First Trenton	4644.16	90			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Aetna	Better Health	1570.76	30.44			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Americare	Americare	3870.14	75			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Horizon	PPO	3325.8				110.79	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Horizon	Indemnity	3325.8				110.79	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Multiplan	Multiplan	4128.14	80			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	UHC	Medicare	1718.76				110.79	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Consumer	Consumer	4902.17	95			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Managed Care Inc	Managed Care Inc	4644.16	90			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	First Health	First Health	3612.13	70			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Amerihealth	HMO/PPO	300				110.79	4902.17	fee schedule	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	UHC	Medicaid	1570.76	30.44		1558.62	110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	United	CommercialPPO	2567.79				110.79	4902.17	case rate	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Qualcare	Qualcare	3870.14	75			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	WellPoint	WellPoint	1601.72	31.04		1549.6	110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Corrections	Corrections	4128.14	80			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Three Rivers	Three Rivers	4902.17	95			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Wellcare	Medicaid	1570.76	30.44			110.79	4902.17	percent of total billed charges	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Horizon	MGD	3325.8				110.79	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Wellcare	Medicare	1718.76				110.79	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	United	Oxford	2567.79				110.79	4902.17	case rate	
INCISION LINGUAL FRENUM FRENOTOMY	41010	CPT				both			5160.18	1976.57	Horizon	NJ Health	110.79			48.67	110.79	4902.17	fee schedule	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	UHC	Medicare	590.89				65.77	2679.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Horizon	NJ Health	65.77			28.88	65.77	2679.29	fee schedule	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Amerihealth	Medicare	590.89				65.77	2679.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Aetna	Commercial	964.33				65.77	2679.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Aetna	Better Health	858.5	30.44		748.61	65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Corrections	Corrections	2256.24	80			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Aetna	Medicare	590.89				65.77	2679.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Three Rivers	Three Rivers	2679.29	95			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Horizon	MGD	1143.37				65.77	2679.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Multiplan	Multiplan	2256.24	80			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	First Health	First Health	1974.21	70			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Amerihealth	HMO/PPO	300				65.77	2679.29	fee schedule	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Horizon	PPO	1143.37				65.77	2679.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	First Trenton	First Trenton	2538.27	90			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Americare	Americare	2115.23	75			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	UHC	Medicaid	858.5	30.44		871.87	65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	WellPoint	WellPoint	875.42	31.04			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Qualcare	Qualcare	2115.23	75			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Wellcare	Medicaid	858.5	30.44			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Horizon	Indemnity	1143.37				65.77	2679.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Consumer	Consumer	2679.29	95			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Managed Care Inc	Managed Care Inc	2538.27	90			65.77	2679.29	percent of total billed charges	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Horizon	Medicare Blue	590.89				65.77	2679.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	United	CommercialPPO	1835.46				65.77	2679.29	case rate	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	United	Oxford	1835.46				65.77	2679.29	case rate	
BIOPSY TONGUE ANTERIOR TWO-THIRDS	41100	CPT				outpatient			2820.3	679.52	Wellcare	Medicare	590.89				65.77	2679.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Horizon	PPO	7281.41				105.97	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Americare	Americare	7930.76	75			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	First Health	First Health	7402.04	70			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Amerihealth	Medicare	3763				105.97	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Aetna	Medicare	3763				105.97	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Aetna	Commercial	6141.22				105.97	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Aetna	Better Health	3218.83	30.44			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	First Trenton	First Trenton	9516.91	90			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	WellPoint	WellPoint	3282.28	31.04			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Amerihealth	HMO/PPO	550				105.97	10045.62	fee schedule	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Horizon	Medicare Blue	3763				105.97	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Horizon	Indemnity	7281.41				105.97	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Corrections	Corrections	8459.47	80			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Consumer	Consumer	10045.62	95			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	UHC	Medicaid	3218.83	30.44			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Horizon	MGD	7281.41				105.97	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Wellcare	Medicare	3763				105.97	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Multiplan	Multiplan	8459.47	80			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	UHC	Medicare	3763				105.97	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Horizon	NJ Health	105.97				105.97	10045.62	fee schedule	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	United	CommercialPPO	2567.79				105.97	10045.62	case rate	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Qualcare	Qualcare	7930.76	75			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Three Rivers	Three Rivers	10045.62	95			105.97	10045.62	percent of total billed charges	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	United	Oxford	2567.79				105.97	10045.62	case rate	
BIOPSY TONGUE POSTERIOR ONE-THIRD	41105	CPT				outpatient			10574.34	4327.45	Wellcare	Medicaid	3218.83	30.44			105.97	10045.62	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Aetna	Better Health	1723.78	30.44			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Corrections	Corrections	4530.3	80			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Aetna	Medicare	1744.16	30.8			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Aetna	Commercial	3068.16				65.77	5379.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	First Health	First Health	3964.01	70			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Americare	Americare	4247.15	75			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	First Trenton	First Trenton	5096.58	90			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Horizon	MGD	3637.8				65.77	5379.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Horizon	PPO	3637.8				65.77	5379.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Consumer	Consumer	5379.73	95			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Amerihealth	HMO/PPO	300				65.77	5379.73	fee schedule	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Horizon	NJ Health	65.77				65.77	5379.73	fee schedule	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Multiplan	Multiplan	4530.3	80			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Three Rivers	Three Rivers	5379.73	95			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Horizon	Medicare Blue	1880				65.77	5379.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	UHC	Medicare	1880				65.77	5379.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Amerihealth	Medicare	1880				65.77	5379.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Qualcare	Qualcare	4247.15	75			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Managed Care Inc	Managed Care Inc	5096.58	90			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	WellPoint	WellPoint	1757.75	31.04			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Horizon	Indemnity	3637.8				65.77	5379.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Wellcare	Medicare	1880				65.77	5379.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	UHC	Medicaid	1723.78	30.44			65.77	5379.73	percent of total billed charges	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	United	CommercialPPO	1871.51				65.77	5379.73	case rate	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	United	Oxford	1871.51				65.77	5379.73	case rate	
BIOPSY FLOOR MOUTH	41108	CPT				outpatient			5662.87	2162	Wellcare	Medicaid	1723.78	30.44			65.77	5379.73	percent of total billed charges	
EXCISION LINGUAL FRENUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Horizon	Medicare Blue	1718.76				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Aetna	Better Health	1570.76	30.44			116.93	4902.17	percent of total billed charges	
EXCISION LINGUAL FRENUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Aetna	Commercial	2805.02				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Horizon	MGD	3325.8				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Amerihealth	Medicare	1718.76				116.93	4902.17	other	Payer-specific

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Corrections	Corrections	4128.14	80			116.93	4902.17	percent of total billed charges	
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Wellcare	Medicaid	1570.76	30.44			116.93	4902.17	percent of total billed charges	
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	First Health	First Health	3612.13	70			116.93	4902.17	percent of total billed charges	
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Managed Care Inc	Managed Care Inc	4644.16	90			116.93	4902.17	percent of total billed charges	
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Qualcare	Qualcare	3870.14	75			116.93	4902.17	percent of total billed charges	
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Three Rivers	Three Rivers	4902.17	95			116.93	4902.17	percent of total billed charges	
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Horizon	Indemnity	3325.8				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Wellcare	Medicare	1718.76				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Horizon	NJ Health	116.93				116.93	4902.17	fee schedule	
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	Horizon	PPO	3325.8				116.93	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	United	CommercialPPO	2567.79				116.93	4902.17	case rate	
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	United	Oxford	2567.79				116.93	4902.17	case rate	
EXCISION LINGUAL FRENULUM FRENECTOMY	41115	CPT				outpatient			5160.18	1976.57	WellPoint	WellPoint	1601.72	31.04			116.93	4902.17	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Aetna	Commercial	755.63				131.54	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Horizon	PPO	895.92				131.54	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Amerihealth	Medicaid	463.01				131.54	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Aetna	Better Health	908.49	30.44			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Americare	Americare	2238.39	75			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Consumer	Consumer	2835.29	95			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Aetna	Medicare	919.23	30.8			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	First Health	First Health	2089.16	70			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Amerihealth	HMO/PPO	550				131.54	2835.29	fee schedule	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	United	Oxford	1835.46			214.1	131.54	2835.29	case rate	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Corrections	Corrections	2387.62	80			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Qualcare	Qualcare	2238.39	75			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Horizon	MGD	895.92				131.54	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Horizon	NJ Health	131.54			178.44	131.54	2835.29	fee schedule	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Three Rivers	Three Rivers	2835.29	95			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Multiplan	Multiplan	2387.62	80			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	UHC	Medicare	463.01				131.54	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	WellPoint	WellPoint	928.4	31.04			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	First Trenton	First Trenton	2686.07	90			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Wellcare	Medicaid	908.49	30.44			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	UHC	Medicaid	908.49	30.44			131.54	2835.29	percent of total billed charges	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Wellcare	Medicare	463.01				131.54	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Horizon	Indemnity	895.92				131.54	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	United	CommercialPPO	1835.46				131.54	2835.29	case rate	
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Horizon	Medicare Blue	463.01				131.54	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC 2.5 CM< MOUTH&/ANT TWO-THIRDS TONG	41250	CPT				outpatient			2984.52	532.46	Managed Care Inc	Managed Care Inc	2686.07	90			131.54	2835.29	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Amerihealth	Medicare	269.45				269.45	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Aetna	Better Health	575.02	30.44			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Horizon	Medicare Blue	269.45				269.45	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Aetna	Medicare	581.82	30.8			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Americare	Americare	1416.78	75			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	First Health	First Health	1322.33	70			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Aetna	Commercial	439.74				269.45	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Horizon	PPO	521.39				269.45	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Corrections	Corrections	1511.23	80			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	UHC	Medicare	269.45				269.45	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Horizon	NJ Health	446.31			45.73	269.45	1835.46	fee schedule	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Amerihealth	HMO/PPO	550				269.45	1835.46	fee schedule	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Consumer	Consumer	1794.59	95			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Wellcare	Medicare	269.45				269.45	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Wellcare	Medicaid	575.02	30.44			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	WellPoint	WellPoint	586.36	31.04			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Horizon	Indemnity	521.39				269.45	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Horizon	MGD	521.39				269.45	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Multiplan	Multiplan	1511.23	80			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	UHC	Medicaid	575.02	30.44			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	First Trenton	First Trenton	1700.14	90			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	United	CommercialPPO	1835.46				269.45	1835.46	case rate	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Qualcare	Qualcare	1416.78	75			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	United	Oxford	1835.46				269.45	1835.46	case rate	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Managed Care Inc	Managed Care Inc	1700.14	90			269.45	1835.46	percent of total billed charges	
RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	41252	CPT				outpatient			1889.04	309.87	Three Rivers	Three Rivers	1794.59	95			269.45	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Three Rivers	Three Rivers	820.74	95			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Amerihealth	Medicare	269.45				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Aetna	Commercial	439.74				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Aetna	Better Health	262.98	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Corrections	Corrections	691.15	80			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Consumer	Consumer	820.74	95			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Multiplan	Multiplan	691.15	80			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Horizon	Medicare Blue	269.45				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	UHC	Medicaid	262.98	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	United	Oxford	1835.46				125	1835.46	case rate	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Americare	Americare	647.96	75			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Aetna	Medicare	269.45				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	First Trenton	First Trenton	777.55	90			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	UHC	Medicare	269.45				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Qualcare	Qualcare	647.96	75			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Horizon	Indemnity	521.39				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	First Health	First Health	604.76	70			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Wellcare	Medicare	269.45				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Horizon	MGD	521.39				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Horizon	PPO	521.39				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Wellcare	Medicaid	262.98	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	Managed Care Inc	Managed Care Inc	777.55	90			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	United	CommercialPPO	1835.46				125	1835.46	case rate	
UNLISTED PROCEDURE TONGUE FLOOR MOUTH	41599	CPT				outpatient			863.94	309.87	WellPoint	WellPoint	268.17	31.04			125	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Corrections	Corrections	345.98	80			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Horizon	Medicare Blue	149.57				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Aetna	Commercial	244.1				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Americare	Americare	324.36	75			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Aetna	Better Health	131.65	30.44		113.17	65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Amerihealth	HMO/PPO	125				65.77	1835.46	fee schedule	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	UHC	Medicare	149.57			57.23	65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Amerihealth	Medicare	149.57				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Horizon	Indemnity	289.42				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Wellcare	Medicare	149.57				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Multiplan	Multiplan	345.98	80			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Consumer	Consumer	410.86	95			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Aetna	Medicare	133.2	30.8			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Horizon	MGD	289.42				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Qualcare	Qualcare	324.36	75			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	United	Oxford	1835.46				65.77	1835.46	case rate	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Horizon	NJ Health	65.77			30.81	65.77	1835.46	fee schedule	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	UHC	Medicaid	131.65	30.44		81.66	65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	First Health	First Health	302.74	70			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Wellcare	Medicaid	131.65	30.44			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Horizon	PPO	289.42				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	First Trenton	First Trenton	389.23	90			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	Three Rivers	Three Rivers	410.86	95			65.77	1835.46	percent of total billed charges	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	United	CommercialPPO	1835.46				65.77	1835.46	case rate	
DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	41800	CPT				outpatient			432.48	172.01	WellPoint	WellPoint	134.24	31.04			65.77	1835.46	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Aetna	Better Health	1570.76	30.44			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Horizon	MGD	3325.8				113.69	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Aetna	Medicare	1718.76				113.69	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Amerihealth	Medicare	1718.76				113.69	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Amerihealth	HMO/PPO	300				113.69	4902.17	fee schedule	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Horizon	PPO	3325.8				113.69	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Aetna	Commercial	2805.02				113.69	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Americare	Americare	3870.14	75			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	First Trenton	First Trenton	4644.16	90			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	UHC	Medicaid	1570.76	30.44			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Corrections	Corrections	4128.14	80			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Wellcare	Medicaid	1570.76	30.44			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	First Health	First Health	3612.13	70			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	WellPoint	WellPoint	1601.72	31.04			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Multiplan	Multiplan	4128.14	80			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57	Consumer	Consumer	4902.17	95			113.69	4902.17	percent of total billed charges	
EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	41822	CPT				outpatient			5160.18	1976.57

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Americare	Americare	7930.76	75			113.69	10045.62	percent of total billed charges	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	UHC	Medicaid	3218.83	30.44			113.69	10045.62	percent of total billed charges	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Horizon	PPO	7281.41				113.69	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Corrections	Corrections	8459.47	80			113.69	10045.62	percent of total billed charges	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Amerihealth	HMO/PPO	300				113.69	10045.62	fee schedule	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Horizon	Indemnity	7281.41				113.69	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	United	Oxford	2567.79				113.69	10045.62	case rate	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Consumer	Consumer	10045.62	95			113.69	10045.62	percent of total billed charges	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Horizon	Medicare Blue	3763				113.69	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	UHC	Medicare	3763				113.69	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			113.69	10045.62	percent of total billed charges	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Horizon	MGD	7281.41				113.69	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Wellcare	Medicare	3763				113.69	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Multiplan	Multiplan	8459.47	80			113.69	10045.62	percent of total billed charges	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	WellPoint	WellPoint	3282.28	31.04			113.69	10045.62	percent of total billed charges	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Horizon	NJ Health	113.69				113.69	10045.62	fee schedule	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	United	Commercial/PPO	2567.79				113.69	10045.62	case rate	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Qualcare	Qualcare	7930.76	75			113.69	10045.62	percent of total billed charges	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Three Rivers	Three Rivers	10045.62	95			113.69	10045.62	percent of total billed charges	
EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	41825	CPT				outpatient			10574.34	4327.45	Wellcare	Medicaid	3218.83	30.44			113.69	10045.62	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	First Trenton	First Trenton	10899.83	90			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Consumer	Consumer	11294.27	95			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Amerihealth	HMO/PPO	300				138.96	11294.27	fee schedule	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Amerihealth	Medicare	3763				138.96	11294.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Corrections	Corrections	9510.96	80			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Aetna	Commercial	6141.22				138.96	11294.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Americare	Americare	8916.53	75			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Aetna	Better Health	3618.92	30.44			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Horizon	Indemnity	7281.41				138.96	11294.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	First Health	First Health	8322.09	70			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	UHC	Medicare	3763				138.96	11294.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Horizon	Medicare Blue	3763				138.96	11294.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	WellPoint	WellPoint	3690.25	31.04			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Horizon	MGD	7281.41				138.96	11294.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Three Rivers	Three Rivers	11294.27	95			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Aetna	Medicare	3763				138.96	11294.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Horizon	NJ Health	138.96				138.96	11294.27	fee schedule	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Multiplan	Multiplan	9510.96	80			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Wellcare	Medicaid	3618.92	30.44			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Qualcare	Qualcare	8916.53	75			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Horizon	PPO	7281.41				138.96	11294.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	UHC	Medicaid	3618.92	30.44			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Managed Care Inc	Managed Care Inc	10899.83	90			138.96	11294.27	percent of total billed charges	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	Wellcare	Medicare	3763				138.96	11294.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	United	Commercial/PPO	2567.79				138.96	11294.27	case rate	
ALVEOLOPLASTY EACH QUADRANT SPECIFY	41874	CPT				outpatient			11888.7	4327.45	United	Oxford	2567.79				138.96	11294.27	case rate	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Multiplan	Multiplan	579.22	80			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Amerihealth	HMO/PPO	300				81.35	1835.46	fee schedule	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Aetna	Better Health	220.39	30.44			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Americare	Americare	543.02	75			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Consumer	Consumer	687.83	95			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Aetna	Commercial	439.74				81.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Horizon	Medicare Blue	269.45				81.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Aetna	Medicare	269.45				81.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Qualcare	Qualcare	543.02	75			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Amerihealth	Medicare	269.45				81.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Horizon	NJ Health	81.35			258.63	81.35	1835.46	fee schedule	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	First Trenton	First Trenton	651.63	90			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Horizon	Indemnity	521.39				81.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Horizon	MGD	521.39				81.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Horizon	PPO	521.39				81.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Corrections	Corrections	579.22	80			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	UHC	Medicaid	220.39	30.44			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	First Health	First Health	506.82	70			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Wellcare	Medicaid	220.39	30.44		213.16	81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Managed Care Inc	Managed Care Inc	651.63	90			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	United	Commercial/PPO	1835.46				81.35	1835.46	case rate	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	UHC	Medicare	269.45				81.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Wellcare	Medicare	269.45				81.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	Three Rivers	Three Rivers	687.83	95			81.35	1835.46	percent of total billed charges	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	United	Oxford	1835.46				81.35	1835.46	case rate	
UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	41899	CPT				outpatient			724.03	309.87	WellPoint	WellPoint	224.74	31.04			81.35	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Aetna	Better Health	259.13	30.44			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Aetna	Commercial	439.74				56.85	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Consumer	Consumer	808.73	95			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Americare	Americare	638.47	75			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Multiplan	Multiplan	681.03	80			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Wellcare	Medicare	269.45				56.85	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	First Health	First Health	595.9	70			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Amerihealth	HMO/PPO	550				56.85	1835.46	fee schedule	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Aetna	Medicare	269.45				56.85	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Horizon	MGD	521.39				56.85	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Qualcare	Qualcare	638.47	75			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	First Trenton	First Trenton	766.16	90			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Corrections	Corrections	681.03	80			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	UHC	Medicaid	259.13	30.44			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Horizon	PPO	521.39				56.85	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Amerihealth	Medicare	269.45				56.85	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	WellPoint	WellPoint	264.24	31.04			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	UHC	Medicare	269.45				56.85	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Horizon	Medicare Blue	269.45				56.85	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Horizon	Indemnity	521.39				56.85	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Horizon	NJ Health	56.85				56.85	1835.46	fee schedule	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	United	Commercial/PPO	1835.46				56.85	1835.46	case rate	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Managed Care Inc	Managed Care Inc	766.16	90			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	United	Oxford	1835.46				56.85	1835.46	case rate	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Three Rivers	Three Rivers	808.73	95			56.85	1835.46	percent of total billed charges	
DRAINAGE ABSCESS PALATE UVULA	42000	CPT				outpatient			851.29	309.87	Wellcare	Medicaid	259.13	30.44			56.85	1835.46	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Amerihealth	Medicare	1718.76				65.77	5048.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Aetna	Medicare	1718.76				65.77	5048.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Horizon	MGD	3325.8				65.77	5048.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Aetna	Better Health	1617.64	30.44			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Aetna	Commercial	2805.02				65.77	5048.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Multiplan	Multiplan	4251.36	80			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Wellcare	Medicare	1718.76				65.77	5048.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Amerihealth	HMO/PPO	550				65.77	5048.49	fee schedule	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Consumer	Consumer	5048.49	95			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Corrections	Corrections	4251.36	80			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	UHC	Medicaid	1617.64	30.44			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Horizon	PPO	3325.8				65.77	5048.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Americare	Americare	3985.65	75			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Qualcare	Qualcare	3985.65	75			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	UHC	Medicare	1718.76				65.77	5048.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	First Health	First Health	3719.94	70			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	First Trenton	First Trenton	4782.78	90			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	WellPoint	WellPoint	1649.53	31.04			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	United	Commercial/PPO	2567.79				65.77	5048.49	case rate	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	United	Oxford	2567.79				65.77	5048.49	case rate	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Three Rivers	Three Rivers	5048.49	95			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Horizon	Indemnity	3325.8				65.77	5048.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Horizon	Medicare Blue	1718.76				65.77	5048.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Horizon	NJ Health	65.77				65.77	5048.49	fee schedule	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Managed Care Inc	Managed Care Inc	4782.78	90			65.77	5048.49	percent of total billed charges	
BIOPSY PALATE UVULA	42100	CPT				outpatient			5314.2	1976.57	Wellcare	Medicaid	1617.64	30.44		1549.29	65.77	5048.49	percent of total billed charges	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Aetna	Commercial	964.33				132.64	1935.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Aetna	Better Health	620.04	30.44			132.64	1935.09	percent of total billed charges	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Horizon	MGD	1143.37				132.64	1935.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Consumer	Consumer	1935.09	95			132.64	1935.09	percent of total billed charges	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Amerihealth	Medicare	590.89				132.64	1935.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	First Health	First Health	1425.86	70			132.64	1935.09	percent of total billed charges	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Horizon	PPO	1143.37				132.64	1935.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Qualcare	Qualcare	1527.71	75			132.64	1935.09	percent of total billed charges	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Aetna	Medicare	590.89				132.64	1935.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Amerihealth	HMO/PPO	300				132.64	1935.09	fee schedule	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	UHC	Medicaid	620.04	30.44			132.64	1935.09	percent of total billed charges	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Corrections	Corrections	1629.55	80			132.64	1935.09	percent of total billed charges	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Multiplan	Multiplan	1629.55	80			132.64	1935.09	percent of total billed charges	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	Three Rivers	Three Rivers	1935.09	95			132.64	1935.09	percent of total billed charges	
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	WellPoint	WellPoint	632.27	31.04			132.64	1935.09	percent of total bill

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,	310119	true	

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	UHC	Medicare	590.89				132.64	1935.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	42310	CPT				outpatient			2036.94	679.52	United	CommercialPPO	1835.46				132.64	1935.09	case rate	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Aetna	Better Health	3218.83	30.44			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Consumer	Consumer	10045.62	95			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Horizon	MGD	7281.41				91.58	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Qualcare	Qualcare	7930.76	75			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Amerihealth	HMO/PPO	300				91.58	10045.62	fee schedule	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Aetna	Commercial	6141.22				91.58	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	UHC	Medicaid	3218.83	30.44			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Aetna	Medicare	3256.9	30.8			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Americare	Americare	7930.76	75			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	First Health	First Health	7402.04	70			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Amerihealth	Medicare	3763				91.58	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	United	CommercialPPO	2567.79				91.58	10045.62	case rate	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Horizon	Medicare Blue	3763				91.58	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Multiplan	Multiplan	8459.47	80			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Horizon	Indemnity	7281.41				91.58	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Corrections	Corrections	8459.47	80			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Three Rivers	Three Rivers	10045.62	95			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	WellPoint	WellPoint	3282.28	31.04			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	UHC	Medicare	3763				91.58	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	First Trenton	First Trenton	9516.91	90			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	United	Oxford	2567.79				91.58	10045.62	case rate	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Horizon	NJ Health	91.58				91.58	10045.62	fee schedule	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Wellcare	Medicaid	3218.83	30.44			91.58	10045.62	percent of total billed charges	
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Horizon	PPO	7281.41				91.58	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Wellcare	Medicare	3763				91.58	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	42330	CPT				outpatient			10574.34	4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			91.58	10045.62	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Aetna	Commercial	439.74				124.91	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	First Trenton	First Trenton	1298.97	90			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Americare	Americare	1082.48	75			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	First Health	First Health	1010.31	70			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Horizon	MGD	521.39				124.91	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Aetna	Medicare	444.54	30.8			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Consumer	Consumer	1371.14	95			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Aetna	Better Health	439.34	30.44			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	UHC	Medicare	269.45				124.91	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Horizon	Medicare Blue	269.45				124.91	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Wellcare	Medicaid	439.34	30.44		99.94	124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Multiplan	Multiplan	1154.64	80			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Amerihealth	HMO/PPO	300				124.91	1835.46	fee schedule	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Corrections	Corrections	1154.64	80			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Managed Care Inc	Managed Care Inc	1298.97	90			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Qualcare	Qualcare	1082.48	75			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Amerihealth	Medicare	269.45				124.91	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Horizon	NJ Health	124.91			129.72	124.91	1835.46	fee schedule	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Three Rivers	Three Rivers	1371.14	95			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Wellcare	Medicare	269.45				124.91	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Horizon	Indemnity	521.39				124.91	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	Horizon	PPO	521.39				124.91	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	UHC	Medicaid	439.34	30.44			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	WellPoint	WellPoint	448	31.04			124.91	1835.46	percent of total billed charges	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	United	CommercialPPO	1835.46				124.91	1835.46	case rate	
I&D ABSCESS PERITONSILLAR	42700	CPT				outpatient			1443.3	309.87	United	Oxford	1835.46				124.91	1835.46	case rate	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Aetna	Medicare	3763				192.64	7281.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Amerihealth	Medicare	3763				192.64	7281.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Consumer	Consumer	5649.27	95			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Aetna	Commercial	6141.22				192.64	7281.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Aetna	Better Health	1810.15	30.44			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Americare	Americare	4459.95	75			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Corrections	Corrections	4757.28	80			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Horizon	Medicare Blue	3763				192.64	7281.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	First Health	First Health	4162.62	70			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Amerihealth	HMO/PPO	300				192.64	7281.41	fee schedule	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	First Trenton	First Trenton	5351.94	90			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Wellcare	Medicaid	1810.15	30.44			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Multiplan	Multiplan	4757.28	80			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Horizon	MGD	7281.41				192.64	7281.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Horizon	Indemnity	7281.41				192.64	7281.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	UHC	Medicare	3763				192.64	7281.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Qualcare	Qualcare	4459.95	75			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	UHC	Medicaid	1810.15	30.44			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Horizon	NJ Health	192.64				192.64	7281.41	fee schedule	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Wellcare	Medicare	3763				192.64	7281.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Horizon	PPO	7281.41				192.64	7281.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	United	CommercialPPO	2567.79				192.64	7281.41	case rate	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Managed Care Inc	Managed Care Inc	5351.94	90			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	WellPoint	WellPoint	1845.82	31.04			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	Three Rivers	Three Rivers	5649.27	95			192.64	7281.41	percent of total billed charges	
I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	42720	CPT				outpatient			5946.6	4327.45	United	Oxford	2567.79				192.64	7281.41	case rate	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Amerihealth	HMO/PPO	300				65.77	4902.17	fee schedule	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Aetna	Commercial	2805.02				65.77	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Amerihealth	Medicare	1718.76				65.77	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Corrections	Corrections	4128.14	80			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	First Health	First Health	3612.13	70			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Americare	Americare	3870.14	75			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	UHC	Medicare	1718.76				65.77	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Aetna	Better Health	1570.76	30.44			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	UHC	Medicaid	1570.76	30.44			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Aetna	Medicare	1718.76				65.77	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	First Trenton	First Trenton	4644.16	90			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Horizon	Indemnity	3325.8				65.77	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Wellcare	Medicare	1718.76				65.77	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Consumer	Consumer	4902.17	95			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Managed Care Inc	Managed Care Inc	4644.16	90			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Horizon	NJ Health	65.77			48.4	65.77	4902.17	fee schedule	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	United	CommercialPPO	1871.51				65.77	4902.17	case rate	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Horizon	MGD	3325.8				65.77	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	United	Oxford	1871.51				65.77	4902.17	case rate	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Horizon	Medicare Blue	1718.76				65.77	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Wellcare	Medicaid	1570.76	30.44			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Three Rivers	Three Rivers	4902.17	95			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Horizon	PPO	3325.8				65.77	4902.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Multiplan	Multiplan	4128.14	80			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	WellPoint	WellPoint	1601.72	31.04			65.77	4902.17	percent of total billed charges	
BIOPSY OROPHARYNX	42800	CPT				outpatient			5160.18	1976.57	Qualcare	Qualcare	3870.14	75			65.77	4902.17	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Horizon	MGD	7281.41				123.17	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Consumer	Consumer	10045.62	95			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Aetna	Medicare	3763				123.17	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Amerihealth	Medicare	3763				123.17	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	UHC	Medicaid	3218.83	30.44			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Qualcare	Qualcare	7930.76	75			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Aetna	Better Health	3218.83	30.44			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Aetna	Commercial	6141.22				123.17	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	United	CommercialPPO	2567.79				123.17	10045.62	case rate	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Corrections	Corrections	8459.47	80			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Amerihealth	HMO/PPO	300				123.17	10045.62	fee schedule	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Horizon	Indemnity	7281.41				123.17	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Multiplan	Multiplan	8459.47	80			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	WellPoint	WellPoint	3282.28	31.04			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	First Health	First Health	7402.04	70			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Americare	Americare	7930.76	75			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	First Trenton	First Trenton	9516.91	90			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Horizon	Medicare Blue	3763				123.17	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Horizon	NJ Health	123.17				123.17	10045.62	fee schedule	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Three Rivers	Three Rivers	10045.62	95			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Horizon	PPO	7281.41				123.17	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	UHC	Medicare	3763				123.17	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Managed Care Inc	Managed Care Inc	9516.91	90			123.17	10045.62	percent of total billed charges	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Wellcare	Medicare	3763				123.17	10045.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	United	Oxford	2567.79				123.17	10045.62	case rate	
BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	42804	CPT				outpatient			10574.34	4327.45	Wellcare	Medicaid	3218.83	30.44			123.17	10045.62	percent of total billed charges	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	Aetna	Better Health	428.16	30.44			189.67	1835.46	percent of total billed charges	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	First Health	First Health	984.61	70			189.67	1835.46	percent of total billed charges	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	Aetna	Commercial	755.63				189.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	Amerihealth	Medicare	463.01				189.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	Wellcare	Medicaid	428.16	30.44			189.67	1835.46	percent of total billed charges	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	Managed Care Inc	Managed Care Inc	1265.92	90			189.67	1835.46	percent of total billed charges	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	Qualcare	Qualcare	1054.94	75			189.67	1835.46	percent of total billed charges	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	Horizon	PPO	895.92				189.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	United	Oxford	1835.46				189.67	1835.46	case rate	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	Three Rivers	Three Rivers	1336.25	95			189.67	1835.46	percent of total billed charges	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	Wellcare	Medicare	463.01				189.67	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	UHC	Medicaid	428.16	30.44			189.67	1835.46	percent of total billed charges	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	United	Commercial/PPO	1835.46				189.67	1835.46	case rate	
REMOVAL FOREIGN BODY PHARYNX	42809	CPT				outpatient			1406.58	532.46	WellPoint	WellPoint	436.6	31.04			189.67	1835.46	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Aetna	Better Health	5283.92	30.44			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Corrections	Corrections	13886.78	80			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Amerihealth	Medicare	6864.06				309.29	16490.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Aetna	Commercial	11202.15				309.29	16490.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	First Health	First Health	12150.94	70			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	First Trenton	First Trenton	15822.63	90			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Aetna	Medicare	6864.06				309.29	16490.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Americare	Americare	13018.86	75			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Amerihealth	HMO/PPO	950				309.29	16490.56	fee schedule	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Horizon	Indemnity	13281.96				309.29	16490.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Horizon	MGD	13281.96				309.29	16490.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Multiplan	Multiplan	13886.78	80			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Horizon	Medicare Blue	6864.06				309.29	16490.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Horizon	NJ Health	309.29				309.29	16490.56	fee schedule	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	United	Oxford	2859.28				309.29	16490.56	case rate	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Consumer	Consumer	16490.56	95			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	UHC	Medicare	6864.06				309.29	16490.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Horizon	PPO	13281.96				309.29	16490.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Wellcare	Medicaid	5283.92	30.44			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Qualcare	Qualcare	13018.86	75			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Managed Care Inc	Managed Care Inc	15822.63	90			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	UHC	Medicaid	5283.92	30.44			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Three Rivers	Three Rivers	16490.56	95			309.29	16490.56	percent of total billed charges	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	United	Commercial/PPO	2859.28				309.29	16490.56	case rate	
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	Wellcare	Medicare	6864.06				309.29	16490.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONSILLECTOMY & ADENOIDECTOMY <AGE 12	42820	CPT				outpatient			17358.48	7893.67	WellPoint	WellPoint	5388.07	31.04			309.29	16490.56	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	First Health	First Health	592.62	70			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Corrections	Corrections	677.28	80			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	UHC	Medicare	269.45				257.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Americare	Americare	634.95	75			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Consumer	Consumer	804.27	95			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Aetna	Better Health	257.71	30.44			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	First Trenton	First Trenton	761.94	90			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Aetna	Commercial	439.74				257.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Multiplan	Multiplan	677.28	80			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Horizon	Medicare Blue	269.45				257.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Wellcare	Medicare	269.45				257.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Amerihealth	HMO/PPO	300				257.71	1835.46	fee schedule	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Horizon	Indemnity	521.39				257.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Horizon	PPO	521.39				257.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Managed Care Inc	Managed Care Inc	761.94	90			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Aetna	Medicare	269.45				257.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Qualcare	Qualcare	634.95	75			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	WellPoint	WellPoint	262.78	31.04			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	United	Oxford	1835.46				257.71	1835.46	case rate	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Amerihealth	Medicare	269.45				257.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Three Rivers	Three Rivers	804.27	95			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Horizon	MGD	521.39				257.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	UHC	Medicaid	257.71	30.44			257.71	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	United	Commercial/PPO	1835.46				257.71	1835.46	case rate	
UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	42999	CPT				outpatient			846.6	309.87	Wellcare	Medicaid	257.71	30.44			257.71	1835.46	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Amerihealth	Medicare	1087.87				221.85	3059.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Amerihealth	HMO/PPO	300				221.85	3059.13	fee schedule	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Wellcare	Medicare	1087.87				221.85	3059.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Multiplan	Multiplan	2576.11	80			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Aetna	Commercial	1775.4				221.85	3059.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Aetna	Better Health	980.21	30.44			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	UHC	Medicaid	980.21	30.44			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Aetna	Medicare	1087.87				221.85	3059.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Consumer	Consumer	3059.13	95			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	First Health	First Health	2254.1	70			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	UHC	Medicare	1087.87				221.85	3059.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Qualcare	Qualcare	2415.11	75			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Americare	Americare	2415.11	75			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	United	Oxford	2567.79				221.85	3059.13	case rate	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	United	Commercial/PPO	2567.79				221.85	3059.13	case rate	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Corrections	Corrections	2576.11	80			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	First Trenton	First Trenton	2898.13	90			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Wellcare	Medicaid	980.21	30.44			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Horizon	Indemnity	2105.03				221.85	3059.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Horizon	MGD	2105.03				221.85	3059.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Horizon	Medicare Blue	1087.87				221.85	3059.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Horizon	PPO	2105.03				221.85	3059.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Horizon	NJ Health	221.85				221.85	3059.13	fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	WellPoint	WellPoint	999.53	31.04			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Managed Care Inc	Managed Care Inc	2898.13	90			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	43200	CPT				both			3220.14	1251.05	Three Rivers	Three Rivers	3059.13	95			221.85	3059.13	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Aetna	Commercial	3592.23			902.35	253.17	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Amerihealth	HMO/PPO	550				253.17	6606.43	fee schedule	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	First Health	First Health	4867.9	70			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Aetna	Better Health	2116.84	30.44			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	UHC	Medicare	2201.12				253.17	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Aetna	Medicare	2201.12				253.17	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Consumer	Consumer	6606.43	95			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Corrections	Corrections	5563.31	80			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Amerihealth	Medicare	2201.12				253.17	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Horizon	NJ Health	253.17				253.17	6606.43	fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Multiplan	Multiplan	5563.31	80			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Horizon	Medicare Blue	2201.12				253.17	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	First Trenton	First Trenton	6258.73	90			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Americare	Americare	5215.61	75			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Horizon	Indemnity	4259.17				253.17	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Horizon	MGD	4259.17				253.17	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Horizon	PPO	4259.17				253.17	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Qualcare	Qualcare	5215.61	75			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Managed Care Inc	Managed Care Inc	6258.73	90			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Three Rivers	Three Rivers	6606.43	95			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	WellPoint	WellPoint	2158.57	31.04			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Wellcare	Medicare	2201.12				253.17	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	UHC	Medicaid	2116.84	30.44			253.17	6606.43	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	United	Commercial/PPO	2567.79				253.17	6606.43	case rate	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	United	Oxford	2567.79				253.17	6606.43	case rate	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	43202	CPT				outpatient			6964.14	2531.29	Wellcare	Medicaid	2116.84	30.44			253.17	6606.43	percent of total billed charges	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Aetna	Commercial	3592.23				315.81	6476.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	First Health	First Health	4772.45	70			315.81	6476.89	percent of total billed charges	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	First Trenton	First Trenton	6136	90			315.81	6476.89	percent of total billed charges	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Amerihealth	Medicare	2201.12				315.81	6476.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Americare	Americare	5113.34	75			315.81	6476.89	percent of total billed charges	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Aetna	Better Health	2075.33	30.44			315.81	6476.89	percent of total billed charges	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Horizon	Indemnity	4259.17				315.81	6476.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Aetna	Medicare	2201.12				315.81	6476.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Multiplan	Multiplan	5454.22	80			315.81	6476.89	percent of total billed charges	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Horizon	Medicare Blue	2201.12				315.81	6476.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Managed Care Inc	Managed Care Inc	6136	90			315.81	6476.89	percent of total billed charges	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Corrections	Corrections	5454.22	80			315.81	6476.89	percent of total billed charges	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Consumer	Consumer	6476.89	95			315.81	6476.89	percent of total billed charges	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Amerihealth	HMO/PPO	650				315.81	6476.89	fee schedule	
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Horizon	PPO	4259.17				315.81	6476.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Horizon	MGD	4259.17				315.81	6476.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESPHOGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	43205	CPT				outpatient			6817.78	2531.29	Qualcare

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 United	CommercialPPO	3596.76				613.98		33044.84 case rate	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Americare	Americare	26088.03	75			613.98		33044.84 percent of total billed charges	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Horizon	MGD	23375.48				613.98		33044.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 UHC	Medicare	12080.35				613.98		33044.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Horizon	PPO	23375.48				613.98		33044.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Consumer	Consumer	33044.84	95			613.98		33044.84 percent of total billed charges	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Multiplan	Multiplan	27827.23	80			613.98		33044.84 percent of total billed charges	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Wellcare	Medicare	12080.35				613.98		33044.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Wellcare	Medicaid	10588.26	30.44			613.98		33044.84 percent of total billed charges	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Horizon	NJ Health	613.98				613.98		33044.84 fee schedule	$3,681 All-Inclusive Case Rate
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Qualcare	Qualcare	26088.03	75			613.98		33044.84 percent of total billed charges	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Corrections	Corrections	27827.23	80			613.98		33044.84 percent of total billed charges	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 United	Oxford	3596.76				613.98		33044.84 case rate	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Three Rivers	Three Rivers	33044.84	95			613.98		33044.84 percent of total billed charges	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 WellPoint	WellPoint	10796.97	31.04			613.98		33044.84 other	
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Horizon	Indemnity	23375.48				613.98		33044.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	43210	CPT				both			34784.04		13892.4 Managed Care Inc	Managed Care Inc	31305.64	90			613.98		33044.84 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Amerihealth	Medicare	6907.16				220.34		13365.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Corrections	Corrections	7960.9	80			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Consumer	Consumer	9453.56	95			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Amerihealth	HMO/PPO	550				220.34		13365.35 fee schedule	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Horizon	Medicare Blue	6907.16				220.34		13365.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Aetna	Better Health	3029.12	30.44			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Aetna	Commercial	11272.49				220.34		13365.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 First Health	First Health	6965.78	70			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 UHC	Medicare	6907.16				220.34		13365.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Horizon	PPO	13365.35				220.34		13365.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 First Trenton	First Trenton	8956.01	90			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Horizon	MGD	13365.35				220.34		13365.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Aetna	Medicare	6907.16				220.34		13365.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Horizon	Indemnity	13365.35				220.34		13365.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Horizon	NJ Health	220.34				220.34		13365.35 fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Wellcare	Medicare	6907.16				220.34		13365.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Americare	Americare	7463.34	75			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 WellPoint	WellPoint	3088.83	31.04			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Managed Care Inc	Managed Care Inc	8956.01	90			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 UHC	Medicaid	3029.12	30.44			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Wellcare	Medicaid	3029.12	30.44			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Multiplan	Multiplan	7960.9	80			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Three Rivers	Three Rivers	9453.56	95			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 United	CommercialPPO	3596.76				220.34		13365.35 case rate	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 Qualcare	Qualcare	7463.34	75			220.34		13365.35 percent of total billed charges	
ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	43212	CPT				outpatient			9951.12		7943.23 United	Oxford	3596.76				220.34		13365.35 case rate	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 First Trenton	First Trenton	5574.1	90			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Consumer	Consumer	5883.77	95			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Aetna	Commercial	3992.23				221.85		5883.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 UHC	Medicaid	1885.28	30.44			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Horizon	MGD	4259.17				221.85		5883.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Aetna	Better Health	1885.28	30.44			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Americare	Americare	4645.08	75			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Amerihealth	HMO/PPO	300				221.85		5883.77 fee schedule	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Horizon	PPO	4259.17				221.85		5883.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Corrections	Corrections	4954.75	80			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Aetna	Medicare	2201.12				221.85		5883.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Amerihealth	Medicare	2201.12				221.85		5883.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Managed Care Inc	Managed Care Inc	5574.1	90			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Wellcare	Medicare	2201.12				221.85		5883.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Horizon	NJ Health	221.85				221.85		5883.77 fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 First Health	First Health	4335.41	70			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 UHC	Medicare	2201.12				221.85		5883.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Horizon	Medicare Blue	2201.12				221.85		5883.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Multiplan	Multiplan	4954.75	80			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Horizon	Indemnity	4259.17				221.85		5883.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 WellPoint	WellPoint	1922.44	31.04			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 United	Oxford	2567.79				221.85		5883.77 case rate	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Three Rivers	Three Rivers	5883.77	95			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 United	CommercialPPO	2567.79				221.85		5883.77 case rate	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Qualcare	Qualcare	4645.08	75			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	43220	CPT				outpatient			6193.44		2531.29 Wellcare	Medicaid	1885.28	30.44			221.85		5883.77 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Aetna	Medicare	4414.47				237.88		13249.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Aetna	Better Health	4245.45	30.44			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 First Health	First Health	9782.87	70			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Amerihealth	Medicare	4414.47				237.88		13249.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Horizon	Medicare Blue	4414.47				237.88		13249.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Amerihealth	HMO/PPO	550				237.88		13249.6 fee schedule	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Horizon	PPO	8542				237.88		13249.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Americare	Americare	10460.21	75			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Wellcare	Medicaid	4245.45	30.44			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Aetna	Commercial	7204.42			1809.72	237.88		13249.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Horizon	MGD	8542				237.88		13249.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Consumer	Consumer	13249.6	95			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Multiplan	Multiplan	11157.56	80			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 UHC	Medicaid	4245.45	30.44			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 WellPoint	WellPoint	4329.13	31.04			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 First Trenton	First Trenton	12552.26	90			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Qualcare	Qualcare	10460.21	75			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 UHC	Medicare	4414.47				237.88		13249.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Corrections	Corrections	11157.56	80			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Wellcare	Medicare	4414.47				237.88		13249.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Horizon	NJ Health	237.88				237.88		13249.6 fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Horizon	Indemnity	8542				237.88		13249.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Managed Care Inc	Managed Care Inc	12552.26	90			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 United	CommercialPPO	2859.28				237.88		13249.6 case rate	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 Three Rivers	Three Rivers	13249.6	95			237.88		13249.6 percent of total billed charges	
ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	43229	CPT				outpatient			13946.95		5076.64 United	Oxford	2859.28				237.88		13249.6 case rate	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Consumer	Consumer	6476.89	95			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Corrections	Corrections	5454.22	80			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 First Trenton	First Trenton	6136	90			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Amerihealth	HMO/PPO	550				391.5		6476.89 fee schedule	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Aetna	Commercial	3592.23				391.5		6476.89 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Aetna	Better Health	2075.33	30.44			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Amerihealth	Medicare	2201.12				391.5		6476.89 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Horizon	PPO	4259.17				391.5		6476.89 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Horizon	NJ Health	391.5				391.5		6476.89 fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Horizon	Medicare Blue	2201.12				391.5		6476.89 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 UHC	Medicare	2201.12				391.5		6476.89 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 First Health	First Health	4772.45	70			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Aetna	Medicare	2201.12				391.5		6476.89 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Horizon	Indemnity	4259.17				391.5		6476.89 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Managed Care Inc	Managed Care Inc	6136	90			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 UHC	Medicaid	2075.33	30.44			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Americare	Americare	5113.34	75			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Multiplan	Multiplan	5454.22	80			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Horizon	MGD	4259.17				391.5		6476.89 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Wellcare	Medicaid	2075.33	30.44			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Three Rivers	Three Rivers	6476.89	95			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Qualcare	Qualcare	5113.34	75			391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 United	CommercialPPO	2567.79				391.5		6476.89 case rate	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 WellPoint	WellPoint	2116.24	31.04		775.07	391.5		6476.89 percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 Wellcare	Medicare	2201.12				391.5		6476.89 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	43231	CPT				outpatient			6817.78		2531.29 United	Oxford	2567.79				391.5		6476.89 case rate	
ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	43232	CPT				both			2882.52		2531.29 Aetna	Medicare	2201.12				550		4259.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	43232	CPT				both			2882.52		2531.29 Horizon	Indemnity	4259.17				550		4259.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	43232	CPT				both			2882.52		2531.29 Aetna	Commercial	3992.23				550		4259.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	43232	CPT				both			2882.52		2531.29 Aetna	Better Health	877.44	30.44			550		4259.17 percent of total billed charges	
ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	43232	CPT				both			2882.52		2531.29 Consumer	Consumer	2738.39	95			550		4259.17 percent of total billed charges	
ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	43232	CPT				both			2882.52		2531.29 First Trenton	First Trenton	2594.27	90			550		4259.17 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Aetna	Commercial	3992.23				267	5583.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Aetna	Better Health	1789.03	30.44			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Aetna	Medicare	1810.19	30.8			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Corrections	Corrections	4701.79	80			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Amerihealth	Medicare	2201.12				267	5583.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	First Health	First Health	4114.07	70			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	First Trenton	First Trenton	5289.52	90			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Horizon	Indemnity	4259.17				267	5583.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Americare	Americare	4407.93	75			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Multiplan	Multiplan	4701.79	80			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Horizon	PPO	4259.17				267	5583.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Horizon	Medicare Blue	2201.12				267	5583.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Amerihealth	HMO/PPO	550				267	5583.38	fee schedule	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Three Rivers	Three Rivers	5583.38	95			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Managed Care Inc	Managed Care Inc	5289.52	90			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Qualcare	Qualcare	4407.93	75			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Horizon	MGD	4259.17				267	5583.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Wellcare	Medicaid	1789.03	30.44			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	UHC	Medicaid	1789.03	30.44			267	5583.38	percent of total billed charges	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	UHC	Medicare	2201.12				267	5583.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Horizon	NJ Health	267				267	5583.38	fee schedule	$3,681 All-Inclusive Case Rate
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	Wellcare	Medicare	2201.12				267	5583.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	United	Commercial/PPO	2567.79				267	5583.38	case rate	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	United	Oxford	2567.79				267	5583.38	case rate	
EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	43233	CPT				outpatient			5877.24	2531.29	WellPoint	WellPoint	1824.3	31.04			267	5583.38	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Amerihealth	HMO/PPO	300			849.79	300	3105.65	fee schedule	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Wellcare	Medicare	1087.87				300	3105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Aetna	Commercial	1775.4			660.51	300	3105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Aetna	Better Health	995.11	30.44		968.94	300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Amerihealth	Medicare	1087.87				300	3105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Americare	Americare	2461.83	75			300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Horizon	Indemnity	2105.03			985.15	300	3105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Multiplan	Multiplan	2615.28	80			300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Corrections	Corrections	2615.28	80		1020.62	300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Consumer	Consumer	3165.65	95			300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Aetna	Medicare	1087.87			327.93	300	3105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Qualcare	Qualcare	2451.83	75			300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	First Health	First Health	2288.37	70			300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Horizon	Medicare Blue	1087.87			611.19	300	3105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Horizon	NJ Health	394.11			827.45	300	3105.65	fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	United	Oxford	2567.79				300	3105.65	case rate	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Horizon	PPO	2105.03			631.65	300	3105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	WellPoint	WellPoint	1014.73	31.04		827.22	300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	First Trenton	First Trenton	2942.19	90			300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Horizon	MGD	2105.03			810.14	300	3105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Managed Care Inc	Managed Care Inc	2942.19	90			300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	UHC	Medicare	1087.87			396.03	300	3105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Three Rivers	Three Rivers	3165.65	95			300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	UHC	Medicaid	995.11	30.44		904.08	300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	Wellcare	Medicaid	995.11	30.44		548.02	300	3105.65	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	43235	CPT				both			3269.1	1251.05	United	Commercial/PPO	2567.79				300	3105.65	case rate	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Aetna	Commercial	1775.4				300	3284.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Corrections	Corrections	2766.24	80			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Horizon	Medicare Blue	1087.87			558.59	300	3284.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Amerihealth	HMO/PPO	300				300	3284.91	fee schedule	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Americare	Americare	2593.35	75			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Aetna	Better Health	1052.55	30.44			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Amerihealth	Medicare	1087.87				300	3284.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	First Health	First Health	2420.46	70			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Aetna	Medicare	1087.87				300	3284.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Horizon	Indemnity	2105.03				300	3284.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Horizon	PPO	2105.03			1096.93	300	3284.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Horizon	MGD	2105.03				300	3284.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Consumer	Consumer	3284.91	95			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Multiplan	Multiplan	2766.24	80			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	UHC	Medicare	1087.87			378.78	300	3284.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Horizon	NJ Health	365.4			1510.2	300	3284.91	fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Wellcare	Medicaid	1052.55	30.44			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	WellPoint	WellPoint	1073.3	31.04			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	First Trenton	First Trenton	3112.02	90			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	UHC	Medicaid	1052.55	30.44			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Managed Care Inc	Managed Care Inc	3112.02	90			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Qualcare	Qualcare	2593.35	75			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Three Rivers	Three Rivers	3284.91	95			300	3284.91	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	Wellcare	Medicare	1087.87				300	3284.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	United	Commercial/PPO	2567.79				300	3284.91	case rate	
ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	43236	CPT				both			3457.8	1251.05	United	Oxford	2567.79				300	3284.91	case rate	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Amerihealth	Medicare	2201.12				365.4	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Horizon	MGD	4259.17			806.54	365.4	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Americare	Americare	2295.77	75			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Aetna	Commercial	3592.23			942.67	365.4	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Aetna	Medicare	2201.12			580.87	365.4	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	First Health	First Health	2142.71	70			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	First Trenton	First Trenton	2754.92	90			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Aetna	Better Health	931.77	30.44			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Corrections	Corrections	2448.82	80			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Multiplan	Multiplan	2448.82	80			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Managed Care Inc	Managed Care Inc	2754.92	90			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Amerihealth	HMO/PPO	550			480.66	365.4	4259.17	fee schedule	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Wellcare	Medicare	2201.12				365.4	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Horizon	Indemnity	4259.17				365.4	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Three Rivers	Three Rivers	2907.97	95			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Horizon	NJ Health	365.4			397.62	365.4	4259.17	fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	United	Commercial/PPO	2567.79			1016.46	365.4	4259.17	case rate	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Qualcare	Qualcare	2295.77	75			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	United	Oxford	2567.79				365.4	4259.17	case rate	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Consumer	Consumer	2907.97	95			365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Wellcare	Medicaid	931.77	30.44		447.6	365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Horizon	PPO	4259.17			1492.09	365.4	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	Horizon	Medicare Blue	2201.12				365.4	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	UHC	Medicare	2201.12			637.95	365.4	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	UHC	Medicaid	931.77	30.44		726.4	365.4	4259.17	percent of total billed charges	
ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	43237	CPT				both			3061.02	2531.29	WellPoint	WellPoint	950.14	31.04			365.4	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Horizon	Medicare Blue	2201.12			703.89	451.53	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Aetna	Better Health	877.44	30.44			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Americare	Americare	2161.89	75			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Three Rivers	Three Rivers	2738.39	95			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Aetna	Medicare	2201.12				451.53	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Qualcare	Qualcare	2161.89	75			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Consumer	Consumer	2738.39	95			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Amerihealth	HMO/PPO	650				451.53	4259.17	fee schedule	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Horizon	MGD	4259.17			887.78	451.53	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Aetna	Commercial	3992.23			658.61	451.53	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Multiplan	Multiplan	2306.02	80			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	United	Oxford	2567.79				451.53	4259.17	case rate	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Horizon	NJ Health	451.53			531.03	451.53	4259.17	fee schedule	$3,681 All-Inclusive Case Rate
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Corrections	Corrections	2306.02	80			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	UHC	Medicaid	877.44	30.44		843.15	451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Amerihealth	Medicare	2201.12				451.53	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	United	Commercial/PPO	2567.79			680.43	451.53	4259.17	case rate	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	First Trenton	First Trenton	2944.27	90			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Wellcare	Medicaid	877.44	30.44		785.43	451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	First Health	First Health	2017.76	70			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Horizon	PPO	4259.17				451.53	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Horizon	Indemnity	4259.17				451.53	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	Managed Care Inc	Managed Care Inc	2594.27	90			451.53	4259.17	percent of total billed charges	
EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	43238	CPT				both			2882.52	2531.29	UHC	Medicare	2201.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	43239	CPT				both			3269.1	1251.05	United	Commercial/PPO	2567.79			851.89	523.46	3105.65	case rate	
EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	43239	CPT				both			3269.1	1251.05	Three Rivers	Three Rivers	3105.65	95			523.46	3105.65	percent of total billed charges	
EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	43239	CPT				both			3269.1	1251.05	Corrections	Corrections	2615.28	80		963.75	523.46	3105.65	percent of total billed charges	
EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	43239	CPT				both			3269.1	1251.05	United	Oxford	2567.79				523.46	3105.65	case rate	
EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	43239	CPT				both			3269.1	1251.05	First Trenton	First Trenton	2942.19	90			523.46	3105.65	percent of total billed charges	
EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	43239	CPT				both			3269.1	1251.05	Wellcare	Medicaid	995.11	30.44		745.39	523.46	3105.65	percent of total billed charges	
EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	43239	CPT				both			3269.1	1251.05	Managed Care Inc	Managed Care Inc	2942.19	90			523.46	3105.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Amerihealth	Medicare	6907.16				548.1	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Aetna	Commercial	11272.49				548.1	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Consumer	Consumer	16048.65	95			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Aetna	Better Health	5142.33	30.44			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Horizon	Medicare Blue	6907.16				548.1	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Aetna	Medicare	5263.14	30.8			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	First Health	First Health	11825.32	70			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Corrections	Corrections	13514.66	80			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Horizon	Indemnity	13365.35				548.1	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Wellcare	Medicaid	5142.33	30.44			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	First Trenton	First Trenton	15203.99	90			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Multiplan	Multiplan	13514.66	80			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	UHC	Medicare	6907.16				548.1	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Americare	Americare	12669.99	75			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Wellcare	Medicare	6907.16				548.1	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Qualcare	Qualcare	12669.99	75			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Horizon	PPO	13365.35				548.1	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Amerihealth	HMO/PPO	550				548.1	16048.65	fee schedule	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Horizon	MGD	13365.35				548.1	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Horizon	NJ Health	548.1				548.1	16048.65	fee schedule	$3,681 All-Inclusive Case Rate
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	WellPoint	WellPoint	5243.69	31.04			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Managed Care Inc	Managed Care Inc	15203.99	90			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	Three Rivers	Three Rivers	16048.65	95			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	UHC	Medicaid	5142.33	30.44			548.1	16048.65	percent of total billed charges	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	United	Commercial/PPO	2859.28				548.1	16048.65	case rate	
EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	43240	CPT				both			16893.32	7943.23	United	Oxford	2859.28				548.1	16048.65	case rate	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Aetna	Medicare	2141.88	30.8			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Qualcare	Qualcare	5215.61	75			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Amerihealth	Medicare	2201.12				461.97	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Corrections	Corrections	5563.31	80			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Aetna	Better Health	2116.84	30.44			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Aetna	Commercial	3992.23				461.97	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Americare	Americare	5215.61	75			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	First Health	First Health	4867.9	70			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Amerihealth	HMO/PPO	550				461.97	6606.43	fee schedule	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Multiplan	Multiplan	5563.31	80			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Horizon	Medicare Blue	2201.12				461.97	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	First Trenton	First Trenton	6258.73	90			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Wellcare	Medicare	2201.12				461.97	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Three Rivers	Three Rivers	6606.43	95			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Consumer	Consumer	6606.43	95			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Horizon	Indemnity	4259.17				461.97	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Horizon	MGD	4259.17				461.97	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	United	Commercial/PPO	2567.79				461.97	6606.43	case rate	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Horizon	NJ Health	461.97				461.97	6606.43	fee schedule	$3,681 All-Inclusive Case Rate
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Horizon	PPO	4259.17				461.97	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	WellPoint	WellPoint	2158.57	31.04			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Managed Care Inc	Managed Care Inc	6258.73	90			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	United	Oxford	2567.79				461.97	6606.43	case rate	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	UHC	Medicaid	2116.84	30.44			461.97	6606.43	percent of total billed charges	
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	UHC	Medicare	2201.12				461.97	6606.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRALUMINAL TUBE/CATHETER INSERTION	43241	CPT				outpatient			6954.14	2531.29	Wellcare	Medicaid	2116.84	30.44			461.97	6606.43	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Aetna	Medicare	2201.12				550	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Amerihealth	Medicare	2201.12				550	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	First Health	First Health	2389.76	70			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Wellcare	Medicare	2201.12				550	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Multiplan	Multiplan	2731.15	80			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Aetna	Commercial	3992.23				550	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Aetna	Better Health	1039.2	30.44			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Horizon	MGD	4259.17				550	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Qualcare	Qualcare	2560.46	75			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Americare	Americare	2560.46	75			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Three Rivers	Three Rivers	3243.24	95			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	UHC	Medicaid	1039.2	30.44			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	WellPoint	WellPoint	1059.69	31.04		753.1	550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Amerihealth	HMO/PPO	550				550	4259.17	fee schedule	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Consumer	Consumer	3243.24	95			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	UHC	Medicare	2201.12			447.35	550	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Corrections	Corrections	2731.15	80			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Horizon	NJ Health	704.7			1072.1	550	4259.17	fee schedule	$3,681 All-Inclusive Case Rate
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	First Trenton	First Trenton	3072.55	90			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Wellcare	Medicaid	1039.2	30.44			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Horizon	Indemnity	4259.17				550	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	United	Commercial/PPO	2567.79				550	4259.17	case rate	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Horizon	Medicare Blue	2201.12			833.66	550	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Horizon	PPO	4259.17				550	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	Managed Care Inc	Managed Care Inc	3072.55	90			550	4259.17	percent of total billed charges	
EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	43242	CPT				outpatient			3413.94	2531.29	United	Oxford	2567.79				550	4259.17	case rate	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Aetna	Commercial	3592.23				373.23	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Multiplan	Multiplan	4954.75	80			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Aetna	Better Health	1885.28	30.44			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Aetna	Medicare	2201.12				373.23	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	UHC	Medicare	2201.12				373.23	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Qualcare	Qualcare	4645.08	75			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Consumer	Consumer	5883.77	95			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Americare	Americare	4645.08	75			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Amerihealth	HMO/PPO	550				373.23	5883.77	fee schedule	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Horizon	Medicare Blue	2201.12				373.23	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	First Health	First Health	4335.41	70			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Horizon	NJ Health	373.23				373.23	5883.77	fee schedule	$3,681 All-Inclusive Case Rate
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Amerihealth	Medicare	2201.12				373.23	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Corrections	Corrections	4954.75	80			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Horizon	Indemnity	4259.17				373.23	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	First Trenton	First Trenton	5574.1	90			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	UHC	Medicaid	1885.28	30.44		1091.84	373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Horizon	MGD	4259.17				373.23	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	United	Commercial/PPO	2567.79				373.23	5883.77	case rate	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Managed Care Inc	Managed Care Inc	5574.1	90			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Wellcare	Medicaid	1885.28	30.44			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Horizon	PPO	4259.17				373.23	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Three Rivers	Three Rivers	5883.77	95			373.23	5883.77	percent of total billed charges	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	United	Oxford	2567.79				373.23	5883.77	case rate	
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	Wellcare	Medicare	2201.12				373.23	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	43243	CPT				outpatient			6193.44	2531.29	WellPoint	WellPoint	1922.44	31.04			373.23	5883.77	percent of total billed charges	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	First Health	First Health	2333.35	70			394.11	4259.17	percent of total billed charges	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Americare	Americare	2500.02	75			394.11	4259.17	percent of total billed charges	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Aetna	Medicare	2201.12				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	UHC	Medicare	2201.12				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Aetna	Better Health	1014.67	30.44			394.11	4259.17	percent of total billed charges	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Aetna	Commercial	3592.23				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Multiplan	Multiplan	2666.69	80			394.11	4259.17	percent of total billed charges	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Wellcare	Medicare	2201.12				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Horizon	NJ Health	394.11			1192.48	394.11	4259.17	fee schedule	$3,681 All-Inclusive Case Rate
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Consumer	Consumer	3166.69	95			394.11	4259.17	percent of total billed charges	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Corrections	Corrections	2666.69	80			394.11	4259.17	percent of total billed charges	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Amerihealth	HMO/PPO	550				394.11	4259.17	fee schedule	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	United	Oxford	2567.79				394.11	4259.17	case rate	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	First Trenton	First Trenton	3000.02	90			394.11	4259.17	percent of total billed charges	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Qualcare	Qualcare	2500.02	75			394.11	4259.17	percent of total billed charges	
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Amerihealth	Medicare	2201.12				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Horizon	MGD	4259.17			969.62	394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Horizon	Medicare Blue	2201.12				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Horizon	PPO	4259.17				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	43244	CPT				both			3333.36	2531.29	Horizon	Indemnity	4259.17				394.11	4259.17

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	First Trenton	First Trenton	4175.98				522	4407.98	percent of total billed charges	
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	UHC	Medicaid	1412.41	30.44			522	4407.98	percent of total billed charges	
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Aetna	Medicare	2201.12				522	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Multiplan	Multiplan	3711.98	80			522	4407.98	percent of total billed charges	
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Horizon	NJ Health	522			1320.35	522	4407.98	fee schedule	$3,681 All-Inclusive Case Rate
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	United	Commercial/PPO	2567.79				522	4407.98	case rate	
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Wellcare	Medicaid	1412.41	30.44			522	4407.98	percent of total billed charges	
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Horizon	Indemnity	4259.17				522	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Managed Care Inc	Managed Care Inc	4175.98	90			522	4407.98	percent of total billed charges	
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Qualcare	Qualcare	3479.99	75			522	4407.98	percent of total billed charges	
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Three Rivers	Three Rivers	4407.98	95			522	4407.98	percent of total billed charges	
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Horizon	PPO	4259.17				522	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	Wellcare	Medicare	2201.12				522	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	United	Oxford	2567.79				522	4407.98	case rate	
EGD DILATION GASTRIC/DUODENAL STRICTURE	43245	CPT				both			4639.98		2531.29	WellPoint	WellPoint	1440.25	31.04			522	4407.98	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Aetna	Medicare	1907.58	30.8			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Aetna	Commercial	3592.23			899.8	550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Amerihealth	Medicare	2201.12				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Consumer	Consumer	5883.77	95			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Americare	Americare	4645.08	75			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Aetna	Better Health	1885.28	30.44			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	UHC	Medicaid	1885.28	30.44		1452.2	550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	First Health	First Health	4335.41	70			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Amerihealth	HMO/PPO	550				550	5883.77	fee schedule	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Corrections	Corrections	4954.75	80			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Horizon	Indemnity	4259.17				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	First Trenton	First Trenton	5574.1	90			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Horizon	PPO	4259.17			1145.87	550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Multiplan	Multiplan	4954.75	80			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	UHC	Medicare	2201.12				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Wellcare	Medicare	2201.12				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	United	Commercial/PPO	2567.79				550	5883.77	case rate	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Horizon	Medicare Blue	2201.12			342.54	550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	WellPoint	WellPoint	1922.44	31.04			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Horizon	MGD	4259.17				550	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Qualcare	Qualcare	4645.08	75			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Managed Care Inc	Managed Care Inc	5574.1	90			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Wellcare	Medicaid	1885.28	30.44		1303.81	550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	Three Rivers	Three Rivers	5883.77	95			550	5883.77	percent of total billed charges	
EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	43246	CPT				both			6193.44		2531.29	United	Oxford	2567.79				550	5883.77	case rate	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Aetna	Medicare	1051.49	30.8			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Amerihealth	Medicare	1087.87				394.11	3243.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Horizon	Medicare Blue	1087.87				394.11	3243.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Aetna	Commercial	1775.4			254.96	394.11	3243.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Consumer	Consumer	3243.24	95			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Americare	Americare	2560.46	75			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Aetna	Better Health	1039.2	30.44		441.76	394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	First Trenton	First Trenton	3072.55	90			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Corrections	Corrections	2731.15	80			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Horizon	Indemnity	2105.03				394.11	3243.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	UHC	Medicare	1087.87			158.79	394.11	3243.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	United	Commercial/PPO	2567.79				394.11	3243.24	case rate	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Horizon	MGD	2105.03			588.64	394.11	3243.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Amerihealth	HMO/PPO	550			563.41	394.11	3243.24	fee schedule	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	First Health	First Health	2389.76	70			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Horizon	NJ Health	394.11			330.21	394.11	3243.24	fee schedule	$3,681 All-Inclusive Case Rate
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	United	Oxford	2567.79				394.11	3243.24	case rate	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Multiplan	Multiplan	2731.15	80			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	WellPoint	WellPoint	1059.69	31.04			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Horizon	PPO	2105.03			478.44	394.11	3243.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Three Rivers	Three Rivers	3243.24	95			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Managed Care Inc	Managed Care Inc	3072.55	90			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Qualcare	Qualcare	2560.46	75			394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Wellcare	Medicare	1087.87				394.11	3243.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	UHC	Medicaid	1039.2	30.44		501.6	394.11	3243.24	percent of total billed charges	
EGD FLEXIBLE FOREIGN BODY REMOVAL	43247	CPT				both			3413.94		1251.05	Wellcare	Medicaid	1039.2	30.44		1227.74	394.11	3243.24	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Aetna	Commercial	1775.4				365.4	3166.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Aetna	Medicare	1087.87				365.4	3166.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Aetna	Better Health	1014.67	30.44			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Horizon	NJ Health	365.4			1539.05	365.4	3166.69	fee schedule	$3,681 All-Inclusive Case Rate
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Corrections	Corrections	2666.69	80			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	First Trenton	First Trenton	3000.02	90			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Wellcare	Medicare	1087.87				365.4	3166.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Amerihealth	HMO/PPO	550				365.4	3166.69	fee schedule	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Multiplan	Multiplan	2666.69	80			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Horizon	MGD	2105.03				365.4	3166.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Americare	Americare	2500.02	75			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Horizon	PPO	2105.03				365.4	3166.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Qualcare	Qualcare	2500.02	75			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Managed Care Inc	Managed Care Inc	3000.02	90			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Consumer	Consumer	3166.69	95			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Amerihealth	Medicare	1087.87				365.4	3166.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	United	Oxford	2567.79				365.4	3166.69	case rate	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Three Rivers	Three Rivers	3166.69	95			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	UHC	Medicaid	1014.67	30.44			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	First Health	First Health	2333.35	70			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	United	Commercial/PPO	2567.79				365.4	3166.69	case rate	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Horizon	Indemnity	2105.03				365.4	3166.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	WellPoint	WellPoint	1034.67	31.04			365.4	3166.69	percent of total billed charges	
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Horizon	Medicare Blue	1087.87				365.4	3166.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	UHC	Medicare	1087.87				365.4	3166.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	43248	CPT				both			3333.36		1251.05	Wellcare	Medicaid	1014.67	30.44			365.4	3166.69	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Amerihealth	Medicare	2201.12				344.52	6166.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	First Health	First Health	4543.9	70			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Aetna	Commercial	3592.23				344.52	6166.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Corrections	Corrections	5193.02	80			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Horizon	Medicare Blue	2201.12			889.57	344.52	6166.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Aetna	Better Health	1975.95	30.44			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Aetna	Medicare	2201.12				344.52	6166.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Consumer	Consumer	6166.72	95			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	First Trenton	First Trenton	5842.15	90			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Multiplan	Multiplan	5193.02	80			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Americare	Americare	4868.46	75			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Horizon	NJ Health	344.52			1509.87	344.52	6166.72	fee schedule	$3,681 All-Inclusive Case Rate
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	United	Commercial/PPO	2567.79				344.52	6166.72	case rate	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Horizon	PPO	4259.17				344.52	6166.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Amerihealth	HMO/PPO	550				344.52	6166.72	fee schedule	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Three Rivers	Three Rivers	6166.72	95			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Horizon	Indemnity	4259.17				344.52	6166.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Qualcare	Qualcare	4868.46	75			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Horizon	MGD	4259.17				344.52	6166.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	UHC	Medicare	2201.12				344.52	6166.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	United	Oxford	2567.79				344.52	6166.72	case rate	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Wellcare	Medicaid	1975.95	30.44			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	UHC	Medicaid	1975.95	30.44		2848.61	344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	WellPoint	WellPoint	2014.89	31.04			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Managed Care Inc	Managed Care Inc	5842.15	90			344.52	6166.72	percent of total billed charges	
EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	43249	CPT				both			6491.28		2531.29	Wellcare	Medicare	2201.12				344.52	6166.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Aetna	Commercial	3592.23				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	UHC	Medicaid	908.49	30.44			394.11	4259.17	percent of total billed charges	
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Aetna	Medicare	2201.12				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	First Health	First Health	2089.16	70			394.11	4259.17	percent of total billed charges	
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Amerihealth	Medicare	2201.12				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	First Trenton	First Trenton	2686.07	90			394.11	4259.17	percent of total billed charges	
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Multiplan	Multiplan	2387.62	80			394.11	4259.17	percent of total billed charges	
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Aetna	Better Health	908.49	30.44			394.11	4259.17	percent of total billed charges	
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Americare	Americare	2238.39	75			394.11	4259.17	percent of total billed charges	
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	UHC	Medicare	2201.12				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Corrections	Corrections	2387.62	80			394.11	4259.17	percent of total billed charges	
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Horizon	Medicare Blue	2201.12				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Horizon	NJ Health	394.11				394.11	4259.17	fee schedule	$3,681 All-Inclusive Case Rate
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Horizon	PPO	4259.17				394.11	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	43250	CPT				both			2984.52		2531.29	Horizon	MGD

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Aetna	Better Health	908.49	30.44			394.11		4259.17	percent of total billed charges
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	UHC	Medicare	2201.12			326.93	394.11		4259.17	other
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Americare	Americare	2238.39	75			394.11		4259.17	percent of total billed charges
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Aetna	Commercial	3592.23			505.39	394.11		4259.17	other
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Horizon	Medicare Blue	2201.12				394.11		4259.17	other
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Horizon	NJ Health	394.11			760.38	394.11		4259.17	fee schedule
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Corrections	Corrections	2387.62	80		944.58	394.11		4259.17	percent of total billed charges
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Horizon	Indemnity	4259.17				394.11		4259.17	other
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Horizon	MGD	4259.17				394.11		4259.17	other
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Wellcare	Medicare	2201.12				394.11		4259.17	other
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Amerihealth	HMO/PPO	550				394.11		4259.17	fee schedule
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Multiplan	Multiplan	2387.62	80			394.11		4259.17	percent of total billed charges
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Horizon	PPO	4259.17				394.11		4259.17	other
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Managed Care Inc	Managed Care Inc	2686.07	90			394.11		4259.17	percent of total billed charges
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Amerihealth	Medicare	2201.12				394.11		4259.17	other
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	United	Commercial/PPO	2567.79				394.11		4259.17	case rate
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	WellPoint	WellPoint	926.4	31.04			394.11		4259.17	percent of total billed charges
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Three Rivers	Three Rivers	2835.29	95			394.11		4259.17	percent of total billed charges
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Qualcare	Qualcare	2238.39	75			394.11		4259.17	percent of total billed charges
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	United	Oxford	2567.79				394.11		4259.17	case rate
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	Wellcare	Medicaid	908.49	30.44			394.11		4259.17	percent of total billed charges
EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	43251	CPT				both			2984.52	2531.29	UHC	Medicaid	908.49	30.44			394.11		4259.17	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Aetna	Commercial	3592.23				309.86		4572.71	other
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	First Trenton	First Trenton	4332.04	90			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Aetna	Better Health	1465.19	30.44			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	First Health	First Health	3369.37	70			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Americare	Americare	3610.04	75			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Amerihealth	HMO/PPO	650				309.86		4572.71	fee schedule
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Aetna	Medicare	2201.12				309.86		4572.71	other
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Horizon	Indemnity	4259.17				309.86		4572.71	other
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Amerihealth	Medicare	2201.12				309.86		4572.71	other
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Managed Care Inc	Managed Care Inc	4332.04	90			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Consumer	Consumer	4572.71	95			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Multiplan	Multiplan	3850.7	80			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Horizon	Medicare Blue	2201.12				309.86		4572.71	other
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	UHC	Medicaid	1465.19	30.44		1417.13	309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Corrections	Corrections	3850.7	80			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Horizon	PPO	4259.17				309.86		4572.71	other
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Horizon	NJ Health	309.86				309.86		4572.71	fee schedule
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Wellcare	Medicare	2201.12				309.86		4572.71	other
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Horizon	MGD	4259.17				309.86		4572.71	other
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Qualcare	Qualcare	3610.04	75			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Three Rivers	Three Rivers	4572.71	95			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	United	Oxford	2567.79				309.86		4572.71	case rate
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	UHC	Medicare	2201.12				309.86		4572.71	other
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	WellPoint	WellPoint	1494.07	31.04			309.86		4572.71	percent of total billed charges
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	United	Commercial/PPO	2567.79				309.86		4572.71	case rate
EGD US GUIDED TRANSMURAL INJ/XN/FIDUCIAL MARKER	43253	CPT				outpatient			4813.38	2531.29	Wellcare	Medicaid	1465.19	30.44			309.86		4572.71	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Corrections	Corrections	2619.36	80			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Americare	Americare	2455.65	75			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Horizon	PPO	4259.17			1451.1	321.6		4259.17	other
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	UHC	Medicare	2201.12				321.6		4259.17	other
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	First Trenton	First Trenton	2946.78	90			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Amerihealth	Medicare	2201.12				321.6		4259.17	other
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Aetna	Commercial	3592.23			484.09	321.6		4259.17	other
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Aetna	Better Health	996.67	30.44			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Horizon	Indemnity	4259.17				321.6		4259.17	other
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Horizon	MGD	4259.17				321.6		4259.17	other
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Multiplan	Multiplan	2619.36	80			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Amerihealth	HMO/PPO	550				321.6		4259.17	fee schedule
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Managed Care Inc	Managed Care Inc	2946.78	90			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Horizon	NJ Health	321.6				321.6		4259.17	fee schedule
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Aetna	Medicare	2201.12				321.6		4259.17	other
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	United	Oxford	2567.79				321.6		4259.17	case rate
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	UHC	Medicaid	996.67	30.44			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Wellcare	Medicaid	996.67	30.44			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Qualcare	Qualcare	2455.65	75			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Three Rivers	Three Rivers	3110.49	95			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Consumer	Consumer	3110.49	95			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	United	Commercial/PPO	2567.79				321.6		4259.17	case rate
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	First Health	First Health	2291.94	70			321.6		4259.17	percent of total billed charges
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Wellcare	Medicare	2201.12				321.6		4259.17	other
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	Horizon	Medicare Blue	2201.12			657.72	321.6		4259.17	other
EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	43254	CPT				both			3274.2	2531.29	WellPoint	WellPoint	1016.31	31.04			321.6		4259.17	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Aetna	Medicare	2201.12			455.26	425.43		5883.77	other
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Americare	Americare	4645.08	75			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Horizon	MGD	4259.17				425.43		5883.77	other
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Aetna	Commercial	3592.23				425.43		5883.77	other
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Multiplan	Multiplan	4954.75	80			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Amerihealth	HMO/PPO	550				425.43		5883.77	fee schedule
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Aetna	Better Health	1885.28	30.44			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Amerihealth	Medicare	2201.12				425.43		5883.77	other
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Corrections	Corrections	4954.75	80			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	First Trenton	First Trenton	5574.1	90			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	UHC	Medicaid	1885.28	30.44			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Horizon	Medicare Blue	2201.12				425.43		5883.77	other
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Qualcare	Qualcare	4645.08	75			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	United	Oxford	2567.79				425.43		5883.77	case rate
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Consumer	Consumer	5883.77	95			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	UHC	Medicare	2201.12				425.43		5883.77	other
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Horizon	Indemnity	4259.17				425.43		5883.77	other
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Managed Care Inc	Managed Care Inc	5574.1	90			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	First Health	First Health	4335.41	70			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Wellcare	Medicaid	1885.28	30.44			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Horizon	PPO	4259.17				425.43		5883.77	other
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Three Rivers	Three Rivers	5883.77	95			425.43		5883.77	percent of total billed charges
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Horizon	NJ Health	425.43			571.83	425.43		5883.77	fee schedule
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	Wellcare	Medicare	2201.12			205.8	425.43		5883.77	other
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	United	Commercial/PPO	2567.79				425.43		5883.77	case rate
EGD TRANSORAL CONTROL BLEEDING ANY METHOD	43255	CPT				both			6193.44	2531.29	WellPoint	WellPoint	1922.44	31.04			425.43		5883.77	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Aetna	Better Health	1014.67	30.44			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Corrections	Corrections	2666.69	80			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	First Trenton	First Trenton	3000.02	90			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Aetna	Commercial	3592.23				365.4		4259.17	other
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	First Health	First Health	2333.35	70			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Horizon	NJ Health	365.4			309.78	365.4		4259.17	fee schedule
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Amerihealth	Medicare	2201.12				365.4		4259.17	other
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Americare	Americare	2500.02	75			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Aetna	Medicare	2201.12			430.86	365.4		4259.17	other
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Horizon	MGD	4259.17				365.4		4259.17	other
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Managed Care Inc	Managed Care Inc	3000.02	90			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	UHC	Medicare	2201.12				365.4		4259.17	other
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Horizon	Medicare Blue	2201.12				365.4		4259.17	other
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Horizon	PPO	4259.17				365.4		4259.17	other
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Horizon	Indemnity	4259.17				365.4		4259.17	other
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Amerihealth	HMO/PPO	550				365.4		4259.17	fee schedule
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Consumer	Consumer	3166.69	95			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	UHC	Medicaid	1014.67	30.44		492.05	365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Three Rivers	Three Rivers	3166.69	95			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	WellPoint	WellPoint	1034.67	31.04			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Multiplan	Multiplan	2666.69	80			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	United	Commercial/PPO	2567.79				365.4		4259.17	case rate
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	United	Oxford	2567.79				365.4		4259.17	case rate
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Wellcare	Medicare	2201.12				365.4		4259.17	other
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Qualcare	Qualcare	2500.02	75			365.4		4259.17	percent of total billed charges
EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	43259	CPT				both			3333.36	2531.29	Wellcare	Medicaid	1014.67	30.44			365.4		4259.17	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Aetna	Better Health	3455.52	30.44			454.14		10784.32	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Aetna	Commercial	7204.42				454.14		10784.32	other
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Amerihealth	HMO/PPO	650				454.14		10784.32	fee schedule
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Aetna	Medicare	3496.39	30.8		924.34	454.14		10784.32	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Consumer	Consumer	10784.32	95			454.14		10784.32	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Americare	Americare	8513.94	75			454.14		10784.32	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Amerihealth	Medicare	4414.47				454.14		10784.32	other
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	First Trenton	First Trenton	10216.73	90			454.14		10784.32	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	UHC	Medicare	4414.47			842.65	454.14		10784.32	other
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Multiplan	Multiplan	9081.54	80			454.14		10784.32	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	First Health	First Health	7946.34	70			454.14		10784.32	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Horizon	PPO	8542			1750.01	454.14		10784.32	other
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Corrections	Corrections	9081.54	80			454.14		10784.32	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Three Rivers	Three Rivers	10784.32	95			454.14		10784.32	percent of total billed charges
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Horizon	Indemnity	8542				454.14		10784.32	other
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Horizon	NJ Health	454.14			770.35	454.14		10784.32	fee schedule
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Wellcare	Med

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	UHC	Medicaid	3455.52	30.44		1743.34	454.14	10784.32	percent of total billed charges	
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	WellPoint	WellPoint	3523.64	31.04		924.02	454.14	10784.32	percent of total billed charges	
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	United	Oxford	2859.28				454.14	10784.32	case rate	
ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	43260	CPT				both			11351.92	5076.64	Wellcare	Medicaid	3455.52	30.44		1314.7	454.14	10784.32	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Aetna	Commercial	7204.42				621.18	11144.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Horizon	PPO	8542				621.18	11144.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Americare	Americare	8798.27	75			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Aetna	Better Health	3570.92	30.44			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Amerihealth	HMO/PPO	650				621.18	11144.47	fee schedule	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Consumer	Consumer	11144.47	95			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Amerihealth	Medicare	4414.47				621.18	11144.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	First Health	First Health	8211.71	70			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Horizon	MGD	8542				621.18	11144.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Aetna	Medicare	3613.15	30.8		1340.63	621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Horizon	NJ Health	621.18			579.31	621.18	11144.47	fee schedule	$3,681 All-Inclusive Case Rate
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Multiplan	Multiplan	9384.82	80			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	UHC	Medicare	4414.47				621.18	11144.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Horizon	Medicare Blue	4414.47				621.18	11144.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Corrections	Corrections	9384.82	80			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Wellcare	Medicaid	3570.92	30.44			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Three Rivers	Three Rivers	11144.47	95			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Qualcare	Qualcare	8798.27	75			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	First Trenton	First Trenton	10557.92	90			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Wellcare	Medicare	4414.47				621.18	11144.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	UHC	Medicaid	3570.92	30.44			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	WellPoint	WellPoint	3641.31	31.04			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Horizon	Indemnity	8542				621.18	11144.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	United	Commercial/PPO	2859.28				621.18	11144.47	case rate	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	Managed Care Inc	Managed Care Inc	10557.92	90			621.18	11144.47	percent of total billed charges	
ERCP W/BIOPSY SINGLE/MULTIPLE	43261	CPT				outpatient			11731.02	5076.64	United	Oxford	2859.28				621.18	11144.47	case rate	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Aetna	Better Health	3455.52	30.44			568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Wellcare	Medicaid	3455.52	30.44		1172.9	568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Horizon	NJ Health	568.98			802.58	568.98	10784.32	fee schedule	$3,681 All-Inclusive Case Rate
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Americare	Americare	8513.94	75			568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Aetna	Medicare	4414.47			924.34	568.98	10784.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Horizon	PPO	8542			1590.89	568.98	10784.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Corrections	Corrections	9081.54	80			568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Aetna	Commercial	7204.42				568.98	10784.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Amerihealth	HMO/PPO	650				568.98	10784.32	fee schedule	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Wellcare	Medicare	4414.47				568.98	10784.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Multiplan	Multiplan	9081.54	80			568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Consumer	Consumer	10784.32	95			568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	First Health	First Health	7946.34	70			568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	UHC	Medicaid	3455.52	30.44		1862.56	568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Qualcare	Qualcare	8513.94	75			568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Amerihealth	Medicare	4414.47				568.98	10784.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Horizon	MGD	8542			1816.23	568.98	10784.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	WellPoint	WellPoint	3523.64	31.04		924.02	568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	United	Commercial/PPO	2859.28			820.2	568.98	10784.32	case rate	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	First Trenton	First Trenton	10216.73	90			568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	United	Oxford	2859.28				568.98	10784.32	case rate	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	UHC	Medicare	4414.47				568.98	10784.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Horizon	Indemnity	8542				568.98	10784.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Horizon	Medicare Blue	4414.47				568.98	10784.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Managed Care Inc	Managed Care Inc	10216.73	90			568.98	10784.32	percent of total billed charges	
ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	43262	CPT				both			11351.92	5076.64	Three Rivers	Three Rivers	10784.32	95			568.98	10784.32	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Corrections	Corrections	7232.21	80			650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Horizon	Medicare Blue	4414.47			1599.06	650	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Aetna	Commercial	7204.42			1697.74	650	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Americare	Americare	6780.2	75			650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Aetna	Better Health	2751.86	30.44		1865.81	650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Horizon	NJ Health	1077.93			676.3	650	8588.25	fee schedule	$3,681 All-Inclusive Case Rate
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	First Trenton	First Trenton	8136.23	90			650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Aetna	Medicare	4414.47			1033.13	650	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Horizon	MGD	8542			1764.19	650	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	United	Commercial/PPO	2859.28			653.18	650	8588.25	case rate	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Amerihealth	HMO/PPO	650				650	8588.25	fee schedule	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	United	Oxford	2859.28			852.92	650	8588.25	case rate	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Multiplan	Multiplan	7232.21	80			650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Consumer	Consumer	8588.25	95			650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Horizon	Indemnity	8542			2885.11	650	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Managed Care Inc	Managed Care Inc	8136.23	90			650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Amerihealth	Medicare	4414.47				650	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Qualcare	Qualcare	6780.2	75			650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Horizon	PPO	8542			2054.3	650	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	UHC	Medicaid	2751.86	30.44		1527.75	650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	First Health	First Health	6328.18	70			650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Wellcare	Medicaid	2751.86	30.44		1538.42	650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Three Rivers	Three Rivers	8588.25	95			650	8588.25	percent of total billed charges	
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	Wellcare	Medicare	4414.47				650	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	UHC	Medicare	4414.47			884.19	650	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	43264	CPT				both			9040.26	5076.64	WellPoint	WellPoint	2806.1	31.04		899.34	650	8588.25	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Horizon	PPO	13365.35				614.94	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Aetna	Medicare	6907.16				614.94	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Amerihealth	HMO/PPO	650				614.94	16048.65	fee schedule	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Aetna	Better Health	5142.33	30.44			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Amerihealth	Medicare	6907.16				614.94	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Americare	Americare	12669.99	75			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Aetna	Commercial	11272.49			4476.84	614.94	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Corrections	Corrections	13514.66	80			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	UHC	Medicare	6907.16				614.94	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Horizon	MGD	13365.35				614.94	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Horizon	Indemnity	13365.35				614.94	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Horizon	Medicare Blue	6907.16				614.94	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	First Trenton	First Trenton	15203.99	90			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Consumer	Consumer	16048.65	95			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	First Health	First Health	11825.32	70			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	WellPoint	WellPoint	5243.69	31.04			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Managed Care Inc	Managed Care Inc	15203.99	90			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Multiplan	Multiplan	13514.66	80			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	United	Commercial/PPO	2859.28				614.94	16048.65	case rate	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Horizon	NJ Health	614.94				614.94	16048.65	fee schedule	$3,681 All-Inclusive Case Rate
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Wellcare	Medicare	6907.16				614.94	16048.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Qualcare	Qualcare	12669.99	75			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	United	Oxford	2859.28				614.94	16048.65	case rate	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Three Rivers	Three Rivers	16048.65	95			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	Wellcare	Medicaid	5142.33	30.44			614.94	16048.65	percent of total billed charges	
ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	43265	CPT				outpatient			16893.32	7943.23	UHC	Medicaid	5142.33	30.44		2723.81	614.94	16048.65	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Horizon	PPO	13365.35			5980.57	266.09	13876.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Americare	Americare	10954.8	75			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	First Trenton	First Trenton	13145.76	90			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Aetna	Better Health	4446.19	30.44			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Aetna	Commercial	11272.49				266.09	13876.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Aetna	Medicare	4498.77	30.8			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Corrections	Corrections	11685.12	80			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Amerihealth	Medicare	6907.16				266.09	13876.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Three Rivers	Three Rivers	13876.08	95			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Consumer	Consumer	13876.08	95			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Horizon	NJ Health	266.09				266.09	13876.08	fee schedule	$3,681 All-Inclusive Case Rate
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	WellPoint	WellPoint	4533.83	31.04			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Amerihealth	HMO/PPO	550				266.09	13876.08	fee schedule	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	First Health	First Health	10224.48	70			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Managed Care Inc	Managed Care Inc	13145.76	90			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Horizon	Indemnity	13365.35				266.09	13876.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Horizon	MGD	13365.35				266.09	13876.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	United	Commercial/PPO	3596.76				266.09	13876.08	case rate	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	UHC	Medicaid	4446.19	30.44		4311.77	266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Horizon	Medicare Blue	6907.16				266.09	13876.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	UHC	Medicare	6907.16				266.09	13876.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	Multiplan	Multiplan	11685.12	80			266.09	13876.08	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	43266	CPT				both			14606.4	7943.23	United	Oxford	3596.76				266.09	13876.08	case rate	
EGD ENDOSCOPIC STENT PLACEMENT W/W

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	First Trenton	First Trenton	3080.81	90			279.79	4259.17	percent of total billed charges	
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	Ameritealth	Medicare	2201.12				279.79	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	Horizon	Indemnity	4259.17				279.79	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	WellPoint	WellPoint	1062.54	31.04			279.79	4259.17	percent of total billed charges	
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	Managed Care Inc	Managed Care Inc	3080.81	90			279.79	4259.17	percent of total billed charges	
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	Wellcare	Medicaid	1042	30.44			279.79	4259.17	percent of total billed charges	
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	Three Rivers	Three Rivers	3251.96	95			279.79	4259.17	percent of total billed charges	
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	UHC	Medicaid	1042	30.44			279.79	4259.17	percent of total billed charges	
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	United	Oxford	2567.79				279.79	4259.17	case rate	
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	Horizon	Medicare Blue	2201.12				279.79	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	UHC	Medicare	2201.12				279.79	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	43270	CPT				both			3423.12		2531.29	United	CommercialPPO	2567.79				279.79	4259.17	case rate	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Horizon	Medicare Blue	2449.22			1081.16	550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Ameritealth	HMO/PPO	550				550	7755.88	fee schedule	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			First Health	First Health	5714.86	70			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Corrections	Corrections	6531.26	80			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Aetna	Medicare	2514.54	30.8		1314.79	550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Aetna	Better Health	2485.15	30.44		2253.54	550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Horizon	Indemnity	3125.21	38.28		2605.5	550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			First Trenton	First Trenton	7347.67	90			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Consumer	Consumer	7755.88	95			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Aetna	Commercial	3102.35	38		1733.11	550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Multiplan	Multiplan	6531.26	80			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Managed Care Inc	Managed Care Inc	7347.67	90			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Horizon	PPO	3125.21	38.28		2485.89	550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Americare	Americare	6123.06	75			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Qualcare	Qualcare	6123.06	75			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			UHC	Medicaid	2485.15	30.44		1774.32	550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			WellPoint	WellPoint	2534.13	31.04			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Horizon	MGD	3125.21	38.28		1306.2	550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			United	CommercialPPO	1835.46			589.87	550	7755.88	case rate	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Three Rivers	Three Rivers	7755.88	95			550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			Wellcare	Medicaid	2485.15	30.44		1253.5	550	7755.88	percent of total billed charges	
ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	43273	CPT				both			8164.08			United	Oxford	1835.46				550	7755.88	case rate	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Aetna	Medicare	2905.98	30.8		768.26	550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	First Trenton	First Trenton	8491.5	90			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Wellcare	Medicare	6907.16				550.5	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Ameritealth	HMO/PPO	650				550.5	13365.35	fee schedule	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Qualcare	Qualcare	7076.25	75			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Horizon	MGD	13365.35			1855.36	550.5	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Aetna	Better Health	2872.01	30.44			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	UHC	Medicaid	2872.01	30.44		1453.95	550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Americare	Americare	7076.25	75			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Managed Care Inc	Managed Care Inc	8491.5	90			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Aetna	Commercial	11272.49			1634.54	550.5	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Ameritealth	Medicare	6907.16				550.5	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	UHC	Medicare	6907.16			1054.98	550.5	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	United	CommercialPPO	2859.28			681.69	550.5	13365.35	case rate	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Consumer	Consumer	8963.25	95			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	First Health	First Health	6604.5	70			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Horizon	NJ Health	550.5			750.62	550.5	13365.35	fee schedule	$3,681 All-Inclusive Case Rate
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	WellPoint	WellPoint	2928.62	31.04		767.99	550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Corrections	Corrections	7548	80			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Horizon	Indemnity	13365.35				550.5	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Multiplan	Multiplan	7548	80			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Horizon	Medicare Blue	6907.16				550.5	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Three Rivers	Three Rivers	8963.25	95			550.5	13365.35	percent of total billed charges	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Horizon	PPO	13365.35			1923.86	550.5	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	United	Oxford	2859.28				550.5	13365.35	case rate	
ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	43274	CPT				both			9435		7943.23	Wellcare	Medicaid	2872.01	30.44		974.84	550.5	13365.35	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Aetna	Better Health	2872.01	30.44		1220.87	454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Corrections	Corrections	7548	80			454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Horizon	Indemnity	4259.17				454.06	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Aetna	Medicare	2201.12				454.06	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Aetna	Commercial	3592.23			2002.91	454.06	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Horizon	NJ Health	454.06			673.33	454.06	8963.25	fee schedule	$3,681 All-Inclusive Case Rate
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Ameritealth	Medicare	2201.12				454.06	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Ameritealth	HMO/PPO	650				454.06	8963.25	fee schedule	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Americare	Americare	7076.25	75			454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Multiplan	Multiplan	7548	80			454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Horizon	PPO	4259.17			1634.18	454.06	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	First Trenton	First Trenton	8491.5	90			454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Horizon	MGD	4259.17			1622.2	454.06	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Qualcare	Qualcare	7076.25	75			454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	First Health	First Health	6604.5	70			454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Managed Care Inc	Managed Care Inc	8491.5	90			454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Consumer	Consumer	8963.25	95			454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	UHC	Medicare	2201.12			629.39	454.06	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	United	CommercialPPO	2859.28			681.69	454.06	8963.25	case rate	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Three Rivers	Three Rivers	8963.25	95			454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Wellcare	Medicare	2201.12				454.06	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	WellPoint	WellPoint	2928.62	31.04		1229.11	454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Horizon	Medicare Blue	2201.12			1249.47	454.06	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	UHC	Medicaid	2872.01	30.44		1684.23	454.06	8963.25	percent of total billed charges	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	United	Oxford	2859.28				454.06	8963.25	case rate	
ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	43275	CPT				both			9435		2531.29	Wellcare	Medicaid	2872.01	30.44		1424.06	454.06	8963.25	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Americare	Americare	7076.25	75			572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Ameritealth	HMO/PPO	650				572.61	13365.35	fee schedule	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Aetna	Better Health	2872.01	30.44		2604.36	572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Corrections	Corrections	7548	80			572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Ameritealth	Medicare	6907.16				572.61	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	First Health	First Health	6604.5	70			572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Wellcare	Medicare	6907.16				572.61	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Aetna	Medicare	6907.16			1519.47	572.61	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Consumer	Consumer	8963.25	95			572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Horizon	Indemnity	13365.35			3011.09	572.61	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Aetna	Commercial	11272.49			2500.33	572.61	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Horizon	NJ Health	572.61			649.12	572.61	13365.35	fee schedule	$3,681 All-Inclusive Case Rate
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	First Trenton	First Trenton	8491.5	90			572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Horizon	Medicare Blue	6907.16			2148.6	572.61	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	WellPoint	WellPoint	2928.62	31.04		1129.61	572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Horizon	MGD	13365.35			2092.86	572.61	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Managed Care Inc	Managed Care Inc	8491.5	90			572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Horizon	PPO	13365.35			2050.05	572.61	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Three Rivers	Three Rivers	8963.25	95			572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	UHC	Medicare	6907.16			1885.56	572.61	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	United	Oxford	2859.28			890.16	572.61	13365.35	case rate	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Multiplan	Multiplan	7548	80			572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	United	CommercialPPO	2859.28			681.7	572.61	13365.35	case rate	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Qualcare	Qualcare	7076.25	75			572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	Wellcare	Medicaid	2872.01	30.44		1499.2	572.61	13365.35	percent of total billed charges	
ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	43276	CPT				both			9435		7943.23	UHC	Medicaid	2872.01	30.44		1689.08	572.61	13365.35	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Aetna	Better Health	2872.01	30.44			456.85	8963.25	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Ameritealth	HMO/PPO	650				456.85	8963.25	fee schedule	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Consumer	Consumer	8963.25	95			456.85	8963.25	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Aetna	Medicare	4414.47			1519.47	456.85	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	First Health	First Health	6604.5	70			456.85	8963.25	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Ameritealth	Medicare	4414.47				456.85	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Corrections	Corrections	7548	80			456.85	8963.25	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Aetna	Commercial	7204.42				456.85	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Horizon	PPO	8542				456.85	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	UHC	Medicaid	2872.01	30.44			456.85	8963.25	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Three Rivers	Three Rivers	8963.25	95			456.85	8963.25	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Americare	Americare	7076.25	75			456.85	8963.25	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Horizon	NJ Health	456.85			584.13	456.85	8963.25	fee schedule	$3,681 All-Inclusive Case Rate
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	First Trenton	First Trenton	8491.5	90			456.85	8963.25	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Horizon	Indemnity	8542			3011.09	456.85	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Horizon	MGD	8542				456.85	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	UHC	Medicare	4414.47				456.85	8963.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	United	CommercialPPO	2859.28				456.85	8963.25	case rate	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	43277	CPT				outpatient			9435		5076.64	Multiplan	Multiplan	7548	80			456.85	8963.25	percent of total billed charges	
ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA E

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Amerihealth	HMO/PPO	650				519.29	8588.25	fee schedule	
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Horizon	PPO	8542			2907.8	519.29	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Amerihealth	Medicare	4414.47				519.29	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Consumer	Consumer	6588.25	95			519.29	8588.25	percent of total billed charges	
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Horizon	NJ Health	519.29				519.29	8588.25	fee schedule	$3,681 All-Inclusive Case Rate
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Multiplan	Multiplan	7232.21	80			519.29	8588.25	percent of total billed charges	
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Wellcare	Medicare	4414.47				519.29	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Three Rivers	Three Rivers	8588.25	95			519.29	8588.25	percent of total billed charges	
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Horizon	Indemnity	8542				519.29	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Qualcare	Qualcare	6780.2	75			519.29	8588.25	percent of total billed charges	
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	WellPoint	WellPoint	2806.1	31.04			519.29	8588.25	percent of total billed charges	
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	United	Oxford	2859.28				519.29	8588.25	case rate	
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	UHC	Medicaid	2751.86	30.44			519.29	8588.25	percent of total billed charges	
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	Wellcare	Medicaid	2751.86	30.44			519.29	8588.25	percent of total billed charges	
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	UHC	Medicare	4414.47				519.29	8588.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	43278	CPT				outpatient			9040.26	5076.64	United	CommercialPPO	2859.28				519.29	8588.25	case rate	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Corrections	Corrections	5178.34	80			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Aetna	Better Health	1970.36	30.44			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Aetna	Commercial	3592.23				1970.36	6149.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Amerihealth	Medicare	2201.12				1970.36	6149.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Americare	Americare	4854.69	75			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Amerihealth	HMO/PPO	4207.4	65			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Aetna	Medicare	2201.12				1970.36	6149.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	First Trenton	First Trenton	5825.63	90			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Consumer	Consumer	6149.27	95			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Horizon	PPO	4259.17				1970.36	6149.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Horizon	MGD	4259.17				1970.36	6149.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Horizon	Indemnity	4259.17				1970.36	6149.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	First Health	First Health	4531.04	70			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Horizon	Medicare Blue	2201.12				1970.36	6149.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	UHC	Medicare	2201.12				1970.36	6149.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	UHC	Medicaid	1970.36	30.44			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Multiplan	Multiplan	5178.34	80			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Managed Care Inc	Managed Care Inc	5825.63	90			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	WellPoint	WellPoint	2009.19	31.04			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	United	CommercialPPO	2567.79				1970.36	6149.27	case rate	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Qualcare	Qualcare	4854.69	75			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Three Rivers	Three Rivers	6149.27	95			1970.36	6149.27	percent of total billed charges	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Wellcare	Medicare	2201.12				1970.36	6149.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	United	Oxford	2567.79				1970.36	6149.27	case rate	
EGD FLX TRNSORL W/DPLMNT NTRGSTR BARIATRIC BALO	43290	CPT				outpatient			6472.92	2531.29	Wellcare	Medicaid	1970.36	30.44			1970.36	6149.27	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Amerihealth	Medicare	2201.12				127.89	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Aetna	Better Health	1885.28	30.44			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Wellcare	Medicare	2201.12				127.89	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Consumer	Consumer	5883.77	95			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Americare	Americare	4645.08	75			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Multiplan	Multiplan	4954.75	80			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Aetna	Commercial	3592.23				127.89	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	First Health	First Health	4335.41	70			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	First Trenton	First Trenton	5574.1	90			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Aetna	Medicare	2201.12				127.89	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Amerihealth	HMO/PPO	300				127.89	5883.77	fee schedule	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Qualcare	Qualcare	4645.08	75			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	UHC	Medicaid	1885.28	30.44			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Corrections	Corrections	4954.75	80			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Horizon	MGD	4259.17				127.89	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Wellcare	Medicaid	1885.28	30.44			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Horizon	Indemnity	4259.17				127.89	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Horizon	PPO	4259.17				127.89	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	UHC	Medicare	2201.12				127.89	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	WellPoint	WellPoint	1922.44	31.04			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	United	CommercialPPO	2567.79				127.89	5883.77	case rate	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Horizon	Medicare Blue	2201.12				127.89	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	United	Oxford	2567.79				127.89	5883.77	case rate	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Horizon	NJ Health	127.89				127.89	5883.77	fee schedule	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Managed Care Inc	Managed Care Inc	5574.1	90			127.89	5883.77	percent of total billed charges	
DILATION ESOPHAGUS GUIDE WIRE	43453	CPT				outpatient			6193.44	2531.29	Three Rivers	Three Rivers	5883.77	95			127.89	5883.77	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Aetna	Medicare	6907.16				677.31	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Horizon	NJ Health	677.31				677.31	13365.35	fee schedule	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Amerihealth	Medicare	6907.16				677.31	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	UHC	Medicare	6907.16				677.31	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Aetna	Better Health	3781.74	30.44			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Consumer	Consumer	11802.42	95			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Americare	Americare	9317.7	75			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Aetna	Commercial	11272.49				677.31	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	First Health	First Health	8696.52	70			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Three Rivers	Three Rivers	11802.42	95			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	First Trenton	First Trenton	11181.24	90			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Wellcare	Medicare	6907.16				677.31	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Horizon	MGD	13365.35				677.31	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Corrections	Corrections	9938.88	80			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	UHC	Medicaid	3781.74	30.44			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Amerihealth	HMO/PPO	8075.34	65			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Horizon	PPO	13365.35			5740.53	677.31	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Wellcare	Medicaid	3781.74	30.44			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	United	CommercialPPO	2859.28				677.31	13365.35	case rate	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Multiplan	Multiplan	9938.88	80			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Managed Care Inc	Managed Care Inc	11181.24	90			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Horizon	Indemnity	13365.35				677.31	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Qualcare	Qualcare	9317.7	75			677.31	13365.35	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	Horizon	Medicare Blue	6907.16			2668.52	677.31	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	United	Oxford	2859.28				677.31	13365.35	case rate	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT				outpatient			12423.6	7943.23	WellPoint	WellPoint	3856.29	31.04			677.31	13365.35	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Consumer	Consumer	3111.46	95			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Americare	Americare	2456.42	75			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Qualcare	Qualcare	2456.42	75			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Aetna	Better Health	996.98	30.44			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Aetna	Commercial	1775.4				300	3111.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Amerihealth	HMO/PPO	300				300	3111.46	fee schedule	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Corrections	Corrections	2620.18	80			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Amerihealth	Medicare	1087.87				300	3111.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	First Health	First Health	2292.65	70			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Three Rivers	Three Rivers	3111.46	95			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Wellcare	Medicare	1087.87				300	3111.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Aetna	Medicare	1087.87				300	3111.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Horizon	MGD	2105.03				300	3111.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	UHC	Medicare	1087.87				300	3111.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	First Trenton	First Trenton	2947.7	90			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Horizon	Medicare Blue	1087.87				300	3111.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Multiplan	Multiplan	2620.18	80			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	UHC	Medicaid	996.98	30.44			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Horizon	Indemnity	2105.03				300	3111.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Wellcare	Medicaid	996.98	30.44			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Horizon	PPO	2105.03				300	3111.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	United	Oxford	2567.79				300	3111.46	case rate	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	Managed Care Inc	Managed Care Inc	2947.7	90			300	3111.46	percent of total billed charges	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	United	CommercialPPO	2567.79				300	3111.46	case rate	
UNLISTED PROCEDURE ESOPHAGUS	43499	CPT				outpatient			3275.22	1251.05	WellPoint	WellPoint	1016.63	31.04			300	3111.46	percent of total billed charges	
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	First Trenton	First Trenton	18424.26	90			6231.49	19447.83	percent of total billed charges	
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Americare	Americare	15353.55	75			6231.49	19447.83	percent of total billed charges	
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Aetna	Commercial	11048.18				6231.49	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Aetna	Better Health	6231.49	30.44			6231.49	19447.83	percent of total billed charges	
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Corrections	Corrections	16377.12	80			6231.49	19447.83	percent of total billed charges	
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	First Health	First Health	14329.98	70			6231.49	19447.83	percent of total billed charges	
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Consumer	Consumer	19447.83	95			6231.49	19447.83	percent of total billed charges	
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Amerihealth	Medicare	6769.72				6231.49	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Horizon	Indemnity	13099.41				6231.49	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	UHC	Medicaid	6231.49	30.44			6231.49	19447.83	percent of total billed charges	
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Amerihealth	HMO/PPO	13306.41	65			6231.49	19447.83	percent of total billed charges	
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Aetna	Medicare	6769.72				6231.49	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Horizon	PPO	13099.41				6231.49	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	UHC	Medicare	6769.72				6231.49	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Horizon	MGD	13099.41				6231.49	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPY PROCEDURE STOMACH	43659	CPT				outpatient			20471.4	7785.18	Horizon	Medicare Blue	6769.72				6231.49	19447.83	other	Payer-specific negotiated charge calculated as a

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Horizon	PPO	895.92				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Amerihealth	Medicare	463.01				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Aetna	Commercial	755.63				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Multiplan	Multiplan	944.82	80			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 WellPoint	WellPoint	366.59	31.04			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 UHC	Medicaid	359.51	30.44			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Aetna	Medicare	463.01				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 First Health	First Health	826.72	70			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Americare	Americare	885.77	75			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Corrections	Corrections	944.82	80			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Qualcare	Qualcare	885.77	75			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Horizon	MGD	895.92				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 United	Oxford	1835.46				125	1835.46	case rate	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Wellcare	Medicaid	359.51	30.44			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 First Trenton	First Trenton	1062.93	90			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Wellcare	Medicare	463.01				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Horizon	Indemnity	895.92				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 Managed Care Inc	Managed Care Inc	1062.93	90			125	1835.46	percent of total billed charges	
NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	43752	CPT				both			1181.03		532.46 United	CommercialPPO	1835.46				125	1835.46	case rate	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 UHC	Medicaid	1022.13	30.44			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Multiplan	Multiplan	2686.27	80			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Horizon	Medicare Blue	282.2				21.92	3189.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Aetna	Medicare	282.2				21.92	3189.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Amerihealth	HMO/PPO	300				21.92	3189.95	fee schedule	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 First Trenton	First Trenton	3022.06	90			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Amerihealth	Medicare	282.2				21.92	3189.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Aetna	Better Health	1022.13	30.44			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 United	Oxford	1835.46				21.92	3189.95	case rate	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Qualcare	Qualcare	2518.38	75			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 First Health	First Health	2350.49	70			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Consumer	Consumer	3189.95	95			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Wellcare	Medicaid	1022.13	30.44			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Horizon	Indemnity	546.06				21.92	3189.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Wellcare	Medicare	282.2				21.92	3189.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Aetna	Commercial	460.55				21.92	3189.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Horizon	PPO	546.06				21.92	3189.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Corrections	Corrections	2686.27	80			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Managed Care Inc	Managed Care Inc	3022.06	90			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Americare	Americare	2518.38	75			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 UHC	Medicare	282.2				21.92	3189.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Horizon	NJ Health	21.92				21.92	3189.95	fee schedule	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 United	CommercialPPO	1835.46				21.92	3189.95	case rate	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Horizon	MGD	546.06				21.92	3189.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 WellPoint	WellPoint	1042.27	31.04			21.92	3189.95	percent of total billed charges	
REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	43761	CPT				both			3357.84		324.53 Three Rivers	Three Rivers	3189.95	95			21.92	3189.95	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Horizon	Medicare Blue	282.2				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Aetna	Medicare	282.2			202.59	282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Consumer	Consumer	921.52	95			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Aetna	Better Health	295.27	30.44		249.86	282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Aetna	Commercial	460.55			331.45	282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Corrections	Corrections	776.02	80			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Horizon	MGD	546.06				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Wellcare	Medicare	282.2				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Horizon	NJ Health	344.02			226.09	282.2	1835.46	fee schedule	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Amerihealth	HMO/PPO	630.51	65			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 First Health	First Health	679.01	70			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Americare	Americare	727.52	75			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Amerihealth	Medicare	282.2				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Horizon	Indemnity	546.06				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Wellcare	Medicaid	295.27	30.44		274.25	282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 First Trenton	First Trenton	873.02	90			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 UHC	Medicare	282.2			214.32	282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Multiplan	Multiplan	776.02	80			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 WellPoint	WellPoint	301.09	31.04		86.93	282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Managed Care Inc	Managed Care Inc	873.02	90			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Horizon	PPO	546.06				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Three Rivers	Three Rivers	921.52	95			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 Qualcare	Qualcare	727.52	75			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 United	Oxford	1835.46				282.2	1835.46	case rate	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 United	CommercialPPO	1835.46				282.2	1835.46	case rate	
PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	43762	CPT				outpatient			970.02		324.53 UHC	Medicaid	295.27	30.44		278.94	282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Americare	Americare	807.84	75			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Horizon	PPO	546.06				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Amerihealth	Medicare	282.2				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Aetna	Better Health	327.88	30.44			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Aetna	Commercial	460.55				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Aetna	Medicare	282.2				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 First Trenton	First Trenton	969.41	90			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Amerihealth	HMO/PPO	700.13	65			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 UHC	Medicare	282.2				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 WellPoint	WellPoint	334.34	31.04			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Corrections	Corrections	861.7	80			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Consumer	Consumer	1023.26	95			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Horizon	NJ Health	508.51				282.2	1835.46	fee schedule	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Horizon	MGD	546.06				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Horizon	Indemnity	546.06				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 First Health	First Health	753.98	70			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Managed Care Inc	Managed Care Inc	969.41	90			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 United	Oxford	1835.46				282.2	1835.46	case rate	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 UHC	Medicaid	327.88	30.44			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Horizon	Medicare Blue	282.2				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Three Rivers	Three Rivers	1023.26	95			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Wellcare	Medicaid	327.88	30.44			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 United	CommercialPPO	1835.46				282.2	1835.46	case rate	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Multiplan	Multiplan	861.7	80			282.2	1835.46	percent of total billed charges	
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Wellcare	Medicare	282.2				282.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	43763	CPT				outpatient			1077.12		324.53 Qualcare	Qualcare	807.84	75			282.2	1835.46	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Americare	Americare	382.5	75			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Horizon	MGD	195.23	38.28			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Aetna	Medicare	157.08	30.8			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		First Trenton	First Trenton	459	90			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Aetna	Better Health	155.24	30.44			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Amerihealth	HMO/PPO	800				153	4843.06	fee schedule	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Multiplan	Multiplan	408	80			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Corrections	Corrections	408	80			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Consumer	Consumer	484.5	95			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		UHC	Medicaid	155.24	30.44			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Qualcare	Qualcare	382.5	75			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Horizon	Indemnity	195.23	38.28			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Aetna	Commercial	193.8	38			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		First Health	First Health	357	70			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		United	Oxford	4843.06				153	4843.06	case rate	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Managed Care Inc	Managed Care Inc	459	90			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Horizon	Medicare Blue	153	30			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		United	CommercialPPO	4843.06				153	4843.06	case rate	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Horizon	PPO	195.23	38.28			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Wellcare	Medicaid	155.24	30.44			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		WellPoint	WellPoint	158.3	31.04			153	4843.06	percent of total billed charges	
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				both			510		Three Rivers	Three Rivers	484.5	95			153	4843.06	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Aetna	Commercial	1775.4				125	3371.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Aetna	Better Health	1080.19	30.44			125	3371.15	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Amerihealth	Medicare	1087.87				125	3371.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Aetna	Medicare	1092.86	30.8			125	3371.15	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Wellcare	Medicare	1087.87				125	3371.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Horizon	Medicare Blue	1087.87				125	3371.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Americare	Americare	2661.44	75			125	3371.15	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Corrections	Corrections	2838.86	80			125	3371.15	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Multiplan	Multiplan	2838.86	80			125	3371.15	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Amerihealth	HMO/PPO	125				125	3371.15	fee schedule	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Consumer	Consumer	3371.15	95			125	3371.15	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 First Health	First Health	2484.01	70			125	3371.15	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Qualcare	Qualcare	2661.44	75			125	3371.15	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 UHC	Medicare	1087.87				125	3371.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 United	Oxford	2567.79				125	3371.15	case rate	
UNLISTED PROCEDURE STOMACH	43999	CPT				both			3548.58		1251.05 Horizon	Indemnity	2105.03				125	3371.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT			

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Aetna	Medicare	2201.12				394.11	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Aetna	Commercial	3592.23				394.11	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Aetna	Better Health	1885.28	30.44			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	First Trenton	First Trenton	5574.1	90			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Amerihealth	Medicare	2201.12				394.11	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Multiplan	Multiplan	4954.75	80			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	UHC	Medicare	2201.12				394.11	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Horizon	Indemnity	4259.17				394.11	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Americare	Americare	4645.08	75			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Qualcare	Qualcare	4645.08	75			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Amerihealth	HMO/PPO	550				394.11	5883.77	fee schedule	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Managed Care Inc	Managed Care Inc	5574.1	90			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Consumer	Consumer	5883.77	95			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Horizon	PPO	4259.17				394.11	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	First Health	First Health	4335.41	70			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Three Rivers	Three Rivers	5883.77	95			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Horizon	NJ Health	394.11				394.11	5883.77	fee schedule	$3,681 All-Inclusive Case Rate
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	United	CommercialPPO	2567.79				394.11	5883.77	case rate	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Horizon	MGD	4259.17				394.11	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	UHC	Medicaid	1885.28	30.44			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	United	Oxford	2567.79				394.11	5883.77	case rate	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	WellPoint	WellPoint	1922.44	31.04			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE	44360	CPT				both			6193.44	2531.29	Wellcare	Medicaid	1885.28	30.44			394.11	5883.77	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Corrections	Corrections	2387.62	80			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	First Health	First Health	2089.16	70			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Americare	Americare	2238.39	75			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	UHC	Medicare	2201.12				425.43	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Aetna	Better Health	908.49	30.44			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Consumer	Consumer	2835.29	95			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Aetna	Commercial	3592.23				425.43	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	First Trenton	First Trenton	2886.07	90			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Horizon	Medicare Blue	2201.12				425.43	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Multiplan	Multiplan	2387.62	80			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Amerihealth	HMO/PPO	550				425.43	4259.17	fee schedule	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	WellPoint	WellPoint	926.4	31.04		1282.67	425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Horizon	PPO	4259.17				425.43	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Horizon	Indemnity	4259.17				425.43	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Aetna	Medicare	2201.12				425.43	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Managed Care Inc	Managed Care Inc	2886.07	90			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Amerihealth	Medicare	2201.12				425.43	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Qualcare	Qualcare	2238.39	75			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Horizon	MGD	4259.17				425.43	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Three Rivers	Three Rivers	2835.29	95			425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Horizon	NJ Health	425.43				425.43	4259.17	fee schedule	$3,681 All-Inclusive Case Rate
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	United	CommercialPPO	2567.79				425.43	4259.17	case rate	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	UHC	Medicaid	908.49	30.44		866.87	425.43	4259.17	percent of total billed charges	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Wellcare	Medicare	2201.12				425.43	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	United	Oxford	2567.79				425.43	4259.17	case rate	
ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	44361	CPT				outpatient			2984.52	2531.29	Wellcare	Medicaid	908.49	30.44			425.43	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	First Health	First Health	1698.61	70			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Americare	Americare	1819.94	75			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Aetna	Better Health	738.65	30.44			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	First Trenton	First Trenton	2183.92	90			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Amerihealth	HMO/PPO	550				399.33	4259.17	fee schedule	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Aetna	Commercial	3592.23				399.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Corrections	Corrections	1941.26	80			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Horizon	PPO	4259.17				399.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Wellcare	Medicare	2201.12				399.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Consumer	Consumer	2305.25	95			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Horizon	Medicare Blue	2201.12				399.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Managed Care Inc	Managed Care Inc	2183.92	90			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Amerihealth	Medicare	2201.12				399.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Aetna	Medicare	2201.12				399.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Horizon	Indemnity	4259.17				399.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	UHC	Medicare	2201.12				399.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	UHC	Medicaid	738.65	30.44			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Horizon	NJ Health	399.33				399.33	4259.17	fee schedule	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	United	CommercialPPO	2567.79				399.33	4259.17	case rate	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	WellPoint	WellPoint	753.21	31.04			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	United	Oxford	2567.79				399.33	4259.17	case rate	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Horizon	MGD	4259.17				399.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Wellcare	Medicaid	738.65	30.44			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Three Rivers	Three Rivers	2305.25	95			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Multiplan	Multiplan	1941.26	80			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	44364	CPT				outpatient			2426.58	2531.29	Qualcare	Qualcare	1819.94	75			399.33	4259.17	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Aetna	Better Health	1885.28	30.44			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	First Trenton	First Trenton	5574.1	90			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Amerihealth	HMO/PPO	550				425.43	5883.77	fee schedule	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Consumer	Consumer	5883.77	95			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Amerihealth	Medicare	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Corrections	Corrections	4954.75	80			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	UHC	Medicaid	1885.28	30.44			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Aetna	Commercial	3992.23				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Horizon	Medicare Blue	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Horizon	Indemnity	4259.17				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	First Health	First Health	4335.41	70			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Aetna	Medicare	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	United	CommercialPPO	2567.79				425.43	5883.77	case rate	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Horizon	PPO	4259.17				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	UHC	Medicare	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Americare	Americare	4645.08	75			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	United	Oxford	2567.79				425.43	5883.77	case rate	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Horizon	NJ Health	425.43				425.43	5883.77	fee schedule	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Wellcare	Medicaid	1885.28	30.44			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Horizon	MGD	4259.17				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Wellcare	Medicare	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	WellPoint	WellPoint	1922.44	31.04			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Multiplan	Multiplan	4954.75	80			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Managed Care Inc	Managed Care Inc	5574.1	90			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Qualcare	Qualcare	4645.08	75			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	44366	CPT				outpatient			6193.44	2531.29	Three Rivers	Three Rivers	5883.77	95			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Aetna	Medicare	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Aetna	Commercial	3592.23				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	First Health	First Health	4335.41	70			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Wellcare	Medicare	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Multiplan	Multiplan	4954.75	80			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Amerihealth	Medicare	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Aetna	Better Health	1885.28	30.44			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Amerihealth	HMO/PPO	550				425.43	5883.77	fee schedule	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Horizon	Medicare Blue	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Americare	Americare	4645.08	75			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Horizon	PPO	4259.17				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Horizon	MGD	4259.17				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Wellcare	Medicaid	1885.28	30.44			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Consumer	Consumer	5883.77	95			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	United	Oxford	2567.79				425.43	5883.77	case rate	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	UHC	Medicaid	1885.28	30.44			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Qualcare	Qualcare	4645.08	75			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Three Rivers	Three Rivers	5883.77	95			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	WellPoint	WellPoint	1922.44	31.04			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	UHC	Medicare	2201.12				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Corrections	Corrections	4954.75	80			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	United	CommercialPPO	2567.79				425.43	5883.77	case rate	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	First Trenton	First Trenton	5574.1	90			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Horizon	Indemnity	4259.17				425.43	5883.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Horizon	NJ Health	425.43				425.43	5883.77	fee schedule	
ENTEROSCOPY > 2ND PRTN ABLTJ LESION	44369	CPT				outpatient			6193.44	2531.29	Managed Care Inc	Managed Care Inc	5574.1	90			425.43	5883.77	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	UHC	Medicare	6907.16				501.12	20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	Aetna	Medicare	6721.27	30.8			501.12	20731.18	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	Multiplan	Multiplan	17457.83	80			501.12	20731.18	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	Aetna	Better Health	6642.71	30.44			501.12	20731.18	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	Amerihealth	Medicare	6907.16				501.12	20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	Aetna	Commercial	11272.49				501.12	20731.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpat

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	United	CommercialPPO	3596.76				501.12	20731.18	case rate	
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	Managed Care Inc	Managed Care Inc	19640.06	90			501.12	20731.18	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	Wellcare	Medicaid	6642.71	30.44			501.12	20731.18	percent of total billed charges	
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	United	Oxford	3596.76				501.12	20731.18	case rate	
ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	44370	CPT				inpatient			21822.29	7943.23	WellPoint	WellPoint	6773.64	31.04			501.12	20731.18	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Horizon	MGD	4259.17				412.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Multiplan	Multiplan	2588.35	80			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Aetna	Medicare	2201.12				412.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Wellcare	Medicare	2201.12				412.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	First Health	First Health	2364.81	70			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Aetna	Commercial	3592.23				412.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Aetna	Better Health	984.87	30.44			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Amerihealth	Medicare	2201.12				412.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	UHC	Medicaid	984.87	30.44			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Qualcare	Qualcare	2426.58	75			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Corrections	Corrections	2588.35	80			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	WellPoint	WellPoint	1004.28	31.04			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Three Rivers	Three Rivers	3073.67	95			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Americare	Americare	2426.58	75			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Consumer	Consumer	3073.67	95			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Horizon	Indemnity	4259.17				412.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	UHC	Medicare	2201.12				412.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Wellcare	Medicaid	984.87	30.44			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	First Trenton	First Trenton	2911.9	90			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Horizon	Medicare Blue	2201.12				412.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	United	CommercialPPO	2567.79				412.33	4259.17	case rate	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Amerihealth	HMO/PPO	550				412.33	4259.17	fee schedule	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Horizon	NJ Health	412.33				412.33	4259.17	fee schedule	$3,681 All-Inclusive Case Rate
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Horizon	PPO	4259.17				412.33	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	Managed Care Inc	Managed Care Inc	2911.9	90			412.33	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/WO COLL/J SPEC SPX	44376	CPT				outpatient			3235.44	2531.29	United	Oxford	2567.79				412.33	4259.17	case rate	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	First Health	First Health	2364.81	70			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Amerihealth	Medicare	2201.12				436.1	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Aetna	Medicare	2201.12				436.1	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	First Trenton	First Trenton	2911.9	90			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Corrections	Corrections	2588.35	80			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Aetna	Commercial	3592.23				436.1	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Aetna	Better Health	984.87	30.44			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Amerihealth	HMO/PPO	550				436.1	4259.17	fee schedule	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Multiplan	Multiplan	2588.35	80			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Horizon	Medicare Blue	2201.12				436.1	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Horizon	MGD	4259.17				436.1	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Managed Care Inc	Managed Care Inc	2911.9	90			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Horizon	Indemnity	4259.17				436.1	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	UHC	Medicare	2201.12				436.1	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Americare	Americare	2426.58	75			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	United	Oxford	2567.79				436.1	4259.17	case rate	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Qualcare	Qualcare	2426.58	75			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Three Rivers	Three Rivers	3073.67	95			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Consumer	Consumer	3073.67	95			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Wellcare	Medicaid	984.87	30.44			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Horizon	PPO	4259.17				436.1	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Wellcare	Medicare	2201.12				436.1	4259.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	Horizon	NJ Health	436.1				436.1	4259.17	fee schedule	$3,681 All-Inclusive Case Rate
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	UHC	Medicaid	984.87	30.44			436.1	4259.17	percent of total billed charges	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	United	CommercialPPO	2567.79				436.1	4259.17	case rate	
ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	44377	CPT				both			3235.44	2531.29	WellPoint	WellPoint	1004.28	31.04			436.1	4259.17	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Aetna	Medicare	1057.88			245.36	300	3313.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Amerihealth	HMO/PPO	300				300	3313.98	fee schedule	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Amerihealth	Medicare	1057.88				300	3313.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Aetna	Better Health	1061.87	30.44			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Aetna	Commercial	1726.46				300	3313.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Horizon	PPO	2047				300	3313.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	First Trenton	First Trenton	3139.56	90			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Horizon	Medicare Blue	1057.88				300	3313.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Consumer	Consumer	3313.98	95			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	First Health	First Health	2441.88	70			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	UHC	Medicare	1057.88				300	3313.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	UHC	Medicaid	1061.87	30.44			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Americare	Americare	2616.3	75			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Wellcare	Medicaid	1061.87	30.44			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Horizon	Indemnity	2047				300	3313.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	United	CommercialPPO	2567.79				300	3313.98	case rate	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Horizon	NJ Health	314.24				300	3313.98	fee schedule	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Wellcare	Medicare	1057.88				300	3313.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Managed Care Inc	Managed Care Inc	3139.56	90			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	United	Oxford	2567.79				300	3313.98	case rate	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Horizon	MGD	2047				300	3313.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	WellPoint	WellPoint	1092.8	31.04		588.94	300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Multiplan	Multiplan	2790.72	80			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Qualcare	Qualcare	2616.3	75			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA DX INCLUDING COLL/J SPEC SPX	44388	CPT				both			3488.4	1216.56	Three Rivers	Three Rivers	3313.98	95			300	3313.98	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Aetna	Medicare	559.83	30.8			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Americare	Americare	1363.23	75			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Horizon	Medicare Blue	1368.11				391.27	2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Aetna	Better Health	553.29	30.44			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Consumer	Consumer	1726.76	95			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Amerihealth	Medicare	1368.11				391.27	2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Aetna	Commercial	2232.76				391.27	2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Multiplan	Multiplan	1454.11	80			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	First Health	First Health	1272.35	70			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Amerihealth	HMO/PPO	550				391.27	2647.29	fee schedule	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	UHC	Medicare	1368.11				391.27	2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Qualcare	Qualcare	1363.23	75			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Corrections	Corrections	1454.11	80			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Wellcare	Medicare	1368.11			526.44	391.27	2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Horizon	MGD	2647.29				391.27	2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	First Trenton	First Trenton	1635.88	90			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	UHC	Medicaid	553.29	30.44			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Horizon	Indemnity	2647.29				391.27	2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Wellcare	Medicaid	553.29	30.44			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Managed Care Inc	Managed Care Inc	1635.88	90			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Horizon	NJ Health	391.27				391.27	2647.29	fee schedule	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Three Rivers	Three Rivers	1726.76	95			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	Horizon	PPO	2647.29				391.27	2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	United	CommercialPPO	2567.79				391.27	2647.29	case rate	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	United	Oxford	2567.79				391.27	2647.29	case rate	
COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	44389	CPT				outpatient			1817.64	1573.33	WellPoint	WellPoint	564.2	31.04			391.27	2647.29	percent of total billed charges	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Aetna	Medicare	987.4	30.8			436.1	3045.57	percent of total billed charges	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Horizon	MGD	2647.29				436.1	3045.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Aetna	Better Health	975.86	30.44			436.1	3045.57	percent of total billed charges	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Amerihealth	Medicare	1368.11				436.1	3045.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Aetna	Commercial	2232.76				436.1	3045.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Amerihealth	HMO/PPO	550				436.1	3045.57	fee schedule	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Consumer	Consumer	3045.57	95			436.1	3045.57	percent of total billed charges	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	UHC	Medicare	1368.11				436.1	3045.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Multiplan	Multiplan	2564.69	80			436.1	3045.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Horizon	PPO	2647.29				436.1	3045.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Americare	Americare	2404.4	75			436.1	3045.57	percent of total billed charges	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	United	CommercialPPO	2567.79				436.1	3045.57	case rate	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Horizon	NJ Health	436.1				436.1	3045.57	fee schedule	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	WellPoint	WellPoint	995.1	31.04			436.1	3045.57	percent of total billed charges	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Three Rivers	Three Rivers	3045.57	95			436.1	3045.57	percent of total billed charges	
COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	44394	CPT				outpatient			3205.86	1573.33	Managed Care Inc	Managed Care Inc	2885.27	90			436.1	3045.57	percent of total billed charges	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Amerihealth	Medicare	6907.16				379.99	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Three Rivers	Three Rivers	9111.51	95			379.99	13365.35	percent of total billed charges	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Qualcare	Qualcare	7193.3	75			379.99	13365.35	percent of total billed charges	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Aetna	Medicare	6907.16				379.99	13365.35	other	Payer-specific negotiated char

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Amerihealth	HMO/PPO	550				379.99	13365.35	fee schedule	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	First Trenton	First Trenton	8631.95	90			379.99	13365.35	percent of total billed charges	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	WellPoint	WellPoint	2977.07	31.04			379.99	13365.35	percent of total billed charges	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Multiplan	Multiplan	7672.85	80			379.99	13365.35	percent of total billed charges	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Horizon	Indemnity	13365.35				379.99	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Horizon	NJ Health	379.99				379.99	13365.35	fee schedule	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	UHC	Medicare	6907.16				379.99	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Horizon	Medicare Blue	6907.16				379.99	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	United	Commercial/PPO	2567.79				379.99	13365.35	case rate	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Managed Care Inc	Managed Care Inc	8631.95	90			379.99	13365.35	percent of total billed charges	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Wellcare	Medicaid	2919.52	30.44			379.99	13365.35	percent of total billed charges	
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	Wellcare	Medicare	6907.16				379.99	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	44402	CPT				outpatient			9591.06	7943.23	United	Oxford	2567.79				379.99	13365.35	case rate	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Aetna	Medicare	1058.59	30.8			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Aetna	Commercial	1775.4				49.59	3265.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Amerihealth	Medicare	1087.87				49.59	3265.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Amerihealth	HMO/PPO	125				49.59	3265.13	fee schedule	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Horizon	PPO	2105.03				49.59	3265.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Corrections	Corrections	2749.58	80			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Americare	Americare	2577.74	75			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Aetna	Better Health	1046.22	30.44			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Horizon	MGD	2105.03				49.59	3265.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Multiplan	Multiplan	2749.58	80			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Horizon	Medicare Blue	1087.87				49.59	3265.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	First Health	First Health	2405.89	70			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Wellcare	Medicare	1087.87				49.59	3265.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Qualcare	Qualcare	2577.74	75			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Consumer	Consumer	3265.13	95			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	First Trenton	First Trenton	3093.28	90			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	UHC	Medicaid	1046.22	30.44			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	United	Commercial/PPO	2567.79				49.59	3265.13	case rate	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	United	Oxford	2567.79				49.59	3265.13	case rate	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Horizon	Indemnity	2105.03				49.59	3265.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	WellPoint	WellPoint	1066.84	31.04			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Horizon	NJ Health	49.59				49.59	3265.13	fee schedule	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Wellcare	Medicaid	1046.22	30.44			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Managed Care Inc	Managed Care Inc	3093.28	90			49.59	3265.13	percent of total billed charges	
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	UHC	Medicare	1087.87				49.59	3265.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	44500	CPT				outpatient			3436.98	1251.05	Three Rivers	Three Rivers	3265.13	95			49.59	3265.13	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Aetna	Better Health	3039.68	30.44			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Horizon	Medicare Blue	1087.87				300	9486.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Aetna	Commercial	1775.4				300	9486.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	First Trenton	First Trenton	8987.22	90			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Americare	Americare	7489.35	75			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Amerihealth	Medicare	1087.87				300	9486.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Corrections	Corrections	7988.64	80			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Amerihealth	HMO/PPO	300				300	9486.51	fee schedule	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Aetna	Medicare	1087.87				300	9486.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	UHC	Medicare	1087.87				300	9486.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Multiplan	Multiplan	7988.64	80			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Horizon	MGD	2105.03				300	9486.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Consumer	Consumer	9486.51	95			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Horizon	Indemnity	2105.03				300	9486.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Qualcare	Qualcare	7489.35	75			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	First Health	First Health	6990.06	70			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	United	Oxford	2567.79				300	9486.51	case rate	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Horizon	PPO	2105.03				300	9486.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Wellcare	Medicaid	3039.68	30.44			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Managed Care Inc	Managed Care Inc	8987.22	90			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	United	Commercial/PPO	2567.79				300	9486.51	case rate	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Wellcare	Medicare	1087.87				300	9486.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	WellPoint	WellPoint	3099.59	31.04			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	Three Rivers	Three Rivers	9486.51	95			300	9486.51	percent of total billed charges	
UNLISTED PROCEDURE SMALL INTESTINE	44799	CPT				outpatient			9986.8	1251.05	UHC	Medicaid	3039.68	30.44			300	9486.51	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Consumer	Consumer	20318.66	95		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Managed Care Inc	Managed Care Inc	19249.25	90		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	First Health	First Health	14971.64	70		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Aetna	Commercial	11048.18			594.32		20318.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Aetna	Better Health	6510.53	30.44		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Amerihealth	Medicare	6769.72			594.32		20318.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Multiplan	Multiplan	17110.45	80		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Americare	Americare	16041.05	75		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Corrections	Corrections	17110.45	80		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	UHC	Medicare	6769.72			594.32		20318.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Horizon	Indemnity	13099.41			594.32		20318.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Aetna	Medicare	6769.72			594.32		20318.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Horizon	MGD	13099.41			594.32		20318.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	First Trenton	First Trenton	19249.25	90		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Qualcare	Qualcare	16041.05	75		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Amerihealth	HMO/PPO	1050			594.32		20318.66	fee schedule	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Horizon	Medicare Blue	6769.72			594.32		20318.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Wellcare	Medicare	6769.72			594.32		20318.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Three Rivers	Three Rivers	20318.66	95		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Horizon	PPO	13099.41			594.32		20318.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Horizon	NJ Health	594.32			594.32		20318.66	fee schedule	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	United	Oxford	4843.06			594.32		20318.66	case rate	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	UHC	Medicaid	6510.53	30.44		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	WellPoint	WellPoint	6638.85	31.04		594.32		20318.66	percent of total billed charges	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	United	Commercial/PPO	4843.06			594.32		20318.66	case rate	
LAPAROSCOPIC APPENDECTOMY	44970	CPT				outpatient			21388.06	7785.18	Wellcare	Medicaid	6510.53	30.44		594.32		20318.66	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Aetna	Medicare	541.85	30.8		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Aetna	Commercial	2232.76			222.89		2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Amerihealth	HMO/PPO	300			222.89		2647.29	fee schedule	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Qualcare	Qualcare	1310.45	75		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Horizon	MGD	2647.29			222.89		2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Consumer	Consumer	1671.3	95		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Aetna	Better Health	535.52	30.44		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	First Trenton	First Trenton	1583.33	90		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Amerihealth	Medicare	1368.11			222.89		2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Americare	Americare	1319.45	75		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Horizon	Medicare Blue	1368.11			222.89		2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	UHC	Medicaid	535.52	30.44		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	First Health	First Health	1231.48	70		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Corrections	Corrections	1407.41	80		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	United	Oxford	2567.79			222.89		2647.29	case rate	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Horizon	PPO	2647.29			222.89		2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Horizon	Indemnity	2647.29			222.89		2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Multiplan	Multiplan	1407.41	80		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	United	Commercial/PPO	2567.79			222.89		2647.29	case rate	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Managed Care Inc	Managed Care Inc	1583.33	90		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Wellcare	Medicaid	535.52	30.44		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Horizon	NJ Health	222.89			222.89		2647.29	fee schedule	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	UHC	Medicare	1368.11			222.89		2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Three Rivers	Three Rivers	1671.3	95		222.89		2647.29	percent of total billed charges	
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	Wellcare	Medicare	1368.11			222.89		2647.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	45000	CPT				outpatient			1759.26	1573.33	WellPoint	WellPoint	546.07	31.04		222.89		2647.29	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Americare	Americare	7539.95	75			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Aetna	Medicare	3096.41	30.8			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Aetna	Commercial	5193.11			4802.8	300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Aetna	Better Health	3060.22	30.44			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Amerihealth	Medicare	3182.05				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Horizon	MGD	6157.27				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Corrections	Corrections	8042.62	80			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Amerihealth	HMO/PPO	300				300	9550.61	fee schedule	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Consumer	Consumer	9550.61	95			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	UHC	Medicare	3182.05				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Multiplan	Multiplan	8042.62	80			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	First Health	First Health	7037.29	70			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Wellcare	Medicaid	3060.22	30.44			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Horizon	PPO	6157.27				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Managed Care Inc	Managed Care Inc	9047.94	90			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Horizon	Indemnity	6157.27				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Horizon	Medicare Blue	3182.05				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	UHC	Medicaid	3060.22	30.44			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	Qualcare	Qualcare	7539.95	75			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	First Trenton	First Trenton	9047.94	90			300	9550.61	percent of total billed charges	
DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	45190	CPT				outpatient			10053.27	3659.36	United	Oxford	2859.28				300	9550.61	case rate	
DESTR

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	First Trenton	First Trenton	2800.82	90			66.56	2956.42	percent of total billed charges	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	WellPoint	WellPoint	965.97	31.04			66.56	2956.42	percent of total billed charges	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Americare	Americare	2334.02	75			66.56	2956.42	percent of total billed charges	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	United	Oxford	1871.51				66.56	2956.42	case rate	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	UHC	Medicaid	947.3	30.44			66.56	2956.42	percent of total billed charges	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Amerihealth	HMO/PPO	125				66.56	2956.42	fee schedule	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Multiplan	Multiplan	2489.62	80			66.56	2956.42	percent of total billed charges	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Horizon	Medicare Blue	1057.88				66.56	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Horizon	Indemnity	2047				66.56	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	First Health	First Health	2178.41	70			66.56	2956.42	percent of total billed charges	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Qualcare	Qualcare	2334.02	75			66.56	2956.42	percent of total billed charges	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Horizon	MGD	2047				66.56	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	United	Commercial|PPO	1871.51				66.56	2956.42	case rate	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	UHC	Medicare	1057.88				66.56	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Wellcare	Medicare	1057.88				66.56	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Wellcare	Medicaid	947.3	30.44			66.56	2956.42	percent of total billed charges	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Horizon	NJ Health	66.56				66.56	2956.42	fee schedule	
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Horizon	PPO	2047				66.56	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	45300	CPT				outpatient			3112.02	1216.56	Managed Care Inc	Managed Care Inc	2800.82	90			66.56	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Aetna	Better Health	947.3	30.44			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Amerihealth	HMO/PPO	300				123.98	2956.42	fee schedule	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Americare	Americare	2334.02	75			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Horizon	MGD	2047				123.98	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Aetna	Commercial	1726.46			441.45	123.98	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	UHC	Medicaid	947.3	30.44		875.52	123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Aetna	Medicare	1057.88				123.98	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Amerihealth	Medicare	1057.88				123.98	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Wellcare	Medicare	1057.88				123.98	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	First Health	First Health	2178.41	70			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Managed Care Inc	Managed Care Inc	2800.82	90			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	UHC	Medicare	1057.88				123.98	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Consumer	Consumer	2956.42	95			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Horizon	NJ Health	123.98			1199.52	123.98	2956.42	fee schedule	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Horizon	Medicare Blue	1057.88			495.14	123.98	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	First Trenton	First Trenton	2800.82	90			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Corrections	Corrections	2489.62	80			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Wellcare	Medicaid	947.3	30.44			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Three Rivers	Three Rivers	2956.42	95			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Horizon	Indemnity	2047				123.98	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Multiplan	Multiplan	2489.62	80			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Horizon	PPO	2047				123.98	2956.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	United	Commercial|PPO	1871.51			1650.44	123.98	2956.42	case rate	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	United	Oxford	1871.51				123.98	2956.42	case rate	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	Qualcare	Qualcare	2334.02	75			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PRMD	45330	CPT				both			3112.02	1216.56	WellPoint	WellPoint	965.97	31.04			123.98	2956.42	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Americare	Americare	2031.82	75			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Aetna	Better Health	824.65	30.44			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Amerihealth	Medicare	1057.88				140.94	2573.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Consumer	Consumer	2573.64	95			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Aetna	Commercial	1726.46				140.94	2573.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Corrections	Corrections	2167.27	80			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	UHC	Medicare	1057.88				140.94	2573.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	First Health	First Health	1896.36	70			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Amerihealth	HMO/PPO	300				140.94	2573.64	fee schedule	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Horizon	Medicare Blue	1057.88				140.94	2573.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	First Trenton	First Trenton	2438.18	90			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Horizon	NJ Health	140.94				140.94	2573.64	fee schedule	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Aetna	Medicare	1057.88				140.94	2573.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Multiplan	Multiplan	2167.27	80			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Wellcare	Medicaid	824.65	30.44		698.26	140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Managed Care Inc	Managed Care Inc	2438.18	90			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Horizon	MGD	2047				140.94	2573.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Qualcare	Qualcare	2031.82	75			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Horizon	Indemnity	2047				140.94	2573.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Three Rivers	Three Rivers	2573.64	95			140.94	2573.64	percent of total billed charges	
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Horizon	PPO	2047				140.94	2573.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	45331	CPT				both			2709.09	1216.56	Wellcare	Medicare

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIGMOIDOSCOPY FLX NDSC US XM	45341	CPT				both			3454.74	1216.56	UHC	Medicaid	1051.62	30.44			300		3282	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	First Trenton	First Trenton	3142.31	90			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Aetna	Medicare	1075.37	30.8			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	First Health	First Health	2444.02	70			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Aetna	Better Health	1062.8	30.44			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Corrections	Corrections	2793.17	80			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Aetna	Commercial	2232.76				300		3316.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Horizon	NJ Health	511.56			1150.83	300		3316.89	fee schedule	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Consumer	Consumer	3316.89	95			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Managed Care Inc	Managed Care Inc	3142.31	90			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Americare	Americare	2618.6	75			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Horizon	Indemnity	2647.29				300		3316.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Horizon	PPO	2647.29				300		3316.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Wellcare	Medicare	1368.11				300		3316.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Horizon	MGD	2647.29				300		3316.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Multiplan	Multiplan	2793.17	80			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Horizon	Medicare Blue	1368.11				300		3316.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Three Rivers	Three Rivers	3316.89	95			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Amerihealth	HMO/PPO	300				300		3316.89	fee schedule	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	United	Commercial/PPO	2567.79				300		3316.89	case rate	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	WellPoint	WellPoint	1083.75	31.04			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	United	Oxford	2567.79				300		3316.89	case rate	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	UHC	Medicare	1368.11				300		3316.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Qualcare	Qualcare	2618.6	75			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Amerihealth	Medicare	1368.11				300		3316.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	Wellcare	Medicaid	1062.8	30.44			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPR/BX	45342	CPT				outpatient			3491.46	1573.33	UHC	Medicaid	1062.8	30.44			300		3316.89	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Amerihealth	HMO/PPO	300				244.27		16476.88	fee schedule	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Consumer	Consumer	16476.88	95			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Corrections	Corrections	13875.26	80			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Horizon	Medicare Blue	6907.16				244.27		16476.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Three Rivers	Three Rivers	16476.88	95			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Aetna	Better Health	5279.54	30.44			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Qualcare	Qualcare	13008.06	75			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Amerihealth	Medicare	6907.16				244.27		16476.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	First Health	First Health	12140.86	70			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Aetna	Commercial	11272.49				244.27		16476.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	First Trenton	First Trenton	15609.67	90			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	UHC	Medicare	6907.16				244.27		16476.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	UHC	Medicaid	5279.54	30.44			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Aetna	Medicare	6907.16				244.27		16476.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Horizon	Indemnity	13365.35				244.27		16476.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Americare	Americare	13008.06	75			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Wellcare	Medicaid	5279.54	30.44			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Horizon	MGD	13365.35				244.27		16476.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Horizon	NJ Health	244.27				244.27		16476.88	fee schedule	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Multiplan	Multiplan	13875.26	80			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	United	Oxford	2567.79				244.27		16476.88	case rate	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Horizon	PPO	13365.35				244.27		16476.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Wellcare	Medicare	6907.16				244.27		16476.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	Managed Care Inc	Managed Care Inc	15609.67	90			244.27		16476.88	percent of total billed charges	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	United	Commercial/PPO	2567.79				244.27		16476.88	case rate	
SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	45347	CPT				outpatient			17344.08	7943.23	WellPoint	WellPoint	5383.6	31.04			244.27		16476.88	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Aetna	Better Health	3060.22	30.44			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	First Health	First Health	7037.29	70			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Aetna	Commercial	5193.11				303.41		9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Aetna	Medicare	3182.05				303.41		9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Corrections	Corrections	8042.62	80			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Horizon	MGD	6157.27				303.41		9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	UHC	Medicare	3182.05				303.41		9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Americare	Americare	7539.95	75			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Consumer	Consumer	9550.61	95			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Multiplan	Multiplan	8042.62	80			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Amerihealth	Medicare	3182.05				303.41		9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Amerihealth	HMO/PPO	550				303.41		9550.61	fee schedule	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Horizon	PPO	6157.27				303.41		9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Qualcare	Qualcare	7539.95	75			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Horizon	Indemnity	6157.27				303.41		9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Horizon	Medicare Blue	3182.05				303.41		9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	First Trenton	First Trenton	9047.94	90			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	UHC	Medicaid	3060.22	30.44			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Wellcare	Medicaid	3060.22	30.44			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	United	Commercial/PPO	2567.79				303.41		9550.61	case rate	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Wellcare	Medicare	3182.05				303.41		9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Horizon	NJ Health	303.41				303.41		9550.61	fee schedule	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	WellPoint	WellPoint	3120.54	31.04			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Managed Care Inc	Managed Care Inc	9047.94	90			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	Three Rivers	Three Rivers	9550.61	95			303.41		9550.61	percent of total billed charges	
SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	45349	CPT				both			10053.27	3659.36	United	Oxford	2567.79				303.41		9550.61	case rate	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	First Health	First Health	3025.65	70			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Consumer	Consumer	4106.24	95			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Aetna	Medicare	1368.11				300		4106.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Amerihealth	HMO/PPO	300				300		4106.24	fee schedule	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Multiplan	Multiplan	3457.89	80			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Aetna	Better Health	1315.73	30.44			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Americare	Americare	3241.77	75			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Aetna	Commercial	2232.76				300		4106.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Horizon	Indemnity	2647.29				300		4106.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Horizon	Medicare Blue	1368.11				300		4106.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Corrections	Corrections	3457.89	80			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Amerihealth	Medicare	1368.11				300		4106.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Qualcare	Qualcare	3241.77	75			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Horizon	MGD	2647.29				300		4106.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	First Trenton	First Trenton	3890.12	90			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	UHC	Medicare	1368.11				300		4106.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	United	Commercial/PPO	2567.79				300		4106.24	case rate	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Horizon	PPO	2647.29				300		4106.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Horizon	NJ Health	901.65				300		4106.24	fee schedule	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	WellPoint	WellPoint	1341.66	31.04			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Wellcare	Medicaid	1315.73	30.44			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Three Rivers	Three Rivers	4106.24	95			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Managed Care Inc	Managed Care Inc	3890.12	90			300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	United	Oxford	2567.79				300		4106.24	case rate	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	UHC	Medicaid	1315.73	30.44		1264.74	300		4106.24	percent of total billed charges	
SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	45350	CPT				outpatient			4322.36	1573.33	Wellcare	Medicare	1368.11				300		4106.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Consumer	Consumer	2835.29	95			433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Americare	Americare	2238.39	75			433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Horizon	Medicare Blue	1057.88			562.12	433.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Aetna	Commercial	1726.46			888.89	433.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	First Health	First Health	2089.16	70			433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Aetna	Better Health	908.49	30.44		1514.29	433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Corrections	Corrections	2387.62	80		930.54	433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Amerihealth	Medicare	1057.88				433.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	United	Commercial/PPO	2567.79			1087.62	433.52		2835.29	case rate	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Horizon	MGD	2047			1045.03	433.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Horizon	NJ Health	433.52			1281.62	433.52		2835.29	fee schedule	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Aetna	Medicare	1057.88			435.37	433.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	First Trenton	First Trenton	2686.07	90			433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Amerihealth	HMO/PPO	550			708.4	433.52		2835.29	fee schedule	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Multiplan	Multiplan	2387.62	80			433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Horizon	Indemnity	2047			1324.66	433.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Managed Care Inc	Managed Care Inc	2686.07	90			433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Wellcare	Medicare	1057.88			335.92	433.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Qualcare	Qualcare	2238.39	75			433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Horizon	PPO	2047			1225.41	433.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Three Rivers	Three Rivers	2835.29	95			433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	UHC	Medicaid	908.49	30.44		848.32	433.52		2835.29	percent of total billed charges	
COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	45378	CPT				both			2984.52	1216.56	Wellcare	Medicaid	908.49	30.44		700.54	433.52		2835.29	percent of total billed charges	
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hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	45379	CPT				inpatient			4121.77	1573.33	UHC	Medicaid	1254.67	30.44			522.52		3915.68	percent of total billed charges	
COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	45379	CPT				inpatient			4121.77	1573.33	Horizon	NJ Health	522.52				522.52		3915.68	fee schedule	
COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	45379	CPT				inpatient			4121.77	1573.33	UHC	Medicare	1368.11				522.52		3915.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	45379	CPT				inpatient			4121.77	1573.33	Three Rivers	Three Rivers	3915.68	95			522.52		3915.68	percent of total billed charges	
COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	45379	CPT				inpatient			4121.77	1573.33	Wellcare	Medicaid	1254.67	30.44			522.52		3915.68	percent of total billed charges	
COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	45379	CPT				inpatient			4121.77	1573.33	United	CommercialPPO	2567.79				522.52		3915.68	case rate	
COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	45379	CPT				inpatient			4121.77	1573.33	United	Oxford	2567.79				522.52		3915.68	case rate	
COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	45379	CPT				inpatient			4121.77	1573.33	WellPoint	WellPoint	1279.4	31.04			522.52		3915.68	percent of total billed charges	
COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	45379	CPT				inpatient			4121.77	1573.33	Wellcare	Medicare	1368.11				522.52		3915.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Multiplan	Multiplan	2387.62	80			522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Aetna	Medicare	1368.11			602.86	522.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Aetna	Better Health	908.49	30.44			522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Horizon	NJ Health	522.52			1163.89	522.52		2835.29	fee schedule	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Americare	Americare	2238.39	75			522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Amerihealth	HMO/PPO	550			426.32	522.52		2835.29	fee schedule	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Amerihealth	Medicare	1368.11				522.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	First Trenton	First Trenton	2686.07	90			522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Qualcare	Qualcare	2238.39	75			522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Corrections	Corrections	2387.62	80		904.94	522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Aetna	Commercial	2232.76			1043.89	522.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Horizon	MGD	2647.29			1153.42	522.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Consumer	Consumer	2835.29	95			522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	First Health	First Health	2089.16	70			522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	UHC	Medicare	1368.11			625.62	522.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Horizon	PPO	2647.29			1245.2	522.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Horizon	Indemnity	2647.29			1127.91	522.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Horizon	Medicare Blue	1368.11			582.92	522.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	United	CommercialPPO	2567.79			932.53	522.52		2835.29	case rate	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Managed Care Inc	Managed Care Inc	2686.07	90			522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	United	Oxford	2567.79			1309.16	522.52		2835.29	case rate	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	WellPoint	WellPoint	926.4	31.04		743.4	522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Wellcare	Medicare	1368.11			616.26	522.52		2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Three Rivers	Three Rivers	2835.29	95			522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	UHC	Medicaid	908.49	30.44		784.6	522.52		2835.29	percent of total billed charges	
COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	45380	CPT				both			2984.52	1573.33	Wellcare	Medicaid	908.49	30.44		633.43	522.52		2835.29	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Amerihealth	Medicare	1368.11				524.61		3584.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Horizon	MGD	2647.29			1403.88	524.61		3584.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Aetna	Commercial	2232.76			1235.83	524.61		3584.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	First Health	First Health	2841.09	70			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Aetna	Medicare	1368.11			265.38	524.61		3584.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Corrections	Corrections	3018.38	80			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Horizon	NJ Health	524.61			761.97	524.61		3584.33	fee schedule	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Aetna	Better Health	1148.5	30.44			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Consumer	Consumer	3584.33	95			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Multiplan	Multiplan	3018.38	80			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Wellcare	Medicare	1368.11				524.61		3584.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	UHC	Medicare	1368.11			806.52	524.61		3584.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Americare	Americare	2829.74	75			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Horizon	PPO	2647.29				524.61		3584.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	First Trenton	First Trenton	3395.68	90			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Amerihealth	HMO/PPO	550				524.61		3584.33	fee schedule	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Horizon	Indemnity	2647.29				524.61		3584.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Qualcare	Qualcare	2829.74	75			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Horizon	Medicare Blue	1368.11				524.61		3584.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	United	Oxford	2567.79				524.61		3584.33	case rate	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	United	CommercialPPO	2567.79				524.61		3584.33	case rate	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	UHC	Medicaid	1148.5	30.44		1088.99	524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Managed Care Inc	Managed Care Inc	3395.68	90			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	WellPoint	WellPoint	1171.13	31.04			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Wellcare	Medicaid	1148.5	30.44			524.61		3584.33	percent of total billed charges	
COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	45381	CPT				both			3772.98	1573.33	Three Rivers	Three Rivers	3584.33	95			524.61		3584.33	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Multiplan	Multiplan	2416.99	80			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Aetna	Better Health	919.67	30.44			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Horizon	MGD	2647.29			1106.66	475.02		2870.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Amerihealth	HMO/PPO	550				475.02		2870.18	fee schedule	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Aetna	Commercial	2232.76			515.06	475.02		2870.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Aetna	Medicare	1368.11			460.86	475.02		2870.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Corrections	Corrections	2416.99	80			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	UHC	Medicaid	919.67	30.44			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Qualcare	Qualcare	2265.93	75			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Americare	Americare	2265.93	75			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Three Rivers	Three Rivers	2870.18	95			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Amerihealth	Medicare	1368.11				475.02		2870.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	WellPoint	WellPoint	937.79	31.04		469.58	475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Wellcare	Medicare	1368.11				475.02		2870.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	First Trenton	First Trenton	2719.12	90			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	First Health	First Health	2114.87	70			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Horizon	NJ Health	475.02			484.69	475.02		2870.18	fee schedule	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Consumer	Consumer	2870.18	95			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Managed Care Inc	Managed Care Inc	2719.12	90			475.02		2870.18	percent of total billed charges	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Horizon	Indemnity	2647.29				475.02		2870.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Horizon	Medicare Blue	1368.11				475.02		2870.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Horizon	PPO	2647.29			1311.75	475.02		2870.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	United	Oxford	2567.79				475.02		2870.18	case rate	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	UHC	Medicare	1368.11				475.02		2870.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	United	CommercialPPO	2567.79				475.02		2870.18	case rate	
COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	45382	CPT				both			3021.24	1573.33	Wellcare	Medicaid	919.67	30.44			475.02		2870.18	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Aetna	Commercial	2232.76					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Consumer	Consumer	2835.29	95				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Americare	Americare	2238.39	75				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Amerihealth	Medicare	1368.11					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	UHC	Medicare	1368.11					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Aetna	Better Health	908.49	30.44				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Aetna	Medicare	1368.11					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Horizon	Medicare Blue	1368.11					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Multiplan	Multiplan	2387.62	80				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Corrections	Corrections	2387.62	80				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Amerihealth	HMO/PPO	550					550	2835.29	fee schedule	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Horizon	Indemnity	2647.29					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Qualcare	Qualcare	2238.39	75				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	First Health	First Health	2089.16	70				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	First Trenton	First Trenton	2686.07	90				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Horizon	PPO	2647.29					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Horizon	MGD	2647.29					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	United	Oxford	2567.79					550	2835.29	case rate	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Managed Care Inc	Managed Care Inc	2686.07	90				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	UHC	Medicaid	908.49	30.44				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Horizon	NJ Health	707.31					550	2835.29	fee schedule	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	United	CommercialPPO	2567.79					550	2835.29	case rate	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Three Rivers	Three Rivers	2835.29	95				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	WellPoint	WellPoint	926.4	31.04				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Wellcare	Medicaid	908.49	30.44				550	2835.29	percent of total billed charges	
COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	45384	CPT				both			2984.52	1573.33	Wellcare	Medicare	1368.11					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Aetna	Commercial	2232.76			1092.24		550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Aetna	Better Health	908.49	30.44				550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	First Health	First Health	2089.16	70				550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Aetna	Medicare	919.23	30.8		692.84		550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Amerihealth	HMO/PPO	550			1000.75		550	2835.29	fee schedule	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Amerihealth	Medicare	1368.11					550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Consumer	Consumer	2835.29	95				550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Americare	Americare	2238.39	75				550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	First Trenton	First Trenton	2686.07	90				550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	WellPoint	WellPoint	926.4	31.04		683.15		550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Multiplan	Multiplan	2387.62	80				550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Horizon	MGD	2647.29			1280.86		550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Horizon	Indemnity	2647.29			1037.82		550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Corrections	Corrections	2387.62	80		842.57		550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Horizon	Medicare Blue	1368.11			602.13		550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Horizon	NJ Health	707.31			1057.87		550	2835.29	fee schedule	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	Managed Care Inc	Managed Care Inc	2686.07	90				550	2835.29	percent of total billed charges	
COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	45385	CPT				both			2984.52	1573.33	UHC	Medicare	1368.11			603.34		550	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/RMVL OF

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Horizon	Medicare Blue	1368.11				550	2905.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Horizon	NJ Health	997.02				550	2905.06	fee schedule	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Aetna	Medicare	941.85	30.8			550	2905.06	percent of total billed charges	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	UHC	Medicare	1368.11				550	2905.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Horizon	MGD	2647.29				550	2905.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Horizon	PPO	2647.29				550	2905.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Multiplan	Multiplan	2446.37	80			550	2905.06	percent of total billed charges	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Horizon	Indemnity	2647.29				550	2905.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Qualcare	Qualcare	2293.47	75			550	2905.06	percent of total billed charges	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Managed Care Inc	Managed Care Inc	2752.16	90			550	2905.06	percent of total billed charges	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Wellcare	Medicare	1368.11				550	2905.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	WellPoint	WellPoint	949.19	31.04			550	2905.06	percent of total billed charges	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	UHC	Medicaid	930.84	30.44			550	2905.06	percent of total billed charges	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Three Rivers	Three Rivers	2905.06	95			550	2905.06	percent of total billed charges	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	United	CommercialPPO	2567.79				550	2905.06	case rate	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	United	Oxford	2567.79				550	2905.06	case rate	
COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	45386	CPT				both			3057.96	1573.33	Wellcare	Medicaid	930.84	30.44			550	2905.06	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Aetna	Commercial	2232.76				550	3671.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	First Health	First Health	2705.35	70			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Aetna	Medicare	1368.11				550	3671.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Amerihealth	HMO/PPO	550				550	3671.54	fee schedule	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Amerihealth	Medicare	1368.11				550	3671.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Corrections	Corrections	3091.82	80			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Aetna	Better Health	1176.44	30.44			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Americare	Americare	2898.59	75			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Horizon	Medicare Blue	1368.11				550	3671.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Multiplan	Multiplan	3091.82	80			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Consumer	Consumer	3671.54	95			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Wellcare	Medicaid	1176.44	30.44			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	UHC	Medicare	1368.11				550	3671.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Horizon	Indemnity	2647.29				550	3671.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Horizon	MGD	2647.29				550	3671.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	First Trenton	First Trenton	3478.3	90			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Qualcare	Qualcare	2898.59	75			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Wellcare	Medicare	1368.11				550	3671.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Horizon	PPO	2647.29				550	3671.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Horizon	NJ Health	826.77				550	3671.54	fee schedule	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	UHC	Medicaid	1176.44	30.44			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Managed Care Inc	Managed Care Inc	3478.3	90			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	United	CommercialPPO	2567.79				550	3671.54	case rate	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	Three Rivers	Three Rivers	3671.54	95			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	WellPoint	WellPoint	1199.63	31.04			550	3671.54	percent of total billed charges	
COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	45388	CPT				both			3864.78	1573.33	United	Oxford	2567.79				550	3671.54	case rate	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Three Rivers	Three Rivers	10160.93	95			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Aetna	Better Health	3255.78	30.44			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	UHC	Medicaid	3255.78	30.44			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Aetna	Medicare	6907.16				483.76	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Corrections	Corrections	8556.58	80			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Americare	Americare	8021.79	75			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Amerihealth	HMO/PPO	550				483.76	13365.35	fee schedule	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Aetna	Commercial	11272.49				483.76	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	First Trenton	First Trenton	9626.15	90			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Wellcare	Medicare	6907.16				483.76	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	UHC	Medicare	6907.16				483.76	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Multiplan	Multiplan	8556.58	80			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Horizon	MGD	13365.35				483.76	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Consumer	Consumer	10160.93	95			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Amerihealth	Medicare	6907.16				483.76	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Qualcare	Qualcare	8021.79	75			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Horizon	NJ Health	483.76				483.76	13365.35	fee schedule	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Horizon	Medicare Blue	6907.16				483.76	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	First Health	First Health	7487	70			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	United	Oxford	2567.79				483.76	13365.35	case rate	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Horizon	PPO	13365.35				483.76	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Horizon	Indemnity	13365.35				483.76	13365.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Managed Care Inc	Managed Care Inc	9626.15	90			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	United	CommercialPPO	2567.79				483.76	13365.35	case rate	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	WellPoint	WellPoint	3319.95	31.04			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	45389	CPT				outpatient			10695.72	7943.23	Wellcare	Medicaid	3255.78	30.44			483.76	13365.35	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	First Trenton	First Trenton	3478.3	90			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	United	CommercialPPO	2567.79				502.71	6157.27	case rate	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Aetna	Commercial	5193.11				502.71	6157.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Aetna	Better Health	1176.44	30.44			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	United	Oxford	2567.79				502.71	6157.27	case rate	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	First Health	First Health	2705.35	70			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Horizon	NJ Health	502.71			842.54	502.71	6157.27	fee schedule	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Aetna	Medicare	3182.05				502.71	6157.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Managed Care Inc	Managed Care Inc	3478.3	90			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	WellPoint	WellPoint	1199.63	31.04			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Americare	Americare	2898.59	75			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Consumer	Consumer	3671.54	95			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Wellcare	Medicare	3182.05				502.71	6157.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Horizon	Indemnity	6157.27				502.71	6157.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Amerihealth	HMO/PPO	550				502.71	6157.27	fee schedule	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Corrections	Corrections	3091.82	80			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Amerihealth	Medicare	3182.05				502.71	6157.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Multiplan	Multiplan	3091.82	80			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Horizon	Medicare Blue	3182.05				502.71	6157.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Horizon	MGD	6157.27				502.71	6157.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	UHC	Medicare	3182.05			744.46	502.71	6157.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Qualcare	Qualcare	2898.59	75			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Horizon	PPO	6157.27				502.71	6157.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Three Rivers	Three Rivers	3671.54	95			502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	UHC	Medicaid	1176.44	30.44		704.11	502.71	6157.27	percent of total billed charges	
COLONOSCOPY FLX WIENDOSCOPIC MUCOSAL RESECTION	45390	CPT				both			3864.78	3659.96	Wellcare	Medicaid	1176.44	30.44			502.71	6157.27	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Consumer	Consumer	3938.99	95			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	United	Oxford	2567.79				497.15	3938.99	case rate	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Aetna	Commercial	2232.76				497.15	3938.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Multiplan	Multiplan	3317.04	80			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Aetna	Better Health	1262.13	30.44			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	First Trenton	First Trenton	3731.67	90			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Americare	Americare	3109.73	75			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	First Health	First Health	2902.41	70			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Corrections	Corrections	3317.04	80			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Managed Care Inc	Managed Care Inc	3731.67	90			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Amerihealth	HMO/PPO	550				497.15	3938.99	fee schedule	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Qualcare	Qualcare	3109.73	75			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Aetna	Medicare	1368.11				497.15	3938.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	UHC	Medicare	1368.11				497.15	3938.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Amerihealth	Medicare	1368.11				497.15	3938.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Horizon	Indemnity	2647.29				497.15	3938.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Horizon	Medicare Blue	1368.11				497.15	3938.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Wellcare	Medicare	1368.11				497.15	3938.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Horizon	MGD	2647.29				497.15	3938.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	UHC	Medicaid	1262.13	30.44			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Horizon	NJ Health	497.15				497.15	3938.99	fee schedule	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Three Rivers	Three Rivers	3938.99	95			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Horizon	PPO	2647.29				497.15	3938.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	United	CommercialPPO	2567.79				497.15	3938.99	case rate	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	WellPoint	WellPoint	1287.01	31.04			497.15	3938.99	percent of total billed charges	
COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	45391	CPT				outpatient			4146.3	1573.33	Wellcare	Medicaid	1262.13	30.44			497.15	3938.99	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	45398	CPT				outpatient			3818.88	1573.33	Horizon	MGD	2647.29			1499.68	550	3627.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	45398	CPT				outpatient			3818.88	1573.33	Aetna	Better Health	1162.47	30.44			550	3627.94	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	45398	CPT				outpatient			3818.88	1573.33	Americare	Americare	2864.16	75			550	3627.94	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	45398	CPT				outpatient			3818.88	1573.33	Amerihealth	Medicare	1368.11				550	3627.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	45398	CPT				outpatient			3818.88	1573.33	First Trenton	First Trenton	3436.99	90			550	3627.94	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	45398	CPT				outpatient			3818.88	1573.33	First Health	First Health	2673.22	70			550	3627.94	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	45398	CPT				outpatient			3818.88	1573.33	Aetna	Commercial	2232.76				550	3627.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	45398	CPT				outpatient			3818.88	1573.33	Aetna	Medicare	1368.11				550	3627.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	45398	CPT				outpatient		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Aetna	Commercial	5193.11				112.57	9363.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Americare	Americare	7392.11	75			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Aetna	Medicare	3035.69	30.8			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Aetna	Better Health	3000.21	30.44			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Horizon	MGD	6157.27				112.57	9363.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Corrections	Corrections	7884.92	80			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	First Trenton	First Trenton	8870.54	90			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Multiplan	Multiplan	7884.92	80			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Amerihealth	HMO/PPO	300				112.57	9363.34	fee schedule	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Consumer	Consumer	9363.34	95			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Horizon	Medicare Blue	3182.05				112.57	9363.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Horizon	PPO	6157.27				112.57	9363.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Amerihealth	Medicare	3182.05				112.57	9363.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Horizon	NJ Health	112.57				112.57	9363.34	fee schedule	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Managed Care Inc	Managed Care Inc	8870.54	90			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Qualcare	Qualcare	7392.11	75			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Horizon	Indemnity	6157.27				112.57	9363.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Three Rivers	Three Rivers	9363.34	95			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	WellPoint	WellPoint	3059.35	31.04			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	UHC	Medicare	3182.05				112.57	9363.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	UHC	Medicaid	3000.21	30.44			112.57	9363.34	percent of total billed charges	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Wellcare	Medicare	3182.05				112.57	9363.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	United	Commercial\PPO	2567.79				112.57	9363.34	case rate	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	United	Oxford	2567.79				112.57	9363.34	case rate	
ANRCT XM SURG REQ ANES GENERAL SPI\EDRL DX	45990	CPT				outpatient			9856.15	3659.36	Wellcare	Medicaid	3000.21	30.44			112.57	9363.34	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Aetna	Commercial	1726.46				78.3	4498.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Amerihealth	Medicare	1057.88				78.3	4498.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Aetna	Better Health	1441.29	30.44			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Amerihealth	HMO/PPO	300				78.3	4498.1	fee schedule	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Consumer	Consumer	4498.1	95			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Horizon	NJ Health	78.3			148.43	78.3	4498.1	fee schedule	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Qualcare	Qualcare	3551.13	75			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Horizon	MGD	2047				78.3	4498.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Aetna	Medicare	1057.88				78.3	4498.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Horizon	Medicare Blue	1057.88				78.3	4498.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Horizon	Indemnity	2047				78.3	4498.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	First Health	First Health	3314.39	70			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Corrections	Corrections	3787.87	80			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	UHC	Medicare	1057.88				78.3	4498.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	WellPoint	WellPoint	1469.69	31.04			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Horizon	PPO	2047				78.3	4498.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Americare	Americare	3551.13	75			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Wellcare	Medicare	1057.88				78.3	4498.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Multiplan	Multiplan	3787.87	80			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	UHC	Medicaid	1441.29	30.44			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	First Trenton	First Trenton	4261.36	90			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	United	Commercial\PPO	1871.51				78.3	4498.1	case rate	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Wellcare	Medicaid	1441.29	30.44			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	United	Oxford	1871.51				78.3	4498.1	case rate	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Three Rivers	Three Rivers	4498.1	95			78.3	4498.1	percent of total billed charges	
I&D PERIANAL ABSCESS SUPERFICIAL	46050	CPT				outpatient			4734.84	1216.56	Managed Care Inc	Managed Care Inc	4261.36	90			78.3	4498.1	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	First Health	First Health	649.03	70			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Americare	Americare	695.39	75			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	UHC	Medicare	282.2				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Aetna	Commercial	460.55				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Amerihealth	HMO/PPO	125				58.46	1835.46	fee schedule	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Amerihealth	Medicare	282.2				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Aetna	Better Health	282.23	30.44			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Aetna	Medicare	282.2				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	First Trenton	First Trenton	834.46	90			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Consumer	Consumer	880.82	95			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Horizon	MGD	546.06				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Multiplan	Multiplan	741.74	80			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Horizon	Indemnity	546.06				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Wellcare	Medicaid	282.23	30.44			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Horizon	PPO	546.06				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Corrections	Corrections	741.74	80			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Managed Care Inc	Managed Care Inc	834.46	90			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Horizon	Medicare Blue	282.2				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	WellPoint	WellPoint	287.8	31.04			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Qualcare	Qualcare	695.39	75			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	United	Commercial\PPO	1835.46				58.46	1835.46	case rate	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	United	Oxford	1835.46				58.46	1835.46	case rate	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Three Rivers	Three Rivers	880.82	95			58.46	1835.46	percent of total billed charges	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Horizon	NJ Health	58.46				58.46	1835.46	fee schedule	
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	Wellcare	Medicare	282.2				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION THROMBOSED HEMORRHOID EXTERNAL	46083	CPT				outpatient			927.18	324.53	UHC	Medicaid	282.23	30.44			58.46	1835.46	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	UHC	Medicare	1057.88				108.42	2047	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Aetna	Medicare	1057.88				108.42	2047	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Corrections	Corrections	1004.5	80			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Amerihealth	HMO/PPO	125				108.42	2047	fee schedule	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Aetna	Commercial	1726.46				108.42	2047	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Amerihealth	Medicare	1057.88				108.42	2047	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Aetna	Better Health	382.21	30.44			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	UHC	Medicaid	382.21	30.44			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Americare	Americare	941.72	75			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	First Trenton	First Trenton	1130.06	90			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Wellcare	Medicare	1057.88				108.42	2047	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	First Health	First Health	878.93	70			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Multiplan	Multiplan	1004.5	80			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Horizon	MGD	2047				108.42	2047	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Consumer	Consumer	1192.84	95			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	United	Commercial\PPO	1871.51				108.42	2047	case rate	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Qualcare	Qualcare	941.72	75			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Horizon	Medicare Blue	1057.88				108.42	2047	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	WellPoint	WellPoint	389.74	31.04			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Wellcare	Medicaid	382.21	30.44			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Three Rivers	Three Rivers	1192.84	95			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Horizon	Indemnity	2047				108.42	2047	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Horizon	NJ Health	108.42				108.42	2047	fee schedule	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Horizon	PPO	2047				108.42	2047	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	Managed Care Inc	Managed Care Inc	1130.06	90			108.42	2047	percent of total billed charges	
HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	46221	CPT				outpatient			1255.62	1216.56	United	Oxford	1871.51				108.42	2047	case rate	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Aetna	Medicare	137.6	30.8		94.91	41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	First Health	First Health	312.73	70			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Aetna	Commercial	244.1				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Consumer	Consumer	424.42	95			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Americare	Americare	335.07	75			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Aetna	Better Health	135.99	30.44			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Horizon	PPO	289.42			135.56	41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Corrections	Corrections	357.41	80			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Amerihealth	Medicare	149.57				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Horizon	NJ Health	41.76			46.29	41.76	1835.46	fee schedule	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Multiplan	Multiplan	357.41	80			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Horizon	Medicare Blue	149.57			70.07	41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Amerihealth	HMO/PPO	125				41.76	1835.46	fee schedule	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Horizon	Indemnity	289.42				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Qualcare	Qualcare	335.07	75			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Managed Care Inc	Managed Care Inc	402.08	90			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	First Trenton	First Trenton	402.08	90			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Horizon	MGD	289.42			135.56	41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	UHC	Medicare	149.57			59.13	41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Three Rivers	Three Rivers	424.42	95			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	United	Commercial\PPO	1835.46				41.76	1835.46	case rate	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	UHC	Medicaid	135.99	30.44		131.53	41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Wellcare	Medicare	149.57				41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	United	Oxford	1835.46				41.76	1835.46	case rate	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	Wellcare	Medicaid	135.99	30.44		131.53	41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/COLLJ SPEC B/WA SPX WHEN PRFRMD	46600	CPT				both			446.76	172.01	WellPoint	WellPoint	138.67	31.04			41.76	1835.46	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	Aetna	Commercial	755.63				25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	Horizon	MGD	895.92			424	25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	Aetna	Medicare	463.01				25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	Wellcare	Medicare	463.01				25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	Corrections	Corrections	345.98				25	1835.46	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	Managed Care Inc	Managed Care Inc	389.23	90			25	1835.46	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	First Health	First Health	302.74	70			25	1835.46	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	UHC	Medicare	463.01				25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	United	Oxford	1835.46				25	1835.46	case rate	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	United	Commercial/PPO	1835.46				25	1835.46	case rate	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	46601	CPT				outpatient			432.48	532.46	Wellcare	Medicaid	131.65	30.44			25	1835.46	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Horizon	PPO	2647.29				58.46	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Horizon	Medicare Blue	1368.11				58.46	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Amerihealth	HMO/PPO	300				58.46	3823.67	fee schedule	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Amerihealth	Medicare	1368.11				58.46	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Horizon	MGD	2647.29				58.46	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Aetna	Better Health	1225.19	30.44			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Aetna	Commercial	2232.76				58.46	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Americare	Americare	3018.69	75			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	WellPoint	WellPoint	1249.34	31.04			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Multiplan	Multiplan	3219.94	80			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	First Health	First Health	2817.44	70			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Corrections	Corrections	3219.94	80			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	UHC	Medicaid	1225.19	30.44			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Aetna	Medicare	1368.11				58.46	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	UHC	Medicare	1368.11				58.46	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	First Trenton	First Trenton	3622.43	90			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Wellcare	Medicare	1368.11				58.46	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Qualcare	Qualcare	3018.69	75			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Horizon	Indemnity	2647.29				58.46	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Consumer	Consumer	3823.67	95			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Horizon	NJ Health	58.46				58.46	3823.67	fee schedule	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	United	Oxford	2567.79				58.46	3823.67	case rate	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	United	Commercial/PPO	2567.79				58.46	3823.67	case rate	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Wellcare	Medicaid	1225.19	30.44			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Managed Care Inc	Managed Care Inc	3622.43	90			58.46	3823.67	percent of total billed charges	
ANOSCOPY W/BX SINGLE/MULTIPLE	46606	CPT				outpatient			4024.92	1573.33	Three Rivers	Three Rivers	3823.67	95			58.46	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Americare	Americare	3018.69	75			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	First Health	First Health	2817.44	70			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Amerihealth	HMO/PPO	125				125	3823.67	fee schedule	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Consumer	Consumer	3823.67	95			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Corrections	Corrections	3219.94	80			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Multiplan	Multiplan	3219.94	80			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Aetna	Medicare	1368.11				125	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Aetna	Better Health	1225.19	30.44			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	First Trenton	First Trenton	3622.43	90			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Horizon	Indemnity	2647.29				125	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Amerihealth	Medicare	1368.11				125	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Aetna	Commercial	2232.76			1738.24	125	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Wellcare	Medicare	1368.11				125	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Qualcare	Qualcare	3018.69	75			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	UHC	Medicare	1368.11				125	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Horizon	MGD	2647.29				125	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Managed Care Inc	Managed Care Inc	3622.43	90			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Horizon	NJ Health	286.06			220.33	125	3823.67	fee schedule	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Horizon	Medicare Blue	1368.11			439.56	125	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Horizon	PPO	2647.29				125	3823.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	WellPoint	WellPoint	1249.34	31.04		1208.52	125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	United	Commercial/PPO	2567.79				125	3823.67	case rate	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Wellcare	Medicaid	1225.19	30.44		1160.71	125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	Three Rivers	Three Rivers	3823.67	95			125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	UHC	Medicaid	1225.19	30.44		1147.69	125	3823.67	percent of total billed charges	
ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	46607	CPT				outpatient			4024.92	1573.33	United	Oxford	2567.79				125	3823.67	case rate	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Corrections	Corrections	7640.21	80			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Aetna	Commercial	5193.11				151.59	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	First Health	First Health	6685.18	70			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Amerihealth	Medicare	3182.05				151.59	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Aetna	Better Health	2907.1	30.44			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Aetna	Medicare	3182.05				151.59	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Consumer	Consumer	9072.75	95			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	First Trenton	First Trenton	8595.23	90			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Horizon	Medicare Blue	3182.05				151.59	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Americare	Americare	7162.7	75			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Qualcare	Qualcare	7162.7	75			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Horizon	Indemnity	6157.27				151.59	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Multiplan	Multiplan	7640.21	80			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Amerihealth	HMO/PPO	300				151.59	9072.75	fee schedule	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Horizon	NJ Health	151.59				151.59	9072.75	fee schedule	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Horizon	PPO	6157.27				151.59	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Wellcare	Medicaid	2907.1	30.44			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Horizon	MGD	6157.27				151.59	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Managed Care Inc	Managed Care Inc	8595.23	90			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	UHC	Medicare	3182.05				151.59	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Wellcare	Medicare	3182.05				151.59	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	WellPoint	WellPoint	2964.4	31.04			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	Three Rivers	Three Rivers	9072.75	95			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	UHC	Medicaid	2907.1	30.44			151.59	9072.75	percent of total billed charges	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	United	Commercial/PPO	2859.28				151.59	9072.75	case rate	
ANOSCOPY W/RMVL LESION CAUTERY	46610	CPT				outpatient			9550.26	3659.36	United	Oxford	2859.28				151.59	9072.75	case rate	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Aetna	Commercial	5193.11				175.13	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Aetna	Better Health	2907.1	30.44			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	First Trenton	First Trenton	8595.23	90			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	UHC	Medicaid	2907.1	30.44			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Multiplan	Multiplan	7640.21	80			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Aetna	Medicare	3182.05				175.13	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Amerihealth	Medicare	3182.05				175.13	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	First Health	First Health	6685.18	70			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Americare	Americare	7162.7	75			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Consumer	Consumer	9072.75	95			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Horizon	PPO	6157.27				175.13	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	UHC	Medicare	3182.05				175.13	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Qualcare	Qualcare	7162.7	75			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Corrections	Corrections	7640.21	80			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Horizon	Indemnity	6157.27				175.13	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Wellcare	Medicaid	2907.1	30.44			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Amerihealth	HMO/PPO	300				175.13	9072.75	fee schedule	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Horizon	NJ Health	175.13				175.13	9072.75	fee schedule	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Wellcare	Medicare	3182.05				175.13	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	United	Commercial/PPO	2859.28				175.13	9072.75	case rate	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Horizon	Medicare Blue	3182.05				175.13	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Horizon	MGD	6157.27				175.13	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	United	Oxford	2859.28				175.13	9072.75	case rate	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Managed Care Inc	Managed Care Inc	8595.23	90			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	WellPoint	WellPoint	2964.4	31.04			175.13	9072.75	percent of total billed charges	
ANOSC RMVL MULT TUMORS CAUTERY/SNARE	46612	CPT				outpatient			9550.26	3659.36	Three Rivers	Three Rivers	9072.75	95			175.13	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Aetna	Better Health	2907.1	30.44			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Horizon	PPO	6157.27			5976.2	198.36	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Amerihealth	Medicare	3182.05				198.36	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Qualcare	Qualcare	7162.7	75			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Consumer	Consumer	9072.75	95			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Aetna	Commercial	5193.11				198.36	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Horizon	Medicare Blue	3182.05				198.36	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Corrections	Corrections	7640.21	80			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	First Health	First Health	6685.18	70			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Three Rivers	Three Rivers	9072.75	95			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Horizon	Indemnity	6157.27				198.36	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	First Trenton	First Trenton	8595.23	90			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	UHC	Medicaid	2907.1	30.44			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Aetna	Medicare	3182.05				198.36	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	UHC	Medicare	3182.05				198.36	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Horizon	NJ Health	198.36				198.36	9072.75	fee schedule	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Multiplan	Multiplan	7640.21	80			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Americare	Americare	7162.7	75			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	United	Commercial/PPO	2859.28				198.36	9072.75	case rate	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Managed Care Inc	Managed Care Inc	8595.23	90			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	United	Oxford	2859.28				198.36	9072.75	case rate	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Amerihealth	HMO/PPO	300				198.36	9072.75	fee schedule	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	WellPoint	WellPoint	2964.4	31.04			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Horizon	MGD	6157.27				198.36	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Wellcare	Medicaid	2907.1	30.44			198.36	9072.75	percent of total billed charges	
ANOSCOPY ABLATION LESION	46615	CPT				outpatient			9550.26	3659.36	Wellcare	Medicare	3182.05				198.36	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Horizon	Medicare Blue	2122.49			1840.19	125.38	6370.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Wellcare	Medicare	2122.49				125.38	6370.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Wellcare	Medicaid	2041.23	30.44			125.38	6370.45	percent of total billed charges	
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Horizon	MGD	4107.02				125.38	6370.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Horizon	Indemnity	4107.02				125.38	6370.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	UHC	Medicaid	2041.23	30.44			125.38	6370.45	percent of total billed charges	
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	First Trenton	First Trenton	6035.17	90			125.38	6370.45	percent of total billed charges	
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	United	CommercialPPO	2567.79				125.38	6370.45	case rate	
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Multiplan	Multiplan	5364.59	80			125.38	6370.45	percent of total billed charges	
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	United	Oxford	2567.79				125.38	6370.45	case rate	
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Managed Care Inc	Managed Care Inc	6035.17	90			125.38	6370.45	percent of total billed charges	
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Horizon	PPO	4107.02				125.38	6370.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Three Rivers	Three Rivers	6370.45	95			125.38	6370.45	percent of total billed charges	
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	Qualcare	Qualcare	5029.31	75			125.38	6370.45	percent of total billed charges	
DSTRJ LESION ANUS SMPL ELTRDSICCATION	46910	CPT				outpatient			6705.74	2440.86	WellPoint	WellPoint	2081.46	31.04		1244.86	125.38	6370.45	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Amerihealth	HMO/PPO	300				159.21	9072.75	fee schedule	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Horizon	PPO	6157.27				159.21	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Amerihealth	Medicare	3182.05				159.21	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Aetna	Better Health	2907.1	30.44			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Aetna	Commercial	5193.11				159.21	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Consumer	Consumer	9072.75	95			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Americare	Americare	7162.7	75			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Horizon	Medicare Blue	3182.05				159.21	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Horizon	MGD	6157.27				159.21	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	WellPoint	WellPoint	2964.4	31.04			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Corrections	Corrections	7640.21	80			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Aetna	Medicare	3182.05				159.21	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	UHC	Medicare	3182.05				159.21	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	First Health	First Health	6685.18	70			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	First Trenton	First Trenton	8595.23	90			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Multiplan	Multiplan	7640.21	80			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	UHC	Medicaid	2907.1	30.44			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Wellcare	Medicaid	2907.1	30.44			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Horizon	Indemnity	6157.27				159.21	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Qualcare	Qualcare	7162.7	75			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Wellcare	Medicare	3182.05				159.21	9072.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Managed Care Inc	Managed Care Inc	8595.23	90			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Horizon	NJ Health	159.21				159.21	9072.75	fee schedule	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	Three Rivers	Three Rivers	9072.75	95			159.21	9072.75	percent of total billed charges	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	United	CommercialPPO	2859.28				159.21	9072.75	case rate	
DSTRJ LESION ANUS SIMPLE SURG EXCISION	46922	CPT				outpatient			9550.26	3659.36	United	Oxford	2859.28				159.21	9072.75	case rate	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Amerihealth	Medicare	3182.05				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Multiplan	Multiplan	8042.62	80			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Aetna	Commercial	5193.11			5178.38	300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Aetna	Better Health	3060.22	30.44			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Americare	Americare	7539.95	75			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Aetna	Medicare	3182.05				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	First Trenton	First Trenton	9047.94	90			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Amerihealth	HMO/PPO	300				300	9550.61	fee schedule	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Consumer	Consumer	9550.61	95			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Qualcare	Qualcare	7539.95	75			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	UHC	Medicaid	3060.22	30.44			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Horizon	NJ Health	383.67			3409.05	300	9550.61	fee schedule	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Three Rivers	Three Rivers	9550.61	95			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Corrections	Corrections	8042.62	80			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Wellcare	Medicare	3182.05				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	First Health	First Health	7037.29	70			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Horizon	Indemnity	6157.27				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Horizon	MGD	6157.27				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	UHC	Medicare	3182.05				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Horizon	PPO	6157.27				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Managed Care Inc	Managed Care Inc	9047.94	90			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	WellPoint	WellPoint	3120.54	31.04			300	9550.61	percent of total billed charges	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	United	CommercialPPO	2859.28				300	9550.61	case rate	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Horizon	Medicare Blue	3182.05				300	9550.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	United	Oxford	2859.28				300	9550.61	case rate	
DSTRJ LESION ANUS EXTENSIVE	46924	CPT				outpatient			10053.27	3659.36	Wellcare	Medicaid	3060.22	30.44			300	9550.61	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	First Health	First Health	2162.71	70			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Amerihealth	Medicare	1057.88				300	2935.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	First Trenton	First Trenton	2780.62	90			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Americare	Americare	2317.19	75			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Aetna	Better Health	940.47	30.44			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Aetna	Medicare	1057.88				300	2935.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Horizon	Indemnity	2047				300	2935.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Aetna	Commercial	1726.46				300	2935.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Horizon	Medicare Blue	1057.88				300	2935.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Corrections	Corrections	2471.66	80			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Managed Care Inc	Managed Care Inc	2780.62	90			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Consumer	Consumer	2935.1	95			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Amerihealth	HMO/PPO	300				300	2935.1	fee schedule	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Horizon	MGD	2047				300	2935.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Horizon	PPO	2047				300	2935.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Multiplan	Multiplan	2471.66	80			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	United	Oxford	1871.51				300	2935.1	case rate	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Three Rivers	Three Rivers	2935.1	95			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Wellcare	Medicare	1057.88				300	2935.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Qualcare	Qualcare	2317.19	75			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	Wellcare	Medicaid	940.47	30.44			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	UHC	Medicaid	940.47	30.44			300	2935.1	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	UHC	Medicare	1057.88				300	2935.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	United	CommercialPPO	1871.51				300	2935.1	case rate	
UNLISTED PROCEDURE ANUS	46999	CPT				outpatient			3089.58	1216.56	WellPoint	WellPoint	959.01	31.04			300	2935.1	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Amerihealth	HMO/PPO	650			1070.74	96.04	3637.8	fee schedule	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Americare	Americare	1828.35	75			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Aetna	Commercial	3068.16			1447.84	96.04	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Aetna	Better Health	742.07	30.44			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Horizon	NJ Health	96.04			483.67	96.04	3637.8	fee schedule	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Amerihealth	Medicare	1880				96.04	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Consumer	Consumer	2315.91	95			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Multiplan	Multiplan	1950.24	80			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Horizon	PPO	3637.8			1392.34	96.04	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Three Rivers	Three Rivers	2315.91	95			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Aetna	Medicare	1880			805.29	96.04	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Corrections	Corrections	1950.24	80			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Wellcare	Medicare	1880			694.14	96.04	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	First Trenton	First Trenton	2194.02	90			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	First Health	First Health	1706.46	70			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Qualcare	Qualcare	1828.35	75			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	UHC	Medicaid	742.07	30.44			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	UHC	Medicare	1880			557.58	96.04	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Horizon	MGD	3637.8			1112.46	96.04	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Horizon	Indemnity	3637.8			714.77	96.04	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Horizon	Medicare Blue	1880				96.04	3637.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Wellcare	Medicaid	742.07	30.44			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	United	CommercialPPO	2567.79				96.04	3637.8	case rate	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	WellPoint	WellPoint	756.69	31.04			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	Managed Care Inc	Managed Care Inc	2194.02	90			96.04	3637.8	percent of total billed charges	
BIOPSY LIVER NEEDLE PERCUTANEOUS	47000	CPT				both			2437.8	2162	United	Oxford	2567.79				96.04	3637.8	case rate	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Amerihealth	Medicare	6769.72				621.4	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Aetna	Better Health	6231.49	30.44			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Qualcare	Qualcare	15353.55	75			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Multiplan	Multiplan	16377.12	80			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Aetna	Commercial	11048.18				621.4	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	First Health	First Health	14329.98	70			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	First Trenton	First Trenton	18424.26	90			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Aetna	Medicare	6769.72				621.4	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Americare	Americare	15353.55	75			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Amerihealth	HMO/PPO	800			3689.69	621.4	19447.83	fee schedule	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	UHC	Medicare	6769.72				621.4	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Horizon	MGD	13099.41				621.4	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	United	CommercialPPO	4843.06				621.4	19447.83	case rate	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Three Rivers	Three Rivers	19447.83	95			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Horizon	PPO	13099.41			7321.97	621.4	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Horizon	NJ Health	621.4			1751.32	621.4	19447.83	fee schedule	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Wellcare	Medicare	6769.72				621.4	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Consumer	Consumer	19447.83	95			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	WellPoint	WellPoint	6354.32	31.04		5729.46	621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Wellcare	Medicaid	6231.49	30.44			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Corrections	Corrections	16377.12	80			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Horizon	Indemnity	13099.41				621.4	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Horizon	Medicare Blue	6769.72			5195.79	621.4	19447.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7785.18	Managed Care Inc	Managed Care Inc	18424.26	90			621.4	19447.83	percent of total billed charges	
ABLTJ 1/> LVR TUM PRQ RF	47382	CPT				both			20471.4	7

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Multiplan	Multiplan	15047.04	80			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Consumer	Consumer	17868.36	95			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 UHC	Medicaid	5725.4	30.44			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Amerihealth	Medicare	12080.35				800	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Horizon	Indemnity	23375.48				800	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Aetna	Commercial	19715.13				800	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 First Health	First Health	13166.16	70			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Corrections	Corrections	15047.04	80			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Qualcare	Qualcare	14106.6	75			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Aetna	Medicare	12080.35				800	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 United	Oxford	4843.06				800	23375.48	case rate	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Horizon	NJ Health	6769.76				800	23375.48	fee schedule	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Horizon	PPO	23375.48				800	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Americare	Americare	14106.6	75			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Wellcare	Medicaid	5725.4	30.44			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Horizon	MCD	23375.48				800	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Managed Care Inc	Managed Care Inc	16927.92	90			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Three Rivers	Three Rivers	17868.36	95			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 WellPoint	WellPoint	5838.25	31.04			800	23375.48	percent of total billed charges	
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 UHC	Medicare	12080.35				800	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 Wellcare	Medicare	12080.35				800	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION 1|> LIVER TUMOR PERQ CRYOABLATION	47383	CPT				both			18808.8		13892.4 United	CommercialPPO	4843.06				800	23375.48	case rate	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Americare	Americare	10169.15	75			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Horizon	Medicare Blue	4094.84				473.72	12880.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Aetna	Commercial	6682.78				473.72	12880.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Aetna	Medicare	4094.84				473.72	12880.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Aetna	Better Health	4127.32	30.44			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Amerihealth	Medicare	4094.84				473.72	12880.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Corrections	Corrections	10847.09	80			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Amerihealth	HMO/PPO	800				473.72	12880.92	fee schedule	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Consumer	Consumer	12880.92	95			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 UHC	Medicare	4094.84				473.72	12880.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Multiplan	Multiplan	10847.09	80			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 First Trenton	First Trenton	12202.97	90			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 First Health	First Health	9491.2	70			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Horizon	Indemnity	7923.52				473.72	12880.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Horizon	NJ Health	473.72				473.72	12880.92	fee schedule	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Horizon	MCD	7923.52				473.72	12880.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 UHC	Medicaid	4127.32	30.44			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Horizon	PPO	7923.52				473.72	12880.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Qualcare	Qualcare	10169.15	75			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Managed Care Inc	Managed Care Inc	12202.97	90			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Wellcare	Medicaid	4127.32	30.44			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 United	CommercialPPO	3596.76				473.72	12880.92	case rate	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 United	Oxford	3596.76				473.72	12880.92	case rate	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Three Rivers	Three Rivers	12880.92	95			473.72	12880.92	percent of total billed charges	
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 Wellcare	Medicare	4094.84				473.72	12880.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	47490	CPT				both			13558.86		4709.07 WellPoint	WellPoint	4208.67	31.04			473.72	12880.92	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 First Health	First Health	8714.37	70			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Corrections	Corrections	9959.28	80			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 UHC	Medicare	4094.84				125	11826.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Americare	Americare	9336.83	75			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Amerihealth	HMO/PPO	125				125	11826.65	fee schedule	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Aetna	Better Health	3789.51	30.44			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Amerihealth	Medicare	4094.84				125	11826.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Aetna	Commercial	6682.78				125	11826.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Wellcare	Medicare	4094.84				125	11826.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Horizon	Indemnity	7923.52				125	11826.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 First Trenton	First Trenton	11204.19	90			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Consumer	Consumer	11826.65	95			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 UHC	Medicaid	3789.51	30.44			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Horizon	Medicare Blue	4094.84				125	11826.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Managed Care Inc	Managed Care Inc	11204.19	90			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Aetna	Medicare	4094.84				125	11826.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 United	CommercialPPO	3596.76				125	11826.65	case rate	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Horizon	PPO	7923.52				125	11826.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 United	Oxford	3596.76				125	11826.65	case rate	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Horizon	NJ Health	411.52				125	11826.65	fee schedule	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Wellcare	Medicaid	3789.51	30.44			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 WellPoint	WellPoint	3864.2	31.04			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Horizon	MGD	7923.52				125	11826.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Three Rivers	Three Rivers	11826.65	95			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Multiplan	Multiplan	9959.28	80			125	11826.65	percent of total billed charges	
NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	47531	CPT				both			12449.1		4709.07 Qualcare	Qualcare	9336.83	75			125	11826.65	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Aetna	Better Health	3048.37	30.44			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Horizon	MCD	7923.52				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Amerihealth	Medicare	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Aetna	Medicare	3084.42	30.8			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Multiplan	Multiplan	8011.49	80			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Aetna	Commercial	6682.78				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Americare	Americare	7510.77	75			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 First Trenton	First Trenton	9012.92	90			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Horizon	PPO	7923.52				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Amerihealth	HMO/PPO	800				800	9513.64	fee schedule	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Consumer	Consumer	9513.64	95			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Horizon	Medicare Blue	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Qualcare	Qualcare	7510.77	75			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 First Health	First Health	7010.05	70			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Three Rivers	Three Rivers	9513.64	95			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Managed Care Inc	Managed Care Inc	9012.92	90			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 UHC	Medicare	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Horizon	Indemnity	7923.52				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Corrections	Corrections	8011.49	80			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 United	Oxford	3596.76				800	9513.64	case rate	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 UHC	Medicaid	3048.37	30.44			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 United	CommercialPPO	3596.76				800	9513.64	case rate	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Horizon	NJ Health	1479.29				800	9513.64	fee schedule	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 WellPoint	WellPoint	3108.46	31.04			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Wellcare	Medicare	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	47533	CPT				both			10014.36		4709.07 Wellcare	Medicaid	3048.37	30.44			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Aetna	Better Health	3048.37	30.44			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 First Health	First Health	7010.05	70			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Aetna	Medicare	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 United	Oxford	3596.76				800	9513.64	case rate	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Consumer	Consumer	9513.64	95			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Multiplan	Multiplan	8011.49	80			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Aetna	Commercial	6682.78				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 First Trenton	First Trenton	9012.92	90			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Horizon	MGD	7923.52				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Horizon	Indemnity	7923.52				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Americare	Americare	7510.77	75			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Managed Care Inc	Managed Care Inc	9012.92	90			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Corrections	Corrections	8011.49	80			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Qualcare	Qualcare	7510.77	75			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Amerihealth	HMO/PPO	800				800	9513.64	fee schedule	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 UHC	Medicare	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Horizon	PPO	7923.52				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Three Rivers	Three Rivers	9513.64	95			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Amerihealth	Medicare	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Wellcare	Medicare	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Horizon	Medicare Blue	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 UHC	Medicaid	3048.37	30.44			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 WellPoint	WellPoint	3108.46	31.04			800	9513.64	percent of total billed charges	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 United	CommercialPPO	3596.76				800	9513.64	case rate	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Horizon	NJ Health	1820.84				800	9513.64	fee schedule	
PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	47534	CPT				both			10014.36		4709.07 Wellcare	Medicaid	3048.37	30.44			800	9513.64	percent of total billed charges	
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36		4709.07 Corrections	Corrections	8011.49	80			800	9513.64	percent of total billed charges	
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36		4709.07 First Health	First Health	7010.05	70			800	9513.64	percent of total billed charges	
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36		4709.07 Americare	Americare	7510.77	75			800	9513.64	percent of total billed charges	
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36		4709.07 Amerihealth	Medicare	4094.84				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36		4709.07 Aetna	Better Health	3048.37	30.44			800	9513.64	percent of total billed charges	
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36		4709.07 Amerihealth	HMO/PPO	800				800	9513.64	fee schedule	
CONV EXT BIL DRG CATH TO

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36	4709.07	Horizon	PPO	7923.52				800	9513.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36	4709.07	Managed Care Inc	Managed Care Inc	9012.92	90			800	9513.64	percent of total billed charges	
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36	4709.07	WellPoint	WellPoint	3108.46	31.04			800	9513.64	percent of total billed charges	
CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	47535	CPT				inpatient			10014.36	4709.07	Three Rivers	Three Rivers	9513.64	95			800	9513.64	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Amerihealth	HMO/PPO	300				300	12228.78	fee schedule	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Aetna	Commercial	6682.78				300	12228.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Horizon	MGD	7923.52				300	12228.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Multiplan	Multiplan	10297.92	80			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Aetna	Better Health	3918.36	30.44			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Americare	Americare	9654.3	75			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Wellcare	Medicare	4094.84				300	12228.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Aetna	Medicare	4094.84				300	12228.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	First Health	First Health	9010.68	70			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Amerihealth	Medicare	4094.84				300	12228.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Horizon	PPO	7923.52			5544.49	300	12228.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Qualcare	Qualcare	9654.3	75			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	First Trenton	First Trenton	11585.16	90			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Horizon	Medicare Blue	4094.84				300	12228.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	WellPoint	WellPoint	3995.59	31.04			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Corrections	Corrections	10297.92	80			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Horizon	Indemnity	7923.52				300	12228.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Consumer	Consumer	12228.78	95			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	UHC	Medicaid	3918.36	30.44			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	United	Oxford	3596.76				300	12228.78	case rate	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Horizon	NJ Health	905.38				300	12228.78	fee schedule	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Wellcare	Medicaid	3918.36	30.44			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	UHC	Medicare	4094.84				300	12228.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	United	Commercial/PPO	3596.76				300	12228.78	case rate	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Managed Care Inc	Managed Care Inc	11585.16	90			300	12228.78	percent of total billed charges	
EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	47536	CPT				both			12872.4	4709.07	Three Rivers	Three Rivers	12228.78	95			300	12228.78	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Aetna	Better Health	938.92	30.44			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Aetna	Commercial	1775.4				300	2930.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Corrections	Corrections	2467.58	80			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Horizon	MGD	2105.03				300	2930.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Amerihealth	HMO/PPO	300				300	2930.26	fee schedule	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Aetna	Medicare	1087.87				300	2930.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	First Trenton	First Trenton	2776.03	90			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Multiplan	Multiplan	2467.58	80			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Americare	Americare	2313.36	75			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Consumer	Consumer	2930.26	95			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	UHC	Medicaid	938.92	30.44			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Qualcare	Qualcare	2313.36	75			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Amerihealth	Medicare	1087.87				300	2930.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	First Health	First Health	2159.14	70			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Horizon	NJ Health	446.06				300	2930.26	fee schedule	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Three Rivers	Three Rivers	2930.26	95			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	United	Commercial/PPO	2567.79				300	2930.26	case rate	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Horizon	Indemnity	2105.03				300	2930.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Horizon	PPO	2105.03				300	2930.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	United	Oxford	2567.79				300	2930.26	case rate	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	WellPoint	WellPoint	957.42	31.04			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Horizon	Medicare Blue	1087.87				300	2930.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Managed Care Inc	Managed Care Inc	2776.03	90			300	2930.26	percent of total billed charges	
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	UHC	Medicare	1087.87				300	2930.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Wellcare	Medicare	1087.87				300	2930.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	47537	CPT				both			3084.48	1251.05	Wellcare	Medicaid	938.92	30.44			300	2930.26	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Aetna	Better Health	5765.45	30.44			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Three Rivers	Three Rivers	17993.36	95			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	First Trenton	First Trenton	17046.34	90			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	WellPoint	WellPoint	5879.09	31.04			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Amerihealth	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Aetna	Commercial	11048.18				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Corrections	Corrections	15152.3	80			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Aetna	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Americare	Americare	14205.29	75			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Amerihealth	HMO/PPO	1400				1400	17993.36	fee schedule	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Horizon	NJ Health	5030.03				1400	17993.36	fee schedule	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Horizon	MGD	13099.41				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	First Health	First Health	13258.27	70			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Horizon	Indemnity	13099.41				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	UHC	Medicaid	5765.45	30.44			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Horizon	PPO	13099.41				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Consumer	Consumer	17993.36	95			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	UHC	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Managed Care Inc	Managed Care Inc	17046.34	90			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Horizon	Medicare Blue	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	United	Commercial/PPO	4843.06				1400	17993.36	case rate	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	United	Oxford	4843.06				1400	17993.36	case rate	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Wellcare	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Multiplan	Multiplan	15152.3	80			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Qualcare	Qualcare	14205.29	75			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ EXISTING ACCESS	47538	CPT				both			18940.38	7785.18	Wellcare	Medicaid	5765.45	30.44			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Managed Care Inc	Managed Care Inc	17046.34	90			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Amerihealth	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Americare	Americare	14205.29	75			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Aetna	Better Health	5765.45	30.44			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Aetna	Commercial	11048.18				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Horizon	Medicare Blue	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Aetna	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Consumer	Consumer	17993.36	95			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	UHC	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Horizon	Indemnity	13099.41				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Amerihealth	HMO/PPO	1400				1400	17993.36	fee schedule	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	First Health	First Health	13258.27	70			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Multiplan	Multiplan	15152.3	80			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Horizon	PPO	13099.41				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	First Trenton	First Trenton	17046.34	90			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Corrections	Corrections	15152.3	80			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Qualcare	Qualcare	14205.29	75			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	United	Commercial/PPO	4843.06				1400	17993.36	case rate	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Horizon	MGD	13099.41				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Three Rivers	Three Rivers	17993.36	95			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	WellPoint	WellPoint	5879.09	31.04			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Horizon	NJ Health	5490.29				1400	17993.36	fee schedule	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Wellcare	Medicaid	5765.45	30.44			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	UHC	Medicaid	5765.45	30.44			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	Wellcare	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	47539	CPT				both			18940.38	7785.18	United	Oxford	4843.06				1400	17993.36	case rate	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Aetna	Commercial	11048.18				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Amerihealth	HMO/PPO	1400				1400	17993.36	fee schedule	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Horizon	Medicare Blue	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Corrections	Corrections	15152.3	80			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Americare	Americare	14205.29	75			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	First Health	First Health	13258.27	70			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Amerihealth	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Aetna	Better Health	5765.45	30.44			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Aetna	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Horizon	MGD	13099.41				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	UHC	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Horizon	Indemnity	13099.41				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Consumer	Consumer	17993.36	95			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Wellcare	Medicare	6769.72				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Wellcare	Medicaid	5765.45	30.44			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Multiplan	Multiplan	15152.3	80			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	First Trenton	First Trenton	17046.34	90			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	UHC	Medicaid	5765.45	30.44			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Horizon	NJ Health	5703.05				1400	17993.36	fee schedule	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Horizon	PPO	13099.41				1400	17993.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Managed Care Inc	Managed Care Inc	17046.34	90			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	United	Commercial/PPO	4843.06				1400	17993.36	case rate	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Three Rivers	Three Rivers	17993.36	95			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	Qualcare	Qualcare	14205.29	75			1400	17993.36	percent of total billed charges	
PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	47540	CPT				inpatient			18940.38	7785.18	United	Oxford	4843.06				1400	17993.36	case rate	
PLMT BILE DUCT STENT PRQ NEW ACC

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	47542	CPT				both			10014.36		Qualcare	Qualcare	7510.77	75			300	9513.64	percent of total billed charges	
BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	47542	CPT				both			10014.36		United	Oxford	1835.46				300	9513.64	case rate	
BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	47542	CPT				both			10014.36		First Trenton	First Trenton	9012.92	90			300	9513.64	percent of total billed charges	
BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	47542	CPT				both			10014.36		UHC	Medicaid	3048.37	30.44			300	9513.64	percent of total billed charges	
BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	47542	CPT				both			10014.36		Horizon	Indemnity	3833.5	38.28			300	9513.64	percent of total billed charges	
BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	47542	CPT				both			10014.36		WellPoint	WellPoint	3108.46	31.04			300	9513.64	percent of total billed charges	
BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	47542	CPT				both			10014.36		Horizon	PPO	3833.5	38.28			300	9513.64	percent of total billed charges	
BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	47542	CPT				both			10014.36		Managed Care Inc	Managed Care Inc	9012.92	90			300	9513.64	percent of total billed charges	
BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	47542	CPT				both			10014.36		Three Rivers	Three Rivers	9513.64	95			300	9513.64	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Aetna	Commercial	845.36	38			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		WellPoint	WellPoint	690.52	31.04			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		First Health	First Health	1557.23	70			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Americare	Americare	1668.47	75			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Corrections	Corrections	1779.7	80			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Aetna	Medicare	685.18	30.8			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Aetna	Better Health	677.17	30.44			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Consumer	Consumer	2113.39	95			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Multiplan	Multiplan	1779.7	80			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Amerihealth	HMO/PPO	800				667.39	2113.39	fee schedule	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Horizon	PPO	851.58	38.28			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Horizon	MGD	851.58	38.28			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Horizon	Indemnity	851.58	38.28			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		UHC	Medicaid	677.17	30.44			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		First Trenton	First Trenton	2002.16	90			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		United	Oxford	1835.46				667.39	2113.39	case rate	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Qualcare	Qualcare	1668.47	75			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Wellcare	Medicaid	677.17	30.44			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Three Rivers	Three Rivers	2113.39	95			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Horizon	Medicare Blue	667.39	30			667.39	2113.39	percent of total billed charges	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Horizon	NJ Health	900.48				667.39	2113.39	fee schedule	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		United	Commercial/PPO	1835.46				667.39	2113.39	case rate	
REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	47544	CPT				inpatient			2224.62		Managed Care Inc	Managed Care Inc	2002.16	90			667.39	2113.39	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Aetna	Medicare	12080.35				411.6	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Horizon	PPO	23375.48				411.6	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Aetna	Commercial	19715.13				411.6	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Corrections	Corrections	18360	80			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 First Trenton	First Trenton	20655	90			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Amerihealth	HMO/PPO	650				411.6	23375.48	fee schedule	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 UHC	Medicare	12080.35				411.6	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Aetna	Better Health	6985.98	30.44			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Horizon	MGD	23375.48				411.6	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 UHC	Medicaid	6985.98	30.44			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Americare	Americare	17212.5	75			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Wellcare	Medicare	12080.35				411.6	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Managed Care Inc	Managed Care Inc	20655	90			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Amerihealth	Medicare	12080.35				411.6	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Multiplan	Multiplan	18360	80			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Consumer	Consumer	21802.5	95			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Qualcare	Qualcare	17212.5	75			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 United	Commercial/PPO	4843.06				411.6	23375.48	case rate	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Horizon	NJ Health	411.6				411.6	23375.48	fee schedule	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 First Health	First Health	16065	70			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Three Rivers	Three Rivers	21802.5	95			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 WellPoint	WellPoint	7123.68	31.04			411.6	23375.48	percent of total billed charges	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 United	Oxford	4843.06				411.6	23375.48	case rate	
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Horizon	Indemnity	23375.48				411.6	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Horizon	Medicare Blue	12080.35				411.6	23375.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	47554	CPT				both			22950		13892.4 Wellcare	Medicaid	6985.98	30.44			411.6	23375.48	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Americare	Americare	9872.33	75			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 First Health	First Health	9214.17	70			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Multiplan	Multiplan	10530.48	80			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Horizon	MGD	7923.52				334.49	12504.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Aetna	Commercial	6682.78				334.49	12504.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Aetna	Better Health	4006.85	30.44			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Aetna	Medicare	4094.84				334.49	12504.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Horizon	PPO	7923.52				334.49	12504.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Amerihealth	HMO/PPO	950				334.49	12504.95	fee schedule	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Horizon	Indemnity	7923.52				334.49	12504.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Qualcare	Qualcare	9872.33	75			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 UHC	Medicaid	4006.85	30.44			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Amerihealth	Medicare	4094.84				334.49	12504.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 First Trenton	First Trenton	11846.79	90			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Consumer	Consumer	12504.95	95			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 United	Oxford	3596.76				334.49	12504.95	case rate	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Horizon	Medicare Blue	4094.84				334.49	12504.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Horizon	NJ Health	334.49				334.49	12504.95	fee schedule	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Corrections	Corrections	10530.48	80			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 UHC	Medicare	4094.84				334.49	12504.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Wellcare	Medicaid	4006.85	30.44			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Managed Care Inc	Managed Care Inc	11846.79	90			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 WellPoint	WellPoint	4085.83	31.04			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Three Rivers	Three Rivers	12504.95	95			334.49	12504.95	percent of total billed charges	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 United	Commercial/PPO	3596.76				334.49	12504.95	case rate	
BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	47555	CPT				both			13163.1		4709.07 Wellcare	Medicare	4094.84				334.49	12504.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Americare	Americare	12827.25	75			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 First Health	First Health	11972.1	70			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Horizon	Indemnity	13099.41				591.92	16247.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Aetna	Medicare	6769.72				591.92	16247.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Aetna	Commercial	11048.18				591.92	16247.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Aetna	Better Health	5206.15	30.44			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 First Trenton	First Trenton	13392.7	90			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Amerihealth	Medicare	6769.72				591.92	16247.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Consumer	Consumer	16247.85	95			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Horizon	Medicare Blue	6769.72				591.92	16247.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Horizon	PPO	13099.41				591.92	16247.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Corrections	Corrections	13682.4	80			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Multiplan	Multiplan	13682.4	80			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Amerihealth	HMO/PPO	2400				591.92	16247.85	fee schedule	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Managed Care Inc	Managed Care Inc	15392.7	90			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Horizon	MGD	13099.41				591.92	16247.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Horizon	NJ Health	591.92				591.92	16247.85	fee schedule	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 UHC	Medicaid	5206.15	30.44		511.42	591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 United	Commercial/PPO	4843.06				591.92	16247.85	case rate	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 United	Oxford	4843.06				591.92	16247.85	case rate	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Qualcare	Qualcare	12827.25	75			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 UHC	Medicare	6769.72				591.92	16247.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Three Rivers	Three Rivers	16247.85	95			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Wellcare	Medicaid	5206.15	30.44			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 WellPoint	WellPoint	5308.77	31.04			591.92	16247.85	percent of total billed charges	
LAPAROSCOPY SURG CHOLECYSTECTOMY	47562	CPT				outpatient			17103		7785.18 Wellcare	Medicare	6769.72				591.92	16247.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Aetna	Medicare	1880				178.36	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Multiplan	Multiplan	4596.53	80			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Amerihealth	HMO/PPO	650				178.36	5458.38	fee schedule	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Three Rivers	Three Rivers	5458.38	95			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Aetna	Better Health	1748.98	30.44			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Aetna	Commercial	3068.16				178.36	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 UHC	Medicaid	1748.98	30.44			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Corrections	Corrections	4596.53	80			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Americare	Americare	4309.25	75			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Qualcare	Qualcare	4309.25	75			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Amerihealth	Medicare	1880				178.36	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 First Trenton	First Trenton	5171.09	90			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Wellcare	Medicare	1880				178.36	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Horizon	MGD	3637.8				178.36	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 UHC	Medicare	1880				178.36	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Horizon	NJ Health	178.36				178.36	5458.38	fee schedule	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Consumer	Consumer	5458.38	95			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Horizon	PPO	3637.8				178.36	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 First Health	First Health	4021.96	70			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Managed Care Inc	Managed Care Inc	5171.09	90			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Horizon	Medicare Blue	1880				178.36	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 WellPoint	WellPoint	1783.45	31.04			178.36	5458.38	percent of total billed charges	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Horizon	Indemnity	3637.8				178.36	5458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 United	Oxford	2567.79				178.36	5458.38	case rate	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 United	Commercial/PPO	2567.79				178.36	5458.38	case rate	
BIOPSY PANCREA PERCUTANEOUS NEEDLE	48102	CPT				both			5745.66		2162 Wellcare	Medicaid	1748.98	30.44			178.36	5458.38	percent of total billed charges	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		Amer

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		Multiplan	Multiplan	400	80			150	1835.46	percent of total billed charges	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		Horizon	PPO	191.4	38.28			150	1835.46	percent of total billed charges	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		United	Oxford	1835.46				150	1835.46	case rate	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		Horizon	MGD	191.4	38.28			150	1835.46	percent of total billed charges	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		Qualcare	Qualcare	375	75			150	1835.46	percent of total billed charges	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		Managed Care Inc	Managed Care Inc	450	90			150	1835.46	percent of total billed charges	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		Wellcare	Medicaid	152.2	30.44			150	1835.46	percent of total billed charges	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		UHC	Medicaid	152.2	30.44			150	1835.46	percent of total billed charges	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		Three Rivers	Three Rivers	475	95			150	1835.46	percent of total billed charges	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		United	CommercialPPO	1835.46				150	1835.46	case rate	
EXCISION LESION PANCREAS	48120	CPT				outpatient			500		WellPoint	WellPoint	155.2	31.04			150	1835.46	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Aetna	Medicare	484.75	30.8			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Amerihealth	Medicare	816.39				479.08	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Amerihealth	HMO/PPO	1023.01	65			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Aetna	Commercial	1332.35				479.08	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	First Health	First Health	1101.7	70			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	First Trenton	First Trenton	1416.47	90			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Aetna	Better Health	479.08	30.44			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Americare	Americare	1180.4	75			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Multiplan	Multiplan	1259.09	80			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Horizon	MGD	1579.71				479.08	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Qualcare	Qualcare	1180.4	75			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Three Rivers	Three Rivers	1495.17	95			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	United	CommercialPPO	1871.51				479.08	1871.51	case rate	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	UHC	Medicare	816.39				479.08	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Consumer	Consumer	1495.17	95			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	UHC	Medicaid	479.08	30.44			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Wellcare	Medicare	816.39				479.08	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Wellcare	Medicaid	479.08	30.44			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Corrections	Corrections	1259.09	80			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Horizon	Indemnity	1579.71				479.08	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Horizon	Medicare Blue	816.39				479.08	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Horizon	PPO	1579.71				479.08	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	Managed Care Inc	Managed Care Inc	1416.47	90			479.08	1871.51	percent of total billed charges	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	United	Oxford	1871.51				479.08	1871.51	case rate	
UNLISTED PROCEDURE PANCREAS	48999	CPT				outpatient			1573.86	938.85	WellPoint	WellPoint	488.53	31.04			479.08	1871.51	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Corrections	Corrections	9650.83	80			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		WellPoint	WellPoint	3744.52	31.04			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Americare	Americare	9047.66	75			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Aetna	Better Health	3672.14	30.44			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Consumer	Consumer	11460.36	95			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Aetna	Medicare	3715.57	30.8			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Aetna	Commercial	4584.15	38			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		First Health	First Health	8444.48	70			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		First Trenton	First Trenton	10857.19	90			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Amerihealth	HMO/PPO	800				770.99	11460.36	fee schedule	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Wellcare	Medicaid	3672.14	30.44			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Horizon	Indemnity	4617.92	38.28			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Horizon	NJ Health	770.99				770.99	11460.36	fee schedule	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Horizon	MGD	4617.92	38.28			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Multiplan	Multiplan	9650.83	80			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Horizon	Medicare Blue	3619.06	30			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Horizon	PPO	4617.92	38.28			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		UHC	Medicaid	3672.14	30.44			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Qualcare	Qualcare	9047.66	75			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		United	CommercialPPO	3596.76				770.99	11460.36	case rate	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Managed Care Inc	Managed Care Inc	10857.19	90			770.99	11460.36	percent of total billed charges	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		United	Oxford	3596.76				770.99	11460.36	case rate	
EXPLORATORY LAPAROTOMY CEUOTOMY W/WO BIOPSY SPX	49000	CPT				outpatient			12063.54		Three Rivers	Three Rivers	11460.36	95			770.99	11460.36	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Qualcare	Qualcare	2302.65	75			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Aetna	Commercial	1775.4				187.92	2916.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Three Rivers	Three Rivers	2916.69	95			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Aetna	Better Health	934.57	30.44			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	First Health	First Health	2149.14	70			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Americare	Americare	2302.65	75			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Corrections	Corrections	2456.16	80			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Aetna	Medicare	1087.87				187.92	2916.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	UHC	Medicaid	934.57	30.44			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Amerihealth	HMO/PPO	550				187.92	2916.69	fee schedule	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	United	Oxford	2567.79				187.92	2916.69	case rate	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Consumer	Consumer	2916.69	95			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Horizon	Indemnity	2105.03				187.92	2916.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Amerihealth	Medicare	1087.87				187.92	2916.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	First Trenton	First Trenton	2763.18	90			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Horizon	MGD	2105.03				187.92	2916.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	United	CommercialPPO	2567.79				187.92	2916.69	case rate	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	UHC	Medicare	1087.87				187.92	2916.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Horizon	NJ Health	187.92				187.92	2916.69	fee schedule	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Horizon	Medicare Blue	1087.87				187.92	2916.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Multiplan	Multiplan	2456.16	80			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Horizon	PPO	2105.03				187.92	2916.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Managed Care Inc	Managed Care Inc	2763.18	90			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	WellPoint	WellPoint	952.99	31.04			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Wellcare	Medicare	1087.87				187.92	2916.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	49082	CPT				both			3070.2	1251.05	Wellcare	Medicaid	934.57	30.44			187.92	2916.69	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	First Trenton	First Trenton	1828.66	90			267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	First Health	First Health	1422.29	70			267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Americare	Americare	1523.88	75			267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Aetna	Better Health	618.49	30.44		540.35	267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Aetna	Medicare	1087.87			671.19	267.15	2567.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Horizon	NJ Health	267.15			373.68	267.15	2567.79	fee schedule	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Consumer	Consumer	1930.25	95			267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Aetna	Commercial	1775.4			1024.03	267.15	2567.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Horizon	Indemnity	2105.03			1431.17	267.15	2567.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	UHC	Medicaid	618.49	30.44		397.7	267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Amerihealth	HMO/PPO	550			382.83	267.15	2567.79	fee schedule	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Amerihealth	Medicare	1087.87				267.15	2567.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Corrections	Corrections	1625.47	80			267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Three Rivers	Three Rivers	1930.25	95			267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Horizon	Medicare Blue	1087.87			960.27	267.15	2567.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	UHC	Medicare	1087.87			519.19	267.15	2567.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Managed Care Inc	Managed Care Inc	1828.66	90			267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Wellcare	Medicaid	618.49	30.44			267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Horizon	MGD	2105.03			853.59	267.15	2567.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	WellPoint	WellPoint	630.68	31.04		612.6	267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Horizon	PPO	2105.03			151.76	267.15	2567.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Wellcare	Medicare	1087.87				267.15	2567.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	United	Oxford	2567.79			317.95	267.15	2567.79	case rate	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	United	CommercialPPO	2567.79			1441.2	267.15	2567.79	case rate	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Multiplan	Multiplan	1625.47	80			267.15	2567.79	percent of total billed charges	
ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	49083	CPT				both			2031.84	1251.05	Qualcare	Qualcare	1523.88	75			267.15	2567.79	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Americare	Americare	2238.39	75			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Corrections	Corrections	2387.62	80			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Aetna	Better Health	908.49	30.44			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Horizon	Medicare Blue	1087.87				80.85	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Amerihealth	Medicare	1087.87				80.85	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Consumer	Consumer	2835.29	95			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Aetna	Medicare	1087.87				80.85	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Aetna	Commercial	1775.4				80.85	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Amerihealth	HMO/PPO	550				80.85	2835.29	fee schedule	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Horizon	Indemnity	2105.03				80.85	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Multiplan	Multiplan	2387.62	80			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	UHC	Medicare	1087.87				80.85	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Horizon	MGD	2105.03				80.85	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	First Trenton	First Trenton	2686.07	90			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	First Health	First Health	2089.16	70			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Wellcare	Medicaid	908.49	30.44			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	UHC	Medicaid	908.49	30.44			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Horizon	PPO	2105.03				80.85	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Qualcare	Qualcare	2238.39	75			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Wellcare	Medicare	1087.87				80.85	2835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	United	CommercialPPO	2567.79				80.85	2835.29	case rate	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Horizon	NJ Health	80.85				80.85	2835.29	fee schedule	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	WellPoint	WellPoint	926.4	31.04			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Managed Care Inc	Managed Care Inc	2686.07	90			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	Three Rivers	Three Rivers	2835.29	95			80.85	2835.29	percent of total billed charges	
PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	49084	CPT				outpatient			2984.52	1251.05	United	Oxford	2567.79				80.85	2835.29	case rate	
BX ABD/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28	2162	Horizon	PPO	3637.8				119.56	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABD/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28	2162	Horizon	MGD	3637.8			963.68	119.56

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Aetna	Medicare	1880				119.56		5294.62	other
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 WellPoint	WellPoint	1729.95	31.04		608.23	119.56		5294.62	percent of total billed charges
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Horizon	Indemnity	3637.8				119.56		5294.62	other
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Horizon	NJ Health	119.56			282.19	119.56		5294.62	fee schedule
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 UHC	Medicaid	1696.51	30.44		1652.44	119.56		5294.62	percent of total billed charges
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Multiplan	Multiplan	4458.62	80			119.56		5294.62	percent of total billed charges
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Managed Care Inc	Managed Care Inc	5015.95	90			119.56		5294.62	percent of total billed charges
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Qualcare	Qualcare	4179.96	75			119.56		5294.62	percent of total billed charges
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Americare	Americare	4179.96	75			119.56		5294.62	percent of total billed charges
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Three Rivers	Three Rivers	5294.62	95			119.56		5294.62	percent of total billed charges
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 UHC	Medicare	1880				119.56		5294.62	other
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Wellcare	Medicaid	1696.51	30.44			119.56		5294.62	percent of total billed charges
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Amerihealth	HMO/PPO	650				119.56		5294.62	fee schedule
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 Wellcare	Medicare	1880				119.56		5294.62	other
BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	49180	CPT				both			5573.28		2162 United	CommercialPPO	2567.79				119.56		5294.62	case rate
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 First Trenton	First Trenton	3903.34	90			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Horizon	MGD	3637.8				300		4120.19	other
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Aetna	Better Health	1320.19	30.44			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Americare	Americare	3252.78	75			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Amerihealth	HMO/PPO	300				300		4120.19	fee schedule
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Aetna	Commercial	3068.16				300		4120.19	other
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Multiplan	Multiplan	3469.63	80			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Consumer	Consumer	4120.19	95			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Horizon	Medicare Blue	1880				300		4120.19	other
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Horizon	NJ Health	1107.4			1075.06	300		4120.19	fee schedule
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Horizon	PPO	3637.8				300		4120.19	other
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Three Rivers	Three Rivers	4120.19	95			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Amerihealth	Medicare	1880				300		4120.19	other
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Aetna	Medicare	1880				300		4120.19	other
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Qualcare	Qualcare	3252.78	75			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Corrections	Corrections	3469.63	80			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 United	Oxford	1871.51				300		4120.19	case rate
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Managed Care Inc	Managed Care Inc	3903.34	90			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 First Health	First Health	3035.93	70			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 UHC	Medicaid	1320.19	30.44			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Horizon	Indemnity	3637.8				300		4120.19	other
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 UHC	Medicare	1880				300		4120.19	other
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 United	CommercialPPO	1871.51				300		4120.19	case rate
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Wellcare	Medicare	1880				300		4120.19	other
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 Wellcare	Medicaid	1320.19	30.44			300		4120.19	percent of total billed charges
SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	49185	CPT				both			4337.04		2162 WellPoint	WellPoint	1346.22	31.04			300		4120.19	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Aetna	Medicare	1880				181.59		5670.59	other
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Aetna	Better Health	1816.98	30.44			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Aetna	Commercial	3068.16				181.59		5670.59	other
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 UHC	Medicaid	1816.98	30.44			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Multiplan	Multiplan	4775.23	80			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Amerihealth	HMO/PPO	550				181.59		5670.59	fee schedule
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Amerihealth	Medicare	1880				181.59		5670.59	other
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 First Trenton	First Trenton	5372.14	90			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Horizon	MGD	3637.8				181.59		5670.59	other
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Horizon	PPO	3637.8				181.59		5670.59	other
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Americare	Americare	4476.78	75			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 UHC	Medicare	1880				181.59		5670.59	other
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Qualcare	Qualcare	4476.78	75			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 First Health	First Health	4178.33	70			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Consumer	Consumer	5670.59	95			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Wellcare	Medicare	1880				181.59		5670.59	other
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 WellPoint	WellPoint	1852.79	31.04			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 United	Oxford	2567.79				181.59		5670.59	case rate
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Three Rivers	Three Rivers	5670.59	95			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 United	CommercialPPO	2567.79				181.59		5670.59	case rate
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Corrections	Corrections	4775.23	80			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Horizon	Medicare Blue	1880				181.59		5670.59	other
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Horizon	Indemnity	3637.8				181.59		5670.59	other
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Wellcare	Medicaid	1816.98	30.44			181.59		5670.59	percent of total billed charges
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Horizon	NJ Health	181.59				181.59		5670.59	fee schedule
IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	49405	CPT				both			5969.04		2162 Managed Care Inc	Managed Care Inc	5372.14	90			181.59		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Horizon	Medicare Blue	1880				181.91		5670.59	other
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Amerihealth	HMO/PPO	650				181.91		5670.59	fee schedule
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Horizon	PPO	3637.8				181.91		5670.59	other
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Americare	Americare	4476.78	75			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Aetna	Better Health	1816.98	30.44			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Aetna	Commercial	3068.16				181.91		5670.59	other
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Horizon	NJ Health	181.91			1417.52	181.91		5670.59	fee schedule
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Amerihealth	Medicare	1880				181.91		5670.59	other
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Horizon	MGD	3637.8			1670.28	181.91		5670.59	other
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 First Health	First Health	4178.33	70			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 WellPoint	WellPoint	1852.79	31.04			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 First Trenton	First Trenton	5372.14	90			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Aetna	Medicare	1880				181.91		5670.59	other
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 UHC	Medicare	1880				181.91		5670.59	other
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Multiplan	Multiplan	4775.23	80			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Corrections	Corrections	4775.23	80			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Consumer	Consumer	5670.59	95			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Managed Care Inc	Managed Care Inc	5372.14	90			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Qualcare	Qualcare	4476.78	75			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Horizon	Indemnity	3637.8				181.91		5670.59	other
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 United	Oxford	2567.79				181.91		5670.59	case rate
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Three Rivers	Three Rivers	5670.59	95			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Wellcare	Medicaid	1816.98	30.44			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 UHC	Medicaid	1816.98	30.44			181.91		5670.59	percent of total billed charges
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 Wellcare	Medicare	1880				181.91		5670.59	other
IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	49406	CPT				both			5969.04		2162 United	CommercialPPO	2567.79				181.91		5670.59	case rate
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Aetna	Better Health	1747.43	30.44			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Americare	Americare	4305.42	75			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Amerihealth	HMO/PPO	650				193.79		5453.53	fee schedule
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Aetna	Medicare	1880				193.79		5453.53	other
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 UHC	Medicare	1880				193.79		5453.53	other
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Amerihealth	Medicare	1880				193.79		5453.53	other
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 First Health	First Health	4018.39	70			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Aetna	Commercial	3068.16				193.79		5453.53	other
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Horizon	MGD	3637.8				193.79		5453.53	other
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Consumer	Consumer	5453.53	95			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Horizon	Indemnity	3637.8				193.79		5453.53	other
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Corrections	Corrections	4592.45	80			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Horizon	PPO	3637.8				193.79		5453.53	other
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Wellcare	Medicaid	1747.43	30.44			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 First Trenton	First Trenton	5166.5	90			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Multiplan	Multiplan	4592.45	80			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 UHC	Medicaid	1747.43	30.44			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Horizon	Medicare Blue	1880				193.79		5453.53	other
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 United	CommercialPPO	2567.79				193.79		5453.53	case rate
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Horizon	NJ Health	193.79				193.79		5453.53	fee schedule
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 WellPoint	WellPoint	1781.87	31.04			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 United	Oxford	2567.79				193.79		5453.53	case rate
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Managed Care Inc	Managed Care Inc	5166.5	90			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Qualcare	Qualcare	4305.42	75			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Three Rivers	Three Rivers	5453.53	95			193.79		5453.53	percent of total billed charges
IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	49407	CPT				both			5740.56		2162 Wellcare	Medicare	1880				193.79		5453.53	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Aetna	Commercial	2591				125		4765.09	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Aetna	Better Health	1526.83	30.44			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 First Trenton	First Trenton	4514.29	90			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 First Health	First Health	3511.12	70			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Americare	Americare	3761.91	75			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Aetna	Medicare	1587.62				125		4765.09	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 United	Oxford	2567.79				125		4765.09	case rate
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Corrections	Corrections	4012.7	80			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Amerihealth	HMO/PPO	125				125		4765.09	fee schedule
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Consumer	Consumer	4765.09	95			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Managed Care Inc	Managed Care Inc	4514.29	90			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Horizon	Indemnity	3072.04				125		4765.09	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Amerihealth	Medicare	1587.62				125		4765.09	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Horizon	MGD	3072.04				125		4765.09	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Three Rivers	Three Rivers	4765.09	95			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Horizon	PPO	3072.04				125		4765.09	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Horizon	Medicare Blue	1587.62				125		4765.09	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Multiplan	Multiplan	4012.7	80			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Wellcare	Medicare	1587.62				125		4765.09	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 UHC	Medicaid	1526.83	30.44			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 UHC	Medicare	1587.62				125		4765.09	other
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Qualcare	Qualcare	3761.91	75			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 United	CommercialPPO	2567.79				125		4765.09	case rate
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 Wellcare	Medicaid	1526.83	30.44			125		4765.09	percent of total billed charges
INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	49411	CPT				outpatient			5015.88		1825.76 WellPoint	WellPoint	1566.93	31.04			125		4765.09	percent of total billed charges
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58		4709.07 Amer

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																							
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119 true																							
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes							
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	First Trenton	First Trenton	10354.12	90			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Aetna	Better Health	3501.99	30.44			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	First Health	First Health	8053.21	70			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Aetna	Medicare	4094.84				300		10929.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Horizon	Indemnity	7923.52				300		10929.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Corrections	Corrections	9203.66	80			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Three Rivers	Three Rivers	10929.35	95			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Americare	Americare	8628.44	75			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	UHC	Medicare	4094.84				300		10929.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Horizon	MGD	7923.52				300		10929.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	United	Commercial|PPO	3596.76				300		10929.35 case rate									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Amerihealth	HMO|PPO	300				300		10929.35 fee schedule									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Horizon	PPO	7923.52				300		10929.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Horizon	Medicare Blue	4094.84				300		10929.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Wellcare	Medicaid	3501.99	30.44			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Multiplan	Multiplan	9203.66	80			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Wellcare	Medicare	4094.84				300		10929.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Horizon	NJ Health	1769.06				300		10929.35 fee schedule									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	United	Oxford	3596.76				300		10929.35 case rate									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Qualcare	Qualcare	8628.44	75			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	WellPoint	WellPoint	3571.02	31.04			300		10929.35 percent of total billed charges									
INSJ INTRAPERITONEAL CATHETER W/IMG GUID	49418	CPT				both			11504.58	4709.07	Managed Care Inc	Managed Care Inc	10354.12	90			300		10929.35 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Amerihealth	Medicare	4094.84				300		10354.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Corrections	Corrections	8719.78	80			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Aetna	Commercial	6682.78				300		10354.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Horizon	Medicare Blue	4094.84				300		10354.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Aetna	Medicare	4094.84				300		10354.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	First Trenton	First Trenton	9809.75	90			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Americare	Americare	8174.79	75			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Aetna	Better Health	3317.87	30.44			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Consumer	Consumer	10354.73	95			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Horizon	Indemnity	7923.52				300		10354.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Multiplan	Multiplan	8719.78	80			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	UHC	Medicare	4094.84				300		10354.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Horizon	NJ Health	356.72			3489.32	300		10354.73 fee schedule									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Three Rivers	Three Rivers	10354.73	95			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Wellcare	Medicare	4094.84				300		10354.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Amerihealth	HMO|PPO	300				300		10354.73 fee schedule									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	United	Oxford	3596.76				300		10354.73 case rate									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Horizon	PPO	7923.52				300		10354.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Qualcare	Qualcare	8174.79	75			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	First Health	First Health	7628.8	70			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	UHC	Medicaid	3317.87	30.44			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Horizon	MGD	7923.52				300		10354.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Managed Care Inc	Managed Care Inc	9809.75	90			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	Wellcare	Medicaid	3317.87	30.44			300		10354.73 percent of total billed charges									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	United	Commercial|PPO	3596.76				300		10354.73 case rate									
INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	49421	CPT				both			10899.72	4709.07	WellPoint	WellPoint	3383.27	31.04			300		10354.73 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Aetna	Commercial	5960.24				300		7066.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Amerihealth	Medicare	3652.11				300		7066.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Qualcare	Qualcare	5404.73	75			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Consumer	Consumer	6845.99	95			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Aetna	Medicare	3652.11				300		7066.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	WellPoint	WellPoint	2236.84	31.04			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Aetna	Better Health	2193.6	30.44			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	First Health	First Health	5044.41	70			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Americare	Americare	5404.73	75			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Horizon	Indemnity	7066.83				300		7066.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Multiplan	Multiplan	5765.04	80			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Corrections	Corrections	5765.04	80			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Amerihealth	HMO|PPO	300				300		7066.83 fee schedule									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Horizon	Medicare Blue	3652.11				300		7066.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Three Rivers	Three Rivers	6845.99	95			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	UHC	Medicare	3652.11				300		7066.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	First Trenton	First Trenton	6485.67	90			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Wellcare	Medicaid	2193.6	30.44			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Wellcare	Medicare	3652.11				300		7066.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Horizon	MGD	7066.83				300		7066.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Horizon	NJ Health	633.08				300		7066.83 fee schedule									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Horizon	PPO	7066.83				300		7066.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	Managed Care Inc	Managed Care Inc	6485.67	90			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	UHC	Medicaid	2193.6	30.44			300		7066.83 percent of total billed charges									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	United	Commercial|PPO	3596.76				300		7066.83 case rate									
REMOVAL TUNNELED INTRAPERITONEAL CATHETER	49422	CPT				both			7206.3	4199.93	United	Oxford	3596.76				300		7066.83 case rate									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Aetna	Better Health	1942.41	30.44			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Amerihealth	Medicare	2201.12				300		6062.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Aetna	Medicare	2201.12				300		6062.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Horizon	MGD	4259.17				300		6062.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Amerihealth	HMO|PPO	300				300		6062.06 fee schedule									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Aetna	Commercial	3592.23				300		6062.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Multiplan	Multiplan	5104.9	80			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Wellcare	Medicare	2201.12				300		6062.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Horizon	PPO	4259.17				300		6062.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Consumer	Consumer	6062.06	95			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Corrections	Corrections	5104.9	80			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	UHC	Medicaid	1942.41	30.44			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	First Health	First Health	4466.78	70			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Americare	Americare	4785.84	75			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Qualcare	Qualcare	4785.84	75			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	UHC	Medicare	2201.12				300		6062.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	United	Oxford	2567.79				300		6062.06 case rate									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	First Trenton	First Trenton	5743.01	90			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	WellPoint	WellPoint	1980.7	31.04			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	United	Commercial|PPO	2567.79				300		6062.06 case rate									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Wellcare	Medicaid	1942.41	30.44			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Three Rivers	Three Rivers	6062.06	95			300		6062.06 percent of total billed charges									
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Horizon	Indemnity	4259.17				300		6062.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Horizon	Medicare Blue	2201.12				300		6062.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
EXCHNG ABSC/CST DRG CATH RAD GID SPX	49423	CPT				both			6381.12	2531.29	Managed Care Inc	Managed Care Inc	5743.01	90			300		6062.06 percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Horizon	MGD	702.04	38.28			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Multiplan	Multiplan	1467.17	80			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Horizon	Indemnity	702.04	38.28			80.36	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Consumer	Consumer	1742.26	95			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Aetna	Medicare	564.86	30.8			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Aetna	Better Health	558.26	30.44			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Americare	Americare	1375.47	75			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Aetna	Commercial	696.9	38			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Horizon	PPO	702.04	38.28			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Qualcare	Qualcare	1375.47	75			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Amerihealth	HMO|PPO	125				80.36	1835.46	fee schedule									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			WellPoint	WellPoint	569.26	31.04			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Corrections	Corrections	1467.17	80			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			First Health	First Health	1283.77	70			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Three Rivers	Three Rivers	1742.26	95			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Horizon	Medicare Blue	550.19	30			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			First Trenton	First Trenton	1650.56	90			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Wellcare	Medicaid	558.26	30.44			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			UHC	Medicaid	558.26	30.44			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Horizon	NJ Health	80.36				80.36	1835.46	fee schedule									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			United	Oxford	1835.46				80.36	1835.46	case rate									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			Managed Care Inc	Managed Care Inc	1650.56	90			80.36	1835.46	percent of total billed charges									
CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	49424	CPT				outpatient			1833.96			United	Commercial|PPO	1835.46				80.36	1835.46	case rate									
INSERT GASTROSTOMY TUBE PERCUTANEOUS	49440	CPT				both			6665.7	2531.29	Corrections	Corrections	5332.56	80			550		6332.42 percent of total billed charges									
INSERT GASTROSTOMY TUBE PERCUTANEOUS	49440	CPT				both			6665.7	2531.29	Amerihealth	HMO|PPO	550				550		6332.42 fee schedule									
INSERT GASTROSTOMY TUBE PERCUTANEOUS	49440	CPT				both			6665.7	2531.29	Amerihealth	Medicare	2201.12				550		6332.42 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERT GASTROSTOMY TUBE PERCUTANEOUS	49440	CPT				both			6665.7	2531.29	Aetna	Better Health	2029.04	30.44			550		6332.42 percent of total billed charges									
INSERT GASTROSTOMY TUBE PERCUTANEOUS	49440	CPT				both			6665.7	2531.29	Aetna	Commercial	3592.23				550		6332.42 other	Payer-specific negotiated charge calculated as a percent of the Medicare value								
INSERT GASTROSTOMY TUBE PERCUTANEOUS	49440	CPT				both			6665.7	2531.29	First Trenton	First Trenton	5999.13	90			550		6332.42 percent of total billed charges									
INSERT GASTROSTOMY TUBE PERCUTANEOUS	49440	CPT				both			6665.7	2531.29	Americare	Americare	4999.28	75			550		6332.42 percent of total billed charges									
INSERT GASTROSTOMY TUBE PERCUTANE

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Amerihealth	HMO/PPO	375				375		4259.17	fee schedule
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Aetna	Commercial	3592.23				375		4259.17	other
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Aetna	Better Health	863.51	30.44			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Aetna	Medicare	2201.12				375		4259.17	other
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	UHC	Medicaid	863.51	30.44			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	UHC	Medicare	2201.12				375		4259.17	other
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Corrections	Corrections	2269.4	80			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Amerihealth	Medicare	2201.12				375		4259.17	other
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	First Health	First Health	1985.73	70			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Americare	Americare	2127.56	75			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Consumer	Consumer	2694.91	95			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	First Trenton	First Trenton	2553.08	90			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	United	Commercial/PPO	2567.79				375		4259.17	case rate
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Multiplan	Multiplan	2269.4	80			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Wellcare	Medicare	2201.12				375		4259.17	other
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Horizon	MGD	4259.17				375		4259.17	other
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Horizon	Medicare Blue	2201.12				375		4259.17	other
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Qualcare	Qualcare	2127.56	75			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Horizon	Indemnity	4259.17				375		4259.17	other
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Three Rivers	Three Rivers	2694.91	95			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Wellcare	Medicaid	863.51	30.44			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	WellPoint	WellPoint	880.53	31.04			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Horizon	PPO	4259.17				375		4259.17	other
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	Managed Care Inc	Managed Care Inc	2553.08	90			375		4259.17	percent of total billed charges
CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	49446	CPT				inpatient			2836.75	2531.29	United	Oxford	2567.79				375		4259.17	case rate
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Multiplan	Multiplan	2456.16	80			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Aetna	Better Health	934.57	30.44			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Amerihealth	HMO/PPO	550				550		2916.69	fee schedule
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Amerihealth	Medicare	1087.87				550		2916.69	other
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Horizon	Indemnity	2105.03				550		2916.69	other
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Aetna	Medicare	1087.87				550		2916.69	other
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Aetna	Commercial	1775.4			1274.14	550		2916.69	other
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	United	Commercial/PPO	2567.79				550		2916.69	case rate
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Qualcare	Qualcare	2302.65	75			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Americare	Americare	2302.65	75			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	First Health	First Health	2149.14	70			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Wellcare	Medicaid	934.57	30.44		903.9	550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Horizon	MGD	2105.03			1044.02	550		2916.69	other
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Consumer	Consumer	2916.69	95			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Horizon	PPO	2105.03				550		2916.69	other
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	First Trenton	First Trenton	2763.18	90			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Horizon	NJ Health	1072.74			1292.26	550		2916.69	fee schedule
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Corrections	Corrections	2456.16	80			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Horizon	Medicare Blue	1087.87				550		2916.69	other
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Managed Care Inc	Managed Care Inc	2763.18	90			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	UHC	Medicare	1087.87			783.23	550		2916.69	other
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	UHC	Medicaid	934.57	30.44		847.3	550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	United	Oxford	2567.79				550		2916.69	case rate
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Three Rivers	Three Rivers	2916.69	95			550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	WellPoint	WellPoint	952.99	31.04		745.57	550		2916.69	percent of total billed charges
REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	49450	CPT				both			3070.2	1251.05	Wellcare	Medicare	1087.87				550		2916.69	other
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Corrections	Corrections	2456.16	80			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Amerihealth	Medicare	1087.87				375		2916.69	other
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Americare	Americare	2302.65	75			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Aetna	Medicare	945.62	30.8			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Aetna	Better Health	934.57	30.44			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	UHC	Medicare	1087.87				375		2916.69	other
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Aetna	Commercial	1775.4				375		2916.69	other
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	First Health	First Health	2149.14	70			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Horizon	Indemnity	2105.03				375		2916.69	other
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	First Trenton	First Trenton	2763.18	90			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Consumer	Consumer	2916.69	95			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Amerihealth	HMO/PPO	375				375		2916.69	fee schedule
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Horizon	Medicare Blue	1087.87				375		2916.69	other
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Managed Care Inc	Managed Care Inc	2763.18	90			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Horizon	MGD	2105.03				375		2916.69	other
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Wellcare	Medicare	1087.87				375		2916.69	other
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Horizon	PPO	2105.03				375		2916.69	other
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	UHC	Medicaid	934.57	30.44			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Three Rivers	Three Rivers	2916.69	95			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	United	Commercial/PPO	2567.79				375		2916.69	case rate
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	WellPoint	WellPoint	952.99	31.04			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	United	Oxford	2567.79				375		2916.69	case rate
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Multiplan	Multiplan	2456.16	80			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Wellcare	Medicaid	934.57	30.44			375		2916.69	percent of total billed charges
REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	49451	CPT				both			3070.2	1251.05	Qualcare	Qualcare	2302.65	75			375		2916.69	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	First Health	First Health	2225.54	70			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Americare	Americare	2384.51	75			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Aetna	Medicare	979.24	30.8			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Aetna	Better Health	967.79	30.44			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Consumer	Consumer	3020.37	95			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Amerihealth	Medicare	1087.87				450		3020.37	other
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Horizon	Medicare Blue	1087.87				450		3020.37	other
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Aetna	Commercial	1775.4			1343.75	450		3020.37	other
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Three Rivers	Three Rivers	3020.37	95			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Amerihealth	HMO/PPO	450				450		3020.37	fee schedule
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Horizon	MGD	2105.03				450		3020.37	other
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Qualcare	Qualcare	2384.51	75			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Corrections	Corrections	2543.47	80			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	UHC	Medicare	1087.87			271.38	450		3020.37	other
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Horizon	NJ Health	1394.91			325.27	450		3020.37	fee schedule
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Multiplan	Multiplan	2543.47	80			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	First Trenton	First Trenton	2861.41	90			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	United	Commercial/PPO	2567.79				450		3020.37	case rate
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Wellcare	Medicaid	967.79	30.44			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	UHC	Medicaid	967.79	30.44		917.97	450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Horizon	Indemnity	2105.03				450		3020.37	other
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Wellcare	Medicare	1087.87				450		3020.37	other
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Horizon	PPO	2105.03				450		3020.37	other
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	Managed Care Inc	Managed Care Inc	2861.41	90			450		3020.37	percent of total billed charges
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	United	Oxford	2567.79				450		3020.37	case rate
REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	49452	CPT				both			3179.34	1251.05	WellPoint	WellPoint	986.87	31.04			450		3020.37	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Aetna	Commercial	1775.4				385.63		2567.79	other
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Amerihealth	HMO/PPO	925				385.63		2567.79	fee schedule
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Aetna	Better Health	385.63	30.44			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Amerihealth	Medicare	1087.87				385.63		2567.79	other
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Horizon	Medicare Blue	1087.87				385.63		2567.79	other
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	First Trenton	First Trenton	1140.16	90			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Aetna	Medicare	1087.87				385.63		2567.79	other
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Horizon	Indemnity	2105.03				385.63		2567.79	other
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Americare	Americare	950.13	75			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	First Health	First Health	886.79	70			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Consumer	Consumer	1203.5	95			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Multiplan	Multiplan	1013.47	80			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Horizon	MGD	2105.03				385.63		2567.79	other
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Horizon	PPO	2105.03				385.63		2567.79	other
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Corrections	Corrections	1013.47	80			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	UHC	Medicare	1087.87				385.63		2567.79	other
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Three Rivers	Three Rivers	1203.5	95			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Wellcare	Medicaid	385.63	30.44			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Qualcare	Qualcare	950.13	75			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Managed Care Inc	Managed Care Inc	1140.16	90			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	United	Commercial/PPO	2567.79				385.63		2567.79	case rate
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	Wellcare	Medicare	1087.87				385.63		2567.79	other
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	UHC	Medicaid	385.63	30.44			385.63		2567.79	percent of total billed charges
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	United	Oxford	2567.79				385.63		2567.79	case rate
OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	49460	CPT				both			1266.84	1251.05	WellPoint	WellPoint	393.23	31.04			385.63		2567.79	percent of total billed charges
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	First Trenton	First Trenton	676.57	90			200		1835.46	percent of total billed charges
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Aetna	Better Health	228.83	30.44			200		1835.46	percent of total billed charges
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Americare	Americare	563.81	75			200		1835.46	percent of total billed charges
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	UHC	Medicaid	228.83	30.44			200		1835.46	percent of total billed charges
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Corrections	Corrections	601.39	80			200		1835.46	percent of total billed charges
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Consumer	Consumer	714.15	95			200		1835.46	percent of total billed charges
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Aetna	Commercial	457.73				200		1835.46	other
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Amerihealth	HMO/PPO	200				200		1835.46	fee schedule
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Managed Care Inc	Managed Care Inc	676.57	90			200		1835.46	percent of total billed charges
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Wellcare	Medicare	280.47				200		1835.46	other
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Aetna	Medicare	280.47				200		1835.46	other
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	UHC	Medicare	280.47				200		1835.46	other
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Horizon	PPO	542.71				200		1835.46	other
CONTRAST INJECTION PERQ RADIOLOGI

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Horizon	Indemnity	542.71				200	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Qualcare	Qualcare	563.81	75			200	1835.46	percent of total billed charges	
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	United	Commercial|PPO	1835.46				200	1835.46	case rate	
CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	49465	CPT				both			751.74	322.54	Wellcare	Medicaid	228.83	30.44			200	1835.46	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Amerihealth	Medicare	4094.84				528.63	8543.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Corrections	Corrections	7194.67	80			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Consumer	Consumer	8543.67	95			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Amerihealth	HMO|PPO	950				528.63	8543.67	fee schedule	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Aetna	Better Health	2737.57	30.44			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	First Trenton	First Trenton	8094.01	90			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Aetna	Commercial	6682.78				528.63	8543.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Americare	Americare	6745.01	75			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Horizon	Medicare Blue	4094.84				528.63	8543.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Horizon	PPO	7923.52				528.63	8543.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Horizon	MGD	7923.52				528.63	8543.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	First Health	First Health	6295.34	70			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Aetna	Medicare	4094.84				528.63	8543.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Horizon	Indemnity	7923.52				528.63	8543.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Multiplan	Multiplan	7194.67	80			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	UHC	Medicaid	2737.57	30.44			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Qualcare	Qualcare	6745.01	75			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	WellPoint	WellPoint	2791.53	31.04			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	UHC	Medicare	4094.84				528.63	8543.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Horizon	NJ Health	528.63				528.63	8543.67	fee schedule	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	United	Commercial|PPO	3596.76				528.63	8543.67	case rate	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Managed Care Inc	Managed Care Inc	8094.01	90			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Wellcare	Medicare	4094.84				528.63	8543.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Three Rivers	Three Rivers	8543.67	95			528.63	8543.67	percent of total billed charges	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	United	Oxford	3596.76				528.63	8543.67	case rate	
RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	49505	CPT				outpatient			8993.34	4709.07	Wellcare	Medicaid	2737.57	30.44			528.63	8543.67	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Aetna	Medicare	2376.93				550	4599.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	First Trenton	First Trenton	2732.86	90			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Aetna	Commercial	3879.15				550	4599.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Aetna	Better Health	924.31	30.44			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Corrections	Corrections	2429.21	80			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Horizon	Indemnity	4599.36				550	4599.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Americare	Americare	2277.38	75			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	First Health	First Health	2125.56	70			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Horizon	MGD	4599.36				550	4599.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Managed Care Inc	Managed Care Inc	2732.86	90			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Amerihealth	Medicare	2376.93				550	4599.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Amerihealth	HMO|PPO	550				550	4599.36	fee schedule	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Horizon	PPO	4599.36				550	4599.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	UHC	Medicaid	924.31	30.44			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Consumer	Consumer	2884.68	95			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Horizon	Medicare Blue	2376.93				550	4599.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	United	Oxford	2859.28				550	4599.36	case rate	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Wellcare	Medicare	2376.93				550	4599.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Multiplan	Multiplan	2429.21	80			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Wellcare	Medicaid	924.31	30.44			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	WellPoint	WellPoint	942.53	31.04			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	UHC	Medicare	2376.93				550	4599.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Horizon	NJ Health	645.08				550	4599.36	fee schedule	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	United	Commercial|PPO	2859.28				550	4599.36	case rate	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Qualcare	Qualcare	2277.38	75			550	4599.36	percent of total billed charges	
DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	50020	CPT				outpatient			3036.51	2733.47	Three Rivers	Three Rivers	2884.68	95			550	4599.36	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Horizon	MGD	3637.8	82.32		1427.72	82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Multiplan	Multiplan	4500.24	80			82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Amerihealth	Medicare	1880				82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Aetna	Medicare	1880				82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Amerihealth	HMO|PPO	650				82.32	5344.04	fee schedule	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Aetna	Commercial	3068.16				82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	UHC	Medicaid	1712.34	30.44			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Aetna	Better Health	1712.34	30.44			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Horizon	PPO	3637.8				82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Qualcare	Qualcare	4218.98	75			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	First Health	First Health	3937.71	70			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Corrections	Corrections	4500.24	80			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Horizon	Medicare Blue	1880				82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Horizon	Indemnity	3637.8				82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	UHC	Medicare	1880				82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Americare	Americare	4218.98	75			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Wellcare	Medicare	1880				82.32	5344.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	United	Commercial|PPO	2567.79				82.32	5344.04	case rate	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	United	Oxford	2567.79				82.32	5344.04	case rate	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Horizon	NJ Health	82			1707.3	82.32	5344.04	fee schedule	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Wellcare	Medicaid	1712.34	30.44			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Consumer	Consumer	5344.04	95			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	WellPoint	WellPoint	1746.09	31.04		1742.3	82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	First Trenton	First Trenton	5062.77	90			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Managed Care Inc	Managed Care Inc	5062.77	90			82.32	5344.04	percent of total billed charges	
RENAL BIOPSY PRQ TROCAR/NEEDLE	50200	CPT				both			5625.3	2162	Three Rivers	Three Rivers	5344.04	95			82.32	5344.04	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Aetna	Commercial	3879.15				320	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Aetna	Better Health	2098.28	30.44			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Aetna	Medicare	2376.93				320	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Horizon	PPO	4599.36				320	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Americare	Americare	5169.87	75			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	First Health	First Health	4825.21	70			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Multiplan	Multiplan	5514.53	80			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Horizon	MGD	4599.36				320	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Amerihealth	Medicare	2376.93				320	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Consumer	Consumer	6548.5	95			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Corrections	Corrections	5514.53	80			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Wellcare	Medicare	2376.93				320	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Amerihealth	HMO|PPO	320				320	6548.5	fee schedule	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Horizon	Indemnity	4599.36				320	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Qualcare	Qualcare	5169.87	75			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	UHC	Medicaid	2098.28	30.44			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Wellcare	Medicaid	2098.28	30.44			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	First Trenton	First Trenton	6203.84	90			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Horizon	Medicare Blue	2376.93				320	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	WellPoint	WellPoint	2139.64	31.04			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Horizon	NJ Health	1374.69				320	6548.5	fee schedule	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	UHC	Medicare	2376.93				320	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Managed Care Inc	Managed Care Inc	6203.84	90			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	United	Commercial|PPO	2859.28				320	6548.5	case rate	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	Three Rivers	Three Rivers	6548.5	95			320	6548.5	percent of total billed charges	
RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	50382	CPT				outpatient			6893.16	2733.47	United	Oxford	2859.28				320	6548.5	case rate	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Horizon	Medicare Blue	774.48				300	2359.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Aetna	Medicare	774.48				300	2359.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	First Health	First Health	1738.59	70			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Aetna	Commercial	1263.95				300	2359.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Horizon	MGD	1498.62				300	2359.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Horizon	PPO	1498.62			1468.41	300	2359.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Aetna	Better Health	756.04	30.44			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Amerihealth	Medicare	774.48				300	2359.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Wellcare	Medicare	774.48				300	2359.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Qualcare	Qualcare	1862.78	75			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Three Rivers	Three Rivers	2359.52	95			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Americare	Americare	1862.78	75			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	UHC	Medicaid	756.04	30.44			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Multiplan	Multiplan	1986.96	80			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Consumer	Consumer	2359.52	95			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Amerihealth	HMO|PPO	300				300	2359.52	fee schedule	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	WellPoint	WellPoint	770.94	31.04			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	United	Commercial|PPO	1871.51				300	2359.52	case rate	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	UHC	Medicare	774.48				300	2359.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Corrections	Corrections	1986.96	80			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Wellcare	Medicaid	756.04	30.44			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	First Trenton	First Trenton	2235.33	90			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Horizon	Indemnity	1498.62				300	2359.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Horizon	NJ Health	458.62				300	2359.52	fee schedule	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	Managed Care Inc	Managed Care Inc	2235.33	90			300	2359.52	percent of total billed charges	
RMVL NFROS TUBE REQ FLUORO GUIDANCE	50389	CPT				both			2483.7	890.65	United	Oxford	1871.51				300	2359.52	case rate	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	Aetna	Medicare	1039.56	30.8			82.32	3206.42	percent of total billed charges	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	Americare	Americare	2531.39	75			82.32	3206.42	percent of total billed charges	
ASPIR &INJX RENAL CYST/PELV

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	UHC	Medicaid	1027.4	30.44			82.32	3206.42	percent of total billed charges	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	Horizon	Indemnity	1579.71				82.32	3206.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	United	Oxford	1871.51				82.32	3206.42	case rate	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	First Trenton	First Trenton	3037.66	90			82.32	3206.42	percent of total billed charges	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	Quelcare	Quelcare	2531.39	75			82.32	3206.42	percent of total billed charges	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	Wellcare	Medicaid	1027.4	30.44			82.32	3206.42	percent of total billed charges	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	Horizon	PPO	1579.71				82.32	3206.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	Horizon	NJ Health	82.32				82.32	3206.42	fee schedule	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	United	Commercial|PPO	1871.51				82.32	3206.42	case rate	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	Managed Care Inc	Managed Care Inc	3037.66	90			82.32	3206.42	percent of total billed charges	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	WellPoint	WellPoint	1047.66	31.04			82.32	3206.42	percent of total billed charges	
ASPIR &INJX RENAL CYST/PELVIS NEEDLE PRQ	50390	CPT				outpatient			3375.18	938.85	Three Rivers	Three Rivers	3206.42	95			82.32	3206.42	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Americare	Americare	1812.29	75			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Horizon	Indemnity	1498.62				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Multiplan	Multiplan	1933.1	80			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Horizon	MCD	1498.62				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Aetna	Commercial	1263.95				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Aetna	Better Health	735.55	30.44			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Aetna	Medicare	774.48				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Horizon	PPO	1498.62				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Amerihealth	HMO/PPO	125				125	2295.56	fee schedule	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	United	Commercial|PPO	1871.51				125	2295.56	case rate	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Quelcare	Quelcare	1812.29	75			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	UHC	Medicaid	735.55	30.44			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Amerihealth	Medicare	774.48				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	First Health	First Health	1691.47	70			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Consumer	Consumer	2295.56	95			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	United	Oxford	1871.51				125	2295.56	case rate	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Horizon	Medicare Blue	774.48				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	First Trenton	First Trenton	2174.74	90			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Corrections	Corrections	1933.1	80			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	UHC	Medicare	774.48				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Wellcare	Medicaid	735.55	30.44			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Horizon	NJ Health	573.61				125	2295.56	fee schedule	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	WellPoint	WellPoint	750.04	31.04		733.57	125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Managed Care Inc	Managed Care Inc	2174.74	90			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Three Rivers	Three Rivers	2295.56	95			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM NEW ACCESS	50430	CPT				both			2416.38	890.65	Wellcare	Medicare	774.48				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Aetna	Commercial	1263.95				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	First Health	First Health	1691.47	70			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Amerihealth	Medicare	774.48				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Aetna	Better Health	735.55	30.44			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Consumer	Consumer	2295.56	95			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Amerihealth	HMO/PPO	125				125	2295.56	fee schedule	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Horizon	Medicare Blue	774.48				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Corrections	Corrections	1933.1	80			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Aetna	Medicare	774.48				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Wellcare	Medicare	774.48				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	First Trenton	First Trenton	2174.74	90			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Multiplan	Multiplan	1933.1	80			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Americare	Americare	1812.29	75			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Horizon	MGD	1498.62				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Horizon	NJ Health	178.01				125	2295.56	fee schedule	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Horizon	Indemnity	1498.62				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Wellcare	Medicaid	735.55	30.44			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	UHC	Medicaid	735.55	30.44			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Managed Care Inc	Managed Care Inc	2174.74	90			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Quelcare	Quelcare	1812.29	75			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Three Rivers	Three Rivers	2295.56	95			125	2295.56	percent of total billed charges	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	United	Commercial|PPO	1871.51				125	2295.56	case rate	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	UHC	Medicare	774.48			413.62	125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	Horizon	PPO	1498.62				125	2295.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	United	Oxford	1871.51				125	2295.56	case rate	
NJX PX ANTEGRDE NFROSGRM &URTRGRM EXSTNG ACESS	50431	CPT				both			2416.38	890.65	WellPoint	WellPoint	750.04	31.04			125	2295.56	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	First Health	First Health	4850.92	70			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Aetna	Commercial	3879.15				650	6583.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	UHC	Medicare	2376.93				650	6583.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Amerihealth	Medicare	2376.93				650	6583.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Amerihealth	HMO/PPO	650				650	6583.39	fee schedule	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Aetna	Medicare	2376.93				650	6583.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Aetna	Better Health	2109.46	30.44			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Americare	Americare	5197.41	75			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	First Trenton	First Trenton	6236.89	90			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Multiplan	Multiplan	5543.9	80			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Horizon	MGD	4599.36				650	6583.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	UHC	Medicaid	2109.46	30.44		925.76	650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Horizon	Indemnity	4599.36				650	6583.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Corrections	Corrections	5543.9	80			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Horizon	PPO	4599.36				650	6583.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Consumer	Consumer	6583.39	95			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Managed Care Inc	Managed Care Inc	6236.89	90			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Quelcare	Quelcare	5197.41	75			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	WellPoint	WellPoint	2151.03	31.04			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Wellcare	Medicaid	2109.46	30.44			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	United	Commercial|PPO	2859.28				650	6583.39	case rate	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Horizon	NJ Health	933.2				650	6583.39	fee schedule	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Three Rivers	Three Rivers	6583.39	95			650	6583.39	percent of total billed charges	
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Horizon	Medicare Blue	2376.93				650	6583.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	Wellcare	Medicare	2376.93				650	6583.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	50432	CPT				both			6929.88	2733.47	United	Oxford	2859.28				650	6583.39	case rate	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Aetna	Better Health	3145.5	30.44			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Amerihealth	Medicare	4001.91				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Aetna	Commercial	6531.12				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	First Health	First Health	7233.41	70			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Aetna	Medicare	4001.91				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	First Trenton	First Trenton	9300.1	90			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Americare	Americare	7750.08	75			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Quelcare	Quelcare	7750.08	75			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Consumer	Consumer	9816.77	95			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	United	Oxford	2859.28				650	9816.77	case rate	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Amerihealth	HMO/PPO	650				650	9816.77	fee schedule	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Horizon	Indemnity	7743.7				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Horizon	MGD	7743.7				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Horizon	NJ Health	1257.42			3349.23	650	9816.77	fee schedule	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Horizon	Medicare Blue	4001.91				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	UHC	Medicaid	3145.5	30.44			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Corrections	Corrections	8266.75	80			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Managed Care Inc	Managed Care Inc	9300.1	90			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Horizon	PPO	7743.7				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Multiplan	Multiplan	8266.75	80			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Wellcare	Medicare	4001.91				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	UHC	Medicare	4001.91				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	WellPoint	WellPoint	3097.5	31.04			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Three Rivers	Three Rivers	9816.77	95			650	9816.77	percent of total billed charges	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	United	Commercial|PPO	2859.28				650	9816.77	case rate	
PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	50433	CPT				both			10333.44	4602.2	Wellcare	Medicaid	3145.5	30.44			650	9816.77	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Aetna	Medicare	2237.76	30.8			300	6902.19	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Amerihealth	Medicare	2376.93				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Aetna	Better Health	2211.61	30.44			300	6902.19	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Aetna	Commercial	3879.15				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Americare	Americare	5448.1	75			300	6902.19	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Horizon	PPO	4599.36				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Corrections	Corrections	5812.37	80			300	6902.19	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	First Health	First Health	5085.82	70			300	6902.19	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Multiplan	Multiplan	5812.37	80			300	6902.19	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Horizon	Indemnity	4599.36				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	First Trenton	First Trenton	6538.91	90			300	6902.19	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Amerihealth	HMO/PPO	300				300	6902.19	fee schedule	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Consumer	Consumer	6902.19	95			300	6902.19	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Wellcare	Medicare	2376.93				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Horizon	NJ Health	995.68				300	6902.19	fee schedule	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Horizon	MGD	4599.36				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	50434	CPT				both			7265.46	2733.47	Quelcare	Quelcare	5449.1	75			300	6902.19	percent of total billed charges	
CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Americare	Americare	5449.1	75			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Aetna	Commercial	3879.15			3404.19	300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	WellPoint	WellPoint	2255.2	31.04			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Managed Care Inc	Managed Care Inc	6538.91	90			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	UHC	Medicare	2376.93			1243.65	300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	First Health	First Health	5085.82	70			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Consumer	Consumer	6902.19	95			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Horizon	Indemnity	4599.36				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Amerihealth	HMO/PPO	300				300	6902.19	fee schedule	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Horizon	Medicare Blue	2376.93				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Corrections	Corrections	5812.37	80			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	United	Oxford	1871.51				300	6902.19	case rate	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Horizon	MGD	4599.36				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Three Rivers	Three Rivers	6902.19	95			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	UHC	Medicaid	2211.61	30.44		1618.83	300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	United	Commercial/PPO	1871.51				300	6902.19	case rate	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Multiplan	Multiplan	5812.37	80			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Wellcare	Medicaid	2211.61	30.44			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Qualcare	Qualcare	5449.1	75			300	6902.19	percent of total billed charges	
EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	50435	CPT				both			7265.46	2733.47	Wellcare	Medicare	2376.93				300	6902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Aetna	Medicare	4001.91				977.58	13442.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Horizon	Medicare Blue	4001.91				977.58	13442.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Americare	Americare	10612.85	75			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	First Trenton	First Trenton	12735.41	90			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Amerihealth	Medicare	4001.91				977.58	13442.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Aetna	Better Health	4307.4	30.44			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Aetna	Commercial	6531.12				977.58	13442.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Horizon	Indemnity	7743.7				977.58	13442.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Consumer	Consumer	13442.94	95			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Amerihealth	HMO/PPO	2500				977.58	13442.94	fee schedule	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Three Rivers	Three Rivers	13442.94	95			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	UHC	Medicaid	4307.4	30.44			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Corrections	Corrections	11320.37	80			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	First Health	First Health	9905.32	70			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Multiplan	Multiplan	11320.37	80			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Horizon	PPO	7743.7				977.58	13442.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Horizon	NJ Health	977.58				977.58	13442.94	fee schedule	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Horizon	MGD	7743.7				977.58	13442.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Wellcare	Medicare	4001.91				977.58	13442.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Managed Care Inc	Managed Care Inc	12735.41	90			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	United	Oxford	4843.06				977.58	13442.94	case rate	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Wellcare	Medicaid	4307.4	30.44			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	Qualcare	Qualcare	10612.85	75			977.58	13442.94	percent of total billed charges	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	UHC	Medicare	4001.91				977.58	13442.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	United	Commercial/PPO	4843.06				977.58	13442.94	case rate	
LITHOTRIPSY XTRCORP SHOCK WAVE	50590	CPT				outpatient			14150.46	4602.2	WellPoint	WellPoint	4392.3	31.04			977.58	13442.94	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Horizon	MGD	13099.41				800	20708.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Corrections	Corrections	17438.74	80			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Amerihealth	HMO/PPO	800				800	20708.5	fee schedule	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Aetna	Commercial	11048.18				800	20708.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	First Health	First Health	15258.89	70			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Aetna	Better Health	6635.44	30.44			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Horizon	PPO	13099.41				800	20708.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Aetna	Medicare	6713.91	30.8			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	UHC	Medicaid	6635.44	30.44			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Consumer	Consumer	20708.5	95			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Amerihealth	Medicare	6769.72				800	20708.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Americare	Americare	16348.82	75			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	UHC	Medicare	6769.72				800	20708.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	First Trenton	First Trenton	19618.58	90			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Wellcare	Medicare	6769.72				800	20708.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Multiplan	Multiplan	17438.74	80			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	United	Commercial/PPO	4843.06				800	20708.5	case rate	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Horizon	NJ Health	6884.92				800	20708.5	fee schedule	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Horizon	Medicare Blue	6769.72				800	20708.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Horizon	Indemnity	13099.41				800	20708.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	WellPoint	WellPoint	6766.23	31.04			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Managed Care Inc	Managed Care Inc	19618.58	90			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	United	Oxford	4843.06				800	20708.5	case rate	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Qualcare	Qualcare	16348.82	75			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Three Rivers	Three Rivers	20708.5	95			800	20708.5	percent of total billed charges	
ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	50592	CPT				both			21798.42	7785.18	Wellcare	Medicaid	6635.44	30.44			800	20708.5	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Amerihealth	HMO/PPO	800				800	34232.83	fee schedule	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Horizon	MGD	23375.48				800	34232.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Aetna	Medicare	12080.35				800	34232.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Multiplan	Multiplan	28827.65	80			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	UHC	Medicare	12080.35				800	34232.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	First Health	First Health	25224.19	70			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Aetna	Better Health	10968.92	30.44			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Aetna	Commercial	19715.13	80			800	34232.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Amerihealth	Medicare	12080.35				800	34232.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Horizon	PPO	23375.48				800	34232.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Consumer	Consumer	34232.83	95			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Qualcare	Qualcare	27025.92	75			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Americare	Americare	27025.92	75			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Horizon	Medicare Blue	12080.35				800	34232.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Corrections	Corrections	28827.65	80			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Horizon	Indemnity	23375.48				800	34232.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	First Trenton	First Trenton	32431.1	90			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	UHC	Medicaid	10968.92	30.44			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Managed Care Inc	Managed Care Inc	32431.1	90			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	United	Commercial/PPO	4843.06				800	34232.83	case rate	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Three Rivers	Three Rivers	34232.83	95			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Wellcare	Medicare	12080.35				800	34232.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	United	Oxford	4843.06				800	34232.83	case rate	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	Wellcare	Medicaid	10968.92	30.44			800	34232.83	percent of total billed charges	
ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	50593	CPT				both			36034.56	13892.4	WellPoint	WellPoint	11185.13	31.04			800	34232.83	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Amerihealth	HMO/PPO	650				650	9816.77	fee schedule	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Aetna	Better Health	3145.5	30.44			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Corrections	Corrections	8266.75	80			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Aetna	Medicare	3182.7	30.8			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Aetna	Commercial	6531.12				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Amerihealth	Medicare	4001.91				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Horizon	PPO	7743.7				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	First Trenton	First Trenton	9300.1	90			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Americare	Americare	7750.08	75			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Consumer	Consumer	9816.77	95			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Horizon	MGD	7743.7				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	UHC	Medicaid	3145.5	30.44			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Horizon	Indemnity	7743.7				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	First Health	First Health	7233.41	70			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	WellPoint	WellPoint	3207.5	31.04			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Managed Care Inc	Managed Care Inc	9300.1	90			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Horizon	NJ Health	1172.96				650	9816.77	fee schedule	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	UHC	Medicare	4001.91				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Horizon	Medicare Blue	4001.91				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Wellcare	Medicare	4001.91				650	9816.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Three Rivers	Three Rivers	9816.77	95			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	United	Commercial/PPO	3596.76				650	9816.77	case rate	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Multiplan	Multiplan	8266.75	80			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	United	Oxford	3596.76				650	9816.77	case rate	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Qualcare	Qualcare	7750.08	75			650	9816.77	percent of total billed charges	
PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	50693	CPT				both			10333.44	4602.2	Wellcare	Medicaid	3145.5	30.44			650	9816.77	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Aetna	Better Health	3140.28	30.44			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		First Health	First Health	7221.4	70			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Horizon	Indemnity	3949.07	38.28			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		First Trenton	First Trenton	9284.65	90			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Corrections	Corrections	8253.02	80			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Aetna	Commercial	3920.19	38			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Multiplan	Multiplan	8253.02	80			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Americare	Americare	7737.21	75			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Consumer	Consumer	9800.47	95			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Aetna	Medicare	3177.41	30.8			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Qualcare	Qualcare	7737.21	75			300	9800.47	percent of total billed charges	
BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	50706	CPT				outpatient			10316.28		Horizon	PPO

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Consumer	Consumer	9476.82	95			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Horizon	Medicare Blue	2376.93				474.32	9476.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Aetna	Better Health	3036.57	30.44			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Americare	Americare	7481.7	75			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Amerihealth	HMO/PPO	800				474.32	9476.82	fee schedule	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Amerihealth	Medicare	2376.93				474.32	9476.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Multiplan	Multiplan	7980.48	80			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Aetna	Medicare	2376.93				474.32	9476.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	First Trenton	First Trenton	8978.04	90			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	UHC	Medicare	2376.93				474.32	9476.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Qualcare	Qualcare	7481.7	75			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Wellcare	Medicaid	3036.57	30.44			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	First Health	First Health	6982.92	70			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Horizon	Indemnity	4599.36				474.32	9476.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Horizon	MGD	4599.36				474.32	9476.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Wellcare	Medicare	2376.93				474.32	9476.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Horizon	NJ Health	474.32				474.32	9476.82	fee schedule	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Horizon	PPO	4599.36				474.32	9476.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Managed Care Inc	Managed Care Inc	8978.04	90			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	United	CommercialPPO	2859.28				474.32	9476.82	case rate	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	Three Rivers	Three Rivers	9476.82	95			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	United	Oxford	2859.28				474.32	9476.82	case rate	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	UHC	Medicaid	3036.57	30.44			474.32	9476.82	percent of total billed charges	
CYSTOSTOMY CYSTOTOMY W/DRAINAGE	51040	CPT				outpatient			9975.6	2733.47	WellPoint	WellPoint	3096.43	31.04			474.32	9476.82	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	UHC	Medicare	282.2				282.2	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Corrections	Corrections	1938	80			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Amerihealth	Medicare	282.2				282.2	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Consumer	Consumer	2301.38	95			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Americare	Americare	1816.88	75			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	First Trenton	First Trenton	2180.25	90			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Aetna	Better Health	737.41	30.44			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Aetna	Commercial	460.55				282.2	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Amerihealth	HMO/PPO	300				282.2	2301.38	fee schedule	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Horizon	PPO	546.06				282.2	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Horizon	Medicare Blue	282.2				282.2	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	First Health	First Health	1695.75	70			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	United	CommercialPPO	1835.46				282.2	2301.38	case rate	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Horizon	Indemnity	546.06				282.2	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Aetna	Medicare	282.2				282.2	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Horizon	MGD	546.06				282.2	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	United	Oxford	1835.46				282.2	2301.38	case rate	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Wellcare	Medicare	282.2				282.2	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Wellcare	Medicaid	737.41	30.44			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Multiplan	Multiplan	1938	80			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Managed Care Inc	Managed Care Inc	2180.25	90			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Qualcare	Qualcare	1816.88	75			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	WellPoint	WellPoint	751.94	31.04			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	UHC	Medicaid	737.41	30.44			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER NEEDLE	51100	CPT				both			2422.5	324.53	Three Rivers	Three Rivers	2301.38	95			282.2	2301.38	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Aetna	Medicare	2252.53	30.8			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Aetna	Commercial	3879.15				300	6947.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Amerihealth	HMO/PPO	300				300	6947.73	fee schedule	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	First Trenton	First Trenton	6582.06	90			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Aetna	Better Health	2226.2	30.44		848.81	300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Americare	Americare	5485.05	75			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	First Health	First Health	5119.38	70			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Horizon	Indemnity	4599.36				300	6947.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Amerihealth	Medicare	2376.93				300	6947.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Multiplan	Multiplan	5850.72	80			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	United	Oxford	2859.28				300	6947.73	case rate	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Managed Care Inc	Managed Care Inc	6582.06	90			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Corrections	Corrections	5850.72	80			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Consumer	Consumer	6947.73	95			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Horizon	Medicare Blue	2376.93				300	6947.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Horizon	PPO	4599.36				300	6947.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Horizon	MGD	4599.36				300	6947.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Qualcare	Qualcare	5485.05	75			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Wellcare	Medicaid	2226.2	30.44			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Wellcare	Medicare	2376.93				300	6947.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	WellPoint	WellPoint	2270.08	31.04			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	Three Rivers	Three Rivers	6947.73	95			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	UHC	Medicaid	2226.2	30.44			300	6947.73	percent of total billed charges	
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	UHC	Medicare	2376.93				300	6947.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	51102	CPT				outpatient			7313.4	2733.47	United	CommercialPPO	2859.28				300	6947.73	case rate	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Americare	Americare	1937.75	75			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Aetna	Medicare	795.77	30.8			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Aetna	Better Health	786.47	30.44			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Horizon	Indemnity	989.03	38.28			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Corrections	Corrections	2066.93	80			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Aetna	Commercial	961.79	38			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		First Health	First Health	1808.56	70			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Amerihealth	HMO/PPO	125				45.28	2454.48	fee schedule	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		First Trenton	First Trenton	2325.29	90			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		WellPoint	WellPoint	801.97	31.04			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Consumer	Consumer	2454.48	95			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Horizon	MGD	989.03	38.28			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Multiplan	Multiplan	2066.93	80			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Horizon	NJ Health	45.28				45.28	2454.48	fee schedule	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Horizon	Medicare Blue	775.1	30			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		UHC	Medicaid	786.47	30.44			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Qualcare	Qualcare	1937.75	75			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Horizon	PPO	989.03	38.28			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		United	Oxford	1835.46				45.28	2454.48	case rate	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		United	CommercialPPO	1835.46				45.28	2454.48	case rate	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Wellcare	Medicaid	786.47	30.44			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Managed Care Inc	Managed Care Inc	2325.29	90			45.28	2454.48	percent of total billed charges	
NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	51600	CPT				outpatient			2583.66		Three Rivers	Three Rivers	2454.48	95			45.28	2454.48	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Horizon	Indemnity	1358.4	38.28			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Aetna	Better Health	1080.19	30.44			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Aetna	Medicare	1092.96	30.8		363.21	57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Consumer	Consumer	3371.15	95			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Americare	Americare	2661.44	75			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Aetna	Commercial	1348.46	38		264.41	57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Corrections	Corrections	2838.86	80			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		UHC	Medicaid	1080.19	30.44		1044.74	57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		United	CommercialPPO	1835.46			1310.22	57.62	3371.15	case rate	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Qualcare	Qualcare	2661.44	75			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Horizon	MGD	1358.4	38.28			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		First Health	First Health	2484.01	70			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Amerihealth	HMO/PPO	125				57.62	3371.15	fee schedule	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		WellPoint	WellPoint	1101.48	31.04			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		First Trenton	First Trenton	3193.72	90			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Horizon	Medicare Blue	1064.57	30		105.13	57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Horizon	PPO	1358.4	38.28			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Multiplan	Multiplan	2838.86	80			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Horizon	NJ Health	57.62				57.62	3371.15	fee schedule	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Wellcare	Medicaid	1080.19	30.44			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Three Rivers	Three Rivers	3371.15	95			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		Managed Care Inc	Managed Care Inc	3193.72	90			57.62	3371.15	percent of total billed charges	
NJX RETROGRADE URETHROCSTOGRAPY	51610	CPT				both			3548.58		United	Oxford	1835.46				57.62	3371.15	case rate	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Amerihealth	HMO/PPO	125			98.78	41.16	1835.46	fee schedule	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Aetna	Medicare	282.2			264.56	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Horizon	Indemnity	546.06			484.8	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	First Health	First Health	688.3	70			41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Aetna	Commercial	460.55			265.11	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Amerihealth	Medicare	282.2				41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Aetna	Better Health	290.62	30.44			41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Horizon	Medicare Blue	282.2			178.21	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Americare	Americare	716.04	75			41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	First Trenton	First Trenton	859.25	90			41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Wellcare	Medicare	282.2				41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	United	CommercialPPO	1835.46			289.22	41.16	1835.46	case rate	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Horizon	PPO	546.06			472.16	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Horizon	MGD	546.06			481.13	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Consumer	Consumer	906.98	95			41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Wellcare	Medicaid	290.62	30.44		288.19	41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Multiplan	Multiplan	763.78	80			41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Horizon	NJ Health	41.16			77.97	41.16	1835.46	fee schedule	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Corrections	Corrections	763.78	80		247.67	41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	WellPoint	WellPoint	296.35	31.04		268.04	41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Qualcare	Qualcare	716.04	75			41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	Managed Care Inc	Managed Care Inc	859.25	90			41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT				both			954.72	324.53	UHC	Medicaid	290.62	30.44		247.05	41.16	1835.46	percent of total billed charges	
BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	51700	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Aetna	Better Health	131.65	30.44		130.49	74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Amerihealth	Medicare	149.57				74.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Corrections	Corrections	345.98	80			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Aetna	Commercial	244.1				74.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Americare	Americare	324.36	75			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Wellcare	Medicare	149.57				74.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Horizon	PPO	289.42			136.01	74.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Three Rivers	Three Rivers	410.86	95			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Aetna	Medicare	133.2	30.8			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Horizon	Indemnity	289.42				74.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Amerihealth	HMO/PPO	125				74.48	1835.46	fee schedule	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Consumer	Consumer	410.86	95			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	WellPoint	WellPoint	134.24	31.04			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Multiplan	Multiplan	345.98	80			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	UHC	Medicare	149.57			77.87	74.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	UHC	Medicaid	131.65	30.44		130.55	74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Horizon	Medicare Blue	149.57				74.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Qualcare	Qualcare	324.36	75			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Horizon	MGD	289.42				74.48	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	United	CommercialPPO	1835.46				74.48	1835.46	case rate	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Horizon	NJ Health	74.48			73.15	74.48	1835.46	fee schedule	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	Wellcare	Medicaid	131.65	30.44			74.48	1835.46	percent of total billed charges	
INSJ NON-NDWELLG BLADDER CATHETER	51701	CPT				both			432.48	172.01	United	Oxford	1835.46				74.48	1835.46	case rate	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Amerihealth	Medicare	149.57				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Americare	Americare	357.26	75			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Consumer	Consumer	452.52	95			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Aetna	Medicare	149.57			65	78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Horizon	Indemnity	289.42			144.55	78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Amerihealth	HMO/PPO	125				78.64	1835.46	fee schedule	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Aetna	Better Health	145	30.44			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Horizon	NJ Health	78.64			31.41	78.64	1835.46	fee schedule	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Horizon	PPO	289.42			180.43	78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	First Trenton	First Trenton	428.71	90			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	First Health	First Health	333.44	70			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Corrections	Corrections	381.07	80			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	UHC	Medicare	149.57			60.27	78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Horizon	MGD	289.42			46.36	78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Aetna	Commercial	244.1			92.4	78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Multiplan	Multiplan	381.07	80			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Wellcare	Medicaid	145	30.44		146.09	78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Three Rivers	Three Rivers	452.52	95			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Horizon	Medicare Blue	149.57			48.43	78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	United	Oxford	1835.46				78.64	1835.46	case rate	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Qualcare	Qualcare	357.26	75			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Managed Care Inc	Managed Care Inc	428.71	90			78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	UHC	Medicaid	145	30.44		87.92	78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	WellPoint	WellPoint	147.86	31.04		131.65	78.64	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	United	CommercialPPO	1835.46			124.48	78.64	1835.46	case rate	
INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	51702	CPT				both			476.34	172.01	Wellcare	Medicare	149.57				78.64	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	UHC	Medicare	181.54				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Three Rivers	Three Rivers	963.19	95			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Amerihealth	Medicare	181.54				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Aetna	Commercial	296.27				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Aetna	Better Health	308.63	30.44			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	First Trenton	First Trenton	912.49	90			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Aetna	Medicare	312.28	30.8			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Americare	Americare	760.41	75			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	First Health	First Health	709.72	70			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	UHC	Medicaid	308.63	30.44			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Corrections	Corrections	811.1	80			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Horizon	NJ Health	162.68			78.06	125	1835.46	fee schedule	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Horizon	MGD	351.28				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Horizon	Indemnity	351.28				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Consumer	Consumer	963.19	95			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Multiplan	Multiplan	811.1	80			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Wellcare	Medicaid	308.63	30.44			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	United	CommercialPPO	1835.46				125	1835.46	case rate	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Horizon	Medicare Blue	181.54				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Qualcare	Qualcare	760.41	75			125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	United	Oxford	1835.46				125	1835.46	case rate	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Horizon	PPO	351.28				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	WellPoint	WellPoint	314.71	31.04		310.23	125	1835.46	percent of total billed charges	
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Wellcare	Medicare	181.54				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	51703	CPT				both			1013.88	208.77	Managed Care Inc	Managed Care Inc	912.49	90			125	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Horizon	PPO	546.06			522.45	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Corrections	Corrections	651.17	80		247.67	41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Americare	Americare	610.47	75			41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Aetna	Better Health	247.77	30.44		239.64	41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Amerihealth	Medicare	282.2				41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	First Trenton	First Trenton	732.56	90			41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Aetna	Medicare	293.7	30.8			41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	First Health	First Health	569.77	70			41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	UHC	Medicaid	247.77	30.44		236.89	41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Horizon	NJ Health	41.16			38.46	41.16	1835.46	fee schedule	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Amerihealth	HMO/PPO	125				41.16	1835.46	fee schedule	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Aetna	Commercial	460.55			235.32	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Horizon	Indemnity	546.06				41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Managed Care Inc	Managed Care Inc	732.56	90			41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Horizon	MGD	546.06				41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Multiplan	Multiplan	651.17	80			41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Wellcare	Medicaid	247.77	30.44		226.43	41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	UHC	Medicare	282.2			102.38	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Horizon	Medicare Blue	282.2			160.73	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Consumer	Consumer	773.26	95			41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Wellcare	Medicare	282.2			247.67	41.16	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Qualcare	Qualcare	610.47	75			41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	Three Rivers	Three Rivers	773.26	95			41.16	1835.46	percent of total billed charges	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	United	CommercialPPO	1835.46			273.36	41.16	1835.46	case rate	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	United	Oxford	1835.46				41.16	1835.46	case rate	
CHANGE CYSTOSTOMY TUBE SIMPLE	51705	CPT				both			813.96	324.53	WellPoint	WellPoint	252.65	31.04		248.52	41.16	1835.46	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Three Rivers	Three Rivers	2210.29	95			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Horizon	Medicare Blue	774.48				78.4	2210.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Aetna	Commercial	1263.95				78.4	2210.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Amerihealth	Medicare	774.48				78.4	2210.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	First Trenton	First Trenton	2093.96	90			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Aetna	Better Health	708.22	30.44			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Multiplan	Multiplan	1861.3	80			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Consumer	Consumer	2210.29	95			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	UHC	Medicaid	708.22	30.44			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Aetna	Medicare	774.48				78.4	2210.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Americare	Americare	1744.97	75			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Corrections	Corrections	1861.3	80			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Horizon	Indemnity	1498.62				78.4	2210.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Amerihealth	HMO/PPO	550				78.4	2210.29	fee schedule	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Qualcare	Qualcare	1744.97	75			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Horizon	NJ Health	78.4				78.4	2210.29	fee schedule	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Horizon	PPO	1498.62				78.4	2210.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	First Health	First Health	1628.63	70			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Wellcare	Medicare	774.48				78.4	2210.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	United	Oxford	1835.46				78.4	2210.29	case rate	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Managed Care Inc	Managed Care Inc	2093.96	90			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Horizon	MGD	1498.62				78.4	2210.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	UHC	Medicare	774.48				78.4	2210.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	Wellcare	Medicaid	708.22	30.44			78.4	2210.29	percent of total billed charges	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	United	CommercialPPO	1835.46				78.4	2210.29	case rate	
BLADDER INSTILLATION ANTICARCINOGENIC AGENT	51720	CPT				outpatient			2326.62	890.65	WellPoint	WellPoint	722.18	31.04			78.4	2210.29	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	First Trenton	First Trenton	1635.88	90			89.57	1835.46	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Americare	Americare	1363.23	75			89.57	1835.46	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Amerihealth	HMO/PPO	125				89.57	1835.46	fee schedule	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Aetna	Better Health	553.29	30.44			89.57	1835.46	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Horizon	PPO	546.06				89.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Aetna	Commercial	460.55				89.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	First Health	First Health	1272.35	70			89.57	1835.46	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Corrections	Corrections	1454.11	80			89.57	1835.46	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Managed Care Inc	Managed Care Inc	1635.88	90			89.57	1835.46	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Consumer	Consumer	1726.76	95			89.57	1835.46	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Amerihealth	Medicare	282.2				89.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	WellPoint	WellPoint	564.2	31.04		545.83	89.57	1835.46	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	UHC	Medicare	282.2				89.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	United	CommercialPPO	1835.46				89.57		1835.46 case rate	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Multiplan	Multiplan	1454.11	80			89.57		1835.46 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	United	Oxford	1835.46				89.57		1835.46 case rate	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Qualcare	Qualcare	1363.23	75			89.57		1835.46 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	Wellcare	Medicaid	553.29	30.44			89.57		1835.46 percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT				outpatient			1817.64	324.53	UHC	Medicaid	553.29	30.44		439.31	89.57		1835.46 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	United	CommercialPPO	1871.51			404.2	125		2266.67 case rate	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Corrections	Corrections	1908.78	80			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	UHC	Medicare	774.48			482.28	125		2266.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	First Health	First Health	1670.18	70			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Americare	Americare	1789.48	75			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Aetna	Better Health	726.29	30.44			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Aetna	Commercial	1263.95				125		2266.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Horizon	MGD	1498.62				125		2266.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	WellPoint	WellPoint	740.61	31.04		720.92	125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Horizon	NJ Health	269.38			1392.44	125		2266.67 fee schedule	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Aetna	Medicare	774.48			399.07	125		2266.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	UHC	Medicaid	726.29	30.44		702.45	125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Amerihealth	HMO/PPO	125				125		2266.67 fee schedule	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Consumer	Consumer	2266.67	95			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Amerihealth	Medicare	774.48				125		2266.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Multiplan	Multiplan	1908.78	80			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Horizon	Medicare Blue	774.48				125		2266.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Horizon	PPO	1498.62				125		2266.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Horizon	Indemnity	1498.62				125		2266.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Qualcare	Qualcare	1789.48	75			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Wellcare	Medicaid	726.29	30.44			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	First Trenton	First Trenton	2147.37	90			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Wellcare	Medicare	774.48				125		2266.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Managed Care Inc	Managed Care Inc	2147.37	90			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	Three Rivers	Three Rivers	2266.67	95			125		2266.67 percent of total billed charges	
COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	51728	CPT				outpatient			2385.97	890.65	United	Oxford	1871.51				125		2266.67 case rate	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	First Health	First Health	767.42	70			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Horizon	PPO	699.15				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Multiplan	Multiplan	877.06	80			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Americare	Americare	822.24	75			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Aetna	Better Health	333.72	30.44			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Aetna	Commercial	589.67			280.22	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Aetna	Medicare	337.67	30.8		181.94	125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Horizon	Indemnity	699.15				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Wellcare	Medicare	361.32				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Qualcare	Qualcare	822.24	75			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	UHC	Medicaid	333.72	30.44		241.73	125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Consumer	Consumer	1041.5	95			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Horizon	Medicare Blue	361.32			142.43	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Corrections	Corrections	877.06	80			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Amerihealth	Medicare	361.32				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	United	CommercialPPO	1835.46			185.72	125		1835.46 case rate	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Horizon	MGD	699.15				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Horizon	NJ Health	155.23			409.52	125		1835.46 fee schedule	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	UHC	Medicare	361.32			147.54	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	First Trenton	First Trenton	986.69	90			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	WellPoint	WellPoint	340.3	31.04		324	125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Managed Care Inc	Managed Care Inc	986.69	90			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Wellcare	Medicaid	333.72	30.44			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	Three Rivers	Three Rivers	1041.5	95			125		1835.46 percent of total billed charges	
COMPLEX UROFLOMETRY	51741	CPT				outpatient			1096.32	415.52	United	Oxford	1835.46				125		1835.46 case rate	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Americare	Americare	409.2	75			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Horizon	PPO	351.28				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Aetna	Medicare	181.54			91.25	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Horizon	NJ Health	159.21			318.41	125		1835.46 fee schedule	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Amerihealth	Medicare	181.54				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Consumer	Consumer	518.32	95			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Aetna	Better Health	166.08	30.44			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Aetna	Commercial	296.27				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Three Rivers	Three Rivers	518.32	95			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	First Health	First Health	381.92	70			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Multiplan	Multiplan	436.48	80			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	UHC	Medicare	181.54			91.83	125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	First Trenton	First Trenton	491.04	90			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	WellPoint	WellPoint	169.35	31.04		165.93	125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Corrections	Corrections	436.48	80			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Amerihealth	HMO/PPO	125				125		1835.46 fee schedule	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	United	Oxford	1835.46				125		1835.46 case rate	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	United	CommercialPPO	1835.46			92.43	125		1835.46 case rate	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Qualcare	Qualcare	409.2	75			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Horizon	MGD	351.28				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Horizon	Indemnity	351.28				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Wellcare	Medicare	181.54				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	UHC	Medicaid	166.08	30.44		161.13	125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Horizon	Medicare Blue	181.54				125		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Wellcare	Medicaid	166.08	30.44			125		1835.46 percent of total billed charges	
EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	51784	CPT				outpatient			545.6	208.77	Managed Care Inc	Managed Care Inc	491.04	90			125		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Consumer	Consumer	646.32	95			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	First Health	First Health	476.24	70			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Aetna	Commercial	112.48				68.92		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	UHC	Medicare	68.92				68.92		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Aetna	Better Health	207.1	30.44			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Amerihealth	HMO/PPO	442.22	65			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Americare	Americare	510.26	75			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	First Trenton	First Trenton	612.31	90			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Corrections	Corrections	544.27	80			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Horizon	Indemnity	133.36				68.92		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Aetna	Medicare	68.92				68.92		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Wellcare	Medicare	68.92				68.92		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Horizon	PPO	133.36				68.92		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Multiplan	Multiplan	544.27	80			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Amerihealth	Medicare	68.92				68.92		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Managed Care Inc	Managed Care Inc	612.31	90			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Horizon	Medicare Blue	68.92				68.92		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Horizon	NJ Health	90.16				68.92		1835.46 fee schedule	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Horizon	MGD	133.36				68.92		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	United	Oxford	1835.46				68.92		1835.46 case rate	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Qualcare	Qualcare	510.26	75			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	WellPoint	WellPoint	211.18	31.04			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Three Rivers	Three Rivers	646.32	95			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	UHC	Medicaid	207.1	30.44			68.92		1835.46 percent of total billed charges	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	United	CommercialPPO	1835.46				68.92		1835.46 case rate	
STIMULUS EVOKED RESPONSE	51792	CPT				outpatient			680.34	79.26	Wellcare	Medicaid	207.1	30.44			68.92		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Corrections	Corrections	408	80			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		First Trenton	First Trenton	459	90			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Amerihealth	HMO/PPO	331.5	65			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Aetna	Commercial	193.8	38			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Horizon	Medicare Blue	153	30			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		First Health	First Health	357	70			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Americare	Americare	382.5	75			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Horizon	NJ Health	113.68			297.63	113.68		1835.46 fee schedule	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Multiplan	Multiplan	408	80			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Horizon	MGD	195.23	38.28			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Aetna	Medicare	157.08	30.8		85.3	113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		United	Oxford	1835.46				113.68		1835.46 case rate	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04		153.15	113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Consumer	Consumer	484.5	95			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		United	CommercialPPO	1835.46			86.4	113.68		1835.46 case rate	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Horizon	PPO	195.23	38.28			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			113.68		1835.46 percent of total billed charges	
VOID PRESSURE STUDIES INTRAABDOMINAL	51797	CPT				outpatient			510		UHC	Medicaid	155.24	30.44		150.15	113.68		1835.46 percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	Aetna	Commercial	112.48			43.01	41.76		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	Aetna	Medicare	68.92			41.82	41.76		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	Corrections	Corrections	215.22	80		62.01	41.76		1835.46 percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	Amerihealth	HMO/PPO	125			20.9	41.76		1835.46 fee schedule	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	Aetna	Better Health	81.89	30.44		60.79	41.76		1835.46 percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	Consumer	Consumer	255.58	95			41.76		1835.46 percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	Amerihealth	Medicare	68.92				41.76		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	First Trenton	First Trenton	242.13	90			41.76		1835.46 percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	Horizon	NJ Health	41.76			14.23	41.76		1835.46 fee schedule	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	First Health	First Health	188.32	70			41.76		1835.46 percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	United	CommercialPPO	1835.46			52.96	41.76		1835.46 case rate	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03	79.26	Horizon	MGD	133.36			97.58	41.76		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Med

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	Horizon	Medicare Blue	68.92			39.27	41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	Multiplan	Multiplan	215.22	80			41.76	1835.46	percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	Horizon	PPO	133.36			95.69	41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	United	Oxford	1835.46				41.76	1835.46	case rate	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	Managed Care Inc	Managed Care Inc	242.13	90			41.76	1835.46	percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	Three Rivers	Three Rivers	255.58	95			41.76	1835.46	percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	Qualcare	Qualcare	201.77	75			41.76	1835.46	percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	WellPoint	WellPoint	83.51	31.04		53.46	41.76	1835.46	percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	UHC	Medicaid	81.89	30.44		61.44	41.76	1835.46	percent of total billed charges	
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	UHC	Medicare	68.92			45.25	41.76	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	51798	CPT				outpatient			269.03		79.26	Wellcare	Medicaid	81.89	30.44		51.98	41.76	1835.46	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			First Health	First Health	13209	70			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Americare	Americare	14152.5	75			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Aetna	Medicare	5811.96	30.8			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Horizon	Medicare Blue	5661	30			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Aetna	Better Health	5744.03	30.44			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			First Trenton	First Trenton	16983	90			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Corrections	Corrections	15096	80			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Amerihealth	HMO/PPO	12265.5	65			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Aetna	Commercial	7170.6	38			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			UHC	Medicaid	5744.03	30.44			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Consumer	Consumer	17926.5	95			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Multiplan	Multiplan	15096	80			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			WellPoint	WellPoint	5857.25	31.04			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Horizon	Indemnity	7223.44	38.28			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Horizon	MGD	7223.44	38.28			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Qualcare	Qualcare	14152.5	75			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Three Rivers	Three Rivers	17926.5	95			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Horizon	PPO	7223.44	38.28			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Wellcare	Medicaid	5744.03	30.44			5661	17926.5	percent of total billed charges	
HC TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	51850	CPT				outpatient			18870			Managed Care Inc	Managed Care Inc	16983	90			5661	17926.5	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	First Trenton	First Trenton	2617.45	90			117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Horizon	NJ Health	117.45			66.36	117.45	2762.87	fee schedule	$3,681 All-Inclusive Case Rate
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	WellPoint	WellPoint	902.73	31.04		692.69	117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Aetna	Commercial	1263.95			1096.97	117.45	2762.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Qualcare	Qualcare	2181.21	75			117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Amerihealth	Medicare	774.48				117.45	2762.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Amerihealth	HMO/PPO	125			451.93	117.45	2762.87	fee schedule	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Aetna	Better Health	885.28	30.44		694.98	117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Horizon	Medicare Blue	774.48			529.56	117.45	2762.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Wellcare	Medicare	774.48			515.24	117.45	2762.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	First Health	First Health	2035.8	70			117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Aetna	Medicare	774.48			429.92	117.45	2762.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	UHC	Medicare	774.48			635.12	117.45	2762.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Horizon	MGD	1498.62			703.94	117.45	2762.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Three Rivers	Three Rivers	2762.87	95			117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Corrections	Corrections	2326.62	80		715.03	117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Horizon	PPO	1498.62			1278.72	117.45	2762.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	United	CommercialPPO	1871.51			677.29	117.45	2762.87	case rate	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Wellcare	Medicaid	885.28	30.44		738.87	117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Americare	Americare	2181.21	75			117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Managed Care Inc	Managed Care Inc	2617.45	90			117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Horizon	Indemnity	1498.62			1212.98	117.45	2762.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Consumer	Consumer	2762.87	95			117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	Multiplan	Multiplan	2326.62	80			117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	UHC	Medicaid	885.28	30.44		640.76	117.45	2762.87	percent of total billed charges	
CYSTOURETHROSCOPY	52000	CPT				both			2908.28		890.65	United	Oxford	1871.51				117.45	2762.87	case rate	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Corrections	Corrections	5623.87	80			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Aetna	Medicare	2376.93				238.82	6678.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Three Rivers	Three Rivers	6678.35	95			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Amerihealth	Medicare	2376.93				238.82	6678.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Multiplan	Multiplan	5623.87	80			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Aetna	Better Health	2139.88	30.44			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Amerihealth	HMO/PPO	550				238.82	6678.35	fee schedule	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Horizon	Medicare Blue	2376.93				238.82	6678.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	First Trenton	First Trenton	6326.86	90			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Consumer	Consumer	6678.35	95			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	UHC	Medicaid	2139.88	30.44			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	UHC	Medicare	2376.93				238.82	6678.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Qualcare	Qualcare	5272.38	75			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Aetna	Commercial	3879.15				238.82	6678.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	First Health	First Health	4920.89	70			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Horizon	NJ Health	238.82				238.82	6678.35	fee schedule	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Horizon	Indemnity	4599.36				238.82	6678.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Americare	Americare	5272.38	75			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	United	Oxford	2869.28				238.82	6678.35	case rate	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Horizon	MGD	4599.36				238.82	6678.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Horizon	PPO	4599.36				238.82	6678.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Wellcare	Medicaid	2139.88	30.44			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Managed Care Inc	Managed Care Inc	6326.86	90			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	Wellcare	Medicare	2376.93				238.82	6678.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	United	CommercialPPO	2859.28				238.82	6678.35	case rate	
CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION	52005	CPT				outpatient			7029.84		2733.47	WellPoint	WellPoint	2182.06	31.04			238.82	6678.35	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Consumer	Consumer	6548.5	95			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Americare	Americare	5169.87	75			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Amerihealth	HMO/PPO	550				153.47	6548.5	fee schedule	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Horizon	Medicare Blue	2376.93				153.47	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Aetna	Better Health	2098.28	30.44			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Aetna	Commercial	3879.15				153.47	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Horizon	MGD	4599.36				153.47	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Amerihealth	Medicare	2376.93				153.47	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Corrections	Corrections	5514.53	80			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	First Trenton	First Trenton	6203.84	90			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	First Health	First Health	4825.21	70			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	UHC	Medicare	2376.93				153.47	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Multiplan	Multiplan	5514.53	80			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Aetna	Medicare	2376.93				153.47	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	UHC	Medicaid	2098.28	30.44			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Horizon	NJ Health	153.47				153.47	6548.5	fee schedule	$3,681 All-Inclusive Case Rate
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Horizon	Indemnity	4599.36				153.47	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Wellcare	Medicaid	2098.28	30.44			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	United	CommercialPPO	2859.28				153.47	6548.5	case rate	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Three Rivers	Three Rivers	6548.5	95			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Qualcare	Qualcare	5169.87	75			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Horizon	PPO	4599.36				153.47	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Wellcare	Medicare	2376.93				153.47	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	Managed Care Inc	Managed Care Inc	6203.84	90			153.47	6548.5	percent of total billed charges	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	United	Oxford	2859.28				153.47	6548.5	case rate	
CYSTOURETHROSCOPY WITH BIOPSY	52204	CPT				outpatient			6893.16		2733.47	WellPoint	WellPoint	2139.64	31.04			153.47	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Aetna	Better Health	2098.28	30.44			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Amerihealth	Medicare	2376.93				168.08	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Corrections	Corrections	5514.53	80			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Aetna	Medicare	2376.93				168.08	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Horizon	NJ Health	168.08			39.37	168.08	6548.5	fee schedule	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	First Health	First Health	4825.21	70			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Aetna	Commercial	3879.15				168.08	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Americare	Americare	5169.87	75			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Consumer	Consumer	6548.5	95			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Horizon	Indemnity	4599.36				168.08	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Multiplan	Multiplan	5514.53	80			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	First Trenton	First Trenton	6203.84	90			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Wellcare	Medicare	2376.93				168.08	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Horizon	Medicare Blue	2376.93				168.08	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Qualcare	Qualcare	5169.87	75			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Amerihealth	HMO/PPO	550				168.08	6548.5	fee schedule	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	United	Oxford	2567.79				168.08	6548.5	case rate	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Horizon	PPO	4599.36				168.08	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Wellcare	Medicaid	2098.28	30.44			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Horizon	MGD	4599.36				168.08	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	UHC	Medicare	2376.93				168.08	6548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Managed Care Inc	Managed Care Inc	6203.84	90			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	UHC	Medicaid	2098.28	30.44			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	Three Rivers	Three Rivers	6548.5	95			168.08	6548.5	percent of total billed charges	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	United	CommercialPPO	2567.79				168.08	6548.5	case rate	
CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	52281	CPT				outpatient			6893.16		2733.47	WellPoint	WellPoint	2139.64	31.04			168.08	6548.5	percent of total billed charges	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33		2733.47	Amerihealth	Medicare	2376.93				222.89	8458.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33		2733.47	Aetna	Commercial	3879.15				222.89	8458.16	other	Payer-specific negotiated charge calculated as

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	UHC	Medicaid	2710.17	30.44		1047.64	222.89		8458.16	percent of total billed charges	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	Multiplan	Multiplan	7122.66	80			222.89		8458.16	percent of total billed charges	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	Corrections	Corrections	7122.66	80			222.89		8458.16	percent of total billed charges	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	United	Oxford	2567.79				222.89		8458.16	case rate	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	Horizon	NJ Health	222.89			37.44	222.89		8458.16	fee schedule	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	Three Rivers	Three Rivers	8458.16	95			222.89		8458.16	percent of total billed charges	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	Horizon	Medicare Blue	2376.93				222.89		8458.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	Qualcare	Qualcare	6677.5	75			222.89		8458.16	percent of total billed charges	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	Horizon	PPO	4599.36			4478.57	222.89		8458.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	UHC	Medicare	2376.93			2353.17	222.89		8458.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	WellPoint	WellPoint	2763.59	31.04		2129.36	222.89		8458.16	percent of total billed charges	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	United	Commercial/PPO	2567.79				222.89		8458.16	case rate	
CYSTO W/SIMPLE REMOVAL STONE & STENT	52310	CPT				outpatient			8903.33	2733.47	Wellcare	Medicaid	2710.17	30.44			222.89		8458.16	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	First Health	First Health	4979.95	70			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	First Trenton	First Trenton	6402.8	90			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Consumer	Consumer	6758.51	95			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Aetna	Commercial	3879.15				222.89		6758.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Multiplan	Multiplan	5691.38	80			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Amerihealth	Medicare	2376.93				222.89		6758.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Aetna	Better Health	2165.57	30.44			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Americare	Americare	5335.67	75			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Three Rivers	Three Rivers	6758.51	95			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	UHC	Medicare	2376.93				222.89		6758.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Corrections	Corrections	5691.38	80			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Amerihealth	HMO/PPO	550				222.89		6758.51	fee schedule	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Qualcare	Qualcare	5335.67	75			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Horizon	Indemnity	4599.36				222.89		6758.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Aetna	Medicare	2376.93				222.89		6758.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Wellcare	Medicare	2376.93				222.89		6758.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	United	Commercial/PPO	2859.28				222.89		6758.51	case rate	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Horizon	PPO	4599.36				222.89		6758.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Horizon	Medicare Blue	2376.93				222.89		6758.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	United	Oxford	2859.28				222.89		6758.51	case rate	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	UHC	Medicaid	2165.57	30.44			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	WellPoint	WellPoint	2208.25	31.04			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Horizon	MGD	4599.36				222.89		6758.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Wellcare	Medicaid	2165.57	30.44			222.89		6758.51	percent of total billed charges	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Horizon	NJ Health	222.89				222.89		6758.51	fee schedule	
CYSTO W/COMPLEX REMOVAL STONE & STENT	52315	CPT				outpatient			7114.22	2733.47	Managed Care Inc	Managed Care Inc	6402.8	90			222.89		6758.51	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Amerihealth	Medicare	282.2				282.77		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Aetna	Better Health	262.77	30.44			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Americare	Americare	647.44	75			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Consumer	Consumer	820.09	95			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Aetna	Medicare	282.2				282.77		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Amerihealth	HMO/PPO	561.11	65			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Wellcare	Medicaid	262.77	30.44			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Aetna	Commercial	460.55				282.77		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Horizon	Medicare Blue	282.2				282.77		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Corrections	Corrections	690.6	80			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Three Rivers	Three Rivers	820.09	95			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	First Health	First Health	604.28	70			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	United	Commercial/PPO	1835.46				282.77		1835.46	case rate	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Qualcare	Qualcare	647.44	75			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	United	Oxford	1835.46				282.77		1835.46	case rate	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Horizon	MGD	546.06				282.77		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	First Trenton	First Trenton	776.93	90			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Multiplan	Multiplan	690.6	80			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	UHC	Medicare	282.2			257.5	282.77		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	UHC	Medicaid	262.77	30.44			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Horizon	Indemnity	546.06				282.77		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Wellcare	Medicare	282.2				282.77		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Horizon	PPO	546.06				282.77		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	WellPoint	WellPoint	267.95	31.04			282.77		1835.46	percent of total billed charges	
PERIURETHRAL TPRNL ADJTBL BALO CNTNC DEV ADJMT	53454	CPT				outpatient			863.25	324.53	Managed Care Inc	Managed Care Inc	776.93	90			282.77		1835.46	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Amerihealth	Medicare	2122.49				101.06		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Aetna	Better Health	1952.66	30.44			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Aetna	Commercial	3463.9				101.06		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Americare	Americare	4811.09	75			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Horizon	Medicare Blue	2122.49				101.06		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Aetna	Medicare	2122.49				101.06		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Corrections	Corrections	5131.82	80			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	First Trenton	First Trenton	5773.3	90			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Consumer	Consumer	6094.04	95			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Horizon	PPO	4107.02				101.06		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Multiplan	Multiplan	5131.82	80			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Amerihealth	HMO/PPO	300				101.06		6094.04	fee schedule	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	United	Oxford	2567.79				101.06		6094.04	case rate	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	First Health	First Health	4490.35	70			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Qualcare	Qualcare	4811.09	75			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Horizon	NJ Health	101.06				101.06		6094.04	fee schedule	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Wellcare	Medicaid	1952.66	30.44			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	WellPoint	WellPoint	1991.15	31.04			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Wellcare	Medicare	2122.49				101.06		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Horizon	Indemnity	4107.02				101.06		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Horizon	MGD	4107.02				101.06		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Managed Care Inc	Managed Care Inc	5773.3	90			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	UHC	Medicare	2122.49				101.06		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	UHC	Medicaid	1952.66	30.44			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	Three Rivers	Three Rivers	6094.04	95			101.06		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	54055	CPT				outpatient			6414.78	2440.86	United	Commercial/PPO	2567.79				101.06		6094.04	case rate	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Multiplan	Multiplan	5131.82	80			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Aetna	Better Health	1952.66	30.44			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Corrections	Corrections	5131.82	80			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Aetna	Commercial	3463.9				138.33		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	First Health	First Health	4490.35	70			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Consumer	Consumer	6094.04	95			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	First Trenton	First Trenton	5773.3	90			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Americare	Americare	4811.09	75			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Qualcare	Qualcare	4811.09	75			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Horizon	MGD	4107.02				138.33		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Managed Care Inc	Managed Care Inc	5773.3	90			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Aetna	Medicare	2122.49				138.33		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Horizon	Indemnity	4107.02				138.33		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Horizon	Medicare Blue	2122.49				138.33		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Three Rivers	Three Rivers	6094.04	95			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Amerihealth	HMO/PPO	300				138.33		6094.04	fee schedule	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	UHC	Medicaid	1952.66	30.44			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Horizon	PPO	4107.02				138.33		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Wellcare	Medicare	2122.49				138.33		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	UHC	Medicare	2122.49				138.33		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	United	Commercial/PPO	2567.79				138.33		6094.04	case rate	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Horizon	NJ Health	138.33				138.33		6094.04	fee schedule	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	United	Oxford	2567.79				138.33		6094.04	case rate	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Amerihealth	Medicare	2122.49				138.33		6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	Wellcare	Medicaid	1952.66	30.44			138.33		6094.04	percent of total billed charges	
DSTRJ LESION PENIS SIMPLE SURG EXCISION	54060	CPT				outpatient			6414.78	2440.86	WellPoint	WellPoint	1991.15	31.04			138.33		6094.04	percent of total billed charges	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Consumer	Consumer	820.09	95			101.06		1835.46	percent of total billed charges	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	First Health	First Health	604.28	70			101.06		1835.46	percent of total billed charges	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Aetna	Medicare	282.2				101.06		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Aetna	Commercial	460.55			485.18	101.06		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Corrections	Corrections	690.6	80			101.06		1835.46	percent of total billed charges	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Aetna	Better Health	262.77	30.44			101.06		1835.46	percent of total billed charges	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Americare	Americare	647.44	75			101.06		1835.46	percent of total billed charges	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	United	Commercial/PPO	1835.46				101.06		1835.46	case rate	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Horizon	NJ Health	101.06				101.06		1835.46	fee schedule	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Multiplan	Multiplan	690.6	80			101.06		1835.46	percent of total billed charges	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Amerihealth	HMO/PPO	300				101.06		1835.46	fee schedule	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Amerihealth	Medicare	282.2				101.06		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Horizon	PPO	546.06			462.83	101.06		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	UHC	Medicare	282.2				101.06		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Horizon	MGD	546.06				101.06		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	United	Oxford	1835.46				101.06		1835.46	case rate	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient			863.25	324.53	Three Rivers	Three Rivers	820.09	95			101.06		1835.46	percent of total billed charges	
INJECTION PROCEDURE FOR PEYRONIE DISEASE	54200	CPT				outpatient		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Corrections	Corrections	753.98	80			224.96	1835.46	percent of total billed charges	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Amerihealth	Medicare	282.2				224.96	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Consumer	Consumer	895.36	95			224.96	1835.46	percent of total billed charges	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	First Trenton	First Trenton	848.23	90			224.96	1835.46	percent of total billed charges	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Multiplan	Multiplan	753.98	80			224.96	1835.46	percent of total billed charges	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Horizon	Medicare Blue	282.2				224.96	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Wellcare	Medicaid	286.89	30.44			224.96	1835.46	percent of total billed charges	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Horizon	MGD	546.06				224.96	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Horizon	NJ Health	224.96				224.96	1835.46	fee schedule	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Horizon	Indemnity	546.06				224.96	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	UHC	Medicaid	286.89	30.44		274.9	224.96	1835.46	percent of total billed charges	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Managed Care Inc	Managed Care Inc	848.23	90			224.96	1835.46	percent of total billed charges	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Qualcare	Qualcare	706.86	75			224.96	1835.46	percent of total billed charges	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	UHC	Medicare	282.2				224.96	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	United	Oxford	1835.46				224.96	1835.46	case rate	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Three Rivers	Three Rivers	895.36	95			224.96	1835.46	percent of total billed charges	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Horizon	PPO	546.06				224.96	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	Wellcare	Medicare	282.2				224.96	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	United	CommercialPPO	1835.46				224.96	1835.46	case rate	
IRRIGATION CORPORA CAVERNOSA PRIAPISM	54220	CPT				outpatient			942.48	324.53	WellPoint	WellPoint	292.55	31.04			224.96	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Qualcare	Qualcare	600.53	75			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Aetna	Better Health	243.73	30.44			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	First Health	First Health	560.49	70			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Horizon	MGD	546.06				62.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Corrections	Corrections	640.56	80			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Aetna	Commercial	460.55			397.81	62.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Amerihealth	HMO/PPO	125				62.72	1835.46	fee schedule	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Horizon	Medicare Blue	282.2			92.09	62.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	United	CommercialPPO	1835.46				62.72	1835.46	case rate	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Aetna	Medicare	282.2				62.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Horizon	NJ Health	62.72			40.57	62.72	1835.46	fee schedule	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Horizon	PPO	546.06			398.36	62.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	First Trenton	First Trenton	720.63	90			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Amerihealth	Medicare	282.2				62.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Horizon	Indemnity	546.06				62.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	UHC	Medicare	282.2			148.72	62.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Managed Care Inc	Managed Care Inc	720.63	90			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Americare	Americare	600.53	75			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Three Rivers	Three Rivers	760.67	95			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Multiplan	Multiplan	640.56	80			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	UHC	Medicaid	243.73	30.44		255.54	62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Consumer	Consumer	760.67	95			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Wellcare	Medicare	282.2				62.72	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	Wellcare	Medicaid	243.73	30.44			62.72	1835.46	percent of total billed charges	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	United	Oxford	1835.46				62.72	1835.46	case rate	
INJECTION CORPORA CAVERNOSA PHARMACOLOGIC AGENT	54235	CPT				outpatient			800.7	324.53	WellPoint	WellPoint	248.54	31.04		200.99	62.72	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Aetna	Commercial	460.55				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Amerihealth	HMO/PPO	300				91.35	1835.46	fee schedule	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Aetna	Better Health	434.99	30.44			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	First Trenton	First Trenton	1286.12	90			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Americare	Americare	1071.77	75			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	UHC	Medicaid	434.99	30.44			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Consumer	Consumer	1357.57	95			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Three Rivers	Three Rivers	1357.57	95			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Aetna	Medicare	282.2				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Amerihealth	Medicare	282.2				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Wellcare	Medicare	282.2				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Horizon	MGD	546.06				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Multiplan	Multiplan	1143.22	80			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	First Health	First Health	1000.31	70			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Corrections	Corrections	1143.22	80			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Horizon	NJ Health	91.35			51.18	91.35	1835.46	fee schedule	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Qualcare	Qualcare	1071.77	75			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Horizon	Indemnity	546.06				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Horizon	Medicare Blue	282.2				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Horizon	PPO	546.06				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	United	Oxford	1835.46				91.35	1835.46	case rate	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	United	CommercialPPO	1835.46				91.35	1835.46	case rate	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Managed Care Inc	Managed Care Inc	1286.12	90			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	Wellcare	Medicaid	434.99	30.44			91.35	1835.46	percent of total billed charges	
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	UHC	Medicare	282.2				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORESKN MANU WILSS PREPUTIAL ADS&STRETCHING	54450	CPT				outpatient			1429.02	324.53	WellPoint	WellPoint	443.57	31.04			91.35	1835.46	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Multiplan	Multiplan	5729.95	80			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Aetna	Medicare	2206.03	30.8			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	First Trenton	First Trenton	6446.2	90			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Aetna	Better Health	2180.25	30.44			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Corrections	Corrections	5729.95	80			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Aetna	Commercial	3879.15			2146.09	200.68	6804.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Americare	Americare	5371.83	75			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Wellcare	Medicare	2376.93				200.68	6804.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Qualcare	Qualcare	5371.83	75			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Amerihealth	Medicare	2376.93				200.68	6804.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Horizon	MGD	4599.36				200.68	6804.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Consumer	Consumer	6804.32	95			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Amerihealth	HMO/PPO	550				200.68	6804.32	fee schedule	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	First Health	First Health	5013.71	70			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Horizon	NJ Health	200.68				200.68	6804.32	fee schedule	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	United	Oxford	2859.28				200.68	6804.32	case rate	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Managed Care Inc	Managed Care Inc	6446.2	90			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Horizon	Indemnity	4599.36				200.68	6804.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Three Rivers	Three Rivers	6804.32	95			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Wellcare	Medicaid	2180.25	30.44			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Horizon	Medicare Blue	2376.93				200.68	6804.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	Horizon	PPO	4599.36				200.68	6804.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	UHC	Medicare	2376.93				200.68	6804.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	UHC	Medicaid	2180.25	30.44			200.68	6804.32	percent of total billed charges	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	United	CommercialPPO	2859.28				200.68	6804.32	case rate	
I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	54700	CPT				outpatient			7162.44	2733.47	WellPoint	WellPoint	2223.22	31.04			200.68	6804.32	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Horizon	MGD	1579.71				58.46	2293.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Aetna	Commercial	1332.35				58.46	2293.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Aetna	Better Health	734.93	30.44			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Aetna	Medicare	816.39				58.46	2293.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Horizon	PPO	1579.71				58.46	2293.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Americare	Americare	1810.76	75			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	First Health	First Health	1690.04	70			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Multiplan	Multiplan	1931.47	80			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	UHC	Medicaid	734.93	30.44			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Amerihealth	Medicare	816.39				58.46	2293.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Consumer	Consumer	2293.62	95			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Corrections	Corrections	1931.47	80			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Wellcare	Medicare	816.39				58.46	2293.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Amerihealth	HMO/PPO	125				58.46	2293.62	fee schedule	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Horizon	Indemnity	1579.71				58.46	2293.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Qualcare	Qualcare	1810.76	75			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	UHC	Medicare	816.39				58.46	2293.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Wellcare	Medicaid	734.93	30.44			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	First Trenton	First Trenton	2172.91	90			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Horizon	Medicare Blue	816.39				58.46	2293.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	United	CommercialPPO	1871.51				58.46	2293.62	case rate	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	WellPoint	WellPoint	749.41	31.04		725.03	58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Horizon	NJ Health	58.46				58.46	2293.62	fee schedule	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Managed Care Inc	Managed Care Inc	2172.91	90			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	Three Rivers	Three Rivers	2293.62	95			58.46	2293.62	percent of total billed charges	
PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	55000	CPT				outpatient			2414.34	938.85	United	Oxford	1871.51				58.46	2293.62	case rate	
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	Aetna	Commercial	3068.16				109.62	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	Horizon	Medicare Blue	1880				109.62	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	Consumer	Consumer	5294.62	95			109.62	5294.62	percent of total billed charges	
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	First Trenton	First Trenton	5015.95	90			109.62	5294.62	percent of total billed charges	
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	Americare	Americare	4179.96	75			109.62	5294.62	percent of total billed charges	
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	Aetna	Better Health	1696.51	30.44			109.62	5294.62	percent of total billed charges	
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	Aetna	Medicare	1716.57	30.8			109.62	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	Horizon	Indemnity	3637.8				109.62	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	Amerihealth	Medicare	1880				109.62	5294.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE SCROTAL WALL ABSCESS	55100

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	Qualcare	Qualcare	4179.96	75			109.62	5294.62	percent of total billed charges	
DRAINAGE SCROTAL WALL ABSCESS	55100	CPT				both			5573.28	2162	United	CommercialPPO	2567.79				109.62	5294.62	case rate	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Horizon	Medicare Blue	2376.93			1448.95	109.62	8218.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Aetna	Better Health	2633.33	30.44			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Americare	Americare	6488.16	75			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Consumer	Consumer	8218.34	95			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	United	CommercialPPO	2567.79				109.62	8218.34	case rate	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Aetna	Medicare	2376.93				109.62	8218.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Amerihealth	Medicare	2376.93				109.62	8218.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Aetna	Commercial	3879.15			2155.33	109.62	8218.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	UHC	Medicaid	2633.33	30.44		467.14	109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Multiplan	Multiplan	6920.7	80			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Three Rivers	Three Rivers	8218.34	95			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	First Trenton	First Trenton	7785.79	90			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Wellcare	Medicaid	2633.33	30.44		1892.1	109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Amerihealth	HMO/PPO	650				109.62	8218.34	fee schedule	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Horizon	Indemnity	4599.36				109.62	8218.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Corrections	Corrections	6920.7	80			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Wellcare	Medicare	2376.93				109.62	8218.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	First Health	First Health	6055.62	70			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Horizon	MGD	4599.36			2549.4	109.62	8218.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Horizon	NJ Health	109.62			203.14	109.62	8218.34	fee schedule	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Qualcare	Qualcare	6488.16	75			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Horizon	PPO	4599.36				109.62	8218.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	United	Oxford	2567.79			730.08	109.62	8218.34	case rate	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	Managed Care Inc	Managed Care Inc	7785.79	90			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	WellPoint	WellPoint	2685.23	31.04			109.62	8218.34	percent of total billed charges	
PROSTATE NEEDLE BIOPSY ANY APPROACH	55700	CPT				outpatient			8650.88	2733.47	UHC	Medicare	2376.93			1690.62	109.62	8218.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Consumer	Consumer	28986.34	95			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Americare	Americare	22883.96	75			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Aetna	Medicare	9397.68	30.8			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Amerihealth	Medicare	12080.35				800	28986.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Aetna	Better Health	9287.83	30.44			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Aetna	Commercial	19715.13				800	28986.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Horizon	MGD	23375.48				800	28986.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Horizon	Medicare Blue	12080.35				800	28986.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Corrections	Corrections	24409.55	80			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	First Trenton	First Trenton	27460.75	90			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Amerihealth	HMO/PPO	800				800	28986.34	fee schedule	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	UHC	Medicare	12080.35				800	28986.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Multiplan	Multiplan	24409.55	80			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Wellcare	Medicaid	9287.83	30.44			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	UHC	Medicaid	9287.83	30.44			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Managed Care Inc	Managed Care Inc	27460.75	90			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Horizon	Indemnity	23375.48				800	28986.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Three Rivers	Three Rivers	28986.34	95			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	First Health	First Health	21358.36	70			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Qualcare	Qualcare	22883.96	75			800	28986.34	percent of total billed charges	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	United	CommercialPPO	6018.29				800	28986.34	case rate	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Horizon	NJ Health	1762.61				800	28986.34	fee schedule	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Wellcare	Medicare	12080.35				800	28986.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	Horizon	PPO	23375.48				800	28986.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	United	Oxford	6018.29				800	28986.34	case rate	
LAPS SURG PRSTBECT RPBIC RAD W/NRV SPARING ROBOT	55866	CPT				outpatient			30511.94	13892.4	WellPoint	WellPoint	9470.91	31.04			800	28986.34	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Americare	Americare	13486.19	75			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Corrections	Corrections	14385.26	80			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Amerihealth	Medicare	5898.63				1025.73	17082.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Consumer	Consumer	17082.5	95			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Aetna	Medicare	5898.63				1025.73	17082.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Aetna	Commercial	9626.56				1025.73	17082.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Horizon	Medicare Blue	5898.63				1025.73	17082.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Aetna	Better Health	5473.59	30.44			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Horizon	MGD	11413.85				1025.73	17082.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Horizon	NJ Health	1025.73				1025.73	17082.5	fee schedule	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Horizon	Indemnity	11413.85				1025.73	17082.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	UHC	Medicaid	5473.59	30.44			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	First Trenton	First Trenton	16183.42	90			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Amerihealth	HMO/PPO	11688.03	65			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	UHC	Medicare	5898.63				1025.73	17082.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	First Health	First Health	12587.11	70			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Managed Care Inc	Managed Care Inc	16183.42	90			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Multiplan	Multiplan	14385.26	80			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Horizon	PPO	11413.85				1025.73	17082.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	United	Oxford	4843.06				1025.73	17082.5	case rate	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Three Rivers	Three Rivers	17082.5	95			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Qualcare	Qualcare	13486.19	75			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	United	CommercialPPO	4843.06				1025.73	17082.5	case rate	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Wellcare	Medicaid	5473.59	30.44			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	WellPoint	WellPoint	5581.48	31.04			1025.73	17082.5	percent of total billed charges	
TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/ML NJX	55874	CPT				outpatient			17981.58	6783.42	Wellcare	Medicare	5898.63				1025.73	17082.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Wellcare	Medicaid	5366.47	30.44			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Amerihealth	Medicare	5898.63				1400	16748.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Aetna	Better Health	5366.47	30.44			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	First Health	First Health	12340.78	70			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Aetna	Medicare	5429.94	30.8			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Horizon	Medicare Blue	5898.63				1400	16748.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Corrections	Corrections	14103.74	80			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Amerihealth	HMO/PPO	1400				1400	16748.2	fee schedule	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Americare	Americare	13222.26	75			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Horizon	Indemnity	11413.85				1400	16748.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Aetna	Commercial	9626.56				1400	16748.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	First Trenton	First Trenton	15866.71	90			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Consumer	Consumer	16748.2	95			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	UHC	Medicare	5898.63				1400	16748.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Multiplan	Multiplan	14103.74	80			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Horizon	MGD	11413.85				1400	16748.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	United	Oxford	6552.86				1400	16748.2	case rate	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Horizon	PPO	11413.85				1400	16748.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Qualcare	Qualcare	13222.26	75			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Managed Care Inc	Managed Care Inc	15866.71	90			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Wellcare	Medicare	5898.63				1400	16748.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	UHC	Medicaid	5366.47	30.44			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	United	CommercialPPO	6552.86				1400	16748.2	case rate	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	Three Rivers	Three Rivers	16748.2	95			1400	16748.2	percent of total billed charges	
TRANSPERINEAL PLMT NDLCATHS PROSTATE RADJ INSJ	55875	CPT				outpatient			17629.68	6783.42	WellPoint	WellPoint	5472.25	31.04			1400	16748.2	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Multiplan	Multiplan	4115.09	80			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Aetna	Commercial	2591				125	4886.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Americare	Americare	3857.9	75			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Aetna	Better Health	1565.79	30.44			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Consumer	Consumer	4886.67	95			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Amerihealth	HMO/PPO	125				125	4886.67	fee schedule	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Aetna	Medicare	1587.62				125	4886.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Horizon	Medicare Blue	1587.62				125	4886.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Qualcare	Qualcare	3857.9	75			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Horizon	MGD	3072.04				125	4886.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	First Trenton	First Trenton	4629.47	90			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Horizon	PPO	3072.04				125	4886.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Horizon	Indemnity	3072.04				125	4886.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Amerihealth	Medicare	1587.62				125	4886.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Corrections	Corrections	4115.09	80			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Wellcare	Medicare	1587.62				125	4886.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	United	CommercialPPO	2567.79				125	4886.67	case rate	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	UHC	Medicaid	1565.79	30.44			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Managed Care Inc	Managed Care Inc	4629.47	90			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	WellPoint	WellPoint	1596.65	31.04			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	United	Oxford	2567.79				125	4886.67	case rate	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	First Health	First Health	3600.7	70			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	Three Rivers	Three Rivers	4886.67	95			125	4886.67	percent of total billed charges	
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT				outpatient			5143.86	1825.76	UHC	Medicare	1587.62				125	4886.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	55876	CPT			

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	55920	CPT				both			17611.32	6587.04	Multiplan		14089.06				1400	16730.75	percent of total billed charges	
PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	55920	CPT				both			17611.32	6587.04	UHC		Medicare		5727.86		3122.78	1400	16730.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	55920	CPT				both			17611.32	6587.04	Wellcare		Medicare		5727.86			1400	16730.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	55920	CPT				both			17611.32	6587.04	UHC		Medicaid		5360.89	30.44		1400	16730.75	percent of total billed charges	
PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	55920	CPT				both			17611.32	6587.04	WellPoint		WellPoint		5466.55	31.04		1400	16730.75	percent of total billed charges	
PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	55920	CPT				both			17611.32	6587.04	Qualcare		Qualcare		13208.49	75		1400	16730.75	percent of total billed charges	
PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	55920	CPT				both			17611.32	6587.04	United		Commercial|PPO		3596.76			1400	16730.75	case rate	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Aetna	Commercial		576.03			76.6	2031.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Consumer	Consumer		2031.99	95		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Amerihealth	HMO|PPO		550			76.6	2031.99	fee schedule	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Aetna	Better Health		651.09	30.44		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Horizon	MGD		682.98			76.6	2031.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Americare	Americare		1604.21	75		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	First Trenton	First Trenton		1925.05	90		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Multiplan	Multiplan		1711.15	80		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Aetna	Medicare		352.96			76.6	2031.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Corrections	Corrections		1711.15	80		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Amerihealth	Medicare		352.96			76.6	2031.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Horizon	PPO		682.98			76.6	2031.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Horizon	Medicare Blue		352.96			76.6	2031.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Three Rivers	Three Rivers		2031.99	95		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	First Health	First Health		1497.26	70		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Qualcare	Qualcare		1604.21	75		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Managed Care Inc	Managed Care Inc		1925.05	90		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Horizon	NJ Health		76.6			76.6	2031.99	fee schedule	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Horizon	Indemnity		682.98			76.6	2031.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	UHC	Medicare		352.96			76.6	2031.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	UHC	Medicaid		651.09	30.44	550.83	76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Wellcare	Medicare		352.96			76.6	2031.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	United	Commercial|PPO		1835.46			76.6	2031.99	case rate	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	WellPoint	WellPoint		663.93	31.04		76.6	2031.99	percent of total billed charges	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	United	Oxford		1835.46			76.6	2031.99	case rate	
I&D VULVA|PERINEAL ABSCESS	56405	CPT				outpatient			2138.94		405.9	Wellcare	Medicaid		651.09	30.44		76.6	2031.99	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Aetna	Medicare		233.42			73.79	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Amerihealth	Medicare		233.42			73.79	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Three Rivers	Three Rivers		628.88	95		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Corrections	Corrections		529.58	80		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	WellPoint	WellPoint		205.48	31.04		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Aetna	Better Health		201.51	30.44		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Aetna	Commercial		380.94			73.79	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	First Trenton	First Trenton		595.78	90		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Horizon	MGD		451.67			73.79	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	First Health	First Health		463.39	70		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	UHC	Medicaid		201.51	30.44	179.24	73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Horizon	NJ Health		73.79		134.41	73.79	1835.46	fee schedule	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Horizon	PPO		451.67			73.79	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Americare	Americare		496.49	75		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Amerihealth	HMO|PPO		550		146.95	73.79	1835.46	fee schedule	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Managed Care Inc	Managed Care Inc		595.78	90		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Horizon	Indemnity		451.67			73.79	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Horizon	Medicare Blue		233.42			73.79	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	UHC	Medicare		233.42			73.79	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	United	Commercial|PPO		1835.46			73.79	1835.46	case rate	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Consumer	Consumer		628.88	95		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Wellcare	Medicare		233.42			73.79	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Multiplan	Multiplan		529.58	80		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	United	Oxford		1835.46			73.79	1835.46	case rate	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Qualcare	Qualcare		496.49	75		73.79	1835.46	percent of total billed charges	
I&D OF BARTHOLINS GLAND ABSCESS	56420	CPT				outpatient			661.98		268.43	Wellcare	Medicaid		201.51	30.44		73.79	1835.46	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Horizon	PPO		7138.74			210.26	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Amerihealth	Medicare		3689.27			210.26	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Aetna	Better Health		2220.61	30.44		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Aetna	Commercial		6020.89			210.26	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Consumer	Consumer		6930.29	95		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	UHC	Medicaid		2220.61	30.44		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Horizon	Medicare Blue		3689.27			210.26	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Aetna	Medicare		3689.27			210.26	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	WellPoint	WellPoint		2264.38	31.04		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	First Trenton	First Trenton		6565.54	90		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	First Health	First Health		5106.53	70		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Americare	Americare		5471.28	75		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Corrections	Corrections		5836.03	80		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	United	Oxford		2859.28			210.26	7138.74	case rate	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Qualcare	Qualcare		5471.28	75		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Amerihealth	HMO|PPO		550			210.26	7138.74	fee schedule	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Horizon	NJ Health		210.26			210.26	7138.74	fee schedule	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Horizon	Indemnity		7138.74			210.26	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Multiplan	Multiplan		5836.03	80		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Horizon	MGD		7138.74			210.26	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Three Rivers	Three Rivers		6930.29	95		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Managed Care Inc	Managed Care Inc		6565.54	90		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Wellcare	Medicaid		2220.61	30.44		210.26	7138.74	percent of total billed charges	
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	UHC	Medicare		3689.27			210.26	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	Wellcare	Medicare		3689.27			210.26	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUPIALIZATION BARTHOLINS GLAND CYST	56440	CPT				outpatient			7295.04		4242.66	United	Commercial|PPO		2859.28			210.26	7138.74	case rate	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Horizon	PPO		7138.74			109.62	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Aetna	Commercial		6020.89			109.62	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Horizon	Medicare Blue		3689.27			109.62	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	First Trenton	First Trenton		9458.15	90		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Aetna	Medicare		3689.27			109.62	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Americare	Americare		7881.8	75		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Aetna	Better Health		3198.96	30.44		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Amerihealth	Medicare		3689.27			109.62	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	WellPoint	WellPoint		3262.01	31.04		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Amerihealth	HMO|PPO		300			109.62	9983.61	fee schedule	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Multiplan	Multiplan		8407.25	80		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	UHC	Medicaid		3198.96	30.44		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Consumer	Consumer		9983.61	95		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Horizon	MGD		7138.74			109.62	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	First Health	First Health		7356.34	70		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Horizon	Indemnity		7138.74			109.62	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Corrections	Corrections		8407.25	80		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	United	Oxford		2859.28			109.62	9983.61	case rate	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Qualcare	Qualcare		7881.8	75		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Managed Care Inc	Managed Care Inc		9458.15	90		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Horizon	NJ Health		109.62			109.62	9983.61	fee schedule	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	UHC	Medicare		3689.27			109.62	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Three Rivers	Three Rivers		9983.61	95		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	United	Commercial|PPO		2859.28			109.62	9983.61	case rate	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Medicaid	Medicaid		3198.96	30.44		109.62	9983.61	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT				outpatient			10509.06		4242.66	Wellcare	Medicare		3689.27			109.62	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	First Trenton	First Trenton		5773.3	90		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Aetna	Better Health		1952.66	30.44		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Aetna	Commercial		3463.9			92.89	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Aetna	Medicare		2122.49			92.89	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Corrections	Corrections		5131.82	80		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	First Health	First Health		4480.35	70		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Americare	Americare		4811.09	75		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Amerihealth	Medicare		2122.49			92.89	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Horizon	NJ Health		92.89			92.89	6094.04	fee schedule	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Amerihealth	HMO|PPO		125			92.89	6094.04	fee schedule	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Multiplan	Multiplan		5131.82	80		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Horizon	MGD		4107.02			92.89	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Horizon	Indemnity		4107.02			92.89	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Horizon	Medicare Blue		2122.49			92.89	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Consumer	Consumer		6094.04	95		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	United	Oxford		2567.79			92.89	6094.04	case rate	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Managed Care Inc	Managed Care Inc		5773.3	90		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Wellcare	Medicaid		1952.66	30.44		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Qualcare	Qualcare		4811.09	75		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	UHC	Medicare		2122.49			92.89	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Horizon	PPO		4107.02			92.89	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Wellcare	Medicare		2122.49			92.89	6094.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	Three Rivers	Three Rivers		6094.04	95		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	UHC	Medicaid		1952.66	30.44		92.89	6094.04	percent of total billed charges	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	United	Commercial|PPO		2567.79			92.89	6094.04	case rate	
DESTRUCTION LESIONS VULVA SIMPLE	56501	CPT				outpatient			6414.78		2440.86	WellPoint	WellPoint		1991.15	31.04		92.89	6094.04	percent of total billed charges	
BIOPSY VULVA|PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3		1161.89	Aetna	Better Health		796.4	30.44	826.34	61.52	2485.49	percent of total billed charges	
BIOPSY VULVA|PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3		1161.89	Horizon	MGD		1965.01		1652.11	61.52	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VULVA|PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3		1161.89	Aetna	Commercial		1648.87			61.52	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VULVA|PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3		1161.89	Aetna	Medicare		805.82

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	First Health	First Health	1831.41	70			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	United	Oxford	1871.51				61.52	2485.49	case rate	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	UHC	Medicare	1010.34			743.85	61.52	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	UHC	Medicaid	796.4	30.44			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	Corrections	Corrections	2093.04	80			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	Wellcare	Medicaid	796.4	30.44			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	Multiplan	Multiplan	2093.04	80			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	First Trenton	First Trenton	2354.67	90			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	Qualcare	Qualcare	1962.23	75			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	Horizon	Indemnity	1955.01				61.52	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	Three Rivers	Three Rivers	2485.49	95			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	Horizon	PPO	1955.01				61.52	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	Managed Care Inc	Managed Care Inc	2354.67	90			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	United	Commercial/PPO	1871.51				61.52	2485.49	case rate	
BIOPSY VULVA/PERINEUM 1 LESION SPX	56605	CPT				outpatient			2616.3	1161.89	WellPoint	WellPoint	812.1	31.04			61.52	2485.49	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		UHC	Medicaid	39.85	30.44			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Consumer	Consumer	124.36	95			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		First Health	First Health	91.64	70			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Corrections	Corrections	104.73	80			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		First Trenton	First Trenton	117.82	90			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Americare	Americare	98.18	75			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Aetna	Better Health	39.85	30.44			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Aetna	Commercial	49.75	38			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		United	Commercial/PPO	1835.46				39.27	1835.46	case rate	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Horizon	Indemnity	50.11	38.28			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Amerihealth	HMO/PPO	300				39.27	1835.46	fee schedule	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Horizon	NJ Health	46.98			5.55	39.27	1835.46	fee schedule	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Horizon	PPO	50.11	38.28			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Multiplan	Multiplan	104.73	80			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		United	Oxford	1835.46				39.27	1835.46	case rate	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Aetna	Medicare	40.32	30.8			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Managed Care Inc	Managed Care Inc	117.82	90			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Horizon	Medicare Blue	39.27	30			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Wellcare	Medicaid	39.85	30.44			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		WellPoint	WellPoint	40.63	31.04			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Qualcare	Qualcare	98.18	75			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Horizon	MGD	50.11	38.28			39.27	1835.46	percent of total billed charges	
BIOPSY VULVA/PERINEUM EACH ADDL LESION	56606	CPT				outpatient			130.91		Three Rivers	Three Rivers	124.36	95			39.27	1835.46	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Aetna	Better Health	3198.96	30.44			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Aetna	Medicare	3689.27				566.81	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Horizon	MGD	7138.74				566.81	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Aetna	Commercial	6020.89				566.81	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Consumer	Consumer	9983.61	95			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Americare	Americare	7881.8	75			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Multiplan	Multiplan	8407.25	80			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	UHC	Medicare	3689.27				566.81	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	First Health	First Health	7356.34	70			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Amerihealth	HMO/PPO	950				566.81	9983.61	fee schedule	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Qualcare	Qualcare	7881.8	75			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Amerihealth	Medicare	3689.27				566.81	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Corrections	Corrections	8407.25	80			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Horizon	Medicare Blue	3689.27				566.81	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	UHC	Medicaid	3198.96	30.44			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Horizon	Indemnity	7138.74				566.81	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	First Trenton	First Trenton	9458.15	90			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Wellcare	Medicaid	3198.96	30.44			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	United	Commercial/PPO	2859.28				566.81	9983.61	case rate	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Horizon	PPO	7138.74				566.81	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Horizon	NJ Health	566.81				566.81	9983.61	fee schedule	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	United	Oxford	2859.28				566.81	9983.61	case rate	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Managed Care Inc	Managed Care Inc	9458.15	90			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	WellPoint	WellPoint	3262.01	31.04			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Three Rivers	Three Rivers	9983.61	95			566.81	9983.61	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT				outpatient			10509.06	4242.66	Wellcare	Medicare	3689.27				566.81	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Aetna	Commercial	6020.89				305.92	7278.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Aetna	Medicare	2359.66	30.8			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Corrections	Corrections	6128.98	80			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Amerihealth	Medicare	3689.27				305.92	7278.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Three Rivers	Three Rivers	7278.16	95			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	WellPoint	WellPoint	2378.04	31.04			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	First Trenton	First Trenton	6895.1	90			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Aetna	Better Health	2332.08	30.44			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Amerihealth	HMO/PPO	650				305.92	7278.16	fee schedule	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Horizon	MGD	7138.74				305.92	7278.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	UHC	Medicaid	2332.08	30.44			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	First Health	First Health	5362.85	70			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Horizon	Indemnity	7138.74				305.92	7278.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Horizon	PPO	7138.74				305.92	7278.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Horizon	NJ Health	305.92				305.92	7278.16	fee schedule	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Americare	Americare	5745.92	75			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	UHC	Medicare	3689.27				305.92	7278.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Horizon	Medicare Blue	3689.27				305.92	7278.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	United	Commercial/PPO	2859.28				305.92	7278.16	case rate	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Consumer	Consumer	7278.16	95			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Managed Care Inc	Managed Care Inc	6895.1	90			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Multiplan	Multiplan	6128.98	80			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Wellcare	Medicare	3689.27				305.92	7278.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	United	Oxford	2859.28				305.92	7278.16	case rate	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Qualcare	Qualcare	5745.92	75			305.92	7278.16	percent of total billed charges	
EXCISION BARTHOLINS GLAND OR CYST	56740	CPT				outpatient			7661.22	4242.66	Wellcare	Medicaid	2332.08	30.44			305.92	7278.16	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Aetna	Better Health	201.51	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	UHC	Medicaid	201.51	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	UHC	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Americare	Americare	496.49	75			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Corrections	Corrections	529.58	80			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	First Health	First Health	463.39	70			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Aetna	Commercial	380.94				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Aetna	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Consumer	Consumer	628.88	95			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	United	Commercial/PPO	1835.46				125	1835.46	case rate	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Amerihealth	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Horizon	PPO	451.67				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Horizon	Medicare Blue	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Horizon	Indemnity	451.67				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	First Trenton	First Trenton	595.78	90			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Three Rivers	Three Rivers	628.88	95			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Horizon	NJ Health	229.68			31.75	125	1835.46	fee schedule	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Multiplan	Multiplan	529.58	80			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Horizon	MGD	451.67				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Wellcare	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Managed Care Inc	Managed Care Inc	595.78	90			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Qualcare	Qualcare	496.49	75			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	United	Oxford	1835.46				125	1835.46	case rate	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	WellPoint	WellPoint	205.48	31.04			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA	56820	CPT				outpatient			661.98	268.43	Wellcare	Medicaid	201.51	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Amerihealth	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Horizon	PPO	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Americare	Americare	816.26	75			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	First Health	First Health	761.84	70			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	First Trenton	First Trenton	979.51	90			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Aetna	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Aetna	Commercial	576.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Aetna	Better Health	331.29	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Horizon	Indemnity	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Corrections	Corrections	870.67	80			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Horizon	Medicare Blue	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Managed Care Inc	Managed Care Inc	979.51	90			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Horizon	MGD	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Horizon	NJ Health	294.93			95.13	125	1835.46	fee schedule	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Consumer	Consumer	1033.92	95			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	UHC	Medicaid	331.29	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Multiplan	Multiplan	870.67	80			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Wellcare	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Three Rivers	Three Rivers	1033.92	95			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	UHC	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Qualcare	Qualcare	816.26	75			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	WellPoint	WellPoint	337.82	31.04			125	1835.46	percent of total billed charges	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	United	Oxford	1835.46				125	1835.46	case rate	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	United	Commercial/PPO	1835.46				125	1835.46	case rate	
COLPOSCOPY VULVA W/BIOPSY	56821	CPT				outpatient			1088.34	405.9	Wellcare	Medicaid	331.29	30.44			125	1835.46	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Aetna	Better Health	796.4	30.44			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Aetna	Commercial	1648.87				58.46	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Horizon	Medicare Blue	1010.34				58.46	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Aetna	Medicare	1010.34				58.46	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Consumer	Consumer	2485.49	95			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Multiplan	Multiplan	2093.04	80			58.46	2485.49	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Amerihealth	Medicare	1010.34				58.46	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Americare	Americare	1962.23	75			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	First Health	First Health	1831.41	70			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Qualcare	Qualcare	1962.23	75			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Horizon	Indemnity	1955.01				58.46	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	First Trenton	First Trenton	2354.67	90			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Corrections	Corrections	2093.04	80			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Amerihealth	HMO/PPO	125				58.46	2485.49	fee schedule	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Horizon	PPO	1955.01				58.46	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Horizon	MGD	1955.01				58.46	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Horizon	NJ Health	58.46				58.46	2485.49	fee schedule	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Managed Care Inc	Managed Care Inc	2354.67	90			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	United	Commercial/PPO	1871.51				58.46	2485.49	case rate	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	UHC	Medicaid	796.4	30.44			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	WellPoint	WellPoint	812.1	31.04			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Three Rivers	Three Rivers	2486.49	95			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	UHC	Medicare	1010.34			424.75	58.46	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Wellcare	Medicaid	796.4	30.44			58.46	2485.49	percent of total billed charges	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	United	Oxford	1871.51				58.46	2485.49	case rate	
BIOPSY VAGINAL MUCOSA SIMPLE	57100	CPT				outpatient			2616.3	1161.89	Wellcare	Medicare	1010.34				58.46	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Aetna	Medicare	5424.6	30.8			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Corrections	Corrections	14089.87	80			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Aetna	Better Health	5361.2	30.44			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Aetna	Commercial	9347.87				125	16731.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	First Trenton	First Trenton	15851.11	90			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Horizon	PPO	11083.41				125	16731.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	First Health	First Health	12328.64	70			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Americare	Americare	13209.26	75			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Amerihealth	Medicare	5727.86				125	16731.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Horizon	MGD	11083.41				125	16731.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Consumer	Consumer	16731.72	95			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Amerihealth	HMO/PPO	125				125	16731.72	fee schedule	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Managed Care Inc	Managed Care Inc	15851.11	90			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	WellPoint	WellPoint	5466.87	31.04			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Horizon	Medicare Blue	5727.86				125	16731.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Horizon	Indemnity	11083.41				125	16731.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Horizon	NJ Health	361.21				125	16731.72	fee schedule	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Wellcare	Medicare	5727.86				125	16731.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Multiplan	Multiplan	14089.87	80			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	UHC	Medicaid	5361.2	30.44			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Three Rivers	Three Rivers	16731.72	95			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	UHC	Medicare	5727.86				125	16731.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Qualcare	Qualcare	13209.26	75			125	16731.72	percent of total billed charges	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	United	Commercial/PPO	1871.51				125	16731.72	case rate	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	United	Oxford	1871.51				125	16731.72	case rate	
INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	57155	CPT				both			17612.34	6587.04	Wellcare	Medicaid	5361.2	30.44			125	16731.72	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	UHC	Medicaid	342.78	30.44		306.58	169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Americare	Americare	844.56	75			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Aetna	Commercial	576.03			387.03	169.47	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Aetna	Better Health	342.78	30.44			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Aetna	Medicare	352.96				169.47	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Amerihealth	Medicare	352.96				169.47	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	First Trenton	First Trenton	1013.47	90			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	First Health	First Health	788.26	70			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Horizon	MGD	682.98				169.47	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Consumer	Consumer	1069.78	95			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Amerihealth	HMO/PPO	550				169.47	1835.46	fee schedule	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	UHC	Medicare	352.96				169.47	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Horizon	Medicare Blue	352.96				169.47	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Corrections	Corrections	900.86	80			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	United	Commercial/PPO	1835.46				169.47	1835.46	case rate	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Multiplan	Multiplan	900.86	80			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Horizon	PPO	682.98				169.47	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Horizon	NJ Health	169.47			172.49	169.47	1835.46	fee schedule	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	United	Oxford	1835.46				169.47	1835.46	case rate	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Qualcare	Qualcare	844.56	75			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Managed Care Inc	Managed Care Inc	1013.47	90			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Horizon	Indemnity	682.98				169.47	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Wellcare	Medicaid	342.78	30.44			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Wellcare	Medicare	352.96				169.47	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	Three Rivers	Three Rivers	1069.78	95			169.47	1835.46	percent of total billed charges	
INSERTION VAGINAL RADIATION DEVICE	57156	CPT				outpatient			1126.08	405.9	WellPoint	WellPoint	349.54	31.04		209.98	169.47	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Aetna	Better Health	211.75	30.44			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	First Trenton	First Trenton	626.08	90			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Aetna	Commercial	380.94			376.63	51.6	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Aetna	Medicare	233.42			218.53	51.6	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	First Health	First Health	486.95	70			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Amerihealth	HMO/PPO	125				51.6	1835.46	fee schedule	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Americare	Americare	521.73	75			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Horizon	NJ Health	51.6			49.03	51.6	1835.46	fee schedule	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Horizon	MGD	451.67			418.34	51.6	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Horizon	Medicare Blue	233.42				51.6	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Corrections	Corrections	556.51	80			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	UHC	Medicare	233.42			203.47	51.6	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Multiplan	Multiplan	556.51	80			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Amerihealth	Medicare	233.42				51.6	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Consumer	Consumer	660.86	95			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Managed Care Inc	Managed Care Inc	626.08	90			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Horizon	PPO	451.67				51.6	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Horizon	Indemnity	451.67				51.6	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	WellPoint	WellPoint	215.93	31.04		226.44	51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	United	Oxford	1835.46				51.6	1835.46	case rate	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Qualcare	Qualcare	521.73	75			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	UHC	Medicaid	211.75	30.44			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Three Rivers	Three Rivers	660.86	95			51.6	1835.46	percent of total billed charges	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	United	Commercial/PPO	1835.46				51.6	1835.46	case rate	
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Wellcare	Medicare	233.42				51.6	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	57160	CPT				outpatient			695.64	268.43	Wellcare	Medicaid	211.75	30.44			51.6	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Consumer	Consumer	628.88	95			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Multiplan	Multiplan	529.58	80			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Aetna	Commercial	380.94				95.37	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	First Trenton	First Trenton	595.78	90			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Americare	Americare	496.49	75			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Aetna	Better Health	201.51	30.44			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Aetna	Medicare	233.42				95.37	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Amerihealth	HMO/PPO	125				95.37	1835.46	fee schedule	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Corrections	Corrections	529.58	80			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Qualcare	Qualcare	496.49	75			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Horizon	MGD	451.67				95.37	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Horizon	Medicare Blue	233.42				95.37	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Horizon	NJ Health	95.37				95.37	1835.46	fee schedule	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Horizon	PPO	451.67				95.37	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Three Rivers	Three Rivers	628.88	95			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Amerihealth	Medicare	233.42				95.37	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	UHC	Medicare	233.42				95.37	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Managed Care Inc	Managed Care Inc	595.78	90			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Wellcare	Medicare	233.42				95.37	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	First Health	First Health	463.39	70			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	United	Oxford	1835.46				95.37	1835.46	case rate	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Horizon	Indemnity	451.67				95.37	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	WellPoint	WellPoint	205.48	31.04			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	UHC	Medicaid	201.51	30.44			95.37	1835.46	percent of total billed charges	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	United	Commercial/PPO	1835.46				95.37	1835.46	case rate	
INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	57180	CPT				outpatient			661.98	268.43	Wellcare	Medicaid	201.51	30.44			95.37	1835.46	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Aetna	Better Health	331.29	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	UHC	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Three Rivers	Three Rivers	1033.92	95			125	1835.46	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Consumer	Consumer	1033.92	95			125	1835.46	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Qualcare	Qualcare	816.26	75			125	1835.46	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Aetna	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Aetna	Commercial	576.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Corrections	Corrections	870.67	80			125	1835.46	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Horizon	MGD	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	United	Oxford	1835.46				125	1835.46	case rate	
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Managed Care Inc	Managed Care Inc	979.51	90			125	1835.46	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	57420	CPT				outpatient			1088.34	405.9	Wellcare	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Aetna	Medicare	805.82	30.8			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Americare	Americare	1962.23	75			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Aetna	Better Health	796.4	30.44			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	UHC	Medicaid	796.4	30.44			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Horizon	MGD	1955.01				125	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Aetna	Commercial	1648.87				125	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	First Health	First Health	1831.41	70			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	First Trenton	First Trenton	2354.67	90			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Horizon	NJ Health	242.73			120.46	125	2485.49	fee schedule	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Consumer	Consumer	2485.49	95			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Amerihealth	HMO/PPO	125				125	2485.49	fee schedule	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	UHC	Medicare	1010.34				125	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Horizon	PPO	1955.01				125	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Amerihealth	Medicaid	1010.34				125	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Horizon	Medicare Blue	1010.34				125	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Managed Care Inc	Managed Care Inc	2354.67	90			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	WellPoint	WellPoint	812.1	31.04			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Three Rivers	Three Rivers	2485.49	95			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Corrections	Corrections	2093.04	80		751.74	125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	United	CommercialPPO	1871.51				125	2485.49	case rate	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	United	Oxford	1871.51				125	2485.49	case rate	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Horizon	Indemnity	1955.01				125	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Wellcare	Medicare	1010.34				125	2485.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Multiplan	Multiplan	2093.04	80			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Qualcare	Qualcare	1962.23	75			125	2485.49	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	57421	CPT				outpatient			2616.3	1161.89	Wellcare	Medicaid	796.4	30.44		860.04	125	2485.49	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Horizon	PPO	451.67			437.51	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Aetna	Commercial	380.94			344.33	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Consumer	Consumer	628.88	95			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Aetna	Better Health	201.51	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Amerihealth	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Aetna	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Horizon	NJ Health	159.97			61.78	125	1835.46	fee schedule	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Qualcare	Qualcare	496.49	75			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	First Trenton	First Trenton	595.78	90			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Corrections	Corrections	529.58	80			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	First Health	First Health	463.39	70			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Horizon	Indemnity	451.67				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	UHC	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Americare	Americare	496.49	75			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	UHC	Medicaid	201.51	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Horizon	Medicare Blue	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	United	CommercialPPO	1835.46				125	1835.46	case rate	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Managed Care Inc	Managed Care Inc	595.78	90			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Wellcare	Medicaid	201.51	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Multiplan	Multiplan	529.58	80			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	United	Oxford	1835.46				125	1835.46	case rate	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Horizon	MGD	451.67				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Wellcare	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	WellPoint	WellPoint	205.48	31.04		202.16	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	57452	CPT				outpatient			661.98	268.43	Three Rivers	Three Rivers	628.88	95			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Aetna	Commercial	576.03			180.97	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Amerihealth	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Americare	Americare	816.26	75			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Consumer	Consumer	1033.92	95			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Aetna	Better Health	331.29	30.44		272.44	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Horizon	Medicare Blue	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Corrections	Corrections	870.67	80		351.74	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Aetna	Medicare	335.21	30.8		173.4	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Horizon	MGD	682.98			276.3	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	First Trenton	First Trenton	979.51	90			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	UHC	Medicaid	331.29	30.44		312.85	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Horizon	Indemnity	682.98			671.5	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	United	Oxford	1835.46			96.71	125	1835.46	case rate	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Horizon	NJ Health	225.11			87.49	125	1835.46	fee schedule	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	First Health	First Health	761.84	70			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Managed Care Inc	Managed Care Inc	979.51	90			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Horizon	PPO	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Three Rivers	Three Rivers	1033.92	95			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Multiplan	Multiplan	870.67	80			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	United	CommercialPPO	1835.46			99.57	125	1835.46	case rate	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Wellcare	Medicare	352.96			162.94	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Wellcare	Medicaid	331.29	30.44		367.01	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	Qualcare	Qualcare	816.26	75			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	WellPoint	WellPoint	337.82	31.04		272.64	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	57454	CPT				outpatient			1088.34	405.9	UHC	Medicare	352.96			168.48	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Amerihealth	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Horizon	Medicare Blue	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	First Health	First Health	901.07	70			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Aetna	Commercial	576.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	First Trenton	First Trenton	1158.52	90			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Aetna	Better Health	391.84	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Consumer	Consumer	1222.88	95			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Aetna	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Horizon	Indemnity	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Americare	Americare	965.43	75			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Multiplan	Multiplan	1029.79	80			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Qualcare	Qualcare	965.43	75			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Horizon	MGD	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Corrections	Corrections	1029.79	80			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Horizon	NJ Health	221.85			95.13	125	1835.46	fee schedule	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	UHC	Medicaid	391.84	30.44		370.77	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Three Rivers	Three Rivers	1222.88	95			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	UHC	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Horizon	PPO	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Wellcare	Medicaid	391.84	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Managed Care Inc	Managed Care Inc	1158.52	90			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	Wellcare	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	United	CommercialPPO	1835.46				125	1835.46	case rate	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	United	Oxford	1835.46				125	1835.46	case rate	
COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	57455	CPT				outpatient			1287.24	405.9	WellPoint	WellPoint	359.56	31.04		305.11	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Aetna	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	United	CommercialPPO	1835.46				125	1835.46	case rate	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	First Health	First Health	761.84	70			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Americare	Americare	816.26	75			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Corrections	Corrections	870.67	80			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	First Trenton	First Trenton	979.51	90			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Aetna	Better Health	331.29	30.44			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Aetna	Commercial	576.03				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Horizon	MGD	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Wellcare	Medicaid	331.29	30.44		299.04	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Horizon	Indemnity	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Consumer	Consumer	1033.92	95			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Horizon	NJ Health	199.4			1.5	125	1835.46	fee schedule	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Horizon	Medicare Blue	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Amerihealth	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Three Rivers	Three Rivers	1033.92	95			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Horizon	PPO	682.98				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Multiplan	Multiplan	870.67	80			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Managed Care Inc	Managed Care Inc	979.51	90			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	UHC	Medicare	352.96			281.83	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	UHC	Medicaid	331.29	30.44		317.09	125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Qualcare	Qualcare	816.26	75			125	1835.46	percent of total billed charges	
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	Wellcare	Medicare	352.96				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX ENDOCERVCAL CURETTAGE	57456	CPT				outpatient			1088.34	405.9	United	Oxford	1

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	Qualcare		7881.8				125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	UHC		3689.27			2721.32	125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	Wellcare		Medicaid	3198.96	30.44		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	Horizon		Indemnity	7138.74			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	WellPoint		WellPoint	3262.01	31.04		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	United		Commercial|PPO	2859.28			125		9983.61	case rate	
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	Wellcare		Medicare	3689.27			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	Horizon		NJ Health	219.24		107.64	125		9983.61	fee schedule	
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	United		Oxford	2859.28			125		9983.61	case rate	
COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	57460	CPT				outpatient			10509.06	4242.66	Managed Care Inc		Managed Care Inc	9458.15	90		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Amerihealth		Medicare	3689.27			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Aetna		Commercial	6020.89			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Consumer		Consumer	9963.61	95		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	UHC		Medicare	3689.27			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Aetna		Better Health	3198.96	30.44		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Aetna		Medicare	3689.27			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	First Health		First Health	7356.34	70		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	First Trenton		First Trenton	9458.15	90		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Corrections		Corrections	8407.25	80		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Americare		Americare	7881.8	75		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	UHC		Medicaid	3198.96	30.44		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Horizon		NJ Health	495.9		174.67	125		9983.61	fee schedule	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Horizon		Indemnity	7138.74			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Amerihealth		HMO|PPO	725			125		9983.61	fee schedule	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Multiplan		Multiplan	8407.25	80		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Managed Care Inc		Managed Care Inc	9458.15	90		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Horizon		Medicare Blue	3689.27			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Horizon		MGD	7138.74			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	United		Commercial|PPO	2859.28			125		9983.61	case rate	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	WellPoint		WellPoint	3262.01	31.04		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Horizon		PPO	7138.74			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Qualcare		Qualcare	7881.8	75		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	United		Oxford	2859.28			125		9983.61	case rate	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Three Rivers		Three Rivers	9983.61	95		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Wellcare		Medicaid	3198.96	30.44		125		9983.61	percent of total billed charges	
COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	57461	CPT				outpatient			10509.06	4242.66	Wellcare		Medicare	3689.27			125		9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Amerihealth		Medicare	1010.34			65.77		2788.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Aetna		Medicare	1010.34			65.77		2788.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	First Trenton		First Trenton	2642	90		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Aetna		Commercial	1648.87			65.77		2788.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Horizon		Indemnity	1955.01			65.77		2788.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Aetna		Better Health	893.58	30.44		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Amerihealth		HMO|PPO	550			65.77		2788.78	fee schedule	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Horizon		PPO	1955.01		1404.37	65.77		2788.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Multiplan		Multiplan	2348.45	80		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Consumer		Consumer	2788.78	95		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Managed Care Inc		Managed Care Inc	2642	90		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Horizon		Medicare Blue	1010.34			65.77		2788.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Horizon		NJ Health	65.77		75.5	65.77		2788.78	fee schedule	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Americare		Americare	2201.67	75		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	First Health		First Health	2054.89	70		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Horizon		MGD	1955.01		1653.61	65.77		2788.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Qualcare		Qualcare	2201.67	75		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Corrections		Corrections	2348.45	80		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	United		Oxford	1871.51			65.77		2788.78	case rate	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Three Rivers		Three Rivers	2788.78	95		65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	United		Commercial|PPO	1871.51			65.77		2788.78	case rate	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Wellcare		Medicare	1010.34			65.77		2788.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	UHC		Medicaid	893.58	30.44	825.46	65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	Wellcare		Medicaid	893.58	30.44	677.95	65.77		2788.78	percent of total billed charges	
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	UHC		Medicare	1010.34		769.26	65.77		2788.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	57500	CPT				outpatient			2935.56	1161.89	WellPoint		WellPoint	911.2	31.04	881.55	65.77		2788.78	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Aetna		Better Health	3189.64	30.44		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	First Trenton		First Trenton	9430.61	90		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Aetna		Medicare	1010.34			67.86		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Aetna		Commercial	1648.87			67.86		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Horizon		Indemnity	1955.01			67.86		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	UHC		Medicaid	3189.64	30.44		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	WellPoint		WellPoint	3252.51	31.04	804.99	67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Americare		Americare	7858.85	75		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	First Health		First Health	7334.92	70		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Horizon		NJ Health	67.86		47.2	67.86		9954.54	fee schedule	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Consumer		Consumer	9954.54	95		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Amerihealth		Medicare	1010.34			67.86		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Horizon		Medicare Blue	1010.34			67.86		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	UHC		Medicare	1010.34			67.86		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Corrections		Corrections	8382.77	80		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Amerihealth		HMO|PPO	125			67.86		9954.54	fee schedule	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Three Rivers		Three Rivers	9954.54	95		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Horizon		PPO	1955.01			67.86		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Horizon		MGD	1955.01			67.86		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	United		Commercial|PPO	1871.51			67.86		9954.54	case rate	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Multiplan		Multiplan	8382.77	80		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Managed Care Inc		Managed Care Inc	9430.61	90		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Wellcare		Medicaid	3189.64	30.44		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	United		Oxford	1871.51			67.86		9954.54	case rate	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Qualcare		Qualcare	7858.85	75		67.86		9954.54	percent of total billed charges	
ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	57505	CPT				outpatient			10478.46	1161.89	Wellcare		Medicare	1010.34			67.86		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Aetna		Medicare	352.96			93.96		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Americare		Americare	836.35	75		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Aetna		Better Health	339.45	30.44		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	First Trenton		First Trenton	1003.62	90		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Amerihealth		Medicare	352.96			93.96		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Aetna		Commercial	576.03			93.96		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Horizon		Medicare Blue	352.96			93.96		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Horizon		Indemnity	682.98			93.96		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Consumer		Consumer	1059.37	95		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Three Rivers		Three Rivers	1059.37	95		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Amerihealth		HMO|PPO	125			93.96		1835.46	fee schedule	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	UHC		Medicaid	339.45	30.44		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Corrections		Corrections	892.1	80		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Multiplan		Multiplan	892.1	80		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	First Health		First Health	780.59	70		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Horizon		PPO	682.98			93.96		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Horizon		NJ Health	93.96			93.96		1835.46	fee schedule	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Wellcare		Medicare	352.96			93.96		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Horizon		MGD	682.98			93.96		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Managed Care Inc		Managed Care Inc	1003.62	90		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	United		Oxford	1836.46			93.96		1835.46	case rate	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Qualcare		Qualcare	836.35	75		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	Wellcare		Medicaid	339.45	30.44		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	UHC		Medicare	352.96			93.96		1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	WellPoint		WellPoint	346.14	31.04		93.96		1835.46	percent of total billed charges	
CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	57511	CPT				outpatient			1115.13	405.9	United		Commercial|PPO	1835.46			93.96		1835.46	case rate	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Americare		Americare	7858.85	75		336.69		9954.54	percent of total billed charges	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Aetna		Commercial	6020.89			336.69		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	First Trenton		First Trenton	9430.61	90		336.69		9954.54	percent of total billed charges	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Aetna		Better Health	3189.64	30.44		336.69		9954.54	percent of total billed charges	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Amerihealth		HMO|PPO	550			336.69		9954.54	fee schedule	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Consumer		Consumer	9954.54	95		336.69		9954.54	percent of total billed charges	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Corrections		Corrections	8382.77	80		336.69		9954.54	percent of total billed charges	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Amerihealth		Medicare	3689.27			336.69		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Horizon		NJ Health	336.69		178.19	336.69		9954.54	fee schedule	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Aetna		Medicare	3689.27			336.69		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Managed Care Inc		Managed Care Inc	9430.61	90		336.69		9954.54	percent of total billed charges	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Horizon		Medicare Blue	3689.27			336.69		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	First Health		First Health	7334.92	70		336.69		9954.54	percent of total billed charges	
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Horizon		Indemnity	7138.74		5533.94	336.69		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	57522	CPT				outpatient			10478.46	4242.66	Horizon		PPO	7138.74			336.69		9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION CERVIX W/WO D&C RPR ELTRD

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Horizon	PPO	7138.74				78.3	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	First Health	First Health	8159.04	70			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	United	Oxford	2859.28				78.3	11072.98	case rate	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Corrections	Corrections	9324.62	80			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Managed Care Inc	Managed Care Inc	10490.19	90			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	UHC	Medicaid	3548.02	30.44			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Wellcare	Medicaid	3548.02	30.44			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Americare	Americare	8741.83	75			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Wellcare	Medicare	3689.27				78.3	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Multiplan	Multiplan	9324.62	80			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	WellPoint	WellPoint	3617.95	31.04			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Horizon	MGD	7138.74				78.3	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	UHC	Medicare	3689.27				78.3	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Consumer	Consumer	11072.98	95			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Qualcare	Qualcare	8741.83	75			78.3	11072.98	percent of total billed charges	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Horizon	NJ Health	78.3				78.3	11072.98	fee schedule	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	United	Commercial|PPO	2859.28				78.3	11072.98	case rate	
DILATION CERVICAL CANAL INSTRUMENTAL SPX	57800	CPT				outpatient			11655.77	4242.66	Three Rivers	Three Rivers	11072.98	95			78.3	11072.98	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Corrections	Corrections	870.67	80			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Horizon	Medicare Blue	233.42			115.98	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Consumer	Consumer	1033.92	95			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	First Trenton	First Trenton	979.51	90			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Aetna	Medicare	335.21	30.8			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Aetna	Commercial	380.94				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Aetna	Better Health	331.29	30.44			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	UHC	Medicaid	331.29	30.44		291.2	125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Horizon	NJ Health	161.79			74.94	125	1835.46	fee schedule	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	United	Commercial|PPO	1835.46			244.96	125	1835.46	case rate	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Amerihealth	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Horizon	Indemnity	451.67			46.76	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Horizon	PPO	451.67			29.1	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Americare	Americare	816.26	75			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	United	Oxford	1835.46				125	1835.46	case rate	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Managed Care Inc	Managed Care Inc	979.51	90			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	WellPoint	WellPoint	337.82	31.04		290.15	125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Horizon	MGD	451.67			388.19	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	First Health	First Health	761.84	70			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Three Rivers	Three Rivers	1033.92	95			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Wellcare	Medicaid	331.29	30.44			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Multiplan	Multiplan	870.67	80			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Wellcare	Medicare	233.42				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	Qualcare	Qualcare	816.26	75			125	1835.46	percent of total billed charges	
ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	58100	CPT				outpatient			1088.34	268.43	UHC	Medicare	233.42			182.52	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Consumer	Consumer	164.13	95			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Americare	Americare	129.58	75			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Aetna	Better Health	52.59	30.44			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		First Trenton	First Trenton	155.49	90			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		First Health	First Health	120.94	70			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Aetna	Medicare	53.21	30.8			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Aetna	Commercial	65.65	38			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Horizon	Indemnity	66.14	38.28			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Corrections	Corrections	138.22	80			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Amerihealth	HMO/PPO	125				51.83	1835.46	fee schedule	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		WellPoint	WellPoint	53.63	31.04			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Managed Care Inc	Managed Care Inc	155.49	90			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Horizon	Medicare Blue	51.83	30			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Horizon	MGD	66.14	38.28			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Horizon	NJ Health	58.15				51.83	1835.46	fee schedule	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Qualcare	Qualcare	129.58	75			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Multiplan	Multiplan	138.22	80			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Horizon	PPO	66.14	38.28			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		UHC	Medicaid	52.59	30.44			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Three Rivers	Three Rivers	164.13	95			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		United	Commercial|PPO	1835.46				51.83	1835.46	case rate	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		Wellcare	Medicaid	52.59	30.44			51.83	1835.46	percent of total billed charges	
ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	58110	CPT				outpatient			172.77		United	Oxford	1835.46				51.83	1835.46	case rate	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Aetna	Commercial	6020.89				257.82	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	UHC	Medicare	3689.27				257.82	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	First Trenton	First Trenton	9458.15	90			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Consumer	Consumer	9983.61	95			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Americare	Americare	7881.8	75			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Amerihealth	HMO/PPO	550				257.82	9983.61	fee schedule	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Corrections	Corrections	8407.25	80			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Aetna	Better Health	3198.96	30.44			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Aetna	Medicare	3689.27				257.82	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Amerihealth	Medicare	3689.27				257.82	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Managed Care Inc	Managed Care Inc	9458.15	90			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Horizon	Medicare Blue	3689.27				257.82	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Horizon	MGD	7138.74				257.82	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	First Health	First Health	7356.34	70			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Horizon	PPO	7138.74				257.82	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Wellcare	Medicare	3689.27				257.82	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Multiplan	Multiplan	8407.25	80			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Horizon	Indemnity	7138.74				257.82	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Three Rivers	Three Rivers	9983.61	95			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Horizon	NJ Health	257.82			431.89	257.82	9983.61	fee schedule	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Qualcare	Qualcare	7881.8	75			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	UHC	Medicaid	3198.96	30.44			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	WellPoint	WellPoint	3262.01	31.04			257.82	9983.61	percent of total billed charges	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	United	Oxford	2859.28				257.82	9983.61	case rate	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	United	Commercial|PPO	2859.28				257.82	9983.61	case rate	
DILATION & CURETTAGE DX&/THER NONOBSTETRIC	58120	CPT				outpatient			10509.06	4242.66	Wellcare	Medicaid	3198.96	30.44			257.82	9983.61	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Aetna	Commercial	6020.89				709.92	8397.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	First Trenton	First Trenton	7955.39	90			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Aetna	Medicare	2722.51	30.8			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Aetna	Better Health	2690.69	30.44			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Consumer	Consumer	8397.35	95			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	UHC	Medicaid	2690.69	30.44			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Corrections	Corrections	7071.46	80			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Amerihealth	HMO/PPO	950				709.92	8397.35	fee schedule	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Americare	Americare	6629.49	75			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Horizon	PPO	7138.74				709.92	8397.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Horizon	MGD	7138.74				709.92	8397.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Three Rivers	Three Rivers	8397.35	95			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Horizon	NJ Health	709.92				709.92	8397.35	fee schedule	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	UHC	Medicare	3689.27				709.92	8397.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Multiplan	Multiplan	7071.46	80			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Amerihealth	Medicare	3689.27				709.92	8397.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Qualcare	Qualcare	6629.49	75			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Managed Care Inc	Managed Care Inc	7955.39	90			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	United	Oxford	2859.28				709.92	8397.35	case rate	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	United	Commercial|PPO	2859.28				709.92	8397.35	case rate	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	First Health	First Health	6187.52	70			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Wellcare	Medicare	3689.27				709.92	8397.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Horizon	Indemnity	7138.74				709.92	8397.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	WellPoint	WellPoint	2743.72	31.04			709.92	8397.35	percent of total billed charges	
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Horizon	Medicare Blue	3689.27				709.92	8397.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY 1-4 MYOMAS 250 GM+ VAGINAL APPR	58145	CPT				outpatient			8839.32	4242.66	Wellcare	Medicaid	2690.69	30.44			709.92	8397.35	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Aetna	Better Health	152.2	30.44			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Americare	Americare	375	75			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Aetna	Commercial	190	38			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Aetna	Medicare	154	30.8			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		First Health	First Health	350	70			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Amerihealth	HMO/PPO	1400				150	3596.76	fee schedule	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Corrections	Corrections	400	80			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		WellPoint	WellPoint	155.2	31.04			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Consumer	Consumer	475	95			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Horizon	MGD	191.4	38.28			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Multiplan	Multiplan	400	80			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		UHC	Medicaid	152.2	30.44			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Horizon	PPO	191.4	38.28			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		United	Commercial|PPO	3596.76				150	3596.76	case rate	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Horizon	Indemnity	191.4	38.28			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		Wellcare	Medicaid	152.2	30.44			150	3596.76	percent of total billed charges	
TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	58150	CPT				outpatient			500		First Trenton	First Trenton

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Corrections	Corrections	163.2	80		148.34	61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Horizon	PPO	78.09	38.28		3.16	61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Consumer	Consumer	193.8	95			61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		WellPoint	WellPoint	63.32	31.04		59.92	61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		First Health	First Health	142.8	70			61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Americare	Americare	153	75			61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		First Trenton	First Trenton	183.6	90			61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Qualcare	Qualcare	153	75			61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Wellcare	Medicaid	62.1	30.44		85.44	61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Horizon	Indemnity	78.09	38.28		1.57	61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Horizon	MGD	78.09	38.28		4.78	61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		United	CommercialPPO	1835.46			14.41	61.2	1835.46	case rate	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Managed Care Inc	Managed Care Inc	183.6	90			61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		Three Rivers	Three Rivers	193.8	95			61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		UHC	Medicaid	62.1	30.44		88.07	61.2	1835.46	percent of total billed charges	
INSERTION INTRAUTERINE DEVICE IUD	58300	CPT				outpatient			204		United	Oxford	1835.46				61.2	1835.46	case rate	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Amerihealth	Medicare	352.96				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Americare	Americare	844.56	75			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Consumer	Consumer	1069.78	95			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Corrections	Corrections	900.86	80			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Aetna	Better Health	342.78	30.44			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 First Health	First Health	788.26	70			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Aetna	Commercial	576.03				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 First Trenton	First Trenton	1013.47	90			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Horizon	Medicare Blue	352.96				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Amerihealth	HMO/PPO	300				300	1835.46	fee schedule	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Aetna	Medicare	340.83	30.8			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 UHC	Medicare	352.96			283.4	300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Horizon	PPO	682.98			31.57	300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Wellcare	Medicare	352.96				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Horizon	MGD	682.98				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Horizon	Indemnity	682.98				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 UHC	Medicaid	342.78	30.44		317.12	300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 United	CommercialPPO	1835.46				300	1835.46	case rate	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Multiplan	Multiplan	900.86	80			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Managed Care Inc	Managed Care Inc	1013.47	90			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 WellPoint	WellPoint	349.54	31.04		315.69	300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 United	Oxford	1835.46				300	1835.46	case rate	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Qualcare	Qualcare	844.56	75			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Three Rivers	Three Rivers	1069.78	95			300	1835.46	percent of total billed charges	
REMOVAL INTRAUTERINE DEVICE IUD	58301	CPT				outpatient			1126.08		405.9 Wellcare	Medicaid	342.78	30.44			300	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Horizon	Indemnity	730.54	38.28			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		First Health	First Health	1335.89	70			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		First Trenton	First Trenton	1717.58	90			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Aetna	Commercial	725.2	38			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Americare	Americare	1431.32	75			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Aetna	Better Health	580.92	30.44			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Aetna	Medicare	587.79	30.8			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Corrections	Corrections	1526.74	80			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Amerihealth	HMO/PPO	125				106.11	1835.46	fee schedule	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Horizon	PPO	730.54	38.28			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Managed Care Inc	Managed Care Inc	1717.58	90			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Consumer	Consumer	1813	95			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		UHC	Medicaid	580.92	30.44		435.09	106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Multiplan	Multiplan	1526.74	80			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Horizon	MGD	730.54	38.28			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Horizon	Medicare Blue	572.53	30			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		WellPoint	WellPoint	592.37	31.04			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Qualcare	Qualcare	1431.32	75			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		United	CommercialPPO	1835.46				106.11	1835.46	case rate	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Horizon	NJ Health	106.11			105.93	106.11	1835.46	fee schedule	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Three Rivers	Three Rivers	1813	95			106.11	1835.46	percent of total billed charges	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		United	Oxford	1835.46				106.11	1835.46	case rate	
CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	58340	CPT				outpatient			1908.42		Wellcare	Medicaid	580.92	30.44			106.11	1835.46	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Corrections	Corrections	13779.79	80			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Aetna	Better Health	5243.21	30.44			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Aetna	Commercial	9347.87				284.65	16363.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Amerihealth	Medicare	5727.86				284.65	16363.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Aetna	Medicare	5305.22	30.8			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 First Health	First Health	12057.32	70			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Wellcare	Medicare	5727.86				284.65	16363.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Americare	Americare	12918.56	75			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Horizon	Indemnity	11083.41				284.65	16363.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Amerihealth	HMO/PPO	950				284.65	16363.5	fee schedule	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Multiplan	Multiplan	13779.79	80			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Consumer	Consumer	16363.5	95			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 First Trenton	First Trenton	15502.27	90			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Horizon	Medicare Blue	5727.86				284.65	16363.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Qualcare	Qualcare	12918.56	75			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Horizon	MGD	11083.41				284.65	16363.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Horizon	PPO	11083.41				284.65	16363.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Wellcare	Medicaid	5243.21	30.44			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Horizon	NJ Health	294.65				284.65	16363.5	fee schedule	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 United	Oxford	3596.76				284.65	16363.5	case rate	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 UHC	Medicaid	5243.21	30.44			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 UHC	Medicare	5727.86				284.65	16363.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Managed Care Inc	Managed Care Inc	15502.27	90			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 United	CommercialPPO	3596.76				284.65	16363.5	case rate	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 Three Rivers	Three Rivers	16363.5	95			284.65	16363.5	percent of total billed charges	
ENDOMETRIAL ABLT,I THERMAL W/O HYSTEROSCOPIC GUID	58353	CPT				outpatient			17224.74		6587.04 WellPoint	WellPoint	5346.56	31.04			284.65	16363.5	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Aetna	Better Health	3198.96	30.44			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Corrections	Corrections	8407.25	80			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Amerihealth	Medicare	3689.27				319.83	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Three Rivers	Three Rivers	9983.61	95			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Americare	Americare	7881.8	75			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Aetna	Medicare	3689.27				319.83	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Horizon	Medicare Blue	3689.27				319.83	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Aetna	Commercial	6020.89				319.83	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 First Health	First Health	7356.34	70			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 First Trenton	First Trenton	9458.15	90			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Horizon	Indemnity	7138.74				319.83	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Amerihealth	HMO/PPO	650				319.83	9983.61	fee schedule	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Consumer	Consumer	9983.61	95			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Qualcare	Qualcare	7881.8	75			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 UHC	Medicare	3689.27				319.83	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Horizon	MGD	7138.74				319.83	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Multiplan	Multiplan	8407.25	80			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Horizon	NJ Health	319.83				319.83	9983.61	fee schedule	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Horizon	PPO	7138.74				319.83	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Managed Care Inc	Managed Care Inc	9458.15	90			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 UHC	Medicaid	3198.96	30.44			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 United	CommercialPPO	2859.28				319.83	9983.61	case rate	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Wellcare	Medicaid	3198.96	30.44			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 WellPoint	WellPoint	3262.01	31.04			319.83	9983.61	percent of total billed charges	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 United	Oxford	2859.28				319.83	9983.61	case rate	
HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	58558	CPT				outpatient			10509.06		4242.66 Wellcare	Medicare	3689.27				319.83	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Americare	Americare	2870.28	75			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Corrections	Corrections	3061.63	80			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Aetna	Better Health	1164.95	30.44			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Consumer	Consumer	3635.69	95			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		First Trenton	First Trenton	3444.34	90			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Amerihealth	HMO/PPO	2487.58	65			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Aetna	Medicare	1178.73	30.8			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Horizon	MGD	1464.99	38.28			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		UHC	Medicaid	1164.95	30.44			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Horizon	Medicare Blue	1148.11	30			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Aetna	Commercial	1454.28	38			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		United	Oxford	2567.79				1148.11	3635.69	case rate	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Horizon	Indemnity	1464.99	38.28			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Multiplan	Multiplan	3061.63	80			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		First Health	First Health	2678.93	70			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Wellcare	Medicaid	1164.95	30.44			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		United	CommercialPPO	2567.79				1148.11	3635.69	case rate	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Qualcare	Qualcare	2870.28	75			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		WellPoint	WellPoint	1187.91	31.04			1148.11	3635.69	percent of total billed charges	
LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	58605	CPT				inpatient			3827.04		Horizon	PPO	1464.99	38.28			1148.11	3635.69	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		Aetna	Medicare	2281.43	30.8			1835.46	7036.88	percent of total billed charges	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		Horizon	MGD	2835.49	38.28			1835.46	7036.88	percent of total billed charges	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		Three Rivers	Three Rivers	7036.88	95			1835.46	7036.88	percent of total billed charges	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		Horizon	Indemnity	2835.49	38.28			1835.46	7036.88	percent of total billed charges	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		First Health	First Health	5185.07	70			1835.46	7036.88	percent of total billed charges	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		United	Oxford	1835.46				1835.46	7036.88	case rate	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		Managed Care Inc	Managed Care Inc	6666.52	90			1835.46	7036.88	percent of total billed charges	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		Qualcare	Qualcare	5555.43	75			1835.46	7036.88	percent of total billed charges	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		Wellcare	Medicaid	2254.76	30.44			1835.46	7036.88	percent of total billed charges	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		UHC	Medicaid	2254.76	30.44			1835.46	7036.88	percent of total billed charges	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		United	CommercialPPO	1835.46				1835.46	7036.88	case rate	
LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	58611	CPT				inpatient			7407.24		WellPoint	WellPoint	2299.21	31.04			1835.46	7036.88	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Consumer	Consumer	20317.99	95			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Horizon	Medicare Blue	6769.72				747.4	20317.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Aetna	Better Health	6510.31	30.44			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Americare	Americare	16040.52	75			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Aetna	Medicare	6587.31	30.8			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Aetna	Commercial	11048.18				747.4	20317.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Multiplan	Multiplan	17109.89	80			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Amerihealth	Medicare	6769.72				747.4	20317.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Corrections	Corrections	17109.89	80			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 UHC	Medicare	6769.72				747.4	20317.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Qualcare	Qualcare	16040.52	75			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Amerihealth	HMO/PPO	1050				747.4	20317.99	fee schedule	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 First Health	First Health	14971.15	70			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 UHC	Medicaid	6510.31	30.44			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Horizon	Indemnity	13099.41				747.4	20317.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Horizon	MGD	13099.41				747.4	20317.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 First Trenton	First Trenton	19248.62	90			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Wellcare	Medicare	6769.72				747.4	20317.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Horizon	NJ Health	747.4				747.4	20317.99	fee schedule	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 United	CommercialPPO	4843.06				747.4	20317.99	case rate	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Managed Care Inc	Managed Care Inc	19248.62	90			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Wellcare	Medicaid	6510.31	30.44			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Horizon	PPO	13099.41				747.4	20317.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 Three Rivers	Three Rivers	20317.99	95			747.4	20317.99	percent of total billed charges	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 United	Oxford	4843.06				747.4	20317.99	case rate	
LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	58661	CPT				outpatient			21387.36		7785.18 WellPoint	WellPoint	6638.64	31.04			747.4	20317.99	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Aetna	Better Health	1418.75	30.44			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Horizon	MGD	7138.74				334.76	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Aetna	Commercial	6020.89				334.76	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Aetna	Medicare	3689.27				334.76	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Qualcare	Qualcare	3495.62	75			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Amerihealth	HMO/PPO	650				334.76	7138.74	fee schedule	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 UHC	Medicare	3689.27				334.76	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Amerihealth	Medicare	3689.27				334.76	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Consumer	Consumer	4427.78	95			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Multiplan	Multiplan	3728.66	80			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Americare	Americare	3495.62	75			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Horizon	Medicare Blue	3689.27				334.76	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Wellcare	Medicare	3689.27				334.76	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 First Health	First Health	3262.57	70			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Wellcare	Medicaid	1418.75	30.44			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 UHC	Medicaid	1418.75	30.44			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Corrections	Corrections	3728.66	80			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Three Rivers	Three Rivers	4427.78	95			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 WellPoint	WellPoint	1446.72	31.04			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 United	CommercialPPO	2859.28				334.76	7138.74	case rate	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 First Trenton	First Trenton	4194.74	90			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Horizon	Indemnity	7138.74				334.76	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Horizon	NJ Health	334.76				334.76	7138.74	fee schedule	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Horizon	PPO	7138.74				334.76	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 Managed Care Inc	Managed Care Inc	4194.74	90			334.76	7138.74	percent of total billed charges	
DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	58820	CPT				outpatient			4660.82		4242.66 United	Oxford	2859.28				334.76	7138.74	case rate	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Amerihealth	HMO/PPO	300				191.63	2787.81	fee schedule	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Consumer	Consumer	2787.81	95			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Corrections	Corrections	2347.63	80			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Horizon	Indemnity	1955.01				191.63	2787.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 UHC	Medicare	1010.34				191.63	2787.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Horizon	MGD	1955.01				191.63	2787.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Aetna	Better Health	893.27	30.44			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Multiplan	Multiplan	2347.63	80			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Amerihealth	Medicare	1010.34				191.63	2787.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 First Health	First Health	2054.18	70			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 First Trenton	First Trenton	2641.09	90			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 United	CommercialPPO	1871.51				191.63	2787.81	case rate	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Aetna	Commercial	1648.87				191.63	2787.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Horizon	PPO	1955.01				191.63	2787.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Horizon	NJ Health	191.63				191.63	2787.81	fee schedule	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Qualcare	Qualcare	2200.91	75			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Aetna	Medicare	1010.34				191.63	2787.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Horizon	Medicare Blue	1010.34				191.63	2787.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Managed Care Inc	Managed Care Inc	2641.09	90			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Wellcare	Medicaid	893.27	30.44			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Americare	Americare	2200.91	75			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 UHC	Medicaid	893.27	30.44			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Three Rivers	Three Rivers	2787.81	95			191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 Wellcare	Medicare	1010.34				191.63	2787.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 United	Oxford	1871.51				191.63	2787.81	case rate	
AMNIOCENTESIS DIAGNOSIC	59000	CPT				outpatient			2934.54		1161.89 WellPoint	WellPoint	910.88	31.04		825.46	191.63	2787.81	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Amerihealth	HMO/PPO	300				208.85	6912.85	fee schedule	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Aetna	Commercial	576.03				208.85	6912.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Consumer	Consumer	6912.85	95			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Horizon	PPO	682.98				208.85	6912.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Aetna	Better Health	2215.02	30.44			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Horizon	Medicare Blue	352.96				208.85	6912.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Amerihealth	Medicare	352.96				208.85	6912.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Horizon	MGD	682.98				208.85	6912.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 First Health	First Health	5093.68	70			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Aetna	Medicare	352.96				208.85	6912.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 First Trenton	First Trenton	6549.01	90			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 WellPoint	WellPoint	2258.68	31.04			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 UHC	Medicare	352.96				208.85	6912.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Multiplan	Multiplan	5821.34	80			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Corrections	Corrections	5821.34	80			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 UHC	Medicaid	2215.02	30.44			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Wellcare	Medicare	352.96				208.85	6912.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Americare	Americare	5457.51	75			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Horizon	NJ Health	208.85				208.85	6912.85	fee schedule	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Qualcare	Qualcare	5457.51	75			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Horizon	Indemnity	682.98				208.85	6912.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 United	Oxford	1835.46				208.85	6912.85	case rate	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Managed Care Inc	Managed Care Inc	6549.01	90			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Wellcare	Medicaid	2215.02	30.44			208.85	6912.85	percent of total billed charges	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 United	CommercialPPO	1835.46				208.85	6912.85	case rate	
AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	59001	CPT				both			7276.68		405.9 Three Rivers	Three Rivers	6912.85	95			208.85	6912.85	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Aetna	Commercial	380.94				89.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Corrections	Corrections	235.82	80			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Aetna	Better Health	89.73	30.44			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 UHC	Medicaid	89.73	30.44			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Amerihealth	HMO/PPO	191.61	65			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 First Health	First Health	206.35	70			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Americare	Americare	221.09	75			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Amerihealth	Medicare	233.42				89.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Horizon	NJ Health	103.59			57.39	89.73	1835.46	fee schedule	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Horizon	MGD	451.67				89.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Aetna	Medicare	233.42				89.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 UHC	Medicare	233.42				89.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Multiplan	Multiplan	235.82	80			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 First Trenton	First Trenton	265.3	90			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Consumer	Consumer	280.04	95			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Horizon	Indemnity	451.67				89.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Qualcare	Qualcare	221.09	75			89.73	1835.46	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Horizon	PPO	451.67				89.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Horizon	Medicare Blue	233.42				89.73	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 United	CommercialPPO	1835.46				89.73	1835.46	case rate	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 United	Oxford	1835.46				89.73	1835.46	case rate	
FETAL CONTRACTION STRESS TEST	59020	CPT				both			294.78		268.43 Three Rivers

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Aetna	Commercial	380.94			261.78	222.31	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	UHC	Medicaid	222.31	30.44		187.54	222.31	1835.46	percent of total billed charges	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Americare	Americare	547.74	75			222.31	1835.46	percent of total billed charges	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	First Trenton	First Trenton	657.29	90			222.31	1835.46	percent of total billed charges	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Qualcare	Qualcare	547.74	75			222.31	1835.46	percent of total billed charges	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Wellcare	Medicaid	222.31	30.44		166.98	222.31	1835.46	percent of total billed charges	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Consumer	Consumer	693.8	95			222.31	1835.46	percent of total billed charges	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Wellcare	Medicare	233.42			78.6	222.31	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Aetna	Medicare	233.42				222.31	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	UHC	Medicare	233.42			149.01	222.31	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Horizon	Medicare Blue	233.42			226.8	222.31	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Horizon	Indemnity	451.67			174.18	222.31	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	United	Commercial|PPO	1835.46			267.06	222.31	1835.46	case rate	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Horizon	MGD	451.67			319.43	222.31	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Corrections	Corrections	584.26	80			222.31	1835.46	percent of total billed charges	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	United	Oxford	1835.46				222.31	1835.46	case rate	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	WellPoint	WellPoint	226.69	31.04		196.67	222.31	1835.46	percent of total billed charges	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Horizon	NJ Health	678.6			179.89	222.31	1835.46	fee schedule	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Managed Care Inc	Managed Care Inc	657.29	90			222.31	1835.46	percent of total billed charges	
FETAL NONSTRESS TEST	59025	CPT				both			730.32	268.43	Three Rivers	Three Rivers	693.8	95			222.31	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Corrections	Corrections	937.58	80			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Amerihealth	Medicare	352.96				127.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Consumer	Consumer	1113.38	95			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Amerihealth	HMO|PPO	127.39				127.39	1835.46	fee schedule	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Qualcare	Qualcare	878.99	75			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Aetna	Better Health	356.75	30.44			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Aetna	Commercial	576.03				127.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Three Rivers	Three Rivers	1113.38	95			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	First Trenton	First Trenton	1054.78	90			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Horizon	Medicare Blue	352.96				127.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Aetna	Medicare	352.96				127.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	First Health	First Health	820.39	70			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Horizon	Indemnity	682.98				127.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	UHC	Medicaid	356.75	30.44			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Americare	Americare	878.99	75			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	UHC	Medicare	352.96				127.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Horizon	NJ Health	135.2				127.39	1835.46	fee schedule	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	United	Oxford	1835.46				127.39	1835.46	case rate	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Horizon	MGD	682.98				127.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Wellcare	Medicaid	356.75	30.44			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Horizon	PPO	682.98				127.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Wellcare	Medicare	352.96				127.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Multiplan	Multiplan	937.58	80			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	Managed Care Inc	Managed Care Inc	1054.78	90			127.39	1835.46	percent of total billed charges	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	United	Commercial|PPO	1835.46				127.39	1835.46	case rate	
FETAL SCALP BLOOD SAMPLING	59030	CPT				outpatient			1171.98	405.9	WellPoint	WellPoint	363.78	31.04			127.39	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Americare	Americare	457.47	75			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		UHC	Medicaid	185.67	30.44		88.06	182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		First Health	First Health	426.97	70			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Aetna	Better Health	185.67	30.44		154.43	182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Horizon	PPO	233.49	38.28		15.07	182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Wellcare	Medicaid	185.67	30.44		180.82	182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Aetna	Commercial	231.78	38		55.79	182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Consumer	Consumer	579.46	95			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		WellPoint	WellPoint	189.33	31.04		170.45	182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Corrections	Corrections	487.97	80			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Horizon	NJ Health	751.68			160.1	182.99	1835.46	fee schedule	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		First Trenton	First Trenton	546.96	90			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Aetna	Medicare	187.87	30.8			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Horizon	MGD	233.49	38.28		20.76	182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		United	Commercial|PPO	1835.46			542.62	182.99	1835.46	case rate	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Horizon	Indemnity	233.49	38.28			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Amerihealth	HMO|PPO	396.47	65			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Horizon	Medicare Blue	182.99	30			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Multiplan	Multiplan	487.97	80			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Managed Care Inc	Managed Care Inc	548.96	90			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Qualcare	Qualcare	457.47	75			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		Three Rivers	Three Rivers	579.46	95			182.99	1835.46	percent of total billed charges	
FETAL MONITORING LABOR PHYS WRITTEN REPORT	59050	CPT				both			609.96		United	Oxford	1835.46				182.99	1835.46	case rate	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Aetna	Commercial	9347.87				859	12389.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	First Trenton	First Trenton	11737.55	90			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Aetna	Medicare	5727.86				859	12389.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	First Health	First Health	9129.2	70			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Americare	Americare	9781.29	75			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	United	Oxford	2859.28				859	12389.63	case rate	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Aetna	Better Health	3969.9	30.44			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Qualcare	Qualcare	9781.29	75			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Amerihealth	HMO|PPO	950				859	12389.63	fee schedule	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Managed Care Inc	Managed Care Inc	11737.55	90			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Horizon	MGD	11083.41				859	12389.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Horizon	Indemnity	11083.41				859	12389.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Amerihealth	Medicare	5727.86				859	12389.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Wellcare	Medicare	5727.86				859	12389.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Consumer	Consumer	12389.63	95			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	UHC	Medicaid	3969.9	30.44			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Horizon	PPO	11083.41				859	12389.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Multiplan	Multiplan	10433.38	80			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Corrections	Corrections	10433.38	80			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	UHC	Medicare	5727.86				859	12389.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Horizon	Medicare Blue	5727.86				859	12389.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Three Rivers	Three Rivers	12389.63	95			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Horizon	NJ Health	859				859	12389.63	fee schedule	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	WellPoint	WellPoint	4048.15	31.04			859	12389.63	percent of total billed charges	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	United	Commercial|PPO	2859.28				859	12389.63	case rate	
HYSTEROTOMY ABDOMINAL	59100	CPT				outpatient			13041.72	6587.04	Wellcare	Medicaid	3969.9	30.44			859	12389.63	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Amerihealth	Medicare	3689.27				263.09	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Aetna	Medicare	3689.27				263.09	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	UHC	Medicare	3689.27				263.09	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Consumer	Consumer	8803.61	95			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Americare	Americare	6950.22	75			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Aetna	Better Health	2820.86	30.44			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Aetna	Commercial	6020.89				263.09	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	First Health	First Health	6486.87	70			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	First Trenton	First Trenton	8340.26	90			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Horizon	MGD	7138.74				263.09	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Wellcare	Medicare	3689.27				263.09	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Corrections	Corrections	7413.57	80			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Amerihealth	HMO|PPO	550				263.09	8803.61	fee schedule	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Three Rivers	Three Rivers	8803.61	95			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Multiplan	Multiplan	7413.57	80			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Horizon	Indemnity	7138.74				263.09	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Managed Care Inc	Managed Care Inc	8340.26	90			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Wellcare	Medicaid	2820.86	30.44			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Qualcare	Qualcare	6950.22	75			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Horizon	Medicare Blue	3689.27				263.09	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	United	Commercial|PPO	2859.28				263.09	8803.61	case rate	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Horizon	NJ Health	363.09				263.09	8803.61	fee schedule	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	UHC	Medicaid	2820.86	30.44			263.09	8803.61	percent of total billed charges	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	Horizon	PPO	7138.74				263.09	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	United	Oxford	2859.28				263.09	8803.61	case rate	
CURETTAGE POSTPARTUM	59160	CPT				both			9266.96	4242.66	WellPoint	WellPoint	2876.46	31.04			263.09	8803.61	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Aetna	Medicare	352.96				108.97	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Aetna	Better Health	348.06	30.44		336.64	108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	First Trenton	First Trenton	1029.08	90			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Aetna	Commercial	576.03				108.97	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Amerihealth	Medicare	352.96				108.97	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Horizon	NJ Health	108.97			8.43	108.97	1835.46	fee schedule	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Corrections	Corrections	914.74	80			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	First Health	First Health	800.39	70			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Americare	Americare	857.57	75			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Horizon	MGD	682.98				108.97	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Horizon	PPO	682.98			586.89	108.97	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Amerihealth	HMO|PPO	125				108.97	1835.46	fee schedule	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Horizon	Medicare Blue	352.96				108.97	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	WellPoint	WellPoint	354.92	31.04			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Qualcare	Qualcare	857.57	75			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Three Rivers	Three Rivers	1086.25	95			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Consumer	Consumer	1086.25	95			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	UHC	Medicaid	348.06	30.44			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Managed Care Inc	Managed Care Inc	1029.08	90			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Horizon	Indemnity	682.98				108.97	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Multiplan	Multiplan	914.74	80			108.97	1835.46	percent of total billed charges	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Wellcare	Medicare	352.96				108.97	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	United	Commercial|PPO	1835.46				108.97	1835.46	case rate	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	UHC	Medicare	352.96				108.97	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	United	Oxford	1835.46				108.97	1835.46	case rate	
INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	59200	CPT				both			1143.42	405.9	Wellcare	Medicaid	348.06	30.44		334.21	108.97	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Horizon	Medicare Blue	3689.27				221.85	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Horizon	NJ Health	2218.85			1511.98	221.85	9983.61	fee schedule	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Aetna	Medicare	3689.27				221.85	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Aetna	Better Health	3198.96	30.44			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Amerihealth	Medicare	3689.27				221.85	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Aetna	Commercial	6020.89				221.85	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Americare	Americare	7881.8	75			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Consumer	Consumer	9983.61	95			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Horizon	Indemnity	7138.74				221.85	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Managed Care Inc	Managed Care Inc	9458.15	90			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	First Trenton	First Trenton	9458.15	90			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	First Health	First Health	7356.34	70			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Horizon	PPO	7138.74				221.85	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Multiplan	Multiplan	8407.25	80			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Amerihealth	HMO/PPO	550				221.85	9983.61	fee schedule	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Corrections	Corrections	8407.25	80			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	United	Commercial/PPO	2859.28				221.85	9983.61	case rate	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	UHC	Medicare	3689.27				221.85	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Horizon	MGD	7138.74				221.85	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Three Rivers	Three Rivers	9983.61	95			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Qualcare	Qualcare	7881.8	75			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	UHC	Medicaid	3198.96	30.44			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Wellcare	Medicaid	3198.96	30.44			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	United	Oxford	2859.28				221.85	9983.61	case rate	
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	Wellcare	Medicare	3689.27				221.85	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE CERVIX PREGNANCY VAGINAL	59320	CPT				both			10509.06	4242.66	WellPoint	WellPoint	3262.01	31.04			221.85	9983.61	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Aetna	Better Health	260.81	30.44			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		First Trenton	First Trenton	771.12	90			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Aetna	Medicare	263.89	30.8			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Amerihealth	HMO/PPO	556.92	65			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Consumer	Consumer	813.96	95			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Horizon	Medicare Blue	257.04	30			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Americare	Americare	642.6	75			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Horizon	NJ Health	492.66				257.04	1835.46	fee schedule	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Aetna	Commercial	325.58	38			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Horizon	Indemnity	327.98	38.28			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Horizon	MGD	327.98	38.28			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		First Health	First Health	599.76	70			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Corrections	Corrections	685.44	80			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Horizon	PPO	327.98	38.28			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		WellPoint	WellPoint	265.95	31.04			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		UHC	Medicaid	260.81	30.44			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Managed Care Inc	Managed Care Inc	771.12	90			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Multiplan	Multiplan	685.44	80			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Three Rivers	Three Rivers	813.96	95			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		United	Commercial/PPO	1835.46				257.04	1835.46	case rate	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		United	Oxford	1835.46				257.04	1835.46	case rate	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Qualcare	Qualcare	642.6	75			257.04	1835.46	percent of total billed charges	
CERCLAGE CERVIX PREGNANCY ABDOMINAL	59325	CPT				both			856.8		Wellcare	Medicaid	260.81	30.44			257.04	1835.46	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Amerihealth	HMO/PPO	1265.67	65			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Americare	Americare	1460.39	75			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		First Trenton	First Trenton	1752.46	90			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Horizon	MGD	745.38	38.28			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Aetna	Better Health	592.72	30.44			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Consumer	Consumer	1849.82	95			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Aetna	Medicare	599.73	30.8			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Aetna	Commercial	739.93	38			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Multiplan	Multiplan	1557.74	80			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Horizon	PPO	745.38	38.28			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		WellPoint	WellPoint	604.4	31.04			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Corrections	Corrections	1557.74	80			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Horizon	Medicare Blue	584.15	30			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Managed Care Inc	Managed Care Inc	1752.46	90			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		First Health	First Health	1363.03	70			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Horizon	Indemnity	745.38	38.28			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Qualcare	Qualcare	1460.39	75			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Three Rivers	Three Rivers	1849.82	95			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Wellcare	Medicaid	592.72	30.44			584.15	1849.82	percent of total billed charges	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		Horizon	NJ Health	631.62				584.15	1849.82	fee schedule	
HYSTERORRHAPHY RUPTURED UTERUS	59350	CPT				inpatient			1947.18		UHC	Medicaid	592.72	30.44			584.15	1849.82	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Aetna	Medicare	2608.78	30.8			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		First Trenton	First Trenton	7623.07	90			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Aetna	Better Health	2578.29	30.44			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		First Health	First Health	5929.06	70			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Americare	Americare	6352.56	75			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Horizon	Medicare Blue	2541.02	30			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Consumer	Consumer	8046.58	95			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Amerihealth	HMO/PPO	5505.55	65			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Horizon	MGD	3242.35	38.28			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Horizon	Indemnity	3242.35	38.28			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Aetna	Commercial	3218.63	38			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Horizon	NJ Health	1331.1				1331.1	8046.58	fee schedule	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Corrections	Corrections	6776.06	80			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		WellPoint	WellPoint	2629.11	31.04			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Multiplan	Multiplan	6776.06	80			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Horizon	PPO	3242.35	38.28			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Qualcare	Qualcare	6352.56	75			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Managed Care Inc	Managed Care Inc	7623.07	90			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Three Rivers	Three Rivers	8046.58	95			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		UHC	Medicaid	2578.29	30.44			1331.1	8046.58	percent of total billed charges	
OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	59400	CPT				outpatient			8470.08		Wellcare	Medicaid	2578.29	30.44			1331.1	8046.58	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	First Health	First Health	6486.87	70			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Aetna	Better Health	2820.86	30.44			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Amerihealth	Medicare	3689.27				550	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Aetna	Commercial	6020.89				550	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Consumer	Consumer	8803.61	95			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Corrections	Corrections	7413.57	80			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Horizon	PPO	7138.74				550	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Aetna	Medicare	2854.22	30.8			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Wellcare	Medicare	3689.27				550	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Multiplan	Multiplan	7413.57	80			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Horizon	Indemnity	7138.74				550	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Americare	Americare	6950.22	75			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	First Trenton	First Trenton	8340.26	90			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Qualcare	Qualcare	6950.22	75			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	United	Commercial/PPO	2859.28				550	8803.61	case rate	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Amerihealth	HMO/PPO	550				550	8803.61	fee schedule	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Horizon	MGD	7138.74				550	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Wellcare	Medicaid	2820.86	30.44			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Horizon	Medicare Blue	3689.27				550	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Horizon	NJ Health	1090.9				550	8803.61	fee schedule	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	WellPoint	WellPoint	2876.46	31.04			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Managed Care Inc	Managed Care Inc	8340.26	90			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	UHC	Medicare	3689.27				550	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	Three Rivers	Three Rivers	8803.61	95			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	UHC	Medicaid	2820.86	30.44			550	8803.61	percent of total billed charges	
VAGINAL DELIVERY ONLY	59409	CPT				both			9266.96	4242.66	United	Oxford	2859.28				550	8803.61	case rate	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Horizon	PPO	7138.74				123.95	10706.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Aetna	Medicare	3471.15	30.8			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Aetna	Commercial	6020.89				123.95	10706.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Aetna	Better Health	3430.58	30.44			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Corrections	Corrections	9015.98	80			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	First Trenton	First Trenton	10142.98	90			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Americare	Americare	8452.49	75			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	First Health	First Health	7888.99	70			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	WellPoint	WellPoint	3498.2	31.04			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Amerihealth	Medicare	3689.27				123.95	10706.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Amerihealth	HMO/PPO	550				123.95	10706.48	fee schedule	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Consumer	Consumer	10706.48	95			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Horizon	MGD	7138.74				123.95	10706.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Managed Care Inc	Managed Care Inc	10142.98	90			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Horizon	Medicare Blue	3689.27				123.95	10706.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Horizon	Indemnity	7138.74				123.95	10706.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Horizon	NJ Health	123.95				123.95	10706.48	fee schedule	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Wellcare	Medicare	3689.27				123.95	10706.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Multiplan	Multiplan	9015.98	80			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	UHC	Medicaid	3430.58	30.44			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Three Rivers	Three Rivers	10706.48	95			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	UHC	Medicare	3689.27				123.95	10706.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Qualcare	Qualcare	8452.49	75			123.95	10706.48	percent of total billed charges	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	United	Commercial/PPO	2859.28				123.95	10706.48	case rate	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	United	Oxford	2859.28				123.95	10706.48	case rate	
EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	59412	CPT				both			11269.98	4242.66	Wellcare	Medicaid	3430.58	30.44			123.95	10706.48	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96	4242.66	Aetna	Medicare	2854.22	30.8			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96	4242.66	First Health	First Health	6486.87	70			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96	4242.66	Corrections	Corrections	7413.57	80			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96	4242.66	First Trenton	First Trenton	8340.26	90			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96	4242.66	Aetna	Better Health	2820.86	30.44			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96	4242.66	Amerihealth	Medicare	3689.27				109.62	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Med

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Aetna	Commercial	6020.89				109.62	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Amerihealth	HMO/PPO	550				109.62	8803.61	fee schedule	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Americare	Americare	6950.22	75			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Horizon	Medicare Blue	3689.27				109.62	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Multiplan	Multiplan	7413.57	80			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Horizon	MGD	7138.74				109.62	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Consumer	Consumer	8803.61	95			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Horizon	Indemnity	7138.74				109.62	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Qualcare	Qualcare	6950.22	75			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Horizon	NJ Health	109.62				109.62	8803.61	fee schedule	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 United	Oxford	2859.28				109.62	8803.61	case rate	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 UHC	Medicare	3689.27				109.62	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Wellcare	Medicaid	2820.86	30.44			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Managed Care Inc	Managed Care Inc	8340.26	90			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Wellcare	Medicare	3689.27				109.62	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Horizon	PPO	7138.74				109.62	8803.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 Three Rivers	Three Rivers	8803.61	95			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 UHC	Medicaid	2820.86	30.44			109.62	8803.61	percent of total billed charges	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 United	Commercial/PPO	2859.28				109.62	8803.61	case rate	
DELIVERY PLACENTA SEPARATE PROCEDURE	59414	CPT				both			9266.96		4242.66 WellPoint	WellPoint	2876.46	31.04			109.62	8803.61	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Aetna	Commercial	1147.65	38			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Aetna	Better Health	919.32	30.44			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Horizon	Indemnity	1156.1	38.28			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Amerihealth	HMO/PPO	1963.08	65			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			First Health	First Health	2114.08	70			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Aetna	Medicare	930.2	30.8			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			First Trenton	First Trenton	2718.11	90			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Corrections	Corrections	2416.1	80			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Horizon	MGD	1156.1	38.28			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Americare	Americare	2265.09	75			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Horizon	NJ Health	1560.78				906.04	2869.11	fee schedule	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Multiplan	Multiplan	2416.1	80			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			UHC	Medicaid	919.32	30.44			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Consumer	Consumer	2869.11	95			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Horizon	PPO	1156.1	38.28			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Qualcare	Qualcare	2265.09	75			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			WellPoint	WellPoint	937.45	31.04			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Horizon	Medicare Blue	906.04	30			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Managed Care Inc	Managed Care Inc	2718.11	90			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Wellcare	Medicaid	919.32	30.44			906.04	2869.11	percent of total billed charges	
OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	59510	CPT				outpatient			3020.12			Three Rivers	Three Rivers	2869.11	95			906.04	2869.11	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Aetna	Better Health	3841.98	30.44			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Amerihealth	HMO/PPO	8203.96	65			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Horizon	PPO	4831.5	38.28			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Americare	Americare	9466.11	75			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Aetna	Commercial	4796.16	38			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Horizon	Medicare Blue	3786.44	30			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Corrections	Corrections	10097.18	80			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Consumer	Consumer	11990.41	95			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Aetna	Medicare	3887.42	30.8			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Horizon	Indemnity	4831.5	38.28			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Three Rivers	Three Rivers	11990.41	95			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Horizon	MGD	4831.5	38.28			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			First Health	First Health	8835.04	70			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Multiplan	Multiplan	10097.18	80			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			First Trenton	First Trenton	11359.33	90			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Qualcare	Qualcare	9466.11	75			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Wellcare	Medicaid	3841.98	30.44			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			UHC	Medicaid	3841.98	30.44			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Horizon	NJ Health	1122.3				1122.3	11990.41	fee schedule	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			Managed Care Inc	Managed Care Inc	11359.33	90			1122.3	11990.41	percent of total billed charges	
CESAREAN DELIVERY ONLY	59514	CPT				both			12621.48			WellPoint	WellPoint	3917.71	31.04			1122.3	11990.41	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Amerihealth	HMO/PPO	12408.05	65			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Consumer	Consumer	18134.84	95			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			First Health	First Health	13362.51	70			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			First Trenton	First Trenton	17180.37	90			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Aetna	Better Health	5810.78	30.44			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Americare	Americare	14316.98	75			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Aetna	Medicare	5879.5	30.8			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Horizon	NJ Health	944.82				944.82	18134.84	fee schedule	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Corrections	Corrections	15271.44	80			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Horizon	Indemnity	7307.38	38.28			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Wellcare	Medicaid	5810.78	30.44			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Managed Care Inc	Managed Care Inc	17180.37	90			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Aetna	Commercial	7253.93	38			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Horizon	PPO	7307.38	38.28			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Horizon	MGD	7307.38	38.28			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Three Rivers	Three Rivers	18134.84	95			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			WellPoint	WellPoint	5925.32	31.04			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			UHC	Medicaid	5810.78	30.44			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Horizon	Medicare Blue	5726.79	30			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Multiplan	Multiplan	15271.44	80			944.82	18134.84	percent of total billed charges	
STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	59525	CPT				outpatient			19089.3			Qualcare	Qualcare	14316.98	75			944.82	18134.84	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Aetna	Commercial	3520.18	38			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Corrections	Corrections	7410.91	80			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Aetna	Medicare	2853.2	30.8			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			UHC	Medicaid	2819.85	30.44			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Horizon	Medicare Blue	2779.09	30			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Americare	Americare	6947.73	75			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			WellPoint	WellPoint	2875.43	31.04			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Aetna	Better Health	2819.85	30.44			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Amerihealth	HMO/PPO	6021.37	65			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Managed Care Inc	Managed Care Inc	8337.28	90			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Consumer	Consumer	8800.46	95			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Horizon	Indemnity	3546.12	38.28			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Wellcare	Medicaid	2819.85	30.44			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			First Trenton	First Trenton	8337.28	90			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			First Health	First Health	6484.55	70			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Horizon	MGD	3546.12	38.28			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Multiplan	Multiplan	7410.91	80			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Horizon	PPO	3546.12	38.28			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Qualcare	Qualcare	6947.73	75			2779.09	8800.46	percent of total billed charges	
ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	59610	CPT				outpatient			9263.64			Three Rivers	Three Rivers	8800.46	95			2779.09	8800.46	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Aetna	Commercial	6020.89				550	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Corrections	Corrections	9324.62	80			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 First Trenton	First Trenton	10490.19	90			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Aetna	Medicare	3689.27				550	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 UHC	Medicare	3689.27				550	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Amerihealth	Medicare	3689.27				550	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Americare	Americare	8741.83	75			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Aetna	Better Health	3548.02	30.44			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Multiplan	Multiplan	9324.62	80			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Horizon	Medicare Blue	3689.27				550	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Managed Care Inc	Managed Care Inc	10490.19	90			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 First Health	First Health	8159.04	70			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Qualcare	Qualcare	8741.83	75			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Consumer	Consumer	11072.98	95			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Amerihealth	HMO/PPO	550				550	11072.98	fee schedule	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Horizon	PPO	7138.74				550	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Wellcare	Medicare	3689.27				550	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Horizon	NJ Health	1043.79				550	11072.98	fee schedule	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Three Rivers	Three Rivers	11072.98	95			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Horizon	MGD	7138.74				550	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Horizon	Indemnity	7138.74				550	11072.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 United	Oxford	2859.28				550	11072.98	case rate	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 UHC	Medicaid	3548.02	30.44			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 WellPoint	WellPoint	3617.95	31.04			550	11072.98	percent of total billed charges	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 United	Commercial/PPO	2859.28				550	11072.98	case rate	
VAGINAL DELIVERY AFTER CESAREAN DELIVERY	59612	CPT				inpatient			11655.77		4242.66 Wellcare	Medicaid	3548.02	30.44			550	11072.98	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			WellPoint	WellPoint	3853.75	31.04			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Aetna	Commercial	4717.87	38			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Americare	Americare	9311.58	75			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Aetna	Better Health	3779.26	30.44			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Aetna	Medicare	3823.96	30.8			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Amerihealth	HMO/PPO	8070.04	65			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Horizon	MGD	4752.63	38.28			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			First Health	First Health	8690.81	70			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			UHC	Medicaid	3779.26	30.44			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Horizon	Medicare Blue	3724.63	30			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Wellcare	Medicaid	3779.26	30.44			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Consumer	Consumer	11794.67	95			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Horizon	Indemnity	4752.63	38.28			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Horizon	PPO	4752.63	38.28			1201.23	11794.67	percent of total billed charges	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44			Multiplan	Multiplan	9932.35	80			1201.23	11794.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44		Horizon	NJ Health	1201.23				1201.23	11794.67	fee schedule	
CESAREAN DELIVERY ATTEMPTED VBAC	59620	CPT				inpatient			12415.44		Managed Care Inc	Managed Care Inc	11173.9	90			1201.23	11794.67	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 First Trenton	First Trenton	9430.61	90			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Aetna	Commercial	6020.89				301.46	9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Aetna	Medicare	3227.37	30.8			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Aetna	Better Health	3189.64	30.44			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 UHC	Medicare	3689.27				301.46	9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Consumer	Consumer	9954.54	95			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Amerihealth	HMO/PPO	550				301.46	9954.54	fee schedule	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Amerihealth	Medicare	3689.27				301.46	9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Horizon	Indemnity	7138.74				301.46	9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Americare	Americare	7858.85	75			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 United	CommercialPPO	2859.28				301.46	9954.54	case rate	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Corrections	Corrections	8382.77	80			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 WellPoint	WellPoint	3252.51	31.04			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Horizon	MGD	7138.74				301.46	9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 First Health	First Health	7334.92	70			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Horizon	Medicare Blue	3689.27				301.46	9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Horizon	PPO	7138.74				301.46	9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Multiplan	Multiplan	8382.77	80			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 United	Oxford	2859.28				301.46	9954.54	case rate	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Qualcare	Qualcare	7858.85	75			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Managed Care Inc	Managed Care Inc	9430.61	90			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Three Rivers	Three Rivers	9954.54	95			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Horizon	NJ Health	301.46			469.09	301.46	9954.54	fee schedule	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 UHC	Medicaid	3189.64	30.44		2491.71	301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Wellcare	Medicaid	3189.64	30.44			301.46	9954.54	percent of total billed charges	
TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	59812	CPT				outpatient			10478.46		4242.66 Wellcare	Medicare	3689.27				301.46	9954.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Consumer	Consumer	9983.61	95			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Americare	Americare	7881.8	75			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Aetna	Better Health	3198.96	30.44			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 UHC	Medicare	3689.27				383.67	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Corrections	Corrections	8407.25	80			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Amerihealth	Medicare	3689.27				383.67	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Aetna	Medicare	3689.27				383.67	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Aetna	Commercial	6020.89				383.67	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Three Rivers	Three Rivers	9983.61	95			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Amerihealth	HMO/PPO	550				383.67	9983.61	fee schedule	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 First Health	First Health	7356.34	70			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Multiplan	Multiplan	8407.25	80			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Horizon	Indemnity	7138.74				383.67	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 First Trenton	First Trenton	9458.15	90			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Horizon	MGD	7138.74				383.67	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Qualcare	Qualcare	7881.8	75			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 UHC	Medicaid	3198.96	30.44		3017.38	383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Horizon	NJ Health	383.67			1859.86	383.67	9983.61	fee schedule	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Horizon	Medicare Blue	3689.27				383.67	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Wellcare	Medicare	3689.27				383.67	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 United	Oxford	2859.28				383.67	9983.61	case rate	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Managed Care Inc	Managed Care Inc	9458.15	90			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Horizon	PPO	7138.74				383.67	9983.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 United	CommercialPPO	2859.28				383.67	9983.61	case rate	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 Wellcare	Medicaid	3198.96	30.44			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION FIRST TRIMESTER SURGICAL	59820	CPT				outpatient			10509.06		4242.66 WellPoint	WellPoint	3262.01	31.04			383.67	9983.61	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Aetna	Better Health	2220.61	30.44			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 UHC	Medicare	3689.27				274.05	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 First Health	First Health	5106.53	70			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Americare	Americare	5471.28	75			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Corrections	Corrections	5836.03	80			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Amerihealth	Medicare	3689.27				274.05	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Consumer	Consumer	6930.29	95			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Aetna	Commercial	6020.89				274.05	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Horizon	PPO	7138.74				274.05	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 First Trenton	First Trenton	6565.54	90			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Multiplan	Multiplan	5836.03	80			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Amerihealth	HMO/PPO	650				274.05	7138.74	fee schedule	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Horizon	Medicare Blue	3689.27				274.05	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Managed Care Inc	Managed Care Inc	6565.54	90			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Horizon	Indemnity	7138.74				274.05	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Aetna	Medicare	3689.27				274.05	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Qualcare	Qualcare	5471.28	75			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 WellPoint	WellPoint	2264.38	31.04			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Horizon	NJ Health	274.05				274.05	7138.74	fee schedule	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Horizon	MGD	7138.74				274.05	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Wellcare	Medicare	3689.27				274.05	7138.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Three Rivers	Three Rivers	6930.29	95			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 UHC	Medicaid	2220.61	30.44			274.05	7138.74	percent of total billed charges	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 United	CommercialPPO	2859.28				274.05	7138.74	case rate	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 United	Oxford	2859.28				274.05	7138.74	case rate	
TX MISSED ABORTION SECOND TRIMESTER SURGICAL	59821	CPT				outpatient			7295.04		4242.66 Wellcare	Medicaid	2220.61	30.44			274.05	7138.74	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Americare	Americare	8189.86	75			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Consumer	Consumer	10373.82	95			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Aetna	Commercial	6020.89				550	10373.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Aetna	Better Health	3323.99	30.44			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Amerihealth	Medicare	3689.27				550	10373.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Horizon	PPO	7138.74				550	10373.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Amerihealth	HMO/PPO	550				550	10373.82	fee schedule	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Horizon	Medicare Blue	3689.27				550	10373.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 First Trenton	First Trenton	9827.83	90			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 WellPoint	WellPoint	3389.51	31.04			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 UHC	Medicare	3689.27				550	10373.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Aetna	Medicare	3689.27				550	10373.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Corrections	Corrections	8735.85	80			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Multiplan	Multiplan	8735.85	80			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Horizon	MGD	7138.74				550	10373.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 First Health	First Health	7643.87	70			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Managed Care Inc	Managed Care Inc	9827.83	90			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Qualcare	Qualcare	8189.86	75			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Horizon	Indemnity	7138.74				550	10373.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Wellcare	Medicaid	3323.99	30.44			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Three Rivers	Three Rivers	10373.82	95			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 Wellcare	Medicare	3689.27				550	10373.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 United	CommercialPPO	2859.28				550	10373.82	case rate	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 UHC	Medicaid	3323.99	30.44			550	10373.82	percent of total billed charges	
INDUCED ABORTION DILATION AND CURETTAGE	59840	CPT				outpatient			10919.81		4242.66 United	Oxford	2859.28				550	10373.82	case rate	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Aetna	Better Health	3294.9	30.44			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Consumer	Consumer	10283.03	95			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Three Rivers	Three Rivers	10283.03	95			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Aetna	Commercial	6020.89				550	10283.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Aetna	Medicare	3689.27				550	10283.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Amerihealth	Medicare	3689.27				550	10283.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 First Trenton	First Trenton	9741.82	90			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 UHC	Medicare	3689.27				550	10283.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 WellPoint	WellPoint	3359.84	31.04			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 United	Oxford	2859.28				550	10283.03	case rate	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 UHC	Medicaid	3294.9	30.44			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Americare	Americare	8118.18	75			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Amerihealth	HMO/PPO	550				550	10283.03	fee schedule	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Corrections	Corrections	8659.39	80			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Horizon	Indemnity	7138.74				550	10283.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Multiplan	Multiplan	8659.39	80			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 First Health	First Health	7576.97	70			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Horizon	Medicare Blue	3689.27				550	10283.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 United	CommercialPPO	2859.28				550	10283.03	case rate	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Qualcare	Qualcare	8118.18	75			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Horizon	MGD	7138.74				550	10283.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Wellcare	Medicare	3689.27				550	10283.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Horizon	PPO	7138.74				550	10283.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Wellcare	Medicaid	3294.9	30.44			550	10283.03	percent of total billed charges	
INDUCED ABORTION DILATION & EVACUATION	59841	CPT				outpatient			10824.24		4242.66 Managed Care Inc	Managed Care Inc	9741.82	90			550	10283.03	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WID&C/EVACJ	59850	CPT				outpatient			2191.98		Corrections	Corrections	1753.58	80			657.59	2082.38	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WID&C/EVACJ	59850	CPT				outpatient			2191.98		Consumer	Consumer	2082.38	95			657.59	2082.38	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WID&C/EVACJ	59850	CPT				outpatient			2191.98		Aetna	Medicare	675.13	30.8			657.59	2082.38	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WID&C/EVACJ	59850	CPT				outpatient			2191.98		Aetna	Better Health	667.24	30.44			657.59	2082.38	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WID&C/EVACJ	59850	CPT				outpatient			2191.98		First Trenton	First Trenton	1972.78	90			657.59	2082.38	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WID&C/EVACJ	59850	CPT				outpatient			2191.98		Americare	Americare	1643.99	75			657.59	2082.38	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WID&C/EVACJ	59850	CPT				outpatient			2191.98		First Health	First Health	1534.39	70			657.59	2082.38	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WID&C/EVACJ	59850	CPT				outpatient			2191.98		Aetna	Commercial	832.95	38			657.59

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INDUCED ABORTION 1/> AMNIOTIC INJX WI/D&C/EVACJ	59850	CPT				outpatient			2191.98		Managed Care Inc	Managed Care Inc	1972.78	90			657.59	2082.38	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WI/D&C/EVACJ	59850	CPT				outpatient			2191.98		United	Oxford	1835.46				657.59	2082.38	case rate	
INDUCED ABORTION 1/> AMNIOTIC INJX WI/D&C/EVACJ	59850	CPT				outpatient			2191.98		Three Rivers	Three Rivers	2082.38	95			657.59	2082.38	percent of total billed charges	
INDUCED ABORTION 1/> AMNIOTIC INJX WI/D&C/EVACJ	59850	CPT				outpatient			2191.98		Wellcare	Medicaid	667.24	30.44			657.59	2082.38	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Amerihealth	Medicare	233.42				201.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 First Health	First Health	463.39	70			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Aetna	Better Health	201.51	30.44			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Aetna	Commercial	380.94				201.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Americare	Americare	496.49	75			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Consumer	Consumer	628.88	95			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Aetna	Medicare	233.42				201.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Horizon	Medicare Blue	233.42				201.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Amerihealth	HMO/PPO	430.29	65			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 First Trenton	First Trenton	595.78	90			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Multiplan	Multiplan	529.58	80			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Horizon	MCD	451.67				201.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Qualcare	Qualcare	496.49	75			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Corrections	Corrections	529.58	80			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 UHC	Medicare	233.42				201.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Managed Care Inc	Managed Care Inc	595.78	90			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 UHC	Medicaid	201.51	30.44			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Horizon	Indemnity	451.67				201.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Wellcare	Medicare	233.42				201.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Three Rivers	Three Rivers	628.88	95			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Wellcare	Medicaid	201.51	30.44			201.51	1835.46	percent of total billed charges	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 Horizon	PPO	451.67				201.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 United	CommercialPPO	1835.46				201.51	1835.46	case rate	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 United	Oxford	1835.46				201.51	1835.46	case rate	
UNLISTED FETAL INVASIVE PX W/ULTRASOUND	59897	CPT				outpatient			661.98		268.43 WellPoint	WellPoint	205.48	31.04			201.51	1835.46	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Three Rivers	Three Rivers	2301.38	95			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Amerihealth	HMO/PPO	300				164.82	2301.38	fee schedule	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Corrections	Corrections	1938	80			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Wellcare	Medicare	816.39				164.82	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 First Trenton	First Trenton	2180.25	90			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Aetna	Medicare	746.13	30.8			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Aetna	Commercial	1332.35				164.82	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Aetna	Better Health	737.41	30.44			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Horizon	MCD	1579.71				164.82	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Amerihealth	Medicare	816.39				164.82	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Americare	Americare	1816.88	75			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Consumer	Consumer	2301.38	95			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Horizon	NJ Health	164.82				164.82	2301.38	fee schedule	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 UHC	Medicaid	737.41	30.44			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Multiplan	Multiplan	1938	80			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 United	Oxford	1871.51				164.82	2301.38	case rate	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Horizon	PPO	1579.71				164.82	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 First Health	First Health	1695.75	70			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Qualcare	Qualcare	1816.88	75			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 United	CommercialPPO	1871.51				164.82	2301.38	case rate	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Managed Care Inc	Managed Care Inc	2180.25	90			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Horizon	Indemnity	1579.71				164.82	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 WellPoint	WellPoint	751.94	31.04			164.82	2301.38	percent of total billed charges	
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Horizon	Medicare Blue	816.39				164.82	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 UHC	Medicare	816.39				164.82	2301.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	60100	CPT				outpatient			2422.5		938.85 Wellcare	Medicaid	737.41	30.44			164.82	2301.38	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Aetna	Medicare	6769.72				300	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Americare	Americare	6451.48	75			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Horizon	Medicare Blue	6769.72				300	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Aetna	Commercial	11048.18				300	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Aetna	Better Health	2618.44	30.44			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 First Trenton	First Trenton	7741.77	90			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Amerihealth	Medicare	6769.72				300	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Corrections	Corrections	6881.58	80			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 First Health	First Health	6021.38	70			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Amerihealth	HMO/PPO	300				300	13099.41	fee schedule	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 United	Oxford	4843.06				300	13099.41	case rate	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Multiplan	Multiplan	6881.58	80			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Horizon	PPO	13099.41				300	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Managed Care Inc	Managed Care Inc	7741.77	90			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Consumer	Consumer	8171.87	95			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Wellcare	Medicare	6769.72				300	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Horizon	MCD	13099.41				300	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Horizon	Indemnity	13099.41				300	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Wellcare	Medicaid	2618.44	30.44			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Qualcare	Qualcare	6451.48	75			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 WellPoint	WellPoint	2670.05	31.04			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 Three Rivers	Three Rivers	8171.87	95			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 UHC	Medicare	6769.72				300	13099.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 UHC	Medicaid	2618.44	30.44			300	13099.41	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT				outpatient			8601.97		7785.18 United	CommercialPPO	4843.06				300	13099.41	case rate	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Amerihealth	Medicare	342.51				159.55	2597.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Aetna	Medicare	842.26	30.8			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Consumer	Consumer	2597.89	95			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 First Trenton	First Trenton	2461.16	90			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Aetna	Better Health	832.42	30.44			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Amerihealth	HMO/PPO	300				159.55	2597.89	fee schedule	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Aetna	Commercial	558.98				159.55	2597.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Qualcare	Qualcare	2050.97	75			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Horizon	Medicare Blue	342.51				159.55	2597.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 UHC	Medicaid	832.42	30.44			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Corrections	Corrections	2187.7	80			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Horizon	Indemnity	662.76				159.55	2597.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Americare	Americare	2050.97	75			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 First Health	First Health	1914.23	70			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Horizon	NJ Health	159.55				159.55	2597.89	fee schedule	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 UHC	Medicare	342.51				159.55	2597.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Horizon	MGD	662.76				159.55	2597.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 United	CommercialPPO	1835.46				159.55	2597.89	case rate	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Multiplan	Multiplan	2187.7	80			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Horizon	PPO	662.76				159.55	2597.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Three Rivers	Three Rivers	2597.89	95			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Wellcare	Medicaid	832.42	30.44			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 WellPoint	WellPoint	848.83	31.04			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 United	Oxford	1835.46				159.55	2597.89	case rate	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Managed Care Inc	Managed Care Inc	2461.16	90			159.55	2597.89	percent of total billed charges	
CISTERNALLATERAL C1-C2 PUNCTURE W/INJECTION	61055	CPT				inpatient			2734.62		393.89 Wellcare	Medicare	342.51				159.55	2597.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Wellcare	Medicare	803.54				130.5	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Aetna	Medicare	803.54				130.5	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Aetna	Commercial	1311.38				130.5	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Consumer	Consumer	2457.38	95			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Horizon	MGD	1554.85				130.5	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Multiplan	Multiplan	2069.38	80			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Amerihealth	Medicare	803.54				130.5	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Aetna	Better Health	787.4	30.44			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 UHC	Medicaid	787.4	30.44			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Corrections	Corrections	2069.38	80			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Americare	Americare	1940.04	75			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 First Health	First Health	1810.7	70			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 UHC	Medicare	803.54				130.5	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Qualcare	Qualcare	1940.04	75			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 First Trenton	First Trenton	2328.05	90			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Horizon	PPO	1554.85				130.5	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Amerihealth	HMO/PPO	300				130.5	2457.38	fee schedule	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 WellPoint	WellPoint	802.92	31.04			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Horizon	Indemnity	1554.85				130.5	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 United	CommercialPPO	1871.51				130.5	2457.38	case rate	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Horizon	Medicare Blue	803.54				130.5	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 United	Oxford	1871.51				130.5	2457.38	case rate	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Horizon	NJ Health	130.5				130.5	2457.38	fee schedule	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Wellcare	Medicaid	787.4	30.44			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Managed Care Inc	Managed Care Inc	2328.05	90			130.5	2457.38	percent of total billed charges	
PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	61070	CPT				outpatient			2586.72		924.07 Three Rivers	Three Rivers	2457.38	95			130.5	2457.38	percent of total billed charges	
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06		15132.49 First Trenton	First Trenton	40440.65	90			800	42687.36	percent of total billed charges	
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06		15132.49 Three Rivers	Three Rivers	42687.36	95			800	42687.36	percent of total billed charges	
EVASC TEMP BALLOON ARTL OCCLUS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	UHC	Medicaid	13677.93	30.44		13222.92	800	42887.36	percent of total billed charges	
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	Amerihealth	HMO/PPO	800				800	42887.36	fee schedule	
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	Wellcare	Medicaid	13677.93	30.44			800	42887.36	percent of total billed charges	
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	Horizon	Indemnity	25462.07				800	42887.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	United	Commercial/PPO	6018.29	30.44			800	42887.36	case rate	
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	Horizon	MGD	25462.07				800	42887.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	Wellcare	Medicare	13158.69				800	42887.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	Horizon	Medicare Blue	13158.69				800	42887.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	United	Oxford	6018.29				800	42887.36	case rate	
EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	61623	CPT				both			44934.06	15132.49	Horizon	PPO	25462.07				800	42887.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Horizon	Indemnity	24559.68	38.28			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Corrections	Corrections	51326.4	80			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		UHC	Medicaid	19529.7	30.44			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		First Health	First Health	44910.6	70			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Americare	Americare	48118.5	75			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Aetna	Commercial	24380.04	38			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		First Trenton	First Trenton	57742.2	90			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Aetna	Better Health	19529.7	30.44			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Multiplan	Multiplan	51326.4	80			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		WellPoint	WellPoint	19914.64	31.04			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		United	Commercial/PPO	6018.29				800	60950.1	case rate	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Amerihealth	HMO/PPO	800				800	60950.1	fee schedule	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Consumer	Consumer	60950.1	95			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Aetna	Medicare	19760.66	30.8			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Horizon	PPO	24559.68	38.28			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		United	Oxford	6018.29				800	60950.1	case rate	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Qualcare	Qualcare	48118.5	75			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Horizon	MGD	24559.68	38.28			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Managed Care Inc	Managed Care Inc	57742.2	90			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Wellcare	Medicaid	19529.7	30.44			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Horizon	Medicare Blue	19247.4	30			800	60950.1	percent of total billed charges	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Horizon	NJ Health	1231.06				800	60950.1	fee schedule	
TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	61624	CPT				both			64158		Three Rivers	Three Rivers	60950.1	95			800	60950.1	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Aetna	Medicare	13158.69				800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	UHC	Medicaid	11701.05	30.44			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Aetna	Commercial	21474.98				800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Amerihealth	HMO/PPO	800				800	36517.73	fee schedule	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Corrections	Corrections	30751.78	80			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	First Trenton	First Trenton	34595.75	90			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Consumer	Consumer	36517.73	95			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Aetna	Better Health	11701.05	30.44			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Horizon	MGD	25462.07				800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	UHC	Medicare	13158.69				800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Americare	Americare	28829.79	75			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Amerihealth	Medicare	13158.69				800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Horizon	NJ Health	1050.53				800	36517.73	fee schedule	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Horizon	PPO	25462.07				800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Multiplan	Multiplan	30751.78	80			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	United	Oxford	6018.29				800	36517.73	case rate	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Qualcare	Qualcare	28829.79	75			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	United	Commercial/PPO	6018.29				800	36517.73	case rate	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Three Rivers	Three Rivers	36517.73	95			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	First Health	First Health	26907.8	70			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Managed Care Inc	Managed Care Inc	34595.75	90			800	36517.73	percent of total billed charges	
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Horizon	Indemnity	25462.07				800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	WellPoint	WellPoint	11931.69	31.04			800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Horizon	Medicare Blue	13158.69				800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Wellcare	Medicare	13158.69				800	36517.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	61626	CPT				both			38439.72	15132.49	Wellcare	Medicaid	11701.05	30.44			800	36517.73	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		First Trenton	First Trenton	9173.57	90			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Consumer	Consumer	9683.22	95			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		First Health	First Health	7135	70			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Amerihealth	HMO/PPO	6625.36	65			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Corrections	Corrections	8154.29	80			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Aetna	Better Health	3102.71	30.44			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Aetna	Medicare	3139.4	30.8			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Americare	Americare	7644.65	75			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Horizon	Indemnity	3901.83	38.28			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		United	Oxford	1835.46				1796.88	9883.22	case rate	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Horizon	MGD	3901.83	38.28			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Multiplan	Multiplan	8154.29	80			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		WellPoint	WellPoint	3163.86	31.04			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Aetna	Commercial	3873.29	38			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		UHC	Medicaid	3102.71	30.44			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Qualcare	Qualcare	7644.65	75			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Horizon	NJ Health	1796.88				1796.88	9883.22	fee schedule	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Horizon	Medicare Blue	3057.86	30			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		United	Commercial/PPO	1835.46				1796.88	9883.22	case rate	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Horizon	PPO	3901.83	38.28			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Wellcare	Medicaid	3102.71	30.44			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Managed Care Inc	Managed Care Inc	9173.57	90			1796.88	9883.22	percent of total billed charges	
TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	61635	CPT				inpatient			10192.86		Three Rivers	Three Rivers	9683.22	95			1796.88	9883.22	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Amerihealth	HMO/PPO	4418.9	65			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Aetna	Commercial	2583.35	38			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Aetna	Better Health	2069.4	30.44			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		First Trenton	First Trenton	6118.47	90			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Horizon	Indemnity	2602.39	38.28			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		First Health	First Health	4758.81	70			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Corrections	Corrections	5438.64	80			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Americare	Americare	5098.73	75			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Multiplan	Multiplan	5438.64	80			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Aetna	Medicare	2093.88	30.8			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Consumer	Consumer	6458.39	95			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Horizon	PPO	2602.39	38.28			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Qualcare	Qualcare	5098.73	75			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Horizon	MGD	2602.39	38.28			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Horizon	Medicare Blue	2039.49	30			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Managed Care Inc	Managed Care Inc	6118.47	90			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Horizon	NJ Health	1347.67				1347.67	6458.39	fee schedule	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		UHC	Medicaid	2069.4	30.44			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		United	Oxford	1835.46				1347.67	6458.39	case rate	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Three Rivers	Three Rivers	6458.39	95			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		Wellcare	Medicaid	2069.4	30.44			1347.67	6458.39	percent of total billed charges	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		United	Commercial/PPO	1835.46				1347.67	6458.39	case rate	
BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	61640	CPT				inpatient			6798.3		WellPoint	WellPoint	2110.19	31.04			1347.67	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Americare	Americare	5098.73	75			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Corrections	Corrections	5438.64	80			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Horizon	PPO	2602.39	38.28			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Aetna	Better Health	2069.4	30.44			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Amerihealth	HMO/PPO	4418.9	65			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Aetna	Medicare	2093.88	30.8			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		First Trenton	First Trenton	6118.47	90			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		First Health	First Health	4758.81	70			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Multiplan	Multiplan	5438.64	80			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		WellPoint	WellPoint	2110.19	31.04			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		UHC	Medicaid	2069.4	30.44			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Aetna	Commercial	2583.35	38			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Horizon	Indemnity	2602.39	38.28			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Consumer	Consumer	6458.39	95			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Managed Care Inc	Managed Care Inc	6118.47	90			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Wellcare	Medicaid	2069.4	30.44			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Qualcare	Qualcare	5098.73	75			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Horizon	MGD	2602.39	38.28			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		United	Commercial/PPO	1835.46				674.42	6458.39	case rate	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Horizon	NJ Health	674.42				674.42	6458.39	fee schedule	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Horizon	Medicare Blue	2039.49	30			674.42	6458.39	percent of total billed charges	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		United	Oxford	1835.46				674.42	6458.39	case rate	
PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	61642	CPT				inpatient			6798.3		Three Rivers	Three Rivers	6458.39	95			674.42	6458.39	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Horizon	Indemnity	6136.02	38.28			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Americare	Americare	12021.98	75			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Aetna	Better Health	4879.32	30.44			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Aetna	Commercial	6091.13	38			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Multiplan	Multiplan	12823.44	80			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		First Trenton	First Trenton	14426.37	90			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Consumer	Consumer	15227.84	95			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Aetna	Medicare	4937.02	30.8			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Qualcare	Qualcare	12021.98	75			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Amerihealth	HMO/PPO	800				800	15227.84	fee schedule	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		First Health	First Health	11220.51	70			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		United	Commercial/PPO	1835.46				800	15227.84	case rate	
PERQ

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		Wellcare	Medicaid	4879.32	30.44			800	15227.84	percent of total billed charges	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		United	Oxford	1835.46				800	15227.84	case rate	
PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	61645	CPT				inpatient			16029.3		WellPoint	WellPoint	4975.49	31.04			800	15227.84	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Aetna	Medicare	5164.16	30.8			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Consumer	Consumer	15928.42	95			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Horizon	MGD	6418.32	38.28			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Multiplan	Multiplan	13413.41	80			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		First Trenton	First Trenton	15090.08	90			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Americare	Americare	12575.07	75			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Aetna	Commercial	6371.37	38			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Aetna	Better Health	5103.8	30.44			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Amerihealth	HMO/PPO	800				742.47	15928.42	fee schedule	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Corrections	Corrections	13413.41	80			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		United	Oxford	1835.46				742.47	15928.42	case rate	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Qualcare	Qualcare	12575.07	75			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		First Health	First Health	11736.73	70			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Horizon	PPO	6418.32	38.28			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		WellPoint	WellPoint	5204.4	31.04			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Horizon	Medicare Blue	5030.03	30			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		United	CommercialPPO	1835.46				742.47	15928.42	case rate	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Horizon	Indemnity	6418.32	38.28			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Wellcare	Medicaid	5103.8	30.44			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		UHC	Medicaid	5103.8	30.44			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Three Rivers	Three Rivers	15928.42	95			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Managed Care Inc	Managed Care Inc	15090.08	90			742.47	15928.42	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	61650	CPT				both			16766.76		Horizon	NJ Health	742.47				742.47	15928.42	fee schedule	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		First Trenton	First Trenton	2952.29	90			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Americare	Americare	2460.24	75			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Aetna	Medicare	1010.34	30.8			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Amerihealth	HMO/PPO	800				315.31	3116.3	fee schedule	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Corrections	Corrections	2624.26	80			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Aetna	Better Health	998.53	30.44			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Consumer	Consumer	3116.3	95			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Horizon	MGD	1255.71	38.28			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Horizon	Indemnity	1255.71	38.28			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Aetna	Commercial	1246.52	38			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Multiplan	Multiplan	2624.26	80			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		UHC	Medicaid	998.53	30.44			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		WellPoint	WellPoint	1018.21	31.04			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Horizon	Medicare Blue	984.1	30			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		First Health	First Health	2296.22	70			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		United	CommercialPPO	1835.46				315.31	3116.3	case rate	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Horizon	NJ Health	315.31				315.31	3116.3	fee schedule	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		United	Oxford	1835.46				315.31	3116.3	case rate	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Qualcare	Qualcare	2460.24	75			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Wellcare	Medicaid	998.53	30.44			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Horizon	PPO	1255.71	38.28			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Managed Care Inc	Managed Care Inc	2952.29	90			315.31	3116.3	percent of total billed charges	
EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	61651	CPT				inpatient			3280.32		Three Rivers	Three Rivers	3116.3	95			315.31	3116.3	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Americare	Americare	773.42	75			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	First Health	First Health	721.85	70			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	UHC	Medicare	347.99				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Corrections	Corrections	824.98	80			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Aetna	Medicare	347.99				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	UHC	Medicaid	313.9	30.44			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Aetna	Commercial	567.92				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Aetna	Better Health	313.9	30.44			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Amerihealth	HMO/PPO	100				96.57	1835.46	fee schedule	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Horizon	Medicare Blue	347.99				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Amerihealth	Medicare	347.99				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Horizon	PPO	673.36				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	First Trenton	First Trenton	928.1	90			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	United	CommercialPPO	1835.46				96.57	1835.46	case rate	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Horizon	Indemnity	673.36				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Consumer	Consumer	979.66	95			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Horizon	MGD	673.36				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Wellcare	Medicare	347.99				96.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Multiplan	Multiplan	824.98	80			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Horizon	NJ Health	96.57				96.57	1835.46	fee schedule	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Qualcare	Qualcare	773.42	75			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	WellPoint	WellPoint	320.09	31.04			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Managed Care Inc	Managed Care Inc	928.1	90			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Three Rivers	Three Rivers	979.66	95			96.57	1835.46	percent of total billed charges	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	United	Oxford	1835.46				96.57	1835.46	case rate	
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	CPT				outpatient			1031.22	400.19	Wellcare	Medicaid	313.9	30.44			96.57	1835.46	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Amerihealth	HMO/PPO	550				550	2450.31	fee schedule	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Aetna	Commercial	1332.35				550	2450.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Amerihealth	Medicare	816.39				550	2450.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Americare	Americare	1934.45	75			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Aetna	Medicare	816.39				550	2450.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Corrections	Corrections	2063.42	80			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	First Health	First Health	1805.49	70			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Aetna	Better Health	785.13	30.44			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	First Trenton	First Trenton	2321.34	90			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Multiplan	Multiplan	2063.42	80			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Horizon	Indemnity	1579.71				550	2450.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Wellcare	Medicare	816.39				550	2450.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Horizon	MGD	1579.71				550	2450.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Qualcare	Qualcare	1934.45	75			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Horizon	Medicare Blue	816.39				550	2450.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Consumer	Consumer	2450.31	95			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Managed Care Inc	Managed Care Inc	2321.34	90			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	United	Oxford	1871.51				550	2450.31	case rate	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Horizon	PPO	1579.71				550	2450.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Wellcare	Medicaid	785.13	30.44			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	Three Rivers	Three Rivers	2450.31	95			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	UHC	Medicare	816.39				550	2450.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	UHC	Medicaid	785.13	30.44			550	2450.31	percent of total billed charges	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	United	CommercialPPO	1871.51				550	2450.31	case rate	
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	CPT				inpatient			2579.27	938.85	WellPoint	WellPoint	800.61	31.04			550	2450.31	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	First Trenton	First Trenton	2167.4	90			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	First Health	First Health	1685.75	70			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Aetna	Medicare	741.73	30.8			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Horizon	Medicare Blue	803.54				79.38	2287.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Amerihealth	Medicare	803.54				79.38	2287.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Aetna	Commercial	1311.38			305.55	79.38	2287.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Americare	Americare	1806.17	75			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Aetna	Better Health	733.06	30.44		709.01	79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Managed Care Inc	Managed Care Inc	2167.4	90			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Multiplan	Multiplan	1926.58	80			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Horizon	NJ Health	79.38			65.84	79.38	2287.81	fee schedule	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Horizon	Indemnity	1554.85				79.38	2287.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Qualcare	Qualcare	1806.17	75			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Consumer	Consumer	2287.81	95			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Amerihealth	HMO/PPO	125				79.38	2287.81	fee schedule	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Horizon	PPO	1554.85				79.38	2287.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	WellPoint	WellPoint	747.51	31.04			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Three Rivers	Three Rivers	2287.81	95			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Horizon	MGD	1554.85				79.38	2287.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Corrections	Corrections	1926.58	80			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	UHC	Medicare	803.54				79.38	2287.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	UHC	Medicaid	733.06	30.44		381.44	79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	United	CommercialPPO	1871.51				79.38	2287.81	case rate	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Wellcare	Medicaid	733.06	30.44			79.38	2287.81	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	United	Oxford	1871.51				79.38	2287.81	case rate	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE	62270	CPT				both			2408.22	924.07	Wellcare	Medicare	803.54				79.38	2287.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	Americare	Americare	1904.03	75			125	2411.77	percent of total billed charges	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	Aetna	Better Health	772.78	30.44			125	2411.77	percent of total billed charges	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	First Trenton	First Trenton	2284.83	90			125	2411.77	percent of total billed charges	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	First Health	First Health	1777.09	70			125	2411.77	percent of total billed charges	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	Aetna	Commercial	1311.38				125	2411.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	Consumer	Consumer	2411.77	95			125	2411.77	percent of total billed charges	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	Managed Care Inc	Managed Care Inc	2284.83	90			125	2411.77	percent of total billed charges	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	Multiplan	Multiplan	2030.96	80			125	2411.77	percent of total billed charges	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	Amerihealth	HMO/PPO	125				125	2411.77	fee schedule	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	Horizon	MGD	1554.85				125	2411.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7	924.07	United	Oxford

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7		924.07	WellPoint	WellPoint	788.01	31.04			125	2411.77	percent of total billed charges	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7		924.07	United	CommercialPPO	1871.51				125	2411.77	case rate	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7		924.07	Horizon	NJ Health	126.66				125	2411.77	fee schedule	
THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF	62272	CPT				outpatient			2538.7		924.07	Wellcare	Medicaid	772.78	30.44			125	2411.77	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Americare	Americare	1940.04	75			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Consumer	Consumer	2457.38	95			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Aetna	Medicare	796.71	30.8			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Aetna	Better Health	787.4	30.44			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Aetna	Commercial	1311.38				125	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Horizon	PPO	1554.85				125	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	First Trenton	First Trenton	2328.05	90			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Horizon	Medicare Blue	803.54				125	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Amerihealth	HMO/PPO	125				125	2457.38	fee schedule	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Horizon	MGD	1554.85				125	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Amerihealth	Medicare	803.54				125	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	First Health	First Health	1810.7	70			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	UHC	Medicare	803.54				125	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	WellPoint	WellPoint	802.92	31.04			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Managed Care Inc	Managed Care Inc	2328.05	90			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Multiplan	Multiplan	2069.38	80			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Corrections	Corrections	2069.38	80			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Wellcare	Medicaid	787.4	30.44			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Three Rivers	Three Rivers	2457.38	95			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Qualcare	Qualcare	1940.04	75			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Horizon	Indemnity	1554.85				125	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Wellcare	Medicare	803.54				125	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	UHC	Medicaid	787.4	30.44			125	2457.38	percent of total billed charges	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	Horizon	NJ Health	145.04				125	2457.38	fee schedule	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	United	Oxford	1871.51				125	2457.38	case rate	
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	CPT				outpatient			2586.72		924.07	United	CommercialPPO	1871.51				125	2457.38	case rate	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			First Health	First Health	1906.38	70			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			UHC	Medicaid	829	30.44			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Corrections	Corrections	2178.72	80			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Horizon	Indemnity	1042.52	38.28			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Aetna	Better Health	829	30.44			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			First Trenton	First Trenton	2451.06	90			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Aetna	Commercial	1034.89	38			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Americare	Americare	2042.55	75			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Amerihealth	HMO/PPO	550				210.6	2587.23	fee schedule	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			United	CommercialPPO	1835.46				210.6	2587.23	case rate	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Aetna	Medicare	838.81	30.8			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Multiplan	Multiplan	2178.72	80			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			United	Oxford	1835.46				210.6	2587.23	case rate	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Horizon	PPO	1042.52	38.28			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Horizon	MGD	1042.52	38.28			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Consumer	Consumer	2587.23	95			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Wellcare	Medicaid	829	30.44			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			WellPoint	WellPoint	845.34	31.04			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Qualcare	Qualcare	2042.55	75			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Managed Care Inc	Managed Care Inc	2451.06	90			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Horizon	Medicare Blue	817.02	30			210.6	2587.23	percent of total billed charges	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Horizon	NJ Health	210.6				210.6	2587.23	fee schedule	
INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	62284	CPT				outpatient			2723.4			Three Rivers	Three Rivers	2587.23	95			210.6	2587.23	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Horizon	MGD	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Multiplan	Multiplan	2355.79	80			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Consumer	Consumer	2797.5	95			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Amerihealth	HMO/PPO	550				550	2797.5	fee schedule	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Aetna	Commercial	1496.09				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Aetna	Better Health	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Aetna	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Americare	Americare	2208.56	75			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	UHC	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Qualcare	Qualcare	2208.56	75			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Amerihealth	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Corrections	Corrections	2355.79	80			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	First Trenton	First Trenton	2650.27	90			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	UHC	Medicaid	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	First Health	First Health	2061.32	70			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Horizon	PPO	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Horizon	Medicare Blue	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Wellcare	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Horizon	Indemnity	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	WellPoint	WellPoint	914.05	31.04			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Managed Care Inc	Managed Care Inc	2650.27	90			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	United	CommercialPPO	1871.51				550	2797.5	case rate	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Three Rivers	Three Rivers	2797.5	95			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	Wellcare	Medicaid	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	62302	CPT				outpatient			2944.74		1054.23	United	Oxford	1871.51				550	2797.5	case rate	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Americare	Americare	2208.56	75			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Amerihealth	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Aetna	Better Health	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Aetna	Medicare	906.98	30.8			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Aetna	Commercial	1496.09				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	UHC	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Corrections	Corrections	2355.79	80			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	First Health	First Health	2061.32	70			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Consumer	Consumer	2797.5	95			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	First Trenton	First Trenton	2650.27	90			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Horizon	Medicare Blue	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Amerihealth	HMO/PPO	550				550	2797.5	fee schedule	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Horizon	MGD	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Managed Care Inc	Managed Care Inc	2650.27	90			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Horizon	PPO	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Wellcare	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Three Rivers	Three Rivers	2797.5	95			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Horizon	Indemnity	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	WellPoint	WellPoint	914.05	31.04			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	UHC	Medicaid	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Multiplan	Multiplan	2355.79	80			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	United	CommercialPPO	1871.51				550	2797.5	case rate	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Qualcare	Qualcare	2208.56	75			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	United	Oxford	1871.51				550	2797.5	case rate	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	62303	CPT				outpatient			2944.74		1054.23	Wellcare	Medicaid	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Horizon	Indemnity	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Amerihealth	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Horizon	PPO	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Aetna	Better Health	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Horizon	Medicare Blue	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	First Trenton	First Trenton	2650.27	90			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Amerihealth	HMO/PPO	550				550	2797.5	fee schedule	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Consumer	Consumer	2797.5	95			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	UHC	Medicaid	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Multiplan	Multiplan	2355.79	80			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	First Health	First Health	2061.32	70			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Aetna	Commercial	1496.09				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	United	Oxford	1871.51				550	2797.5	case rate	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Managed Care Inc	Managed Care Inc	2650.27	90			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Wellcare	Medicaid	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Corrections	Corrections	2355.79	80			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	WellPoint	WellPoint	914.05	31.04			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Qualcare	Qualcare	2208.56	75			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Wellcare	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Aetna	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	UHC	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Americare	Americare	2208.56	75			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	United	CommercialPPO	1871.51				550	2797.5	case rate	
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Horizon	MGD	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	62304	CPT				both			2944.74		1054.23	Three Rivers	Three Rivers	2797.5	95			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74		1054.23	Amerihealth	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74		1054.23	Aetna	Medicare	906.98	30.8			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74		1054.23	Aetna	Better Health	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74		1054.23	UHC	Medicare	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74		1054.23	Americare	Americare	2208.56	75			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74		1054.23	Corrections	Corrections	2355.79	80			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REG

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74	1054.23	Horizon	Medicare Blue	916.72				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74	1054.23	United	Oxford	1871.51				550	2797.5	case rate	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74	1054.23	Horizon	PPO	1773.85				550	2797.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74	1054.23	Wellcare	Medicaid	896.38	30.44			550	2797.5	percent of total billed charges	
MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	62305	CPT				outpatient			2944.74	1054.23	WellPoint	WellPoint	914.05	31.04			550	2797.5	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	First Health	First Health	1810.7	70			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Aetna	Commercial	1311.38				225.43	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Horizon	Indemnity	1554.85				225.43	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Aetna	Medicare	803.54				225.43	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Aetna	Better Health	787.4	30.44			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Americare	Americare	1940.04	75			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	First Trenton	First Trenton	2328.05	90			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Corrections	Corrections	2069.38	80			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Horizon	Medicare Blue	803.54				225.43	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Amerihealth	Medicare	803.54				225.43	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	UHC	Medicaid	787.4	30.44			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Horizon	MGD	1554.85				225.43	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Amerihealth	HMO/PPO	300				225.43	2457.38	fee schedule	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Consumer	Consumer	2457.38	95			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Managed Care Inc	Managed Care Inc	2328.05	90			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Horizon	PPO	1554.85				225.43	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	United	Oxford	1871.51				225.43	2457.38	case rate	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Multiplan	Multiplan	2069.38	80			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	UHC	Medicare	803.54				225.43	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	WellPoint	WellPoint	802.92	31.04			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Wellcare	Medicaid	787.4	30.44			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Horizon	NJ Health	225.43				225.43	2457.38	fee schedule	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Wellcare	Medicare	803.54				225.43	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Quelcare	Qualcare	1940.04	75			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	United	CommercialPPO	1871.51				225.43	2457.38	case rate	
NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	62320	CPT				outpatient			2586.72	924.07	Three Rivers	Three Rivers	2457.38	95			225.43	2457.38	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Aetna	Commercial	1311.38				220.36	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	UHC	Medicaid	952.04	30.44		686.05	220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	First Trenton	First Trenton	2814.82	90			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Amerihealth	HMO/PPO	300				220.36	2971.2	fee schedule	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Consumer	Consumer	2971.2	95			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Aetna	Medicare	803.54				220.36	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Qualcare	Qualcare	2345.69	75			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Aetna	Better Health	952.04	30.44			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Americare	Americare	2345.69	75			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Amerihealth	Medicare	803.54				220.36	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Horizon	MGD	1554.85			1330.51	220.36	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Horizon	Medicare Blue	803.54				220.36	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Corrections	Corrections	2502.06	80		758.78	220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	First Health	First Health	2189.31	70			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Horizon	PPO	1554.85				220.36	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	United	Oxford	1871.51				220.36	2971.2	case rate	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Multiplan	Multiplan	2502.06	80			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Horizon	Indemnity	1554.85				220.36	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Managed Care Inc	Managed Care Inc	2814.82	90			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	United	CommercialPPO	1871.51				220.36	2971.2	case rate	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Horizon	NJ Health	220.36			1304.04	220.36	2971.2	fee schedule	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Wellcare	Medicaid	952.04	30.44			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Wellcare	Medicare	803.54				220.36	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	WellPoint	WellPoint	970.8	31.04		472.52	220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	Three Rivers	Three Rivers	2971.2	95			220.36	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62321	CPT				outpatient			3127.58	924.07	UHC	Medicare	803.54			648.03	220.36	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	First Health	First Health	1891.23	70			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Aetna	Commercial	1685.89				210.24	2566.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Corrections	Corrections	2161.4	80			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	First Trenton	First Trenton	2431.58	90			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Aetna	Better Health	822.41	30.44			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Amerihealth	Medicare	1033.02				210.24	2566.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Consumer	Consumer	2566.66	95			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	UHC	Medicaid	822.41	30.44			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Multiplan	Multiplan	2161.4	80			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Aetna	Medicare	1033.02				210.24	2566.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Horizon	NJ Health	210.24				210.24	2566.66	fee schedule	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Horizon	Medicare Blue	1033.02				210.24	2566.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Horizon	Indemnity	1998.89				210.24	2566.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Americare	Americare	2026.31	75			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Qualcare	Qualcare	2026.31	75			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	United	CommercialPPO	1871.51				210.24	2566.66	case rate	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	UHC	Medicare	1033.02				210.24	2566.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Amerihealth	HMO/PPO	300				210.24	2566.66	fee schedule	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Three Rivers	Three Rivers	2566.66	95			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Horizon	PPO	1998.89				210.24	2566.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Wellcare	Medicaid	822.41	30.44			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Horizon	MGD	1998.89				210.24	2566.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Wellcare	Medicare	1033.02				210.24	2566.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	United	Oxford	1871.51				210.24	2566.66	case rate	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	Managed Care Inc	Managed Care Inc	2431.58	90			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	CPT				both			2701.75	1187.97	WellPoint	WellPoint	838.62	31.04			210.24	2566.66	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Aetna	Medicare	803.54			756.57	216.31	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	WellPoint	WellPoint	970.8	31.04		683.99	216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Horizon	PPO	1554.85				216.31	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Consumer	Consumer	2971.2	95			216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Amerihealth	HMO/PPO	300				216.31	2971.2	fee schedule	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Horizon	NJ Health	216.31			166.39	216.31	2971.2	fee schedule	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Aetna	Better Health	952.04	30.44		736.76	216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	UHC	Medicare	803.54			582.56	216.31	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Americare	Americare	2345.69	75			216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Wellcare	Medicare	803.54			0.25	216.31	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	UHC	Medicaid	952.04	30.44		666.18	216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	First Health	First Health	2189.31	70			216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Amerihealth	Medicare	803.54				216.31	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Aetna	Commercial	1311.38			855.04	216.31	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Corrections	Corrections	2502.06	80		758.78	216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Wellcare	Medicaid	952.04	30.44		684.26	216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Horizon	Medicare Blue	803.54			548.38	216.31	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Horizon	Indemnity	1554.85			1275.64	216.31	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	First Trenton	First Trenton	2814.82	90			216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Horizon	MGD	1554.85			1189.46	216.31	2971.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	United	CommercialPPO	1871.51				216.31	2971.2	case rate	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Multiplan	Multiplan	2502.06	80			216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Managed Care Inc	Managed Care Inc	2814.82	90			216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Qualcare	Qualcare	2345.69	75			216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	Three Rivers	Three Rivers	2971.2	95			216.31	2971.2	percent of total billed charges	
NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	CPT				outpatient			3127.58	924.07	United	Oxford	1871.51				216.31	2971.2	case rate	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Aetna	Medicare	1033.02				195.39	3943.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Corrections	Corrections	3321.12	80			195.39	3943.83	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Horizon	PPO	1998.89				195.39	3943.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Aetna	Commercial	1685.89				195.39	3943.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	First Trenton	First Trenton	3736.26	90			195.39	3943.83	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Aetna	Better Health	1263.69	30.44			195.39	3943.83	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Amerihealth	HMO/PPO	300				195.39	3943.83	fee schedule	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	UHC	Medicare	1033.02				195.39	3943.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Horizon	MGD	1998.89				195.39	3943.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Wellcare	Medicare	1033.02				195.39	3943.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	UHC	Medicaid	1263.69	30.44			195.39	3943.83	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Americare	Americare	3113.55	75			195.39	3943.83	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Managed Care Inc	Managed Care Inc	3736.26	90			195.39	3943.83	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Consumer	Consumer	3943.83	95			195.39	3943.83	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Amerihealth	Medicare	1033.02				195.39	3943.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Multiplan	Multiplan	3321.12	80			195.39	3943.83	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	United	CommercialPPO	1871.51				195.39	3943.83	case rate	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Horizon	NJ Health	195.39				195.39	3943.83	fee schedule	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	First Health	First Health	2909.98	70			195.39	3943.83	percent of total billed charges	
NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	62325	CPT				outpatient			4151.4	1187.97	Qualcare	Qualcare	3113.55	75			195.39	3943.83	percent of total billed charges	
N

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	Multiplan	Multiplan	3133.44	80			199.16	3720.96	percent of total billed charges	
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	Corrections	Corrections	3133.44	80			199.16	3720.96	percent of total billed charges	
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	First Health	First Health	2741.76	70			199.16	3720.96	percent of total billed charges	
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	Three Rivers	Three Rivers	3720.96	95			199.16	3720.96	percent of total billed charges	
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	Qualcare	Qualcare	2937.6	75			199.16	3720.96	percent of total billed charges	
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	Horizon	Indemnity	1998.89				199.16	3720.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	Horizon	PPO	1998.89				199.16	3720.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	Horizon	NJ Health	199.16				199.16	3720.96	fee schedule	
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	Wellcare	Medicare	1033.02			814.27	199.16	3720.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	United	Commercial|PPO	1871.51				199.16	3720.96	case rate	
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	United	Oxford	1871.51				199.16	3720.96	case rate	
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	Wellcare	Medicaid	1192.27	30.44			199.16	3720.96	percent of total billed charges	
NJX DX/THER SBST INTRLMINR LMBR/SAC W/IMG GDN	62327	CPT				outpatient			3916.8	1187.97	WellPoint	WellPoint	1215.77	31.04			199.16	3720.96	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Horizon	MGD	1554.85				230.77	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Amerihealth	HMO|PPO	1660.82	65			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Aetna	Commercial	1311.38				230.77	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	First Health	First Health	1788.57	70			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Wellcare	Medicare	803.54				230.77	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Aetna	Medicare	803.54				230.77	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Amerihealth	Medicare	803.54				230.77	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Aetna	Better Health	777.77	30.44			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	UHC	Medicare	803.54				230.77	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Multiplan	Multiplan	2044.08	80			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Americare	Americare	1916.33	75			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	UHC	Medicaid	777.77	30.44		307.09	230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	United	Commercial|PPO	1871.51				230.77	2427.35	case rate	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Corrections	Corrections	2044.08	80			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Consumer	Consumer	2427.35	95			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	United	Oxford	1871.51				230.77	2427.35	case rate	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Wellcare	Medicaid	777.77	30.44			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Qualcare	Qualcare	1916.33	75			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	First Trenton	First Trenton	2299.59	90			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Horizon	PPO	1554.85				230.77	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Horizon	Indemnity	1554.85				230.77	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	WellPoint	WellPoint	793.1	31.04			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Horizon	Medicare Blue	803.54				230.77	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Horizon	NJ Health	230.77				230.77	2427.35	fee schedule	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Managed Care Inc	Managed Care Inc	2299.59	90			230.77	2427.35	percent of total billed charges	
DIAGNOSTIC LUMBAR SPINAL PUNCTURE W/FLUOR OR CT	62328	CPT				both			2555.1	924.07	Three Rivers	Three Rivers	2427.35	95			230.77	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Aetna	Better Health	777.77	30.44			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Consumer	Consumer	2427.35	95			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Aetna	Commercial	1311.38				286.26	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Corrections	Corrections	2044.08	80			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Horizon	Medicare Blue	803.54				286.26	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Amerihealth	HMO|PPO	1660.82	65			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Americare	Americare	1916.33	75			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	First Trenton	First Trenton	2299.59	90			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Horizon	PPO	1554.85				286.26	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Horizon	Indemnity	1554.85				286.26	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Aetna	Medicare	803.54				286.26	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Horizon	NJ Health	286.26				286.26	2427.35	fee schedule	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	WellPoint	WellPoint	793.1	31.04			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	First Health	First Health	1788.57	70			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Amerihealth	Medicare	803.54				286.26	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Managed Care Inc	Managed Care Inc	2299.59	90			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Horizon	MGD	1554.85				286.26	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	UHC	Medicaid	777.77	30.44			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	UHC	Medicare	803.54				286.26	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Three Rivers	Three Rivers	2427.35	95			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Multiplan	Multiplan	2044.08	80			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	United	Commercial|PPO	1871.51				286.26	2427.35	case rate	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Qualcare	Qualcare	1916.33	75			286.26	2427.35	percent of total billed charges	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	United	Oxford	1871.51				286.26	2427.35	case rate	
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Wellcare	Medicare	803.54				286.26	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC SPINAL PNXR DRAINAGE CSF W/FLUOR/CT	62329	CPT				both			2555.1	924.07	Wellcare	Medicaid	777.77	30.44			286.26	2427.35	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Horizon	MGD	673.36				65.25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Aetna	Commercial	567.92				65.25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Aetna	Medicare	347.99				65.25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Aetna	Better Health	334.67	30.44			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	First Health	First Health	769.61	70			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	UHC	Medicare	347.99				65.25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Americare	Americare	824.58	75			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Corrections	Corrections	879.55	80			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Multiplan	Multiplan	879.55	80			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Amerihealth	HMO|PPO	550				65.25	1835.46	fee schedule	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Horizon	Medicare Blue	347.99				65.25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Consumer	Consumer	1044.47	95			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Qualcare	Qualcare	824.58	75			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Amerihealth	Medicare	347.99				65.25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	UHC	Medicaid	334.67	30.44			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Horizon	PPO	673.36				65.25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Horizon	Indemnity	673.36				65.25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	First Trenton	First Trenton	989.5	90			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	United	Commercial|PPO	1835.46				65.25	1835.46	case rate	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Wellcare	Medicare	347.99				65.25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Wellcare	Medicaid	334.67	30.44			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Horizon	NJ Health	65.25				65.25	1835.46	fee schedule	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	WellPoint	WellPoint	341.27	31.04			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Managed Care Inc	Managed Care Inc	989.5	90			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	Three Rivers	Three Rivers	1044.47	95			65.25	1835.46	percent of total billed charges	
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	CPT				outpatient			1099.44	400.19	United	Oxford	1835.46				65.25	1835.46	case rate	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Amerihealth	Medicare	347.99				149.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Amerihealth	HMO|PPO	650				149.71	1835.46	fee schedule	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Consumer	Consumer	1257.76	95			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Aetna	Better Health	403.01	30.44			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	First Trenton	First Trenton	1191.56	90			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	UHC	Medicaid	403.01	30.44			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Aetna	Commercial	567.92				149.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Corrections	Corrections	1059.17	80			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	UHC	Medicare	347.99				149.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	First Health	First Health	926.77	70			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Horizon	NJ Health	149.71				149.71	1835.46	fee schedule	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Horizon	Medicare Blue	347.99				149.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Horizon	Indemnity	673.36				149.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	United	Commercial|PPO	1835.46				149.71	1835.46	case rate	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Aetna	Medicare	347.99				149.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	WellPoint	WellPoint	410.96	31.04			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Horizon	PPO	673.36				149.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Wellcare	Medicaid	403.01	30.44			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Americare	Americare	992.97	75			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	United	Oxford	1835.46				149.71	1835.46	case rate	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Managed Care Inc	Managed Care Inc	1191.56	90			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Wellcare	Medicare	347.99				149.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Horizon	MGD	673.36				149.71	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Multiplan	Multiplan	1059.17	80			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Qualcare	Qualcare	992.97	75			149.71	1835.46	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	CPT				outpatient			1323.96	400.19	Three Rivers	Three Rivers	1257.76	95			149.71	1835.46	percent of total billed charges	
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT				outpatient			24848.18	8757.32	Aetna	Medicare	7615.06				550	23700.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT				outpatient			24848.18	8757.32	Consumer	Consumer	23700.77	95			550	23700.77	percent of total billed charges	
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT				outpatient			24848.18	8757.32	Horizon	Medicare Blue	7615.06				550	23700.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT				outpatient			24848.18	8757.32	Aetna	Commercial	12427.78				550	23700.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT				outpatient			24848.18	8757.32	Americare	Americare	18711.14	75			550	23700.77	percent of total billed charges	
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT				outpatient			24848.18	8757.32	Aetna	Better Health	7594.23	30.44			550	23700.77	percent of total billed charges	
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT				outpatient			24848.18	8757.32	Multiplan	Multiplan	19958.54	80			550	23700.77	percent of total billed charges	
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT				outpatient			24848.18	8757.32	UHC	Medicare	7615.06				550	23700.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	CPT				outpatient			24848.18	8757.32	First Trenton	First Trenton	22453.36	90			550	23700.77	percent of total billed charges	
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Corrections	Corrections	92485.44				524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Aetna	Better Health	35190.71	30.44			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Americare	Americare	86705.1	75			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Managed Care Inc	Managed Care Inc	104046.12	90			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Horizon	MGD	68419.9				524.64	109826.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	First Health	First Health	80924.76	70			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Amerihealth	HMO/PPO	550				524.64	109826.46	fee schedule	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	UHC	Medicaid	35190.71	30.44			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Horizon	Indemnity	68419.9				524.64	109826.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Consumer	Consumer	109826.46	95			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Wellcare	Medicare	35359.12				524.64	109826.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Horizon	Medicare Blue	35359.12				524.64	109826.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	UHC	Medicare	35359.12				524.64	109826.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Horizon	NJ Health	524.64				524.64	109826.46	fee schedule	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	WellPoint	WellPoint	35884.35	31.04			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Multiplan	Multiplan	92485.44	80			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	United	Commercial/PPO	6749.59				524.64	109826.46	case rate	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Three Rivers	Three Rivers	109826.46	95			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Qualcare	Qualcare	86705.1	75			524.64	109826.46	percent of total billed charges	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	United	Oxford	6749.59				524.64	109826.46	case rate	
INSJ/RPLCMT SPINAL NPG/RCVR POCKET CRT|&/CONNJ	63685	CPT				outpatient			115608.8	40662.99	Wellcare	Medicaid	35190.71	30.44			524.64	109826.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Aetna	Commercial	558.98			535.12	98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Aetna	Medicare	342.51				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	First Health	First Health	869.65	70			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	UHC	Medicare	342.51				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Aetna	Better Health	378.17	30.44			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Americare	Americare	931.77	75			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Consumer	Consumer	1180.24	95			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Amerihealth	HMO/PPO	125				98.66	1835.46	fee schedule	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Horizon	Medicare Blue	342.51				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Corrections	Corrections	993.89	80			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Multiplan	Multiplan	993.89	80			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Amerihealth	Medicare	342.51				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Horizon	PPO	662.76				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	First Trenton	First Trenton	1118.12	90			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Horizon	Indemnity	662.76				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	UHC	Medicaid	378.17	30.44		323.34	98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Horizon	NJ Health	98.66			264.11	98.66	1835.46	fee schedule	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Managed Care Inc	Managed Care Inc	1118.12	90			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Qualcare	Qualcare	931.77	75			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Three Rivers	Three Rivers	1180.24	95			98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Wellcare	Medicaid	378.17	30.44		352.02	98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	United	Oxford	1835.46				98.66	1835.46	case rate	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Horizon	MGD	662.76			591.4	98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	Wellcare	Medicare	342.51				98.66	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	United	Commercial/PPO	1835.46				98.66	1835.46	case rate	
INJECTION AA&/STRD TRIGEMINAL NERVE EACH BRANCH	64400	CPT				outpatient			1242.36	393.89	WellPoint	WellPoint	385.63	31.04		373.08	98.66	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Aetna	Better Health	378.17	30.44			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Amerihealth	HMO/PPO	807.53	65			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Horizon	MGD	662.76				125.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Amerihealth	Medicare	342.51				125.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Horizon	Indemnity	662.76				125.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Consumer	Consumer	1180.24	95			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	UHC	Medicare	342.51				125.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Aetna	Commercial	558.98				125.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	First Health	First Health	869.65	70			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Qualcare	Qualcare	931.77	75			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Horizon	PPO	662.76				125.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Multiplan	Multiplan	993.89	80			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Three Rivers	Three Rivers	1180.24	95			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Corrections	Corrections	993.89	80			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	United	Commercial/PPO	1835.46				125.51	1835.46	case rate	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Aetna	Medicare	342.51				125.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Wellcare	Medicare	342.51				125.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	First Trenton	First Trenton	1118.12	90			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	UHC	Medicaid	378.17	30.44			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Wellcare	Medicaid	378.17	30.44			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	United	Oxford	1835.46				125.51	1835.46	case rate	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Managed Care Inc	Managed Care Inc	1118.12	90			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	WellPoint	WellPoint	385.63	31.04			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Americare	Americare	931.77	75			125.51	1835.46	percent of total billed charges	
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Horizon	Medicare Blue	342.51				125.51	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GREATER OCCIPITAL NERVE	64405	CPT				outpatient			1242.36	393.89	Horizon	NJ Health	125.51			71.65	125.51	1835.46	fee schedule	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Aetna	Medicare	342.51				85.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Corrections	Corrections	993.89	80			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Horizon	NJ Health	85.27			58.06	85.27	1835.46	fee schedule	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Wellcare	Medicare	342.51				85.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Three Rivers	Three Rivers	1180.24	95			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Aetna	Commercial	558.98				85.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Amerihealth	HMO/PPO	125				85.27	1835.46	fee schedule	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Aetna	Better Health	378.17	30.44			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	First Trenton	First Trenton	1118.12	90			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Americare	Americare	931.77	75			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Horizon	PPO	662.76				85.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Consumer	Consumer	1180.24	95			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Horizon	MGD	662.76				85.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Multiplan	Multiplan	993.89	80			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Amerihealth	Medicare	342.51				85.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	United	Oxford	1835.46				85.27	1835.46	case rate	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Managed Care Inc	Managed Care Inc	1118.12	90			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Qualcare	Qualcare	931.77	75			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	UHC	Medicaid	378.17	30.44			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	First Health	First Health	869.65	70			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	United	Commercial/PPO	1835.46				85.27	1835.46	case rate	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Horizon	Indemnity	662.76				85.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	WellPoint	WellPoint	385.63	31.04			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Horizon	Medicare Blue	342.51				85.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	UHC	Medicare	342.51				85.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD VAGUS NERVE	64408	CPT				outpatient			1242.36	393.89	Wellcare	Medicaid	378.17	30.44			85.27	1835.46	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Consumer	Consumer	3009.71	95			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Aetna	Commercial	1685.89				125	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	First Trenton	First Trenton	2851.31	90			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Amerihealth	Medicare	1033.02				125	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Aetna	Better Health	964.38	30.44			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Aetna	Medicare	1033.02				125	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Multiplan	Multiplan	2534.5	80			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Horizon	Medicare Blue	1033.02				125	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Corrections	Corrections	2534.5	80			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Americare	Americare	2376.09	75			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Managed Care Inc	Managed Care Inc	2851.31	90			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Horizon	Indemnity	1998.89				125	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	First Health	First Health	2217.68	70			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Amerihealth	HMO/PPO	125				125	3009.71	fee schedule	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Qualcare	Qualcare	2376.09	75			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Horizon	PPO	1998.89				125	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Horizon	NJ Health	137				125	3009.71	fee schedule	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Horizon	MGD	1998.89				125	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	UHC	Medicare	1033.02				125	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	United	Commercial/PPO	1871.51				125	3009.71	case rate	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Three Rivers	Three Rivers	3009.71	95			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	WellPoint	WellPoint	963.38	31.04			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	UHC	Medicaid	964.38	30.44			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Wellcare	Medicaid	964.38	30.44			125	3009.71	percent of total billed charges	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	United	Oxford	1871.51				125	3009.71	case rate	
INJECTION AA&/STRD BRACHIAL PLEXUS W/IMG GDN	64415	CPT				outpatient			3168.12	1187.97	Wellcare	Medicare	1033.02				125	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72	924.07	Horizon	Medicare Blue	803.54				98.66	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72	924.07	Consumer	Consumer	2457.38	95			98.66	2457.38	percent of total billed charges	
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72	924.07	Americare	Americare	1940.04	75			98.66	2457.38	percent of total billed charges	
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72	924.07	Aetna	Commercial	1311.38				98.66	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72	924.07	Aetna	Better Health	787.4	30.44			98.66	2457.38	percent of total billed charges	
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72	924.07	Horizon	PPO	1554.85				98.66	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72	924.07	Amerihealth	Medicare	803.54				98.66	2457.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72	924.07	Amerihealth	HMO/PPO	125				98.66	2457.38	fee schedule	
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72		924.07 UHC	Medicaid	787.4	30.44				98.66	2457.38 percent of total billed charges	
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72		924.07 United	CommercialPPO	1871.51					98.66	2457.38 case rate	
INJECTION AA&/STRD SUPRASCAPULAR NERVE	64418	CPT				outpatient			2586.72		924.07 United	Oxford	1871.51					98.66	2457.38 case rate	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Horizon	PPO	1554.85					85.27	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Aetna	Better Health	787.4	30.44				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Aetna	Commercial	1311.38					85.27	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 First Health	First Health	1810.7	70				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 First Trenton	First Trenton	2328.05	90				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Corrections	Corrections	2069.38	80				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Americare	Americare	1940.04	75				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Amerihealth	HMO/PPO	125					85.27	2457.38 fee schedule	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 UHC	Medicare	803.54					85.27	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Horizon	Medicare Blue	803.54					85.27	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Aetna	Medicare	803.54					85.27	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Wellcare	Medicare	803.54					85.27	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Managed Care Inc	Managed Care Inc	2328.05	90				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Horizon	NJ Health	85.27			100.12		85.27	2457.38 fee schedule	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Consumer	Consumer	2457.38	95				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Amerihealth	Medicare	803.54					85.27	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 WellPoint	WellPoint	802.92	31.04				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Horizon	Indemnity	1554.85					85.27	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Horizon	MGD	1554.85					85.27	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 UHC	Medicaid	787.4	30.44				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Three Rivers	Three Rivers	2457.38	95				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 United	CommercialPPO	1871.51					85.27	2457.38 case rate	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Multiplan	Multiplan	2069.38	80				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 United	Oxford	1871.51					85.27	2457.38 case rate	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Qualcare	Qualcare	1940.04	75				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV SINGLE LVL	64420	CPT				outpatient			2586.72		924.07 Wellcare	Medicaid	787.4	30.44				85.27	2457.38 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Consumer	Consumer	3122.12	95				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Horizon	Medicare Blue	1033.02					125	3122.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 First Health	First Health	2300.51	70				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Aetna	Commercial	1685.89					125	3122.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Aetna	Better Health	1000.39	30.44				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Amerihealth	Medicare	1033.02					125	3122.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Horizon	MGD	1998.89					125	3122.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Americare	Americare	2464.83	75				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Corrections	Corrections	2629.15	80				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 UHC	Medicare	1033.02					125	3122.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 UHC	Medicaid	1000.39	30.44				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Aetna	Medicare	1033.02					125	3122.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Multiplan	Multiplan	2629.15	80				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 First Trenton	First Trenton	2957.8	90				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Horizon	Indemnity	1998.89					125	3122.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Amerihealth	HMO/PPO	125					125	3122.12 fee schedule	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Qualcare	Qualcare	2464.83	75				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Managed Care Inc	Managed Care Inc	2957.8	90				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Horizon	NJ Health	232.55					125	3122.12 fee schedule	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Wellcare	Medicaid	1000.39	30.44				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Wellcare	Medicare	1033.02					125	3122.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Three Rivers	Three Rivers	3122.12	95				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 Horizon	PPO	1998.89					125	3122.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 United	CommercialPPO	1871.51					125	3122.12 case rate	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 United	Oxford	1871.51					125	3122.12 case rate	
INJECTION AA&/STRD INTERCOSTAL NRV EA ADDL LVL	64421	CPT				outpatient			3286.44		1187.97 WellPoint	WellPoint	1020.11	31.04				125	3122.12 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 First Health	First Health	1810.7	70				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Consumer	Consumer	2457.38	95				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Amerihealth	Medicare	803.54					125	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Aetna	Commercial	1311.38					125	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Aetna	Better Health	787.4	30.44				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Corrections	Corrections	2069.38	80				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Aetna	Medicare	796.71	30.8				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Americare	Americare	1940.04	75				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Multiplan	Multiplan	2069.38	80				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Horizon	NJ Health	154.09					125	2457.38 fee schedule	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 First Trenton	First Trenton	2328.05	90				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Horizon	MGD	1554.85					125	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Horizon	PPO	1554.85					125	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Amerihealth	HMO/PPO	125					125	2457.38 fee schedule	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Qualcare	Qualcare	1940.04	75				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Horizon	Medicare Blue	803.54					125	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 UHC	Medicare	803.54					125	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Horizon	Indemnity	1554.85					125	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Wellcare	Medicare	803.54					125	2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Managed Care Inc	Managed Care Inc	2328.05	90				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 WellPoint	WellPoint	802.92	31.04				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 UHC	Medicaid	787.4	30.44				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Three Rivers	Three Rivers	2457.38	95				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 United	CommercialPPO	1871.51					125	2457.38 case rate	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 United	Oxford	1871.51					125	2457.38 case rate	
INJECTION AA&/STRD ILIOINGUINAL IH NERVES	64425	CPT				outpatient			2586.72		924.07 Wellcare	Medicaid	787.4	30.44				125	2457.38 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Aetna	Better Health	964.38	30.44				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Amerihealth	Medicare	1033.02					125	3009.71 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Multiplan	Multiplan	2534.5	80				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Aetna	Medicare	1033.02					125	3009.71 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Consumer	Consumer	3009.71	95				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Aetna	Commercial	1685.89					125	3009.71 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Corrections	Corrections	2534.5	80				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Americare	Americare	2376.09	75				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Horizon	MGD	1998.89					125	3009.71 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Horizon	Medicare Blue	1033.02					125	3009.71 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Qualcare	Qualcare	2376.09	75				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Amerihealth	HMO/PPO	125					125	3009.71 fee schedule	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 First Health	First Health	2217.68	70				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 UHC	Medicare	1033.02					125	3009.71 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Horizon	Indemnity	1998.89					125	3009.71 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 First Trenton	First Trenton	2851.31	90				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Horizon	NJ Health	164.43					125	3009.71 fee schedule	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Wellcare	Medicaid	964.38	30.44				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Horizon	PPO	1998.89					125	3009.71 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Managed Care Inc	Managed Care Inc	2851.31	90				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 United	CommercialPPO	1871.51					125	3009.71 case rate	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Wellcare	Medicare	1033.02					125	3009.71 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 WellPoint	WellPoint	983.38	31.04				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 Three Rivers	Three Rivers	3009.71	95				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 UHC	Medicaid	964.38	30.44				125	3009.71 percent of total billed charges	
INJECTION AA&/STRD PUDENDAL NERVE	64430	CPT				outpatient			3168.12		1187.97 United	Oxford	1871.51					125	3009.71 case rate	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Aetna	Medicare	743.96	30.8				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Aetna	Commercial	1311.38					125	2294.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Amerihealth	Medicare	803.54					125	2294.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Horizon	PPO	1554.85					125	2294.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 First Trenton	First Trenton	2173.91	90				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Americare	Americare	1811.59	75				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Aetna	Better Health	735.26	30.44				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Corrections	Corrections	1932.36	80				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 UHC	Medicaid	735.26	30.44				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Amerihealth	HMO/PPO	125					125	2294.68 fee schedule	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 First Health	First Health	1690.82	70				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 WellPoint	WellPoint	749.76	31.04				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Managed Care Inc	Managed Care Inc	2173.91	90				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Horizon	Indemnity	1554.85					125	2294.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Consumer	Consumer	2294.68	95				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Horizon	MGD	1554.85					125	2294.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 UHC	Medicare	803.54					125	2294.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Horizon	Medicare Blue	803.54					125	2294.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Wellcare	Medicare	803.54					125	2294.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Horizon	NJ Health	160.25					125	2294.68 fee schedule	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 United	CommercialPPO	1871.51					125	2294.68 case rate	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Multiplan	Multiplan	1932.36	80				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Three Rivers	Three Rivers	2294.68	95				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Qualcare	Qualcare	1811.59	75				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 United	Oxford	1871.51					125	2294.68 case rate	
INJECTION AA&/STRD PARACERVICAL NERVE	64435	CPT				outpatient			2415.45		924.07 Wellcare	Medicaid	735.26	30.44				125	2294.68 percent of total billed charges	
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74		924.07 Amerihealth	Medicare	803.54					125	2409.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74		924.07 Horizon	Medicare Blue	803.54					125	2409.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74		924.07 Aetna	Medicare	803.54					125	2409.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74		924.07 Corrections	Corrections	2029.39	80				125	2409.9 percent of total billed charges	
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74		924.07 Americare	Americare	1902.56	75				125	2409.9 percent of total billed charges	
INJECTION AA&/

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	First Trenton		2283.07	90			125	2409.9	percent of total billed charges	
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	UHC		Medicare	803.54			141.75	125	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	Wellcare		Medicare	803.54				125	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	Qualcare		Qualcare	1902.56	75			125	2409.9	percent of total billed charges	
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	WellPoint		WellPoint	797.4	31.04			125	2409.9	percent of total billed charges	
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	Horizon		MGD	1554.85				125	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	Managed Care Inc	Managed Care Inc	2283.07	90				125	2409.9	percent of total billed charges	
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	UHC	Medicaid	772.18	30.44				125	2409.9	percent of total billed charges	
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	Three Rivers	Three Rivers	2409.9	95				125	2409.9	percent of total billed charges	
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	United	CommercialPPO	1871.51					125	2409.9	case rate	
INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN	64445	CPT				both			2536.74	924.07	United	Oxford	1871.51					125	2409.9	case rate	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Amerihealth	HMO/PPO	125					99.18	2427.35	fee schedule	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Aetna	Medicare	803.54					99.18	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Corrections	Corrections	2044.08	80				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Amerihealth	Medicare	803.54					99.18	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	First Trenton	First Trenton	2299.59	90				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Aetna	Better Health	777.77	30.44				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	First Health	First Health	1788.57	70				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Aetna	Commercial	1311.38					99.18	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	United	Oxford	1871.51					99.18	2427.35	case rate	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Horizon	MGD	1554.85					99.18	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Horizon	Indemnity	1554.85					99.18	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Horizon	NJ Health	99.18				617.16	99.18	2427.35	fee schedule	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Managed Care Inc	Managed Care Inc	2299.59	90				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Americare	Americare	1916.33	75				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Multiplan	Multiplan	2044.08	80				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Horizon	Medicare Blue	803.54					99.18	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Wellcare	Medicaid	777.77	30.44				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Consumer	Consumer	2427.35	95				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Horizon	PPO	1554.85					99.18	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Three Rivers	Three Rivers	2427.35	95				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Qualcare	Qualcare	1916.33	75				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	UHC	Medicare	803.54				520.99	99.18	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	UHC	Medicaid	777.77	30.44				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	Wellcare	Medicare	803.54					99.18	2427.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	United	CommercialPPO	1871.51					99.18	2427.35	case rate	
INJECTION AA&/STRD FEMORAL NERVE W/IMG GDN	64447	CPT				outpatient			2555.1	924.07	WellPoint	WellPoint	793.1	31.04				99.18	2427.35	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Amerihealth	Medicare	803.54					98.66	2377.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	First Health	First Health	1752.16	70				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Americare	Americare	1877.31	75				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Aetna	Better Health	761.94	30.44				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Horizon	Medicare Blue	803.54					98.66	2377.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Horizon	Indemnity	1554.85				1199.57	98.66	2377.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Aetna	Commercial	1311.38					98.66	2377.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Corrections	Corrections	2002.46	80				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Consumer	Consumer	2377.93	95				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	United	CommercialPPO	1871.51				484.14	98.66	2377.93	case rate	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Aetna	Medicare	803.54					98.66	2377.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Multiplan	Multiplan	2002.46	80				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	First Trenton	First Trenton	2252.77	90				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Horizon	MGD	1554.85					98.66	2377.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Amerihealth	HMO/PPO	125					98.66	2377.93	fee schedule	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Horizon	PPO	1554.85					98.66	2377.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Managed Care Inc	Managed Care Inc	2252.77	90				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Wellcare	Medicare	803.54					98.66	2377.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Horizon	NJ Health	98.66				420.67	98.66	2377.93	fee schedule	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Qualcare	Qualcare	1877.31	75				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Three Rivers	Three Rivers	2377.93	95				98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	United	Oxford	1871.51					98.66	2377.93	case rate	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	Wellcare	Medicaid	761.94	30.44			750.66	98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	UHC	Medicaid	761.94	30.44			746.01	98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	UHC	Medicare	803.54				567.18	98.66	2377.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	64450	CPT				both			2503.08	924.07	WellPoint	WellPoint	776.96	31.04			751.68	98.66	2377.93	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Aetna	Medicare	803.54					188.61	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Aetna	Better Health	984.25	30.44				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Americare	Americare	2425.05	75				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	UHC	Medicare	803.54				677.34	188.61	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Consumer	Consumer	3071.73	95				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Horizon	Medicare Blue	803.54					188.61	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Aetna	Commercial	1311.38					188.61	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	First Trenton	First Trenton	2910.06	90				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Corrections	Corrections	2586.72	80				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	First Health	First Health	2263.38	70				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Three Rivers	Three Rivers	3071.73	95				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	United	CommercialPPO	1871.51					188.61	3071.73	case rate	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Horizon	PPO	1554.85					188.61	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Horizon	MGD	1554.85					188.61	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Amerihealth	HMO/PPO	2101.71	65				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Wellcare	Medicaid	984.25	30.44			771.96	188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Managed Care Inc	Managed Care Inc	2910.06	90				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Wellcare	Medicare	803.54					188.61	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	United	Oxford	1871.51					188.61	3071.73	case rate	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Amerihealth	Medicare	803.54					188.61	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	WellPoint	WellPoint	1003.65	31.04				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Horizon	Indemnity	1554.85					188.61	3071.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Horizon	NJ Health	188.61				648.84	188.61	3071.73	fee schedule	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Multiplan	Multiplan	2586.72	80				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	Qualcare	Qualcare	2425.05	75				188.61	3071.73	percent of total billed charges	
INJECTION AA&/STRD GENICULAR NRV BRANCHES W/IMG	64454	CPT				outpatient			3233.4	924.07	UHC	Medicaid	984.25	30.44			677.28	188.61	3071.73	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Corrections	Corrections	809.47	80				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Aetna	Commercial	558.98					125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Aetna	Medicare	311.65	30.8				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Consumer	Consumer	961.25	95				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Americare	Americare	758.88	75				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Amerihealth	HMO/PPO	125					125	1835.46	fee schedule	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Horizon	Indemnity	662.76					125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Aetna	Better Health	308	30.44				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Managed Care Inc	Managed Care Inc	910.66	90				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	UHC	Medicare	342.51					125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Multiplan	Multiplan	809.47	80				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	First Health	First Health	708.29	70				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	First Trenton	First Trenton	910.66	90				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Amerihealth	Medicare	342.51					125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	United	CommercialPPO	1835.46					125	1835.46	case rate	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Horizon	MGD	662.76					125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Three Rivers	Three Rivers	961.25	95				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Horizon	Medicare Blue	342.51					125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Qualcare	Qualcare	758.88	75				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Horizon	PPO	662.76					125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	United	Oxford	1835.46					125	1835.46	case rate	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Wellcare	Medicare	342.51					125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	Wellcare	Medicaid	308	30.44				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	UHC	Medicaid	308	30.44				125	1835.46	percent of total billed charges	
NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	64455	CPT				outpatient			1011.84	393.89	WellPoint	WellPoint	314.08	31.04				125	1835.46	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Consumer	Consumer	3024.45	95			135.15		3024.45	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	First Trenton	First Trenton	2865.27	90			135.15		3024.45	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Horizon	Indemnity	1998.89				135.15		3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Amerihealth	HMO/PPO	300				135.15		3024.45	fee schedule	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Aetna	Better Health	969.1	30.44			135.15		3024.45	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Amerihealth	Medicare	1033.02				135.15		3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Horizon	Medicare Blue	1033.02				135.15		3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Horizon	PPO	1998.89				135.15		3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Corrections	Corrections	2546.9	80			135.15		3024.45	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Managed Care Inc	Managed Care Inc	2865.27	90			135.15		3024.45	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Aetna	Commercial	1685.89				135.15		3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	First Health	First Health	2228.54	70			135.15		3024.45	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Horizon	NJ Health	135.15				135.15		3024.45	fee schedule	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Multiplan	Multiplan	2546.9	80			135.15		3024.45	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Aetna	Medicare	1033.02				135.15		3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	UHC	Medicaid	969.1	30.44			135.15		3024.45	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient			3183.63	1187.97	Americare	Americare	2387.72	75			135.15		3024.45	percent of total billed charges	
NJX AA&/STRD TFRML EPI CERVICAL/THORACIC 1 LEVEL	64479	CPT				outpatient		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measure	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		First Trenton	First Trenton	459	90			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		First Health	First Health	357	70			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		Horizon	MGD	195.23	38.28			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		Multiplan	Multiplan	408	80			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		Horizon	NJ Health	93.54				93.54	1835.46	fee schedule	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		Horizon	PPO	195.23	38.28			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			93.54	1835.46	percent of total billed charges	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		United	CommercialPPO	1835.46				93.54	1835.46	case rate	
NJX AAB/STRD TFRML EPI CERVICAL/THORACIC EA ADDL	64480	CPT				outpatient			510		United	Oxford	1835.46				93.54	1835.46	case rate	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Amerihealth	Medicare	1033.02			300	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Aetna	Better Health	964.38	30.44		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Amerihealth	HMO/PPO	300			300	3009.71	fee schedule	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Aetna	Medicare	1033.02		1487.1	300	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	First Trenton	First Trenton	2851.31	90		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Consumer	Consumer	3009.71	95		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Horizon	NJ Health	365.17		843.59	300	3009.71	fee schedule	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Americare	Americare	2376.09	75		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	United	Oxford	1871.51		1524.45	300	3009.71	case rate	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Aetna	Commercial	1685.89		1987.41	300	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	First Health	First Health	2217.68	70		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	WellPoint	WellPoint	983.38	31.04		948.85	300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Horizon	Medicare Blue	1033.02		863.5	300	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Corrections	Corrections	2534.5	80		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Multiplan	Multiplan	2534.5	80		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Horizon	PPO	1998.89		950.78	300	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	UHC	Medicaid	964.38	30.44	850.59	300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Horizon	MGD	1998.89		1906.12	300	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Horizon	Indemnity	1998.89		997.22	300	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Three Rivers	Three Rivers	3009.71	95		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	UHC	Medicare	1033.02		728.19	300	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Managed Care Inc	Managed Care Inc	2851.31	90		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	United	CommercialPPO	1871.51			300	3009.71	case rate	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Qualcare	Qualcare	2376.09	75		300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Wellcare	Medicaid	964.38	30.44	993.33	300	3009.71	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL	64483	CPT				outpatient			3168.12		1187.97	Wellcare	Medicare	1033.02			300	3009.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Aetna	Commercial	1116.29	38			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Aetna	Better Health	894.21	30.44			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Amerihealth	HMO/PPO	300				160.05	2790.72	fee schedule	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Corrections	Corrections	2350.08	80			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Horizon	PPO	1124.51	38.28		881.6	160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Consumer	Consumer	2790.72	95			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Horizon	MGD	1124.51	38.28			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Multiplan	Multiplan	2350.08	80			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Aetna	Medicare	904.78	30.8			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Americare	Americare	2203.2	75			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		First Health	First Health	2056.32	70			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		First Trenton	First Trenton	2643.84	90			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Horizon	NJ Health	160.05			120.96	160.05	2790.72	fee schedule	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Horizon	Indemnity	1124.51	38.28		924.66	160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Horizon	Medicare Blue	881.28	30			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Qualcare	Qualcare	2203.2	75			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Three Rivers	Three Rivers	2790.72	95			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		United	Oxford	1835.46			1563.25	160.05	2790.72	case rate	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Wellcare	Medicaid	894.21	30.44			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		Managed Care Inc	Managed Care Inc	2643.84	90			160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		UHC	Medicaid	894.21	30.44		846.19	160.05	2790.72	percent of total billed charges	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		United	CommercialPPO	1835.46				160.05	2790.72	case rate	
NJX AAB/STRD TFRML EPI LUMBAR/SACRAL EA ADDL	64484	CPT				outpatient			2937.6		WellPoint	WellPoint	911.83	31.04			160.05	2790.72	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		First Health	First Health	947.48	70			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Aetna	Commercial	514.35	38			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Horizon	Indemnity	518.14	38.28			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Aetna	Medicare	416.89	30.8			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		United	CommercialPPO	1835.46				125	1835.46	case rate	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Corrections	Corrections	1082.83	80			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Aetna	Better Health	412.02	30.44			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		First Trenton	First Trenton	1218.19	90			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		WellPoint	WellPoint	420.14	31.04			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Multiplan	Multiplan	1082.83	80			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Americare	Americare	1015.16	75			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Horizon	MGD	518.14	38.28			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Horizon	Medicare Blue	406.06	30			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Horizon	NJ Health	185.86				125	1835.46	fee schedule	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Consumer	Consumer	1285.86	95			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Horizon	PPO	518.14	38.28			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Wellcare	Medicaid	412.02	30.44			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Qualcare	Qualcare	1015.16	75			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		UHC	Medicaid	412.02	30.44			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Managed Care Inc	Managed Care Inc	1218.19	90			125	1835.46	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		United	Oxford	1835.46				125	1835.46	case rate	
TAP BLOCK UNILATERAL BY INJECTION(S)	64486	CPT				outpatient			1353.54		Three Rivers	Three Rivers	1285.86	95			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Consumer	Consumer	1285.86	95			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Aetna	Commercial	514.35	38			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Aetna	Medicare	416.89	30.8			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Americare	Americare	1015.16	75			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Horizon	Indemnity	518.14	38.28			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Horizon	NJ Health	226.24			58.98	125	1835.46	fee schedule	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Aetna	Better Health	412.02	30.44			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		First Health	First Health	947.48	70			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Multiplan	Multiplan	1082.83	80			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		First Trenton	First Trenton	1218.19	90			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Corrections	Corrections	1082.83	80			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Horizon	MGD	518.14	38.28			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Qualcare	Qualcare	1015.16	75			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Horizon	PPO	518.14	38.28			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Horizon	Medicare Blue	406.06	30			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		United	CommercialPPO	1835.46				125	1835.46	case rate	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		UHC	Medicaid	412.02	30.44			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Managed Care Inc	Managed Care Inc	1218.19	90			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		WellPoint	WellPoint	420.14	31.04			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Wellcare	Medicaid	412.02	30.44			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		Three Rivers	Three Rivers	1285.86	95			125	1835.46	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTION(S)	64488	CPT				outpatient			1353.54		United	Oxford	1835.46				125	1835.46	case rate	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Americare	Americare	2465.6	75		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Horizon	MGD	1998.89			197.71	3123.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Aetna	Commercial	1685.89		1041.65	197.71	3123.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Aetna	Medicare	1012.54	30.8		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Consumer	Consumer	3123.09	95		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	First Trenton	First Trenton	2958.71	90		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Aetna	Better Health	1000.7	30.44		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Amerihealth	HMO/PPO	300			197.71	3123.09	fee schedule	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Three Rivers	Three Rivers	3123.09	95		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Horizon	Medicare Blue	1033.02			197.71	3123.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Multiplan	Multiplan	2629.97	80		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Amerihealth	Medicare	1033.02			197.71	3123.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Corrections	Corrections	2629.97	80		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	United	Oxford	1871.51			197.71	3123.09	case rate	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Horizon	PPO	1998.89			197.71	3123.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	First Health	First Health	2301.22	70		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Wellcare	Medicaid	1000.7	30.44	1000.7	197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Horizon	Indemnity	1998.89			197.71	3123.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Qualcare	Qualcare	2465.6	75		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	United	CommercialPPO	1871.51			197.71	3123.09	case rate	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Horizon	NJ Health	197.71		105.96	197.71	3123.09	fee schedule	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Managed Care Inc	Managed Care Inc	2958.71	90		197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	UHC	Medicaid	1000.7	30.44	762.12	197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	UHC	Medicare	1033.02			197.71	3123.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	Wellcare	Medicare	1033.02			197.71	3123.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	CPT				outpatient			3287.46		1187.97	WellPoint	WellPoint	1020.43	31.04	481.71	197.71	3123.09	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	64491	CPT				outpatient			967.98			Multiplan	Multiplan	774.38	80		95.32	1835.46	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	64491	CPT				outpatient			967.98			Aetna	Medicare	298.14	30.8		95.32	1835.46	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	64491	CPT				outpatient			967.98			Consumer	Consumer	919.58	95		95.32	1835.46	percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	64491	CPT				outpatient			967.98			First Trenton	First Trenton	871.18

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		Horizon	Medicare Blue	30				95.32		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		Horizon	MGD	370.54	38.28			95.32		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		Americare	Americare	725.99	75			95.32		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		United	Oxford	1835.46				95.32		1835.46 case rate	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		UHC	Medicaid	294.65	30.44		278.27	95.32		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		Horizon	NJ Health	95.32			31.2	95.32		1835.46 fee schedule	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		Horizon	Indemnity	370.54	38.28			95.32		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		Wellcare	Medicaid	294.65	30.44		294.65	95.32		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		WellPoint	WellPoint	300.46	31.04			95.32		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		United	CommercialPPO	1835.46				95.32		1835.46 case rate	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 2ND LEVEL	64491	CPT				outpatient			967.98		Three Rivers	Three Rivers	919.58	95			95.32		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Amerihealth	HMO/PPO	300				96.7		1835.46 fee schedule	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Aetna	Better Health	294.65	30.44			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Aetna	Commercial	367.83	38			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Aetna	Medicare	298.14	30.8			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Americare	Americare	725.99	75			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		First Health	First Health	677.59	70			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Corrections	Corrections	774.38	80			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		First Trenton	First Trenton	871.18	90			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Multiplan	Multiplan	774.38	80			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Consumer	Consumer	919.58	95			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Horizon	MGD	370.54	38.28			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Qualcare	Qualcare	725.99	75			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		WellPoint	WellPoint	300.46	31.04			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Horizon	Indemnity	370.54	38.28			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		UHC	Medicaid	294.65	30.44			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Horizon	Medicare Blue	290.39	30			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		United	CommercialPPO	1835.46				96.7		1835.46 case rate	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Horizon	NJ Health	96.7			34.51	96.7		1835.46 fee schedule	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Horizon	PPO	370.54	38.28			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Managed Care Inc	Managed Care Inc	871.18	90			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Three Rivers	Three Rivers	919.58	95			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		United	Oxford	1835.46				96.7		1835.46 case rate	
NJX DX/THER AGT PVRT FACET JT CRVT/HRC 3+ LEVEL	64492	CPT				outpatient			967.98		Wellcare	Medicaid	294.65	30.44			96.7		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Amerihealth	HMO/PPO	300			1075.56	264.16		3033.94 fee schedule	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Horizon	Medicare Blue	1033.02			687.54	264.16		3033.94 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Aetna	Better Health	972.14	30.44			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Aetna	Medicare	1033.02			838.89	264.16		3033.94 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Consumer	Consumer	3033.94	95			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Amerihealth	Medicare	1033.02				264.16		3033.94 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Corrections	Corrections	2554.9	80			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Americare	Americare	2395.22	75			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 First Health	First Health	2235.53	70			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 First Trenton	First Trenton	2874.26	90			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Aetna	Commercial	1685.89			692.39	264.16		3033.94 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Horizon	Indemnity	1998.89				264.16		3033.94 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Horizon	MGD	1998.89			1471.32	264.16		3033.94 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Horizon	PPO	1998.89				264.16		3033.94 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 UHC	Medicare	1033.02			516.87	264.16		3033.94 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 WellPoint	WellPoint	991.3	31.04		927.04	264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Horizon	NJ Health	264.16			1107.8	264.16		3033.94 fee schedule	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 UHC	Medicaid	972.14	30.44		769.02	264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Managed Care Inc	Managed Care Inc	2874.26	90			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Multiplan	Multiplan	2554.9	80			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Three Rivers	Three Rivers	3033.94	95			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Qualcare	Qualcare	2395.22	75			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 United	CommercialPPO	1871.51				264.16		3033.94 case rate	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Wellcare	Medicare	1033.02				264.16		3033.94 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 United	Oxford	1871.51			1180.07	264.16		3033.94 case rate	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	64493	CPT				outpatient			3193.62		1187.97 Wellcare	Medicaid	972.14	30.44			264.16		3033.94 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Aetna	Better Health	294.65	30.44			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Aetna	Commercial	367.83	38		209.86	130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Aetna	Medicare	298.14	30.8		250.83	130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Americare	Americare	725.99	75			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		First Health	First Health	677.59	70			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		First Trenton	First Trenton	871.18	90			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Multiplan	Multiplan	774.38	80			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Horizon	Medicare Blue	290.39	30		35.26	130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Consumer	Consumer	919.58	95			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		UHC	Medicaid	294.65	30.44		231.89	130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Amerihealth	HMO/PPO	300			326	130.63		1835.46 fee schedule	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Horizon	MGD	370.54	38.28		445.95	130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Horizon	Indemnity	370.54	38.28			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		United	CommercialPPO	1835.46				130.63		1835.46 case rate	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Qualcare	Qualcare	725.99	75			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Horizon	NJ Health	130.63			43.19	130.63		1835.46 fee schedule	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Horizon	PPO	370.54	38.28			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		WellPoint	WellPoint	300.46	31.04		274.52	130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Corrections	Corrections	774.38	80			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		United	Oxford	1835.46			357.68	130.63		1835.46 case rate	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Managed Care Inc	Managed Care Inc	871.18	90			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Three Rivers	Three Rivers	919.58	95			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	64494	CPT				outpatient			967.98		Wellcare	Medicaid	294.65	30.44			130.63		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Aetna	Medicare	298.14	30.8		187.77	132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Multiplan	Multiplan	774.38	80			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Americare	Americare	725.99	75			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Aetna	Better Health	294.65	30.44			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Corrections	Corrections	774.38	80			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Consumer	Consumer	919.58	95			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Amerihealth	HMO/PPO	300				132.77		1835.46 fee schedule	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Aetna	Commercial	367.83	38			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		First Trenton	First Trenton	871.18	90			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Qualcare	Qualcare	725.99	75			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Horizon	MGD	370.54	38.28			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Horizon	Medicare Blue	290.39	30			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Horizon	Indemnity	370.54	38.28			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		First Health	First Health	677.59	70			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		UHC	Medicaid	294.65	30.44			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Horizon	NJ Health	132.77				132.77		1835.46 fee schedule	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		United	CommercialPPO	1835.46				132.77		1835.46 case rate	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		WellPoint	WellPoint	300.46	31.04			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		United	Oxford	1835.46				132.77		1835.46 case rate	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Horizon	PPO	370.54	38.28			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Wellcare	Medicaid	294.65	30.44			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Managed Care Inc	Managed Care Inc	871.18	90			132.77		1835.46 percent of total billed charges	
NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	64495	CPT				outpatient			967.98		Three Rivers	Three Rivers	919.58	95			132.77		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Horizon	MGD	662.76				117.74		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Aetna	Medicare	342.51				117.74		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Americare	Americare	931.77	75			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	First Trenton	First Trenton	1118.12	90			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	UHC	Medicaid	378.17	30.44			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Aetna	Better Health	378.17	30.44			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Amerihealth	Medicare	342.51				117.74		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Corrections	Corrections	993.89	80			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Amerihealth	HMO/PPO	125				117.74		1835.46 fee schedule	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Consumer	Consumer	1180.24	95			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Horizon	Medicare Blue	342.51				117.74		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Horizon	NJ Health	117.74				117.74		1835.46 fee schedule	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	United	Oxford	1835.46				117.74		1835.46 case rate	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Aetna	Commercial	558.98				117.74		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	UHC	Medicare	342.51				117.74		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Horizon	Indemnity	662.76				117.74		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Wellcare	Medicaid	378.17	30.44			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	First Health	First Health	869.65	70			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Wellcare	Medicare	342.51				117.74		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Managed Care Inc	Managed Care Inc	1118.12	90			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Multiplan	Multiplan	993.89	80			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Horizon	PPO	662.76				117.74		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Qualcare	Qualcare	931.77	75			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	Three Rivers	Three Rivers	1180.24	95			117.74		1835.46 percent of total billed charges	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	United	CommercialPPO	1835.46				117.74		1835.46 case rate	
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	CPT				outpatient			1242.36	393.89	WellPoint	WellPoint	385.63	31.04			117.74		1835.46 percent of total billed charges	
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72		1187.97 Aetna	Better Health	1020.26	30.44			203.35		3184.13 percent of total billed charges	
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72		1187.97 Amerihealth	Medicare	1033.02				203.35		3184.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72		1187.97 Aetna	Commercial	1685.89				203.35		3184.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT			

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	Wellcare	Medicaid	1020.26	30.44			203.35	3184.13	percent of total billed charges	
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	United	CommercialPPO	1871.51				203.35	3184.13	case rate	
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	Qualcare	Qualcare	2513.79	75			203.35	3184.13	percent of total billed charges	
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	Managed Care Inc	Managed Care Inc	3016.55	90			203.35	3184.13	percent of total billed charges	
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	UHC	Medicaid	1020.26	30.44			203.35	3184.13	percent of total billed charges	
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	UHC	Medicare	1033.02				203.35	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	Wellcare	Medicare	1033.02				203.35	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	Three Rivers	Three Rivers	3184.13	95			203.35	3184.13	percent of total billed charges	
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	United	Oxford	1871.51				203.35	3184.13	case rate	
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	CPT				outpatient			3351.72	1187.97	WellPoint	WellPoint	1040.37	31.04			203.35	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Amerihealth	Medicare	1033.02				270.53	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Aetna	Commercial	1685.89				270.53	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Multiplan	Multiplan	2681.38	80			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Aetna	Medicare	1032.33	30.8			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Americare	Americare	2513.79	75			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Horizon	MCD	1998.89				270.53	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Aetna	Better Health	1020.26	30.44			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	First Trenton	First Trenton	3016.55	90			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Consumer	Consumer	3184.13	95			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Amerihealth	HMO/PPO	300				270.53	3184.13	fee schedule	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Qualcare	Qualcare	2513.79	75			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Horizon	Medicare Blue	1033.02				270.53	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Three Rivers	Three Rivers	3184.13	95			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	First Health	First Health	2346.2	70			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	UHC	Medicare	1033.02				270.53	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Horizon	PPO	1998.89				270.53	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Corrections	Corrections	2681.38	80			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Horizon	Indemnity	1998.89				270.53	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	UHC	Medicaid	1020.26	30.44			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Managed Care Inc	Managed Care Inc	3016.55	90			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Horizon	NJ Health	270.53				270.53	3184.13	fee schedule	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	United	CommercialPPO	1871.51				270.53	3184.13	case rate	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Wellcare	Medicare	1033.02				270.53	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	United	Oxford	1871.51				270.53	3184.13	case rate	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	Wellcare	Medicaid	1020.26	30.44			270.53	3184.13	percent of total billed charges	
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	CPT				outpatient			3351.72	1187.97	WellPoint	WellPoint	1040.37	31.04			270.53	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Consumer	Consumer	3184.13	95			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Aetna	Commercial	1685.89				296.89	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	First Health	First Health	2346.2	70			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Americare	Americare	2513.79	75			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Horizon	PPO	1998.89				296.89	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	UHC	Medicare	1033.02				296.89	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Aetna	Better Health	1020.26	30.44			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Amerihealth	Medicare	1033.02				296.89	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	WellPoint	WellPoint	1040.37	31.04			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Aetna	Medicare	1033.02				296.89	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Multiplan	Multiplan	2681.38	80			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Three Rivers	Three Rivers	3184.13	95			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Horizon	Medicare Blue	1033.02				296.89	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Amerihealth	HMO/PPO	300				296.89	3184.13	fee schedule	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Wellcare	Medicaid	1020.26	30.44			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Corrections	Corrections	2681.38	80			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Qualcare	Qualcare	2513.79	75			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Horizon	MCD	1998.89				296.89	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Wellcare	Medicare	1033.02				296.89	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	UHC	Medicaid	1020.26	30.44			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Horizon	NJ Health	296.89			134.82	296.89	3184.13	fee schedule	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	First Trenton	First Trenton	3016.55	90			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	United	Oxford	1871.51				296.89	3184.13	case rate	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Horizon	Indemnity	1998.89				296.89	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	Managed Care Inc	Managed Care Inc	3016.55	90			296.89	3184.13	percent of total billed charges	
INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	64520	CPT				outpatient			3351.72	1187.97	United	CommercialPPO	1871.51				296.89	3184.13	case rate	
INJ ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	First Trenton	First Trenton	3016.55	90			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	First Health	First Health	2346.2	70			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Aetna	Commercial	1685.89				164.43	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Horizon	MCD	1998.89				164.43	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Aetna	Medicare	1033.02				164.43	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Corrections	Corrections	2681.38	80			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Amerihealth	HMO/PPO	300				164.43	3184.13	fee schedule	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Aetna	Better Health	1020.26	30.44			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Horizon	NJ Health	164.43				164.43	3184.13	fee schedule	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Horizon	Indemnity	1998.89				164.43	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Amerihealth	Medicare	1033.02				164.43	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Horizon	PPO	1998.89				164.43	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Americare	Americare	2513.79	75			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	UHC	Medicaid	1020.26	30.44			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Horizon	Medicare Blue	1033.02				164.43	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Consumer	Consumer	3184.13	95			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Managed Care Inc	Managed Care Inc	3016.55	90			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Multiplan	Multiplan	2681.38	80			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	UHC	Medicare	1033.02				164.43	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	United	CommercialPPO	1871.51				164.43	3184.13	case rate	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Three Rivers	Three Rivers	3184.13	95			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Qualcare	Qualcare	2513.79	75			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Wellcare	Medicare	1033.02				164.43	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	WellPoint	WellPoint	1040.37	31.04			164.43	3184.13	percent of total billed charges	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	United	Oxford	1871.51				164.43	3184.13	case rate	
INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	CPT				outpatient			3351.72	1187.97	Wellcare	Medicaid	1020.26	30.44			164.43	3184.13	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Aetna	Commercial	23614.31				391.5	42633.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Amerihealth	HMO/PPO	550				391.5	42633.09	fee schedule	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Consumer	Consumer	42633.09	95			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	First Health	First Health	31413.86	70			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Aetna	Medicare	14469.55				391.5	42633.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Amerihealth	Medicare	14469.55				391.5	42633.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Corrections	Corrections	35901.55	80			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Aetna	Better Health	13660.54	30.44			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Americare	Americare	33657.71	75			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	UHC	Medicaid	13660.54	30.44			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Horizon	NJ Health	391.5				391.5	42633.09	fee schedule	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Multiplan	Multiplan	35901.55	80			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Horizon	MGD	27998.58				391.5	42633.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	First Trenton	First Trenton	40389.25	90			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Three Rivers	Three Rivers	42633.09	95			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Horizon	PPO	27998.58				391.5	42633.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	United	CommercialPPO	6018.29				391.5	42633.09	case rate	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Qualcare	Qualcare	33657.71	75			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Horizon	Indemnity	27998.58				391.5	42633.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	UHC	Medicare	14469.55				391.5	42633.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	United	Oxford	6018.29				391.5	42633.09	case rate	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Wellcare	Medicare	14469.55				391.5	42633.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Horizon	Medicare Blue	14469.55				391.5	42633.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	WellPoint	WellPoint	13929.8	31.04			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Wellcare	Medicaid	13660.54	30.44			391.5	42633.09	percent of total billed charges	
OPEN IMPLANTATION NEA PERIPHERAL NERVE	64575	CPT				outpatient			44876.94	16639.98	Managed Care Inc	Managed Care Inc	40389.25	90			391.5	42633.09	percent of total billed charges	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	First Trenton	First Trenton	2865.27	90			175.29	3024.45	percent of total billed charges	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Amerihealth	Medicare	1033.02				175.29	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Aetna	Better Health	969.1	30.44			175.29	3024.45	percent of total billed charges	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Aetna	Commercial	1685.89			1318.21	175.29	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Corrections	Corrections	2546.9	80			175.29	3024.45	percent of total billed charges	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Aetna	Medicare	1033.02				175.29	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Horizon	Medicare Blue	1033.02				175.29	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Americare	Americare	2387.72	75			175.29	3024.45	percent of total billed charges	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Three Rivers	Three Rivers	3024.45	95			175.29	3024.45	percent of total billed charges	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Consumer	Consumer	3024.45	95			175.29	3024.45	percent of total billed charges	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Amerihealth	HMO/PPO	300				175.29	3024.45	fee schedule	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Multiplan	Multiplan	2546.9	80			175.29	3024.45	percent of total billed charges	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Horizon	Indemnity	1998.89				175.29	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	United	Oxford	1871.51				175.29	3024.45	case rate	
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	UHC	Medicare	1033.02				175.29	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	64600	CPT				outpatient			3183.63	1187.97	Wellcare	Medicare	1033.02				175.29	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ TRIG

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Multiplan	5365.09	80			227.38	6406.67	percent of total billed charges	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Amerihealth	HMO/PPO	300			227.38	6406.67	fee schedule	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Horizon	NJ Health	227.38			227.38	6406.67	fee schedule	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Horizon	MGD	4384.4			227.38	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Horizon	PPO	4384.4			227.38	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	First Trenton	First Trenton	6069.47	90		227.38	6406.67	percent of total billed charges	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Three Rivers	Three Rivers	6406.67	95		227.38	6406.67	percent of total billed charges	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	UHC	Medicaid	2052.83	30.44		227.38	6406.67	percent of total billed charges	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Qualcare	Qualcare	5057.9	75		227.38	6406.67	percent of total billed charges	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Horizon	Indemnity	4384.4			227.38	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	UHC	Medicare	2265.84			227.38	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	United	Commercial/PPO	2859.28			227.38	6406.67	case rate	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Wellcare	Medicare	2265.84			227.38	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Horizon	Medicare Blue	2265.84			227.38	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	WellPoint	WellPoint	2093.29	31.04		227.38	6406.67	percent of total billed charges	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	United	Oxford	2859.28			227.38	6406.67	case rate	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Managed Care Inc	Managed Care Inc	6069.47	90		227.38	6406.67	percent of total billed charges	
DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	64605	CPT				outpatient			6743.86		2605.72	Wellcare	Medicaid	2052.83	30.44		227.38	6406.67	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Amerihealth	HMO/PPO	300			300	6543.66	fee schedule	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Aetna	Commercial	3697.85			300	6543.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Aetna	Better Health	2096.73	30.44		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Multiplan	Multiplan	5510.45	80		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Horizon	PPO	4384.4			300	6543.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Amerihealth	Medicare	2265.84			300	6543.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	First Health	First Health	4821.64	70		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Aetna	Medicare	2265.84			300	6543.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Horizon	MGD	4384.4			300	6543.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Americare	Americare	5166.05	75		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Consumer	Consumer	6543.66	95		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Qualcare	Qualcare	5166.05	75		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Wellcare	Medicare	2265.84			300	6543.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Horizon	Medicare Blue	2265.84			300	6543.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	United	Commercial/PPO	2859.28			300	6543.66	case rate	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Corrections	Corrections	5510.45	80		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	UHC	Medicaid	2096.73	30.44		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	First Trenton	First Trenton	6199.25	90		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	WellPoint	WellPoint	2138.05	31.04		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Horizon	Indemnity	4384.4			300	6543.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	UHC	Medicare	2265.84			300	6543.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Horizon	NJ Health	577.75			300	6543.66	fee schedule	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Wellcare	Medicaid	2096.73	30.44		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Managed Care Inc	Managed Care Inc	6199.25	90		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	Three Rivers	Three Rivers	6543.66	95		300	6543.66	percent of total billed charges	
DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	64610	CPT				outpatient			6888.06		2605.72	United	Oxford	2859.28			300	6543.66	case rate	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Horizon	Medicare Blue	342.51			113.8	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Aetna	Medicare	342.51			113.8	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Horizon	Indemnity	662.76			113.8	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Aetna	Commercial	558.98			113.8	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Aetna	Better Health	308	30.44		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Consumer	Consumer	961.25	95		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	First Trenton	First Trenton	910.66	90		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Americare	Americare	758.88	75		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Horizon	NJ Health	113.8		58.21	113.8	1835.46	fee schedule	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Corrections	Corrections	809.47	80		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Managed Care Inc	Managed Care Inc	910.66	90		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Amerihealth	Medicare	342.51			113.8	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	First Health	First Health	708.29	70		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Amerihealth	HMO/PPO	550			113.8	1835.46	fee schedule	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Horizon	PPO	662.76			113.8	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Horizon	MGD	662.76			113.8	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Multiplan	Multiplan	809.47	80		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	UHC	Medicare	342.51			113.8	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Three Rivers	Three Rivers	961.25	95		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	UHC	Medicaid	308	30.44		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Qualcare	Qualcare	758.88	75		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	United	Commercial/PPO	1835.46			113.8	1835.46	case rate	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Wellcare	Medicaid	308	30.44		113.8	1835.46	percent of total billed charges	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	United	Oxford	1835.46			113.8	1835.46	case rate	
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	Wellcare	Medicare	342.51			113.8	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	64611	CPT				outpatient			1011.84		393.89	WellPoint	WellPoint	314.08	31.04		113.8	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Horizon	MGD	662.76		720.71	200.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Aetna	Better Health	308	30.44		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Multiplan	Multiplan	809.47	80		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Amerihealth	Medicare	342.51			200.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Amerihealth	HMO/PPO	550			200.92	1835.46	fee schedule	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Wellcare	Medicare	342.51		283.21	200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Horizon	NJ Health	200.92		120.06	200.92	1835.46	fee schedule	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Aetna	Medicare	342.51		306.61	200.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Horizon	PPO	662.76			200.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Aetna	Commercial	558.98		368.54	200.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Qualcare	Qualcare	758.88	75		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Consumer	Consumer	961.25	95		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	First Health	First Health	708.29	70		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Horizon	Medicare Blue	342.51		261.22	200.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	UHC	Medicare	342.51		286.54	200.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Americare	Americare	758.88	75		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	United	Oxford	1835.46			200.92	1835.46	case rate	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Corrections	Corrections	809.47	80		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	UHC	Medicaid	308	30.44	303.54	200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	First Trenton	First Trenton	910.66	90		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	United	Commercial/PPO	1835.46		213.56	200.92	1835.46	case rate	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Horizon	Indemnity	662.76			200.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Wellcare	Medicaid	308	30.44		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Managed Care Inc	Managed Care Inc	910.66	90		200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	WellPoint	WellPoint	314.08	31.04	274.17	200.92	1835.46	percent of total billed charges	
CHEMOCNDRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	64612	CPT				outpatient			1011.84		393.89	Three Rivers	Three Rivers	961.25	95		200.92	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Aetna	Better Health	314.83	30.44		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Aetna	Commercial	558.98			160.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	First Trenton	First Trenton	930.85	90		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Corrections	Corrections	827.42	80		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	First Health	First Health	724	70		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Amerihealth	Medicare	342.51			160.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	United	Commercial/PPO	1835.46			160.57	1835.46	case rate	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Consumer	Consumer	982.57	95		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Horizon	Indemnity	662.76			160.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Aetna	Medicare	342.51			160.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Horizon	Medicare Blue	342.51			160.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Horizon	PPO	662.76		634.03	160.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Multiplan	Multiplan	827.42	80		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Americare	Americare	775.71	75		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	United	Oxford	1835.46			160.57	1835.46	case rate	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Horizon	MGD	662.76		571.86	160.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	UHC	Medicare	342.51			160.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Amerihealth	HMO/PPO	550			160.57	1835.46	fee schedule	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	WellPoint	WellPoint	321.04	31.04		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Horizon	NJ Health	160.57			160.57	1835.46	fee schedule	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Qualcare	Qualcare	775.71	75		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Managed Care Inc	Managed Care Inc	930.85	90		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Three Rivers	Three Rivers	982.57	95		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	UHC	Medicaid	314.83	30.44	294.76	160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Wellcare	Medicaid	314.83	30.44		160.57	1835.46	percent of total billed charges	
CHEMOCERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	64615	CPT				outpatient			1034.28		393.89	Wellcare	Medicare	342.51			160.57	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	64616	CPT				outpatient			1719.72		393.89	Consumer	Consumer	1633.73	95		122.46	1835.46	percent of total billed charges	
CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	64616	CPT				outpatient			1719.72		393.89	Aetna	Better Health	523.48	30.44		122.46	1835.46	percent of total billed charges	
CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	64616	CPT				outpatient			1719.72		393.89	Amerihealth	Medicare	342.51			122.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	64616	CPT				outpatient			1719.72		393.89	Americare

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Horizon	MGD	1998.89				288.98	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	First Trenton	First Trenton	2865.27	90			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Aetna	Commercial	1685.89				288.98	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Corrections	Corrections	2546.9	80			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Aetna	Better Health	969.1	30.44			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Amerihealth	HMO/PPO	300				288.98	3024.45	fee schedule	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Aetna	Medicare	980.56	30.8			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	First Health	First Health	2228.54	70			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Americare	Americare	2387.72	75			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Managed Care Inc	Managed Care Inc	2865.27	90			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Horizon	Medicare Blue	1033.02				288.98	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Horizon	Indemnity	1998.89				288.98	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Consumer	Consumer	3024.45	95			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	United	Oxford	1871.51				288.98	3024.45	case rate	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Amerihealth	Medicare	1033.02				288.98	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Multiplan	Multiplan	2546.9	80			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Horizon	NJ Health	288.98				288.98	3024.45	fee schedule	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Three Rivers	Three Rivers	3024.45	95			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	UHC	Medicare	1033.02				288.98	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Horizon	PPO	1998.89				288.98	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Wellcare	Medicaid	969.1	30.44			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Qualcare	Qualcare	2387.72	75			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	Wellcare	Medicare	1033.02				288.98	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	UHC	Medicaid	969.1	30.44			288.98	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	United	Commercial|PPO	1871.51				288.98	3024.45	case rate	
DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	64620	CPT				outpatient			3183.63		1187.97	WellPoint	WellPoint	988.2	31.04			288.98	3024.45	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Aetna	Medicare	2265.84				362.13	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	First Health	First Health	4720.7	70			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Amerihealth	Medicare	2265.84				362.13	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Amerihealth	HMO/PPO	4383.51	65			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Aetna	Better Health	2052.83	30.44			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	First Trenton	First Trenton	6069.47	90			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Aetna	Commercial	3697.85				362.13	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Horizon	Indemnity	4384.4				362.13	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Consumer	Consumer	6406.67	95			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Wellcare	Medicaid	2052.83	30.44			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Horizon	Medicare Blue	2265.84				362.13	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Horizon	NJ Health	362.13			2675.49	362.13	6406.67	fee schedule	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Americare	Americare	5057.9	75			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Managed Care Inc	Managed Care Inc	6069.47	90			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Corrections	Corrections	5395.09	80			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Horizon	PPO	4384.4				362.13	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Horizon	MGD	4384.4				362.13	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Wellcare	Medicare	2265.84				362.13	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Multiplan	Multiplan	5395.09	80			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Three Rivers	Three Rivers	6406.67	95			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	UHC	Medicare	2265.84			1942.44	362.13	6406.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	United	Oxford	2859.28				362.13	6406.67	case rate	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	Qualcare	Qualcare	5057.9	75			362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	United	Commercial|PPO	2859.28				362.13	6406.67	case rate	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	UHC	Medicaid	2052.83	30.44		1985.47	362.13	6406.67	percent of total billed charges	
DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	64624	CPT				outpatient			6743.86		2605.72	WellPoint	WellPoint	2093.29	31.04			362.13	6406.67	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	First Trenton	First Trenton	2865.27	90			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Aetna	Commercial	1685.89				259.93	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Aetna	Medicare	1033.02				259.93	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Amerihealth	Medicare	1033.02				259.93	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Americare	Americare	2387.72	75			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Wellcare	Medicare	1033.02				259.93	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Aetna	Better Health	969.1	30.44			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Consumer	Consumer	3024.45	95			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Managed Care Inc	Managed Care Inc	2865.27	90			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Multiplan	Multiplan	2546.9	80			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Horizon	MGD	1998.89				259.93	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	First Health	First Health	2228.54	70			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Amerihealth	HMO/PPO	550				259.93	3024.45	fee schedule	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Qualcare	Qualcare	2387.72	75			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Horizon	PPO	1998.89				259.93	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Corrections	Corrections	2546.9	80			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Three Rivers	Three Rivers	3024.45	95			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Horizon	NJ Health	259.93				259.93	3024.45	fee schedule	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	UHC	Medicare	1033.02				259.93	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Horizon	Medicare Blue	1033.02				259.93	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Horizon	Indemnity	1998.89				259.93	3024.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	Wellcare	Medicaid	969.1	30.44			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	WellPoint	WellPoint	988.2	31.04			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	United	Oxford	1871.51				259.93	3024.45	case rate	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	UHC	Medicaid	969.1	30.44			259.93	3024.45	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	64630	CPT				outpatient			3183.63		1187.97	United	Commercial|PPO	1871.51				259.93	3024.45	case rate	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Aetna	Commercial	3697.85				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Aetna	Better Health	2176.21	30.44			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Aetna	Medicare	2265.84				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Horizon	MGD	4384.4				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Amerihealth	Medicare	2265.84				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Amerihealth	HMO/PPO	300				300	6791.72	fee schedule	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Multiplan	Multiplan	5719.34	80			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Wellcare	Medicare	2265.84				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Americare	Americare	5361.89	75			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Horizon	PPO	4384.4				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Qualcare	Qualcare	5361.89	75			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	UHC	Medicaid	2176.21	30.44			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Consumer	Consumer	6791.72	95			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	First Health	First Health	5004.43	70			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Wellcare	Medicaid	2176.21	30.44			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	UHC	Medicare	2265.84				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Three Rivers	Three Rivers	6791.72	95			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	United	Oxford	2859.28				300	6791.72	case rate	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	WellPoint	WellPoint	2219.11	31.04			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Corrections	Corrections	5719.34	80			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	United	Commercial|PPO	2859.28				300	6791.72	case rate	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	First Trenton	First Trenton	6434.26	90			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Horizon	Indemnity	4384.4				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Horizon	Medicare Blue	2265.84				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Horizon	NJ Health	516.49			329.95	300	6791.72	fee schedule	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL CRVCL/THORA	64633	CPT				outpatient			7149.18		2605.72	Managed Care Inc	Managed Care Inc	6434.26	90			300	6791.72	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Horizon	MGD	350.63	38.28			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Corrections	Corrections	732.77	80			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Consumer	Consumer	870.16	95			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Aetna	Medicare	282.12	30.8			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Americare	Americare	686.97	75			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Aetna	Better Health	278.82	30.44			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			First Trenton	First Trenton	824.36	90			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Amerihealth	HMO/PPO	300				238.45	1835.46	fee schedule	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Horizon	Indemnity	350.63	38.28			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			United	Commercial|PPO	1835.46				238.45	1835.46	case rate	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Managed Care Inc	Managed Care Inc	824.36	90			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			UHC	Medicaid	276.82	30.44			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Horizon	Medicare Blue	274.79	30			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Aetna	Commercial	348.06	38			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Horizon	NJ Health	238.45			42.27	238.45	1835.46	fee schedule	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			First Health	First Health	641.17	70			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Horizon	PPO	350.63	38.28			238.45	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			WellPoint	WellPoint	284.31	31.04			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Three Rivers	Three Rivers	870.16	95			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			United	Oxford	1835.46				238.45	1835.46	case rate	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Multiplan	Multiplan	732.77	80			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Qualcare	Qualcare	686.97	75			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT ADDL CRVCL/THORA	64634	CPT				outpatient			915.96			Wellcare	Medicaid	276.82	30.44			238.45	1835.46	percent of total billed charges	
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	CPT				outpatient			7149.18		2605.72	Aetna	Commercial	3697.85				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTIC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	CPT				outpatient			7149.18		2605.72	Amerihealth	HMO/PPO	300				300	6791.72	fee schedule	
DST

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	CPT				outpatient			7149.18	2605.72	Horizon	NJ Health	662.18			2703.65	300	6791.72	fee schedule	
DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	CPT				outpatient			7149.18	2605.72	Wellcare	Medicare	2265.84				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	CPT				outpatient			7149.18	2605.72	Horizon	PPO	4384.4				300	6791.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	CPT				outpatient			7149.18	2605.72	United	Commercial|PPO	2859.28				300	6791.72	case rate	
DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	64635	CPT				outpatient			7149.18	2605.72	Wellcare	Medicaid	2176.21	30.44		1629.3	300	6791.72	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Aetna	Better Health	832.42	30.44			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Americare	Americare	2050.97	75			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Amerihealth	HMO|PPO	300				280.81	2597.89	fee schedule	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Aetna	Medicare	842.26	30.8		567.88	280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Corrections	Corrections	2187.7	80			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Consumer	Consumer	2597.89	95			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Horizon	MGD	1046.81	38.28			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		First Trenton	First Trenton	2461.16	90			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Aetna	Commercial	1039.16	38			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Horizon	Indemnity	1046.81	38.28		7.58	280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		First Health	First Health	1914.23	70			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Managed Care Inc	Managed Care Inc	2461.16	90			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Horizon	PPO	1046.81	38.28			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Horizon	Medicare Blue	820.39	30		629.94	280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Horizon	NJ Health	280.81			767.08	280.81	2597.89	fee schedule	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		WellPoint	WellPoint	848.83	31.04		745.28	280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		UHC	Medicaid	832.42	30.44		802.08	280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Multiplan	Multiplan	2187.7	80			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Wellcare	Medicaid	832.42	30.44			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Qualcare	Qualcare	2050.97	75			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		United	Commercial|PPO	1835.46				280.81	2597.89	case rate	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		Three Rivers	Three Rivers	2597.89	95			280.81	2597.89	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	64636	CPT				outpatient			2734.62		United	Oxford	1835.46			1108.83	280.81	2597.89	case rate	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	First Health	First Health	2346.2	70			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Aetna	Better Health	1020.26	30.44			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Amerihealth	HMO|PPO	550				206.71	3184.13	fee schedule	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Aetna	Commercial	1685.89				206.71	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Corrections	Corrections	2681.38	80			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Americare	Americare	2513.79	75			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Amerihealth	Medicare	1033.02				206.71	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Aetna	Medicare	1032.33	30.8			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	First Trenton	First Trenton	3016.55	90			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Consumer	Consumer	3184.13	95			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Horizon	Indemnity	1998.89				206.71	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Multiplan	Multiplan	2681.38	80			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Horizon	MGD	1998.89				206.71	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Horizon	Medicare Blue	1033.02				206.71	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	United	Commercial|PPO	1871.51				206.71	3184.13	case rate	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Qualcare	Qualcare	2513.79	75			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Horizon	NJ Health	206.71			90.79	206.71	3184.13	fee schedule	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	United	Oxford	1871.51				206.71	3184.13	case rate	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Wellcare	Medicaid	1020.26	30.44			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Horizon	PPO	1998.89				206.71	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Managed Care Inc	Managed Care Inc	3016.55	90			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	UHC	Medicaid	1020.26	30.44			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Three Rivers	Three Rivers	3184.13	95			206.71	3184.13	percent of total billed charges	
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	UHC	Medicare	1033.02			1166.33	206.71	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	Wellcare	Medicare	1033.02				206.71	3184.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	CPT				outpatient			3351.72	1187.97	WellPoint	WellPoint	1040.37	31.04			206.71	3184.13	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Aetna	Medicare	803.54				121.83	2276.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Amerihealth	Medicare	803.54				121.83	2276.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	First Health	First Health	1677.19	70			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Multiplan	Multiplan	1916.78	80			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Aetna	Better Health	729.34	30.44			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Horizon	Medicare Blue	803.54				121.83	2276.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Aetna	Commercial	1311.38				121.83	2276.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Americare	Americare	1796.99	75			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Qualcare	Qualcare	1796.99	75			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Horizon	Indemnity	1554.85			1349.63	121.83	2276.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Horizon	MGD	1554.85			1405.29	121.83	2276.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Wellcare	Medicaid	729.34	30.44			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Corrections	Corrections	1916.78	80			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Wellcare	Medicare	803.54				121.83	2276.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Amerihealth	HMO|PPO	550				121.83	2276.18	fee schedule	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Consumer	Consumer	2276.18	95			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	First Trenton	First Trenton	2156.38	90			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Horizon	PPO	1554.85				121.83	2276.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Three Rivers	Three Rivers	2276.18	95			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	United	Oxford	1871.51				121.83	2276.18	case rate	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Managed Care Inc	Managed Care Inc	2156.38	90			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	WellPoint	WellPoint	743.71	31.04			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	Horizon	NJ Health	121.83			81.72	121.83	2276.18	fee schedule	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	United	Commercial|PPO	1871.51				121.83	2276.18	case rate	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	UHC	Medicaid	729.34	30.44			121.83	2276.18	percent of total billed charges	
CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	64642	CPT				outpatient			2395.98	924.07	UHC	Medicare	803.54				121.83	2276.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Americare	Americare	242.94	75			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Corrections	Corrections	259.14	80			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Aetna	Better Health	98.6	30.44			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Horizon	PPO	124	38.28			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Consumer	Consumer	307.72	95			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Multiplan	Multiplan	259.14	80			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Aetna	Medicare	99.77	30.8			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		First Trenton	First Trenton	291.53	90			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Horizon	MGD	124	38.28			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Horizon	Indemnity	124	38.28			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Aetna	Commercial	123.09	38			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Three Rivers	Three Rivers	307.72	95			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		United	Oxford	1835.46				81.14	1835.46	case rate	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Horizon	Medicare Blue	97.18	30			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Amerihealth	HMO|PPO	550				81.14	1835.46	fee schedule	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Horizon	NJ Health	81.14				81.14	1835.46	fee schedule	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		WellPoint	WellPoint	100.54	31.04			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Qualcare	Qualcare	242.94	75			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		First Health	First Health	226.74	70			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		UHC	Medicaid	98.6	30.44			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Wellcare	Medicaid	98.6	30.44			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		Managed Care Inc	Managed Care Inc	291.53	90			81.14	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	64643	CPT				outpatient			323.92		United	Commercial|PPO	1835.46				81.14	1835.46	case rate	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Aetna	Better Health	755.11	30.44			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Horizon	Indemnity	1554.85				132.93	2366.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Aetna	Commercial	1311.38				132.93	2366.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Americare	Americare	1860.48	75			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Amerihealth	HMO|PPO	650			370.03	132.93	2366.61	fee schedule	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	First Health	First Health	1736.45	70			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	UHC	Medicare	803.54				132.93	2366.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Aetna	Medicare	803.54				132.93	2366.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Consumer	Consumer	2356.61	95			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Horizon	PPO	1554.85				132.93	2366.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Amerihealth	Medicare	803.54				132.93	2366.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	First Trenton	First Trenton	2232.58	90			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Corrections	Corrections	1984.51	80			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Horizon	Medicare Blue	803.54				132.93	2366.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	United	Commercial|PPO	1871.51			307.48	132.93	2366.61	case rate	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Horizon	MGD	1554.85			1471.86	132.93	2366.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Horizon	NJ Health	132.93				132.93	2366.61	fee schedule	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	UHC	Medicaid	755.11	30.44			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Multiplan	Multiplan	1984.51	80			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Managed Care Inc	Managed Care Inc	2232.58	90			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Wellcare	Medicare	803.54				132.93	2366.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Qualcare	Qualcare	1860.48	75			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Three Rivers	Three Rivers	2356.61	95			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	WellPoint	WellPoint	769.99	31.04			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	United	Oxford	1871.51				132.93	2366.61	case rate	
CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	64644	CPT				outpatient			2480.64	924.07	Wellcare	Medicaid	755.11	30.44			132.93	2366.61	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 5/+ MUSCLES	64645	CPT				outpatient			420.24		Aetna	Better Health	127.92	30.44			93.05	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 5/+ MUSCLES	64645	CPT				outpatient			420.24		Horizon	MGD	160.87	38.28			93.05	1835.46	percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 5/+ MUSCLES	64645	CPT				outpatient			420.24		Amerihealth	HMO|PPO	650				93.05	1835.46	fee sched

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	64645	CPT				outpatient			420.24		Qualcare	Qualcare	315.18	75			93.05		1835.46 percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	64645	CPT				outpatient			420.24		Managed Care Inc	Managed Care Inc	378.22	90			93.05		1835.46 percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	64645	CPT				outpatient			420.24		Three Rivers	Three Rivers	399.23	95			93.05		1835.46 percent of total billed charges	
CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	64645	CPT				outpatient			420.24		UHC	Medicaid	127.92	30.44			93.05		1835.46 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Aetna	Medicare	803.54				131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Amerihealth	HMO/PPO	550				131.75		2457.38 fee schedule	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 First Health	First Health	1810.7	70			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Amerihealth	Medicare	803.54				131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Multiplan	Multiplan	2069.38	80			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Horizon	PPO	1554.85				131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Aetna	Better Health	787.4	30.44			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Aetna	Commercial	1311.38				131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Corrections	Corrections	2069.38	80			131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Horizon	MGD	1554.85				131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Three Rivers	Three Rivers	2457.38	95			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Horizon	Medicare Blue	803.54				131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Qualcare	Qualcare	1940.04	75			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Wellcare	Medicare	803.54				131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Consumer	Consumer	2457.38	95			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Americare	Americare	1940.04	75			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 United	Commercial|PPO	1871.51				131.75		2457.38 case rate	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 UHC	Medicaid	787.4	30.44			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 First Trenton	First Trenton	2328.05	90			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 United	Oxford	1871.51				131.75		2457.38 case rate	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Horizon	Indemnity	1554.85				131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 WellPoint	WellPoint	802.92	31.04			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Horizon	NJ Health	131.75				131.75		2457.38 fee schedule	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 UHC	Medicare	803.54				131.75		2457.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Managed Care Inc	Managed Care Inc	2328.05	90			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	64646	CPT				outpatient			2586.72		924.07 Wellcare	Medicaid	787.4	30.44			131.75		2457.38 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Horizon	MGD	1554.85				151.9		2411.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 First Health	First Health	1777.09	70			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Amerihealth	Medicare	803.54				151.9		2411.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Consumer	Consumer	2411.77	95			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 WellPoint	WellPoint	788.01	31.04			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Aetna	Better Health	772.78	30.44			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Aetna	Commercial	1311.38				151.9		2411.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Corrections	Corrections	2030.96	80			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Horizon	PPO	1554.85				151.9		2411.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Three Rivers	Three Rivers	2411.77	95			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Horizon	Medicare Blue	803.54				151.9		2411.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 First Trenton	First Trenton	2284.83	90			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 UHC	Medicaid	772.78	30.44			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Horizon	Indemnity	1554.85				151.9		2411.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Aetna	Medicare	803.54				151.9		2411.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Horizon	NJ Health	151.9				151.9		2411.77 fee schedule	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 United	Commercial|PPO	1871.51				151.9		2411.77 case rate	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Wellcare	Medicare	803.54				151.9		2411.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Multiplan	Multiplan	2030.96	80			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Managed Care Inc	Managed Care Inc	2284.83	90			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 United	Oxford	1871.51				151.9		2411.77 case rate	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 UHC	Medicare	803.54				151.9		2411.77 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Americare	Americare	1904.03	75			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Qualcare	Qualcare	1904.03	75			151.9		2411.77 percent of total billed charges	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Amerihealth	HMO/PPO	650				151.9		2411.77 fee schedule	
CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	64647	CPT				outpatient			2538.7		924.07 Wellcare	Medicaid	772.78	30.44			151.9		2411.77 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Aetna	Better Health	969.1	30.44			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Americare	Americare	2387.72	75			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Amerihealth	Medicare	1033.02				427.23		3024.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Horizon	Indemnity	1998.89				427.23		3024.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Horizon	Medicare Blue	1033.02				427.23		3024.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Aetna	Commercial	1685.89				427.23		3024.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Aetna	Medicare	1033.02				427.23		3024.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 First Trenton	First Trenton	2865.27	90			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Amerihealth	HMO/PPO	550				427.23		3024.45 fee schedule	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Wellcare	Medicare	1033.02				427.23		3024.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Consumer	Consumer	3024.45	95			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Horizon	PPO	1998.89				427.23		3024.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Horizon	MGD	1998.89			1833.1	427.23		3024.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Multiplan	Multiplan	2546.9	80			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Corrections	Corrections	2546.9	80			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Three Rivers	Three Rivers	3024.45	95			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 First Health	First Health	2228.54	70			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Qualcare	Qualcare	2387.72	75			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 United	Oxford	1871.51				427.23		3024.45 case rate	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Managed Care Inc	Managed Care Inc	2865.27	90			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 UHC	Medicare	1033.02				427.23		3024.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 UHC	Medicaid	969.1	30.44			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Horizon	NJ Health	427.23			1163.36	427.23		3024.45 fee schedule	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 United	Commercial|PPO	1871.51				427.23		3024.45 case rate	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 Wellcare	Medicaid	969.1	30.44			427.23		3024.45 percent of total billed charges	
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	CPT				outpatient			3183.63		1187.97 WellPoint	WellPoint	988.2	31.04			427.23		3024.45 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Aetna	Medicare	2164.25	30.8			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Aetna	Better Health	2138.95	30.44			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 First Trenton	First Trenton	6324.1	90			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 First Health	First Health	4918.75	70			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Aetna	Commercial	3897.85				433		6675.44 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Corrections	Corrections	5621.42	80			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 United	Oxford	3596.76				433		6675.44 case rate	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 UHC	Medicaid	2138.95	30.44			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Americare	Americare	5270.09	75			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Consumer	Consumer	6675.44	95			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Managed Care Inc	Managed Care Inc	6324.1	90			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Horizon	Indemnity	4384.4				433		6675.44 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Amerihealth	HMO/PPO	800				433		6675.44 fee schedule	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Horizon	MGD	4384.4				433		6675.44 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Wellcare	Medicare	2265.84				433		6675.44 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 UHC	Medicare	2265.84				433		6675.44 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Amerihealth	Medicare	2265.84				433		6675.44 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Horizon	NJ Health	433				433		6675.44 fee schedule	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 WellPoint	WellPoint	2181.11	31.04			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Multiplan	Multiplan	5621.42	80			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Horizon	Medicare Blue	2265.84				433		6675.44 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Horizon	PPO	4384.4				433		6675.44 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 United	Commercial|PPO	3596.76				433		6675.44 case rate	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Qualcare	Qualcare	5270.09	75			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Three Rivers	Three Rivers	6675.44	95			433		6675.44 percent of total billed charges	
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	CPT				outpatient			7026.78		2605.72 Wellcare	Medicaid	2138.95	30.44			433		6675.44 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Americare	Americare	799.43	75			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Consumer	Consumer	1012.61	95			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Aetna	Commercial	558.98				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Multiplan	Multiplan	852.72	80			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Amerihealth	HMO/PPO	300				300		1835.46 fee schedule	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 First Health	First Health	746.13	70			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Wellcare	Medicare	342.51				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Aetna	Better Health	324.46	30.44			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 First Trenton	First Trenton	959.31	90			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Qualcare	Qualcare	799.43	75			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Horizon	MGD	662.76				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Aetna	Medicare	342.51				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Amerihealth	Medicare	342.51				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Corrections	Corrections	852.72	80			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 UHC	Medicare	342.51				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Horizon	PPO	662.76				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Horizon	Medicare Blue	342.51				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Wellcare	Medicaid	324.46	30.44		296.91	300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Horizon	Indemnity	662.76				300		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 WellPoint	WellPoint	330.86	31.04			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Managed Care Inc	Managed Care Inc	959.31	90			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 UHC	Medicaid	324.46	30.44			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 Three Rivers	Three Rivers	1012.61	95			300		1835.46 percent of total billed charges	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 United	Commercial|PPO	1835.46				300		1835.46 case rate	
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	CPT				both			1065.9		393.89 United	Oxford	1835.46				300		1835.46 case rate

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	Horizon	NJ Health	58.46				58.46	58.46	1835.46 fee schedule	
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	Wellcare	Medicare	149.57				58.46	1835.46	1835.46 other	
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	Wellcare	Medicaid	131.65	30.44			58.46	1835.46	1835.46 percent of total billed charges	
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	Horizon	Indemnity	289.42				58.46	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			58.46	1835.46	1835.46 percent of total billed charges	
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	UHC	Medicare	149.57				58.46	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	Americare	Americare	324.36	75			58.46	1835.46	1835.46 percent of total billed charges	
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	United	Commercial/PPO	1835.46				58.46	1835.46	1835.46 case rate	
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	Consumer	Consumer	410.86	95			58.46	1835.46	1835.46 percent of total billed charges	
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	Horizon	Medicare Blue	149.57				58.46	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	65205	CPT				outpatient			432.48	172.01	United	Oxford	1835.46				58.46	1835.46	1835.46 case rate	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Horizon	PPO	895.92				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	First Trenton	First Trenton	1233.69	90			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Aetna	Commercial	755.63				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Aetna	Better Health	417.26	30.44			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Consumer	Consumer	1302.23	95			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	UHC	Medicaid	417.26	30.44			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Amerihealth	Medicare	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	First Health	First Health	959.54	70			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Corrections	Corrections	1096.62	80			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Horizon	Indemnity	895.92				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Aetna	Medicare	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Quelcare	Quelcare	1028.08	75			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Horizon	NJ Health	83.52				83.52	1835.46	1835.46 fee schedule	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	United	Commercial/PPO	1835.46				83.52	1835.46	1835.46 case rate	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Americare	Americare	1028.08	75			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Multiplan	Multiplan	1096.62	80			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Amerihealth	HMO/PPO	300				83.52	1835.46	1835.46 fee schedule	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Horizon	Medicare Blue	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Horizon	MGD	895.92				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	UHC	Medicare	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	United	Oxford	1835.46				83.52	1835.46	1835.46 case rate	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Three Rivers	Three Rivers	1302.23	95			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Managed Care Inc	Managed Care Inc	1233.69	90			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Wellcare	Medicaid	417.26	30.44			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	WellPoint	WellPoint	425.49	31.04			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	65210	CPT				outpatient			1370.77	532.46	Wellcare	Medicare	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Horizon	PPO	895.92			209.54	83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Amerihealth	HMO/PPO	300				83.52	1835.46	1835.46 fee schedule	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Aetna	Commercial	755.63				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Aetna	Better Health	428.16	30.44			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Americare	Americare	1054.94	75			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	First Trenton	First Trenton	1265.92	90			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Aetna	Medicare	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	First Health	First Health	984.61	70			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Consumer	Consumer	1336.25	95			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Amerihealth	Medicare	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	UHC	Medicare	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Corrections	Corrections	1125.26	80			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Horizon	Medicare Blue	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Multiplan	Multiplan	1125.26	80			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Horizon	Indemnity	895.92				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Horizon	MGD	895.92			186.65	83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Horizon	NJ Health	83.52				83.52	1835.46	1835.46 fee schedule	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Quelcare	Quelcare	1054.94	75			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	UHC	Medicaid	428.16	30.44			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	WellPoint	WellPoint	436.6	31.04			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Managed Care Inc	Managed Care Inc	1265.92	90			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Wellcare	Medicare	463.01				83.52	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	United	Commercial/PPO	1835.46				83.52	1835.46	1835.46 case rate	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Three Rivers	Three Rivers	1336.25	95			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	United	Oxford	1835.46				83.52	1835.46	1835.46 case rate	
RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	65220	CPT				outpatient			1406.58	532.46	Wellcare	Medicaid	428.16	30.44			83.52	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Aetna	Medicare	149.57				125.28	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Consumer	Consumer	410.86	95			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	United	Commercial/PPO	1835.46				125.28	1835.46	1835.46 case rate	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Americare	Americare	324.36	75			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Aetna	Better Health	131.65	30.44			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Aetna	Commercial	244.1			63.19	125.28	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	First Trenton	First Trenton	389.23	90			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Multiplan	Multiplan	345.98	80			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Amerihealth	HMO/PPO	300				125.28	1835.46	1835.46 fee schedule	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	United	Oxford	1835.46				125.28	1835.46	1835.46 case rate	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Horizon	Indemnity	289.42				125.28	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Quelcare	Quelcare	324.36	75			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Horizon	PPO	289.42				125.28	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Amerihealth	Medicare	149.57				125.28	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Wellcare	Medicare	149.57				125.28	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	First Health	First Health	302.74	70			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Wellcare	Medicaid	131.65	30.44			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Three Rivers	Three Rivers	410.86	95			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Corrections	Corrections	345.98	80			125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Horizon	MGD	289.42				125.28	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	WellPoint	WellPoint	134.24	31.04		129.87	125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	UHC	Medicaid	131.65	30.44		133.77	125.28	1835.46	1835.46 percent of total billed charges	
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Horizon	Medicare Blue	149.57				125.28	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	UHC	Medicare	149.57				125.28	1835.46	1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	65222	CPT				outpatient			432.48	172.01	Horizon	NJ Health	125.28			137.03	125.28	1835.46	1835.46 fee schedule	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	First Trenton	First Trenton	7215.52	90			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	550				550	7616.38	7616.38 fee schedule	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Aetna	Commercial	4316.89				550	7616.38	7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2646.38				550	7616.38	7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Consumer	Consumer	7616.38	95			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				550	7616.38	7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	641.25				550	7616.38	7616.38 fee schedule	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				550	7616.38	7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	United	Oxford	2859.28				550	7616.38	7616.38 case rate	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				550	7616.38	7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				550	7616.38	7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				550	7616.38	7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Quelcare	Quelcare	6012.93	75			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	UHC	Medicare	2646.38				550	7616.38	7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	UHC	Medicaid	2440.45	30.44			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Wellcare	Medicaid	2440.45	30.44			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Three Rivers	Three Rivers	7616.38	95			550	7616.38	7616.38 percent of total billed charges	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	United	Commercial/PPO	2859.28				550	7616.38	7616.38 case rate	
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	Wellcare	Medicare	2646.38				550	7616.38	7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	65235	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			550	7616.38	7616.38 percent of total billed charges	
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			109.62	7637.4	7637.4 percent of total billed charges	
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	550				109.62	7637.4	7637.4 fee schedule	
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			109.62	7637.4	7637.4 percent of total billed charges	
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				109.62	7637.4	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			109.62	7637.4	7637.4 percent of total billed charges	
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			109.62	7637.4	7637.4 percent of total billed charges	
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				109.62	7637.4	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			109.62	7637.4	7637.4 percent of total billed charges	
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				109.62	7637.4	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	65270	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				109.62	7637.4	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CJNC W/WO NONPERFOR LAC SCLERA

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Aetna	Commercial	7140.93				469.8	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	WellPoint	WellPoint	4128.84	31.04			469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	UHC	Medicare	4375.57				469.8	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	First Health	First Health	9311.18	70			469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Consumer	Consumer	12636.6	95			469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Horizon	Medicare Blue	4375.57				469.8	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Horizon	PPO	8466.73				469.8	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Horizon	Indemnity	8466.73				469.8	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Americare	Americare	9976.26	75			469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	United	Oxford	3596.76				469.8	12636.6	case rate	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	United	CommercialPPO	3596.76				469.8	12636.6	case rate	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Wellcare	Medicaid	4049.03	30.44			469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Corrections	Corrections	10641.34	80			469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Managed Care Inc	Managed Care Inc	11971.51	90			469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Multiplan	Multiplan	10641.34	80			469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	UHC	Medicaid	4049.03	30.44		3916.17	469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Horizon	NJ Health	469.8				469.8	12636.6	fee schedule	
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Wellcare	Medicare	4375.57				469.8	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	65275	CPT				outpatient			13301.68	5031.91	Three Rivers	Three Rivers	12636.6	95			469.8	12636.6	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Aetna	Better Health	5473.43	30.44			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Amerihealth	Medicare	5986.91				621.78	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Qualcare	Qualcare	13485.8	75			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Aetna	Medicare	5986.91				621.78	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	First Health	First Health	12586.74	70			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Aetna	Commercial	9770.64				621.78	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	First Trenton	First Trenton	16182.95	90			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Horizon	MGD	11584.67				621.78	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Consumer	Consumer	17082.01	95			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Americare	Americare	13485.8	75			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	UHC	Medicaid	5473.43	30.44			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Amerihealth	HMO/PPO	800				621.78	17082.01	fee schedule	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Horizon	Medicare Blue	5986.91				621.78	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Managed Care Inc	Managed Care Inc	16182.95	90			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Corrections	Corrections	14384.85	80			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	UHC	Medicare	5986.91				621.78	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Multiplan	Multiplan	14384.85	80			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Wellcare	Medicare	5986.91				621.78	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Horizon	Indemnity	11584.67				621.78	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	United	CommercialPPO	2859.28				621.78	17082.01	case rate	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Three Rivers	Three Rivers	17082.01	95			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	WellPoint	WellPoint	5581.32	31.04			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Horizon	NJ Health	621.78				621.78	17082.01	fee schedule	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Wellcare	Medicaid	5473.43	30.44			621.78	17082.01	percent of total billed charges	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Horizon	PPO	11584.67				621.78	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	United	Oxford	2859.28				621.78	17082.01	case rate	
RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	65280	CPT				outpatient			17981.06	6884.95	Multiplan	Multiplan	14384.85	80			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Horizon	MGD	11584.67				770.99	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Amerihealth	Medicare	5986.91				770.99	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	First Health	First Health	12586.74	70			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Aetna	Medicare	5986.91				770.99	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Horizon	Medicare Blue	5986.91				770.99	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Aetna	Commercial	9770.64				770.99	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Aetna	Better Health	5473.43	30.44			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Qualcare	Qualcare	13485.8	75			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	UHC	Medicaid	5473.43	30.44			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Americare	Americare	13485.8	75			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Three Rivers	Three Rivers	17082.01	95			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Amerihealth	HMO/PPO	800				770.99	17082.01	fee schedule	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Wellcare	Medicare	5986.91				770.99	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Consumer	Consumer	17082.01	95			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	UHC	Medicare	5986.91				770.99	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Corrections	Corrections	14384.85	80			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	WellPoint	WellPoint	5581.32	31.04			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	First Trenton	First Trenton	16182.95	90			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	United	CommercialPPO	2859.28				770.99	17082.01	case rate	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Horizon	Indemnity	11584.67				770.99	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Wellcare	Medicaid	5473.43	30.44			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Horizon	NJ Health	770.99				770.99	17082.01	fee schedule	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Horizon	PPO	11584.67				770.99	17082.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	Managed Care Inc	Managed Care Inc	16182.95	90			770.99	17082.01	percent of total billed charges	
RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	65285	CPT				outpatient			17981.06	6884.95	United	Oxford	2859.28				770.99	17082.01	case rate	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Amerihealth	Medicare	2646.38				550	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Aetna	Commercial	4316.89				550	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Amerihealth	HMO/PPO	550				550	7624.09	fee schedule	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Americare	Americare	6019.02	75			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	First Health	First Health	5617.75	70			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Corrections	Corrections	6420.29	80			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	First Trenton	First Trenton	7222.82	90			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Aetna	Better Health	2442.92	30.44			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Horizon	Indemnity	5120.75				550	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Multiplan	Multiplan	6420.29	80			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Horizon	MGD	5120.75				550	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Wellcare	Medicare	2646.38				550	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Horizon	Medicare Blue	2646.38				550	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Qualcare	Qualcare	6019.02	75			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Horizon	NJ Health	568.46				550	7624.09	fee schedule	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Aetna	Medicare	2646.38				550	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Horizon	PPO	5120.75				550	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Consumer	Consumer	7624.09	95			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Managed Care Inc	Managed Care Inc	7222.82	90			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	United	Oxford	2567.79				550	7624.09	case rate	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	UHC	Medicare	2646.38				550	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Wellcare	Medicaid	2442.92	30.44			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	Three Rivers	Three Rivers	7624.09	95			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	UHC	Medicaid	2442.92	30.44			550	7624.09	percent of total billed charges	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	United	CommercialPPO	2567.79				550	7624.09	case rate	
RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	65286	CPT				both			8025.36	3043.34	WellPoint	WellPoint	2491.07	31.04			550	7624.09	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Aetna	Better Health	987.35	30.44			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Corrections	Corrections	2594.88	80			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Aetna	Commercial	1834.07				300	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Americare	Americare	2432.7	75			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Aetna	Medicare	1123.82				300	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Multiplan	Multiplan	2594.88	80			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Amerihealth	Medicare	1123.82				300	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Amerihealth	HMO/PPO	300				300	3081.42	fee schedule	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Horizon	MGD	2174.59				300	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	First Trenton	First Trenton	2919.24	90			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Horizon	Medicare Blue	1123.82				300	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Three Rivers	Three Rivers	3081.42	95			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Consumer	Consumer	3081.42	95			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Qualcare	Qualcare	2432.7	75			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	UHC	Medicaid	987.35	30.44		954.95	300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	First Health	First Health	2270.52	70			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	UHC	Medicare	1123.82				300	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Horizon	Indemnity	2174.59				300	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	United	Oxford	2567.79				300	3081.42	case rate	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Horizon	NJ Health	551.75				300	3081.42	fee schedule	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Wellcare	Medicaid	987.35	30.44			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Horizon	PPO	2174.59				300	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Wellcare	Medicare	1123.82				300	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	Managed Care Inc	Managed Care Inc	2919.24	90			300	3081.42	percent of total billed charges	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	United	CommercialPPO	2567.79				300	3081.42	case rate	
EXCISION LESION CORNEA XCP PTERYGIUM	65400	CPT				outpatient			3243.6	1292.39	WellPoint	WellPoint	1006.81	31.04			300	3081.42	percent of total billed charges	
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			87.7	7637.4	percent of total billed charges	
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			87.7	7637.4	percent of total billed charges	
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	300				87.7	7637.4	fee schedule	
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			87.7	7637.4	percent of total billed charges	
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			87.7	7637.4	percent of total billed charges	
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY CORNEA	65410	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			87.7	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2476.13	30.8			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				388.24	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				388.24	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				388.24	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	550				388.24	7637.4	fee schedule	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				388.24	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	United	CommercialPPO	2859.28				388.24	7637.4	case rate	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	First Health	First Health	5827.56	70			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				388.24	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	388.24				388.24	7637.4	fee schedule	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				388.24	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				388.24	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				388.24	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				388.24	7637.4	case rate	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	65420	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			388.24	7637.4	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	950				442.13	7465.18	fee schedule	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	442.13				442.13	7465.18	fee schedule	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				442.13	7465.18	case rate	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			442.13	7465.18	percent of total billed charges	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	United	CommercialPPO	2859.28				442.13	7465.18	case rate	
EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	65426	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			442.13	7465.18	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Aetna	Better Health	417.26	30.44			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	UHC	Medicaid	417.26	30.44			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	First Trenton	First Trenton	1233.69	90			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Horizon	Medicare Blue	463.01				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Consumer	Consumer	1302.23	95			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Amerihealth	HMO/PPO	125				58.46	1835.46	fee schedule	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Qualcare	Qualcare	1028.08	75			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Amerihealth	Medicare	463.01				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Aetna	Commercial	755.63				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	United	Oxford	1835.46				58.46	1835.46	case rate	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Horizon	Indemnity	895.92				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	WellPoint	WellPoint	425.49	31.04		80.35	58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Corrections	Corrections	1096.62	80			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	First Health	First Health	959.54	70			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Horizon	PPO	895.92				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Wellcare	Medicaid	417.26	30.44			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Aetna	Medicare	463.01				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Wellcare	Medicare	463.01				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Managed Care Inc	Managed Care Inc	1233.69	90			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Horizon	NJ Health	58.46				58.46	1835.46	fee schedule	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	UHC	Medicare	463.01				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Americare	Americare	1028.08	75			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	United	CommercialPPO	1835.46				58.46	1835.46	case rate	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Horizon	MGD	895.92				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Multiplan	Multiplan	1096.62	80			58.46	1835.46	percent of total billed charges	
CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	65430	CPT				outpatient			1370.77	532.46	Three Rivers	Three Rivers	1302.23	95			58.46	1835.46	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Horizon	Medicare Blue	1123.82				78.3	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Americare	Americare	2432.7	75			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Corrections	Corrections	2594.88	80			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Aetna	Better Health	987.35	30.44			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Amerihealth	Medicare	1123.82				78.3	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	First Trenton	First Trenton	2919.24	90			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Aetna	Commercial	1834.07				78.3	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Aetna	Medicare	1123.82				78.3	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Consumer	Consumer	3081.42	95			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Amerihealth	HMO/PPO	300				78.3	3081.42	fee schedule	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Multiplan	Multiplan	2594.88	80			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Horizon	PPO	2174.59				78.3	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	United	Oxford	2567.79				78.3	3081.42	case rate	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Horizon	NJ Health	78.3				78.3	3081.42	fee schedule	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Qualcare	Qualcare	2432.7	75			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	First Health	First Health	2270.52	70			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Wellcare	Medicaid	987.35	30.44			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Horizon	Indemnity	2174.59				78.3	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Wellcare	Medicare	1123.82				78.3	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	WellPoint	WellPoint	1006.81	31.04			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Managed Care Inc	Managed Care Inc	2919.24	90			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Horizon	MGD	2174.59				78.3	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	UHC	Medicaid	987.35	30.44			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	UHC	Medicare	1123.82				78.3	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	Three Rivers	Three Rivers	3081.42	95			78.3	3081.42	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	65435	CPT				outpatient			3243.6	1292.39	United	CommercialPPO	2567.79				78.3	3081.42	case rate	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				125	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				125	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				125	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				125	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	125				125	7465.18	fee schedule	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				125	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				125	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				125	7465.18	case rate	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	200.63				125	7465.18	fee schedule	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				125	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				125	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	United	CommercialPPO	2859.28				125	7465.18	case rate	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			125	7465.18	percent of total billed charges	
RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	65436	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				125	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	65450	CPT				outpatient			1002.21	398.88	United	Oxford	1835.46				94.74	1835.46	case rate	
DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	65450	CPT				outpatient			1002.21	398.88	Horizon	Medicare Blue	346.85				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	65450	CPT				outpatient			1002.21	398.88	Three Rivers	Three Rivers	952.1	95			94.74	1835.46	percent of total billed charges	
DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	65450	CPT				outpatient			1002.21	398.88	Horizon	MGD	671.15				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	65450	CPT				outpatient			1002.21	398.88	WellPoint	WellPoint	311.09	31.04			94.74	1835.46	percent of total billed charges	
DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	65450	CPT				outpatient			1002.21	398.88	Qualcare	Qualcare	751.66	75			94.74	1835.46	percent of total billed charges	
DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	65450	CPT				outpatient			1002.21	398.88	UHC	Medicaid	305.07	30.44			94.74	1835.46	percent of total billed charges	
DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	65450	CPT				outpatient			1002.21	398.88	United	CommercialPPO	1835.46				94.74	1835.46	case rate	
DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	65450	CPT				outpatient			1002.21	398.88	Wellcare	Medicaid	305.07	30.44			94.74	1835.46	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Americare	Americare	9976.26	75			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Aetna	Medicare	4096.92	30.8			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Horizon	Medicare Blue	4375.57				919.66	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Amerihealth	HMO/PPO	1200				919.66	12636.6	fee schedule	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Amerihealth	Medicare	4375.57				919.66	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Horizon	PPO	8466.73				919.66	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Consumer	Consumer	12636.6	95			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Aetna	Better Health	4049.03	30.44			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	First Trenton	First Trenton	11971.51	90			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Horizon	MGD	8466.73				919.66	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Multiplan	Multiplan	10641.34	80			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	First Health	First Health	9311.18	70			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Corrections	Corrections	10641.34	80			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	WellPoint	WellPoint	4128.84	31.04			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	United	Oxford	3596.76				919.66	12636.6	case rate	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Aetna	Commercial	7140.93				919.66	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Horizon	NJ Health	919.66				919.66	12636.6	fee schedule	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	UHC	Medicaid	4049.03	30.44			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Qualcare	Qualcare	9976.26	75			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Wellcare	Medicare	4375.57				919.66	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Horizon	Indemnity	8466.73				919.66	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	UHC	Medicare	4375.57				919.66	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Wellcare	Medicaid	4049.03	30.44			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Managed Care Inc	Managed Care Inc	11971.51	90			919.66	12636.6	percent of total billed charges	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	United	CommercialPPO	3596.76				919.66	12636.6	case rate	
OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	65780	CPT				outpatient			13301.68	5031.91	Three Rivers	Three Rivers	12636.6	95			919.66	12636.6	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	United	Oxford	1835.46				125	7627	case rate	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Aetna	Commercial	4318.89				125	7627	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	UHC	Medicaid	2443.85	30.44			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Aetna	Better Health	2443.85	30.44			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	First Trenton	First Trenton	7225.58	90			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Americare	Americare	6021.32	75			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	First Health	First Health	5619.89	70			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Aetna	Medicare	2646.38				125	7627	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Managed Care Inc	Managed Care Inc	7225.58	90			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Amerihealth	HMO/PPO	125				125	7627	fee schedule	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	UHC	Medicare	2646.38				125	7627	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Consumer	Consumer	7627	95			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Wellcare	Medicare	2646.38				125	7627	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Amerihealth	Medicare	2646.38				125	7627	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Horizon	Indemnity	5120.75				125	7627	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Corrections	Corrections	6422.74	80			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	United	CommercialPPO	1835.46				125	7627	case rate	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Horizon	Medicare Blue	2646.38				125	7627	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Multiplan	Multiplan	6422.74	80			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Horizon	NJ Health	166.15				125	7627	fee schedule	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	WellPoint	WellPoint	2492.02	31.04			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Horizon	MGD	5120.75				125	7627	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Qualcare	Qualcare	6021.32	75			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Horizon	PPO	5120.75				125	7627	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Three Rivers	Three Rivers	7627	95			125	7627	percent of total billed charges	
PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	65800	CPT				outpatient			8028.42	3043.34	Wellcare	Medicaid	2443.85	30.44			125	7627	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Aetna	Commercial	4318.89				315.81	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				315.81	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Three Rivers	Three Rivers	7616.38	95			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Quacare	Quacare	6012.93	75			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				315.81	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2646.38				315.81	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	First Trenton	First Trenton	7215.52	90			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				315.81	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	550				315.81	7616.38	fee schedule	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	315.81				315.81	7616.38	fee schedule	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	UHC	Medicare	2646.38				315.81	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Consumer	Consumer	7616.38	95			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				315.81	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				315.81	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	United	CommercialPPO	2859.28				315.81	7616.38	case rate	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	UHC	Medicaid	2440.45	30.44			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Wellcare	Medicaid	2440.45	30.44			315.81	7616.38	percent of total billed charges	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	United	Oxford	2859.28				315.81	7616.38	case rate	
PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	65815	CPT				outpatient			8017.24	3043.34	Wellcare	Medicare	2646.38				315.81	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Aetna	Commercial	1038.85			919.49	600.79	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Multiplan	Multiplan	1578.96	80			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Horizon	Indemnity	1231.72			1231.72	600.79	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	First Health	First Health	1381.59	70			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Aetna	Better Health	600.79	30.44			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Corrections	Corrections	1578.96	80			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Amerihealth	Medicare	636.55				600.79	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Aetna	Medicare	636.55			604.57	600.79	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Americare	Americare	1480.28	75			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Quacare	Quacare	1480.28	75			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Horizon	MGD	1231.72			1284.04	600.79	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	First Trenton	First Trenton	1776.33	90			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Wellcare	Medicaid	600.79	30.44		536.11	600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Horizon	Medicare Blue	636.55			438.07	600.79	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	UHC	Medicare	636.55			585.78	600.79	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Amerihealth	HMO/PPO	800				600.79	1875.02	fee schedule	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Consumer	Consumer	1875.02	95			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	UHC	Medicaid	600.79	30.44		581.08	600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Horizon	PPO	1231.72			1225.06	600.79	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Managed Care Inc	Managed Care Inc	1776.33	90			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	United	Oxford	1871.51				600.79	1875.02	case rate	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Horizon	NJ Health	709.92			389.95	600.79	1875.02	fee schedule	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	United	CommercialPPO	1871.51				600.79	1875.02	case rate	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Three Rivers	Three Rivers	1875.02	95			600.79	1875.02	percent of total billed charges	
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	Wellcare	Medicare	636.55				600.79	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECULOPLASTY BY LASER SURGERY	65855	CPT				outpatient			1973.7	732.03	WellPoint	WellPoint	612.64	31.04		516.73	600.79	1875.02	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			569.63	7616.38	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			569.63	7616.38	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			569.63	7616.38	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				569.63	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			569.63	7616.38	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Aetna	Commercial	4318.89				569.63	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	800				569.63	7616.38	fee schedule	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2469.31	30.8			569.63	7616.38	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Quacare	Quacare	6012.93	75			569.63	7616.38	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Consumer	Consumer	7616.38	95			569.63	7616.38	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			569.63	7616.38	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				569.63	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	569.63				569.63	7616.38	fee schedule	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				569.63	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				569.63	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	UHC	Medicare	2646.38				569.63	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			569.63	7616.38	percent of total billed charges	
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				569.63	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	65870	CPT				outpatient		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			631.62		7616.38 percent of total billed charges	
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2646.38				631.62		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	631.62				631.62		7616.38 fee schedule	
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			631.62		7616.38 percent of total billed charges	
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				631.62		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				631.62		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			631.62		7616.38 percent of total billed charges	
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	UHC	Medicare	2646.38				631.62		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				631.62		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	UHC	Medicaid	2440.45	30.44			631.62		7616.38 percent of total billed charges	
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			631.62		7616.38 percent of total billed charges	
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Qualcare	Qualcare	6012.93	75			631.62		7616.38 percent of total billed charges	
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				631.62		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	United	Commercial/PPO	2859.28				631.62		7616.38 case rate	
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Wellcare	Medicare	2646.38				631.62		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	United	Oxford	2859.28				631.62		7616.38 case rate	
RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	65900	CPT				outpatient			8017.24	3043.34	Wellcare	Medicaid	2440.45	30.44			631.62		7616.38 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	First Trenton	First Trenton	7225.58	90			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Aetna	Medicare	2646.38				730.8		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Aetna	Commercial	4318.89				730.8		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	UHC	Medicaid	2443.85	30.44			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Amerihealth	Medicare	2646.38				730.8		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Aetna	Better Health	2443.85	30.44			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Americare	Americare	6021.32	75			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	First Health	First Health	5619.89	70			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Wellcare	Medicare	2646.38				730.8		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Corrections	Corrections	6422.74	80			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Amerihealth	HMO/PPO	1200				730.8		7627 fee schedule	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	UHC	Medicare	2646.38				730.8		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Horizon	Indemnity	5120.75				730.8		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Consumer	Consumer	7627	95			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Horizon	Medicare Blue	2646.38				730.8		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Multiplan	Multiplan	6422.74	80			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	WellPoint	WellPoint	2492.02	31.04			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Horizon	MGD	5120.75				730.8		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Horizon	PPO	5120.75				730.8		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	United	Commercial/PPO	2859.28				730.8		7627 case rate	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	United	Oxford	2859.28				730.8		7627 case rate	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Horizon	NJ Health	730.8				730.8		7627 fee schedule	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Qualcare	Qualcare	6021.32	75			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Managed Care Inc	Managed Care Inc	7225.58	90			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Three Rivers	Three Rivers	7627	95			730.8		7627 percent of total billed charges	
RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	65920	CPT				outpatient			8028.42	3043.34	Wellcare	Medicaid	2443.85	30.44			730.8		7627 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Consumer	Consumer	7616.38	95			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Aetna	Commercial	4318.89				640.02		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				640.02		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				640.02		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2646.38				640.02		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	950				640.02		7616.38 fee schedule	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Three Rivers	Three Rivers	7616.38	95			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				640.02		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				640.02		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	UHC	Medicare	2646.38				640.02		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Wellcare	Medicaid	2440.45	30.44			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	UHC	Medicaid	2440.45	30.44			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Qualcare	Qualcare	6012.93	75			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	First Trenton	First Trenton	7215.52	90			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Wellcare	Medicare	2646.38				640.02		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	United	Commercial/PPO	2859.28				640.02		7616.38 case rate	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			640.02		7616.38 percent of total billed charges	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				640.02		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	United	Oxford	2859.28				640.02		7616.38 case rate	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	640.02				640.02		7616.38 fee schedule	
RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	65930	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			640.02		7616.38 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Americare	Americare	6021.32	75			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	First Trenton	First Trenton	7225.58	90			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Aetna	Better Health	2443.85	30.44			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Amerihealth	HMO/PPO	125				125		7627 fee schedule	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Aetna	Commercial	4318.89				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Corrections	Corrections	6422.74	80			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Horizon	Medicare Blue	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	First Health	First Health	5619.89	70			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Consumer	Consumer	7627	95			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Managed Care Inc	Managed Care Inc	7225.58	90			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Aetna	Medicare	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Amerihealth	Medicare	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Horizon	NJ Health	234.9				125		7627 fee schedule	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Horizon	PPO	5120.75				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Horizon	MGD	5120.75				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	UHC	Medicare	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Multiplan	Multiplan	6422.74	80			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Three Rivers	Three Rivers	7627	95			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Qualcare	Qualcare	6021.32	75			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Horizon	Indemnity	5120.75				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	WellPoint	WellPoint	2492.02	31.04			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Wellcare	Medicare	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	UHC	Medicaid	2443.85	30.44			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	United	Commercial/PPO	2567.79				125		7627 case rate	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	United	Oxford	2567.79				125		7627 case rate	
INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	66020	CPT				outpatient			8028.42	3043.34	Wellcare	Medicaid	2443.85	30.44			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	First Health	First Health	5619.89	70			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Multiplan	Multiplan	6422.74	80			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Aetna	Medicare	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Amerihealth	Medicare	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Horizon	MGD	5120.75				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Aetna	Commercial	4318.89				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Aetna	Better Health	2443.85	30.44			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Horizon	Medicare Blue	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Three Rivers	Three Rivers	7627	95			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Wellcare	Medicaid	2443.85	30.44			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Horizon	NJ Health	234.9			243.27	125		7627 fee schedule	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Horizon	Indemnity	5120.75				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	UHC	Medicaid	2443.85	30.44			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Americare	Americare	6021.32	75			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Consumer	Consumer	7627	95			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Wellcare	Medicare	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	UHC	Medicare	2646.38				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Amerihealth	HMO/PPO	125				125		7627 fee schedule	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Qualcare	Qualcare	6021.32	75			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Horizon	PPO	5120.75				125		7627 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	United	Commercial/PPO	2567.79				125		7627 case rate	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	WellPoint	WellPoint	2492.02	31.04			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Corrections	Corrections	6422.74	80			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	United	Oxford	2567.79				125		7627 case rate	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	First Trenton	First Trenton	7225.58	90			125		7627 percent of total billed charges	
INJX ANTERIOR CHAMBER EYE MEDICATION SPX	66030	CPT				outpatient			8028.42	3043.34	Managed Care Inc	Managed Care Inc	7225.58	90			125		7627 percent of total billed charges	
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			800		7616.38 percent of total billed charges	
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			800		7616.38 percent of total billed charges	
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2646.38				800		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	First Trenton	First Trenton	7215.52	90			800		7616.38 percent of total billed charges	
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Aetna	Commercial	4318.89				800		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			800		7616.38 percent of total billed charges	
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				800		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				800		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	800				800		7616.38 fee schedule	
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				800		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			800		7616.38 percent of total billed charges	
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			800		7616.38 percent of total billed charges	
FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	66172	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			800		7616.38 percent of total billed charges	
FSTLJ S

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	First Trenton	First Trenton	7215.52	90			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				650		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	650				650		7616.38 fee schedule	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2646.38				650		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				650		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	1062.27				650		7616.38 fee schedule	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	UHC	Medicare	2646.38				650		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	United	Oxford	2859.28				650		7616.38 case rate	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				650		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				650		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Consumer	Consumer	7616.38	95			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Qualcare	Qualcare	6012.93	75			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Wellcare	Medicaid	2440.45	30.44			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				650		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Three Rivers	Three Rivers	7616.38	95			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	UHC	Medicaid	2440.45	30.44			650		7616.38 percent of total billed charges	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	Wellcare	Medicare	2646.38				650		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	United	Commercial/PPO	2859.28				650		7616.38 case rate	
REVJ AQUEOUS SHUNT EXTRACOCULAR RESERVOIR W/GRAFT	66185	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			650		7616.38 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				442.13		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				442.13		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	550				442.13		7465.18 fee schedule	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				442.13		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				442.13		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	442.13				442.13		7465.18 fee schedule	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				442.13		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				442.13		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				442.13		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				442.13		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				442.13		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				442.13		7465.18 case rate	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			442.13		7465.18 percent of total billed charges	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				442.13		7465.18 case rate	
REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	66250	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			442.13		7465.18 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				125		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Aetna	Commercial	4318.89				125		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2646.38				125		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				125		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Consumer	Consumer	7616.38	95			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Three Rivers	Three Rivers	7616.38	95			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	First Trenton	First Trenton	7215.52	90			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Wellcare	Medicare	2646.38				125		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Wellcare	Medicaid	2440.45	30.44			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	125				125		7616.38 fee schedule	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Qualcare	Qualcare	6012.93	75			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				125		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	United	Commercial/PPO	1835.46				125		7616.38 case rate	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				125		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	375.87				125		7616.38 fee schedule	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	United	Oxford	1835.46				125		7616.38 case rate	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	UHC	Medicaid	2440.45	30.44			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			125		7616.38 percent of total billed charges	
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				125		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY STAB INC SPX XCP TRANSFIXION	66500	CPT				outpatient			8017.24	3043.34	UHC	Medicare	2646.38				125		7616.38 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Aetna	Better Health	2392	30.44			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Horizon	Medicare Blue	2706.98				339.3		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Aetna	Commercial	4417.79				339.3		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Americare	Americare	5893.56	75			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Amerihealth	Medicare	2706.98				339.3		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Corrections	Corrections	6286.46	80			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Amerihealth	HMO/PPO	550				339.3		7465.18 fee schedule	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Aetna	Medicare	2706.98				339.3		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	UHC	Medicare	2706.98				339.3		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Horizon	MGD	5238.01				339.3		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	United	Oxford	2859.28				339.3		7465.18 case rate	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Horizon	Indemnity	5238.01				339.3		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	First Health	First Health	5500.66	70			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Consumer	Consumer	7465.18	95			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Wellcare	Medicare	2706.98				339.3		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Horizon	NJ Health	339.3			190.67	339.3		7465.18 fee schedule	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	UHC	Medicaid	2392	30.44		1587.39	339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Horizon	PPO	5238.01				339.3		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			339.3		7465.18 percent of total billed charges	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	United	Commercial/PPO	2859.28				339.3		7465.18 case rate	
CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	66710	CPT				both			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			339.3		7465.18 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				442.13		7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				442.13		7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	550				442.13		7637.4 fee schedule	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				442.13		7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	442.13				442.13		7637.4 fee schedule	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				442.13		7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				442.13		7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				442.13		7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				442.13		7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				442.13		7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				442.13		7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	United	Commercial/PPO	2859.28				442.13		7637.4 case rate	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			442.13		7637.4 percent of total billed charges	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				442.13		7637.4 case rate	
CILIARY BODY DESTRUCTION CRYOTHERAPY	66720	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			442.13		7637.4 percent of total billed charges	
IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	66761	CPT				outpatient			1973.7	732.03	Amerihealth	Medicare	636.55				300		1875.02 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	66761	CPT				outpatient			1973.7	732.03	Amerihealth	HMO/PPO	300				300		1875.02 fee schedule	
IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IRIDOTOMY/IRIDECTOMY LASER SURG PER SESSION	66761	CPT				outpatient			1973.7	732.03	Americare	Americare	1480.28	75			300	1875.02	percent of total billed charges	
IRIDOTOMY/IRIDECTOMY LASER SURG PER SESSION	66761	CPT				outpatient			1973.7	732.03	Three Rivers	Three Rivers	1875.02	95			300	1875.02	percent of total billed charges	
IRIDOTOMY/IRIDECTOMY LASER SURG PER SESSION	66761	CPT				outpatient			1973.7	732.03	Qualcare	Qualcare	1480.28	75			300	1875.02	percent of total billed charges	
IRIDOTOMY/IRIDECTOMY LASER SURG PER SESSION	66761	CPT				outpatient			1973.7	732.03	United	Oxford	1871.51			1058.45	300	1875.02	case rate	
IRIDOTOMY/IRIDECTOMY LASER SURG PER SESSION	66761	CPT				outpatient			1973.7	732.03	Corrections	Corrections	1578.96	80		610.49	300	1875.02	percent of total billed charges	
IRIDOTOMY/IRIDECTOMY LASER SURG PER SESSION	66761	CPT				outpatient			1973.7	732.03	Horizon	MGD	1231.72			1219.31	300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY/IRIDECTOMY LASER SURG PER SESSION	66761	CPT				outpatient			1973.7	732.03	Wellcare	Medicaid	600.79	30.44		618.15	300	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Corrections	Corrections	1578.96	80			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Aetna	Commercial	1038.85				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Aetna	Better Health	600.79	30.44			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Aetna	Medicare	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Three Rivers	Three Rivers	1875.02	95			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Multiplan	Multiplan	1578.96	80			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Horizon	Medicare Blue	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Amerihealth	Medicare	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	First Trenton	First Trenton	1776.33	90			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Americare	Americare	1480.28	75			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Amerihealth	HMO/PPO	125				125	1875.02	fee schedule	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Consumer	Consumer	1875.02	95			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Horizon	Indemnity	1231.72				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Qualcare	Qualcare	1480.28	75			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	UHC	Medicare	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	United	Oxford	1871.51				125	1875.02	case rate	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Horizon	NJ Health	442.13				125	1875.02	fee schedule	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Wellcare	Medicare	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	First Health	First Health	1381.59	70			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	UHC	Medicaid	600.79	30.44		581.08	125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Horizon	PPO	1231.72				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Horizon	MGD	1231.72				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Managed Care Inc	Managed Care Inc	1776.33	90			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	Wellcare	Medicaid	600.79	30.44			125	1875.02	percent of total billed charges	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	United	Commercial/PPO	1871.51				125	1875.02	case rate	
IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	66762	CPT				outpatient			1973.7	732.03	WellPoint	WellPoint	612.64	31.04			125	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Amerihealth	Medicare	636.55				394.11	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Aetna	Commercial	1038.85				394.11	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Aetna	Better Health	600.79	30.44			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	First Trenton	First Trenton	1776.33	90			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Americare	Americare	1480.28	75			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Consumer	Consumer	1875.02	95			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Aetna	Medicare	636.55			631.5	394.11	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Corrections	Corrections	1578.96	80			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Wellcare	Medicaid	600.79	30.44		610.49	394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Multiplan	Multiplan	1578.96	80			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Amerihealth	HMO/PPO	550				394.11	1875.02	fee schedule	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Managed Care Inc	Managed Care Inc	1776.33	90			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Wellcare	Medicare	636.55			610.49	394.11	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	First Health	First Health	1381.59	70			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Horizon	Indemnity	1231.72			1231.72	394.11	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Horizon	MGD	1231.72			1206.9	394.11	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	UHC	Medicare	636.55			547.94	394.11	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Qualcare	Qualcare	1480.28	75			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Horizon	Medicare Blue	636.55			562.15	394.11	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Three Rivers	Three Rivers	1875.02	95			394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	United	Oxford	1871.51				394.11	1875.02	case rate	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	UHC	Medicaid	600.79	30.44		413.65	394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Horizon	PPO	1231.72			1206.9	394.11	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	Horizon	NJ Health	394.11			192.52	394.11	1875.02	fee schedule	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	WellPoint	WellPoint	612.64	31.04		557.41	394.11	1875.02	percent of total billed charges	
POST-CATARACT LASER SURGERY	66821	CPT				outpatient			1973.7	732.03	United	Commercial/PPO	1871.51				394.11	1875.02	case rate	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Horizon	Indemnity	5120.75				1338.93	6562.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Horizon	PPO	5120.75				1338.93	6562.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Multiplan	Multiplan	5526.01	80			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Aetna	Commercial	4318.89				1338.93	6562.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Aetna	Better Health	2102.65	30.44			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Horizon	MGD	5120.75				1338.93	6562.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Aetna	Medicare	2646.38				1338.93	6562.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Americare	Americare	5180.63	75			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	First Health	First Health	4835.26	70			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	UHC	Medicaid	2102.65	30.44			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Qualcare	Qualcare	5180.63	75			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Amerihealth	Medicare	2646.38				1338.93	6562.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	First Trenton	First Trenton	6216.76	90			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	UHC	Medicare	2646.38				1338.93	6562.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Consumer	Consumer	6562.13	95			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Amerihealth	HMO/PPO	1400				1338.93	6562.13	fee schedule	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Horizon	NJ Health	1338.93				1338.93	6562.13	fee schedule	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	United	Oxford	2859.28				1338.93	6562.13	case rate	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Corrections	Corrections	5526.01	80			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Wellcare	Medicaid	2102.65	30.44			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Managed Care Inc	Managed Care Inc	6216.76	90			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	United	Commercial/PPO	2859.28				1338.93	6562.13	case rate	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Three Rivers	Three Rivers	6562.13	95			1338.93	6562.13	percent of total billed charges	
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Horizon	Medicare Blue	2646.38				1338.93	6562.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	Wellcare	Medicare	2646.38				1338.93	6562.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	66984	CPT				outpatient			6907.51	3043.34	WellPoint	WellPoint	2144.09	31.04			1338.93	6562.13	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	300				300	7616.38	fee schedule	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2646.38				300	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				300	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Aetna	Commercial	4318.89				300	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Consumer	Consumer	7616.38	95			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				300	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Wellcare	Medicaid	2440.45	30.44			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Qualcare	Qualcare	6012.93	75			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				300	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	UHC	Medicare	2646.38				300	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	UHC	Medicaid	2440.45	30.44			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Three Rivers	Three Rivers	7616.38	95			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Wellcare	Medicare	2646.38				300	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	United	Oxford	2859.28				300	7616.38	case rate	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	First Trenton	First Trenton	7215.52	90			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				300	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	551.75				300	7616.38	fee schedule	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				300	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			300	7616.38	percent of total billed charges	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	United	Commercial/PPO	2859.28				300	7616.38	case rate	
ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	67015	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			300	7616.38	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Horizon	MGD	5120.75				300	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Amerihealth	Medicare	2646.38				300	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Consumer	Consumer	7624.09	95			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Aetna	Medicare	2471.81	30.8			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	UHC	Medicaid	2442.92	30.44			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Aetna	Better Health	2442.92	30.44			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Aetna	Commercial	4318.89				300	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Corrections	Corrections	6420.29	80			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	First Health	First Health	5617.75	70			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Horizon	Medicare Blue	2646.38				300	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Multiplan	Multiplan	6420.29	80			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	First Trenton	First Trenton	7222.82	90			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Qualcare	Qualcare	6019.02	75			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Americare	Americare	6019.02	75			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Horizon	Indemnity	5120.75				300	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	UHC	Medicare	2646.38				300	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Horizon	NJ Health	743.85				300	7624.09	fee schedule	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Amerihealth	HMO/PPO	300				300	7624.09	fee schedule	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Horizon	PPO	5120.75				300	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	United	Oxford	2859.28				300	7624.09	case rate	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Managed Care Inc	Managed Care Inc	7222.82	90			300	7624.09	percent of total billed charges	
INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	67025	CPT				outpatient			8025.36	3043.34	Wellc

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Aetna	Commercial	628.11			406.55	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Horizon	NJ Health	208.8			150.37	125	1835.46	fee schedule	
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Horizon	Indemnity	744.72				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Multiplan	Multiplan	994.7	80			125	1835.46	percent of total billed charges	
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Aetna	Medicare	384.87			264.82	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	United	Oxford	1835.46				125	1835.46	case rate	
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	United	CommercialPPO	1835.46				125	1835.46	case rate	
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Three Rivers	Three Rivers	1181.21	95			125	1835.46	percent of total billed charges	
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	First Trenton	First Trenton	1119.04	90			125	1835.46	percent of total billed charges	
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Horizon	PPO	744.72			522.68	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Horizon	Medicare Blue	384.87			278.49	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	UHC	Medicaid	378.48	30.44		295.41	125	1835.46	percent of total billed charges	
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Horizon	MGD	744.72			510.17	125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	WellPoint	WellPoint	385.95	31.04		343.75	125	1835.46	percent of total billed charges	
INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	67028	CPT				both			1243.38	442.6	Managed Care Inc	Managed Care Inc	1119.04	90			125	1835.46	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Aetna	Medicare	4667.8				1348.33	14105.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Aetna	Commercial	7617.85				1348.33	14105.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	First Trenton	First Trenton	13363.33	90			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Corrections	Corrections	11878.51	80			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Aetna	Better Health	4519.77	30.44			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Amerihealth	Medicare	4667.8				1348.33	14105.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	UHC	Medicaid	4519.77	30.44			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Consumer	Consumer	14105.73	95			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Amerihealth	HMO/PPO	1800				1348.33	14105.73	fee schedule	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Americare	Americare	11136.11	75			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Horizon	Indemnity	9032.19				1348.33	14105.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Horizon	Medicare Blue	4667.8				1348.33	14105.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	First Health	First Health	10393.7	70			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	UHC	Medicare	4667.8				1348.33	14105.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	United	CommercialPPO	6552.86				1348.33	14105.73	case rate	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Horizon	NJ Health	1348.33				1348.33	14105.73	fee schedule	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Horizon	MGD	9032.19				1348.33	14105.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Multiplan	Multiplan	11678.51	80			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Horizon	PPO	9032.19				1348.33	14105.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	WellPoint	WellPoint	4608.86	31.04			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Wellcare	Medicaid	4519.77	30.44			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Qualcare	Qualcare	11136.11	75			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Managed Care Inc	Managed Care Inc	13363.33	90			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	United	Oxford	6552.86				1348.33	14105.73	case rate	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Three Rivers	Three Rivers	14105.73	95			1348.33	14105.73	percent of total billed charges	
VITRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	67040	CPT				outpatient			14848.14	5367.97	Wellcare	Medicare	4667.8				1348.33	14105.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Consumer	Consumer	13288.49	95			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Aetna	Medicare	4308.27	30.8			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Wellcare	Medicare	4667.8				1800	13288.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Americare	Americare	10490.91	75			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Horizon	PPO	9032.19				1800	13288.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Aetna	Better Health	4257.91	30.44			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Aetna	Commercial	7617.85				1800	13288.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Amerihealth	Medicare	4667.8				1800	13288.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	First Health	First Health	9791.52	70			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Multiplan	Multiplan	11190.3	80			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Amerihealth	HMO/PPO	1800				1800	13288.49	fee schedule	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Three Rivers	Three Rivers	13288.49	95			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Horizon	MGD	9032.19				1800	13288.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Horizon	Medicare Blue	4667.8				1800	13288.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	UHC	Medicaid	4257.91	30.44			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Corrections	Corrections	11190.3	80			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	UHC	Medicare	4667.8				1800	13288.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Wellcare	Medicaid	4257.91	30.44			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	United	Oxford	6552.86				1800	13288.49	case rate	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Qualcare	Qualcare	10490.91	75			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	First Trenton	First Trenton	12589.09	90			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	WellPoint	WellPoint	4341.84	31.04			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Horizon	Indemnity	9032.19				1800	13288.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	Managed Care Inc	Managed Care Inc	12589.09	90			1800	13288.49	percent of total billed charges	
VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	67041	CPT				outpatient			13987.88	5367.97	United	CommercialPPO	6552.86				1800	13288.49	case rate	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	First Trenton	First Trenton	7394.49	90			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	First Health	First Health	5761.27	70			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Horizon	NJ Health	944.82			482.89	300	7805.3	fee schedule	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Americare	Americare	6162.08	75			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Amerihealth	HMO/PPO	300				300	7805.3	fee schedule	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Aetna	Better Health	2500.98	30.44			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Aetna	Commercial	4318.89				300	7805.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Consumer	Consumer	7805.3	95			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Horizon	Medicare Blue	2646.38				300	7805.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Multiplan	Multiplan	6572.88	80			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Aetna	Medicare	2646.38				300	7805.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Three Rivers	Three Rivers	7805.3	95			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Amerihealth	Medicare	2646.38				300	7805.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Corrections	Corrections	6572.88	80		2482.35	300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Horizon	MGD	5120.75				300	7805.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Qualcare	Qualcare	6162.08	75			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Managed Care Inc	Managed Care Inc	7394.49	90			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Horizon	PPO	5120.75				300	7805.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Horizon	Indemnity	5120.75				300	7805.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Wellcare	Medicare	2646.38				300	7805.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Medicaid	Medicaid	2500.98	30.44			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	UHC	Medicare	2646.38				300	7805.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	United	CommercialPPO	2859.28				300	7805.3	case rate	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	WellPoint	WellPoint	2550.28	31.04			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	United	Oxford	2859.28				300	7805.3	case rate	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	67101	CPT				outpatient			8216.1	3043.34	Wellcare	Medicaid	2500.98	30.44			300	7805.3	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Aetna	Commercial	1038.85				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	UHC	Medicaid	600.79	30.44			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Amerihealth	Medicare	636.55				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Aetna	Better Health	600.79	30.44			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Multiplan	Multiplan	1578.96	80			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	First Trenton	First Trenton	1776.33	90			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Consumer	Consumer	1875.02	95			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Horizon	Medicare Blue	636.55				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Americare	Americare	1480.28	75			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Horizon	Indemnity	1231.72				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Corrections	Corrections	1578.96	80			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Aetna	Medicare	636.55				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Qualcare	Qualcare	1480.28	75			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Horizon	PPO	1231.72				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Horizon	NJ Health	944.82				300	1875.02	fee schedule	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Amerihealth	HMO/PPO	300				300	1875.02	fee schedule	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Three Rivers	Three Rivers	1875.02	95			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Managed Care Inc	Managed Care Inc	1776.33	90			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	United	Oxford	1871.51				300	1875.02	case rate	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	First Health	First Health	1381.59	70			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Wellcare	Medicare	636.55				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	UHC	Medicare	636.55				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Horizon	MGD	1231.72				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	United	CommercialPPO	1871.51				300	1875.02	case rate	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	Wellcare	Medicaid	600.79	30.44			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	67105	CPT				outpatient			1973.7	732.03	WellPoint	WellPoint	612.64	31.04			300	1875.02	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Aetna	Medicare	2471.81	30.8			125	7624.09	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Amerihealth	HMO/PPO	125				125	7624.09	fee schedule	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Consumer	Consumer	7624.09	95			125	7624.09	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Horizon	MGD	5120.75				125	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Aetna	Better Health	2442.92	30.44			125	7624.09	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Americare	Americare	6019.02	75			125	7624.09	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	First Health	First Health	5617.75	70			125	7624.09	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Aetna	Commercial	4318.89				125	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Multiplan	Multiplan	6420.29	80			125	7624.09	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Amerihealth	Medicare	2646.38				125	7624.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Corrections	Corrections	6420.29	80			125	7624.09	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	UHC	Medicaid	2442.92	30.44			125	7624.09	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110	CPT				outpatient			8025.36	3043.34	Qualcare	Qualcare	6019.02	75			125	7624.09	percent of total billed charges	
RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	67110

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	First Trenton	First Trenton	7215.52	90			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	550				550	7616.38	fee schedule	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Consumer	Consumer	7616.38	95			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	United	Commercial/PPO	2859.28				550	7616.38	case rate	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				550	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Qualcare	Qualcare	6012.93	75			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	UHC	Medicaid	2440.45	30.44			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				550	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Wellcare	Medicaid	2440.45	30.44			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				550	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	654.59				550	7616.38	fee schedule	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Three Rivers	Three Rivers	7616.38	95			550	7616.38	percent of total billed charges	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				550	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	Wellcare	Medicare	2646.38				550	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	United	Oxford	2859.28				550	7616.38	case rate	
RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	67120	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			550	7616.38	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	First Health	First Health	691.15	70			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Amerihealth	HMO/PPO	300				300	1835.46	fee schedule	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Consumer	Consumer	937.99	95			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Aetna	Better Health	300.55	30.44			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Americare	Americare	740.52	75			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Horizon	Indemnity	671.15			603.41	300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Horizon	NJ Health	595.08			203.92	300	1835.46	fee schedule	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Horizon	MGD	671.15			349.05	300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Amerihealth	Medicare	346.85				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Aetna	Medicare	346.85				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89	80			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	First Trenton	First Trenton	888.62	90			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	UHC	Medicare	346.85				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	WellPoint	WellPoint	306.48	31.04			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Horizon	Medicare Blue	346.85				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				300	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	United	Commercial/PPO	1835.46				300	1835.46	case rate	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Managed Care Inc	Managed Care Inc	888.62	90			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				300	1835.46	case rate	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG CRTX DIATHERMY	67141	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44			300	1835.46	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Aetna	Better Health	600.79	30.44			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Americare	Americare	1480.28	75			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	First Health	First Health	1381.59	70			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Amerihealth	Medicare	636.55				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Corrections	Corrections	1578.96	80			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Aetna	Medicare	636.55			522.43	300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Horizon	PPO	1231.72				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	First Trenton	First Trenton	1776.33	90			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Aetna	Commercial	1038.85			818.13	300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Amerihealth	HMO/PPO	300				300	1875.02	fee schedule	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Multiplan	Multiplan	1578.96	80			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	United	Oxford	1871.51				300	1875.02	case rate	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	WellPoint	WellPoint	612.64	31.04		592.7	300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Horizon	Indemnity	1231.72			1217.7	300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	United	Commercial/PPO	1871.51				300	1875.02	case rate	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Managed Care Inc	Managed Care Inc	1776.33	90			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Consumer	Consumer	1875.02	95			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Horizon	Medicare Blue	636.55				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Qualcare	Qualcare	1480.28	75			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Wellcare	Medicaid	600.79	30.44			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Horizon	NJ Health	498.77				300	1875.02	fee schedule	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Horizon	MGD	1231.72			1065.42	300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Three Rivers	Three Rivers	1875.02	95			300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	Wellcare	Medicare	636.55				300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	UHC	Medicaid	600.79	30.44		588.69	300	1875.02	percent of total billed charges	
PROPH RETINAL DTCHMNT W/O DRG PHOTOCOAGULATION	67145	CPT				outpatient			1973.7	732.03	UHC	Medicare	636.55			359.37	300	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Aetna	Medicare	308.68	30.8			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Aetna	Better Health	305.07	30.44			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	First Trenton	First Trenton	901.99	90			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	First Health	First Health	701.55	70			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Aetna	Commercial	566.06				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Horizon	MGD	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Three Rivers	Three Rivers	952.1	95			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Corrections	Corrections	801.77	80			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Americare	Americare	751.66	75			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Consumer	Consumer	952.1	95			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Horizon	NJ Health	944.82				125	1835.46	fee schedule	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Horizon	Indemnity	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Horizon	PPO	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	United	Oxford	1835.46				125	1835.46	case rate	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	UHC	Medicaid	305.07	30.44			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Amerihealth	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Multiplan	Multiplan	801.77	80			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Managed Care Inc	Managed Care Inc	901.99	90			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	United	Commercial/PPO	1835.46				125	1835.46	case rate	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Horizon	Medicare Blue	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Qualcare	Qualcare	751.66	75			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Wellcare	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	WellPoint	WellPoint	311.09	31.04			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	UHC	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	67208	CPT				outpatient			1002.21	398.88	Wellcare	Medicaid	305.07	30.44			125	1835.46	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Corrections	Corrections	1599.82	80			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Aetna	Medicare	615.93	30.8			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Americare	Americare	1499.83	75			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Aetna	Better Health	608.73	30.44			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Aetna	Commercial	1038.85				125	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Horizon	Medicare Blue	636.55				125	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	First Trenton	First Trenton	1799.79	90			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Consumer	Consumer	1899.78	95			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Horizon	NJ Health	665.03				125	1899.78	fee schedule	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Amerihealth	Medicare	636.55				125	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Amerihealth	HMO/PPO	125				125	1899.78	fee schedule	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	First Health	First Health	1399.84	70			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Multiplan	Multiplan	1599.82	80			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	UHC	Medicare	636.55				125	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Managed Care Inc	Managed Care Inc	1799.79	90			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	UHC	Medicaid	608.73	30.44			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Qualcare	Qualcare	1499.83	75			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Horizon	Indemnity	1231.72				125	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Horizon	MGD	1231.72				125	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Wellcare	Medicaid	608.73	30.44			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Three Rivers	Three Rivers	1899.78	95			125	1899.78	percent of total billed charges	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Horizon	PPO	1231.72				125	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	United	Oxford	1871.51				125	1899.78	case rate	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	United	Commercial/PPO	1871.51				125	1899.78	case rate	
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	Wellcare	Medicare	636.55				125	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LOCLZD LESION RETINA 1/> SESS PC	67210	CPT				outpatient			1999.77	732.03	WellPoint	WellPoint	620.73	31.04			125	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	UHC	Medicare	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	Corrections	Corrections	1578.96	80			125	1875.02	percent of total billed charges	
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	Americare	Americare	1480.28	75			125	1875.02	percent of total billed charges	
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	First Health	First Health	1381.59	70			125	1875.02	percent of total billed charges	
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	Aetna	Commercial	1038.85				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	Aetna	Better Health	600.79	30.44			125	1875.02	percent of total billed charges	
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	First Trenton	First Trenton	1776.33	90			125	1875.02	percent of total billed charges	
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	Aetna	Medicare	607.9	30.8			125	1875

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	Managed Care Inc	Managed Care Inc	1776.33	90			125	1875.02	percent of total billed charges	
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	Three Rivers	Three Rivers	1875.02	95			125	1875.02	percent of total billed charges	
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	United	Oxford	1871.51				125	1875.02	case rate	
DISTRJ LESION CHOROID PC 1/> SESS	67220	CPT				outpatient			1973.7	732.03	Wellcare	Medicaid	600.79	30.44			125	1875.02	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	First Trenton	First Trenton	1799.79	90			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Aetna	Better Health	608.73	30.44			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Aetna	Commercial	1038.85				608.73	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Aetna	Medicare	615.93	30.8			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Amerihealth	HMO/PPO	1700				608.73	1899.78	fee schedule	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	First Health	First Health	1399.84	70			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	UHC	Medicare	636.55				608.73	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Amerihealth	Medicare	636.55				608.73	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Managed Care Inc	Managed Care Inc	1799.79	90			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Horizon	PPO	1231.72				608.73	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Americare	Americare	1499.83	75			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Consumer	Consumer	1899.78	95			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Horizon	Indemnity	1231.72				608.73	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Horizon	MGD	1231.72				608.73	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Multiplan	Multiplan	1599.82	80			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Corrections	Corrections	1599.82	80			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	UHC	Medicaid	608.73	30.44			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	WellPoint	WellPoint	620.73	31.04			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Qualcare	Qualcare	1499.83	75			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Horizon	NJ Health	738.63				608.73	1899.78	fee schedule	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	United	Commercial/PPO	1871.51				608.73	1899.78	case rate	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Horizon	Medicare Blue	636.55				608.73	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Wellcare	Medicare	636.55				608.73	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Three Rivers	Three Rivers	1899.78	95			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	United	Oxford	1871.51				608.73	1899.78	case rate	
DISTRJ LESION CHOROID PHOTODYNAMIC THERAPY	67221	CPT				outpatient			1999.77	732.03	Wellcare	Medicaid	608.73	30.44			608.73	1899.78	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Wellcare	Medicaid	824.35	30.44			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		United	Oxford	1835.46				60.03	2572.7	case rate	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Aetna	Better Health	824.35	30.44			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		First Health	First Health	1895.67	70			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Aetna	Medicare	834.09	30.8			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Horizon	Medicare Blue	812.43	30			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Consumer	Consumer	2572.7	95			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		First Trenton	First Trenton	2437.29	90			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Americare	Americare	2031.08	75			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		WellPoint	WellPoint	840.59	31.04			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Aetna	Commercial	1029.08	38			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Horizon	NJ Health	60.03				60.03	2572.7	fee schedule	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Amerihealth	HMO/PPO	1700				60.03	2572.7	fee schedule	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Horizon	PPO	1036.66	38.28			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Corrections	Corrections	2166.48	80			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Managed Care Inc	Managed Care Inc	2437.29	90			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Horizon	MGD	1036.66	38.28			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Three Rivers	Three Rivers	2572.7	95			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Horizon	Indemnity	1036.66	38.28			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		UHC	Medicaid	824.35	30.44			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Multiplan	Multiplan	2166.48	80			60.03	2572.7	percent of total billed charges	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		United	Commercial/PPO	1835.46				60.03	2572.7	case rate	
DISTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	67225	CPT				outpatient			2708.1		Qualcare	Qualcare	2031.08	75			60.03	2572.7	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	UHC	Medicare	4375.57				125	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Aetna	Commercial	7140.93				125	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Multiplan	Multiplan	10641.34	80			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Consumer	Consumer	12636.6	95			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	First Trenton	First Trenton	11971.51	90			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Americare	Americare	9976.26	75			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	First Health	First Health	9311.18	70			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Aetna	Better Health	4049.03	30.44			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Wellcare	Medicare	4375.57				125	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Aetna	Medicare	4375.57				125	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Qualcare	Qualcare	9976.26	75			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Corrections	Corrections	10641.34	80			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Managed Care Inc	Managed Care Inc	11971.51	90			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Amerihealth	HMO/PPO	125				125	12636.6	fee schedule	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Horizon	Indemnity	8466.73				125	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Horizon	PPO	8466.73				125	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	United	Oxford	3596.76				125	12636.6	case rate	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Horizon	MGD	8466.73				125	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	UHC	Medicaid	4049.03	30.44			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Horizon	Medicare Blue	4375.57				125	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	WellPoint	WellPoint	4128.84	31.04			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Amerihealth	Medicare	4375.57				125	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Three Rivers	Three Rivers	12636.6	95			125	12636.6	percent of total billed charges	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Horizon	NJ Health	591.17				125	12636.6	fee schedule	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	United	Commercial/PPO	3596.76				125	12636.6	case rate	
DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	67227	CPT				outpatient			13301.68	5031.91	Wellcare	Medicaid	4049.03	30.44			125	12636.6	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Aetna	Medicare	607.9	30.8			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Aetna	Commercial	1038.85				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	First Health	First Health	1381.59	70			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Horizon	MGD	1231.72				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Consumer	Consumer	1875.02	95			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Americare	Americare	1480.28	75			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Aetna	Better Health	600.79	30.44			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	UHC	Medicare	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Horizon	NJ Health	665.03			211.35	125	1875.02	fee schedule	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Amerihealth	Medicare	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Amerihealth	HMO/PPO	125				125	1875.02	fee schedule	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	First Trenton	First Trenton	1776.33	90			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Corrections	Corrections	1578.96	80			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Horizon	Indemnity	1231.72				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	UHC	Medicaid	600.79	30.44		595.7	125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Horizon	Medicare Blue	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Multiplan	Multiplan	1578.96	80			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	United	Commercial/PPO	1871.51				125	1875.02	case rate	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Horizon	PPO	1231.72				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Managed Care Inc	Managed Care Inc	1776.33	90			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Qualcare	Qualcare	1480.28	75			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Three Rivers	Three Rivers	1875.02	95			125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	United	Oxford	1871.51				125	1875.02	case rate	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Wellcare	Medicare	636.55				125	1875.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	Wellcare	Medicaid	600.79	30.44		120.94	125	1875.02	percent of total billed charges	
TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	67228	CPT				outpatient			1973.7	732.03	WellPoint	WellPoint	612.64	31.04			125	1875.02	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Aetna	Commercial	1038.85				200	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	UHC	Medicaid	608.73	30.44			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Aetna	Medicare	636.55				200	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Aetna	Better Health	608.73	30.44			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Americare	Americare	1499.83	75			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Amerihealth	Medicare	636.55				200	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Horizon	PPO	1231.72				200	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Horizon	Medicare Blue	636.55				200	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Amerihealth	HMO/PPO	200				200	1899.78	fee schedule	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	United	Oxford	1871.51				200	1899.78	case rate	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Consumer	Consumer	1899.78	95			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	First Health	First Health	1399.84	70			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Horizon	MGD	1231.72				200	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	First Trenton	First Trenton	1799.79	90			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	WellPoint	WellPoint	620.73	31.04			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Multiplan	Multiplan	1599.82	80			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Corrections	Corrections	1599.82	80			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Horizon	Indemnity	1231.72				200	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Three Rivers	Three Rivers	1899.78	95			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Managed Care Inc	Managed Care Inc	1799.79	90			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Qualcare	Qualcare	1499.83	75			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	UHC	Medicare	636.55				200	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Wellcare	Medicaid	608.73	30.44			200	1899.78	percent of total billed charges	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	United	Commercial/PPO	1871.51				200	1899.78	case rate	
EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	67229	CPT				outpatient			1999.77	732.03	Wellcare	Medicare	636.55				200	1899.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06				149.81	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			149.81	1835.46	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Aetna	Medicare	304.11	30.8			149.81	1835.46	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	First Health	First Health	691.15	70			149.81	1835.46	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Americare	Americare	740.52	75			149.81	1835.46	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				149

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			149.81	1835.46	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				149.81	1835.46	case rate	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44			149.81	1835.46	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89	80			149.81	1835.46	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				149.81	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44			149.81	1835.46	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	United	CommercialPPO	1835.46				149.81	1835.46	case rate	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			149.81	1835.46	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Aetna	Commercial	7140.93				650	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	First Trenton	First Trenton	11692.57	90			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Aetna	Medicare	4375.57				650	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Horizon	Indemnity	8466.73				650	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Amerihealth	Medicare	4375.57				650	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Amerihealth	HMO/PPO	650				650	12342.15	fee schedule	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Aetna	Better Health	3954.69	30.44			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	First Health	First Health	9094.22	70			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Horizon	Medicare Blue	4375.57				650	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Managed Care Inc	Managed Care Inc	11692.57	90			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Corrections	Corrections	10393.39	80			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Horizon	PPO	8466.73				650	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Horizon	NJ Health	884.27			412.84	650	12342.15	fee schedule	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	United	Oxford	3596.76				650	12342.15	case rate	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Americare	Americare	9743.81	75			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Multiplan	Multiplan	10393.39	80			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Horizon	MGD	8466.73				650	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Three Rivers	Three Rivers	12342.15	95			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Consumer	Consumer	12342.15	95			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	UHC	Medicaid	3954.69	30.44			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Wellcare	Medicaid	3954.69	30.44		4018.13	650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Qualcare	Qualcare	9743.81	75			650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	Wellcare	Medicare	4375.57				650	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	UHC	Medicare	4375.57				650	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	United	CommercialPPO	3596.76				650	12342.15	case rate	
ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	67400	CPT				outpatient			12991.74	5031.91	WellPoint	WellPoint	4032.64	31.04		4035.77	650	12342.15	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Aetna	Commercial	4417.79				799.57	8953.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Aetna	Better Health	2868.91	30.44			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	First Trenton	First Trenton	8482.32	90			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	First Health	First Health	6597.36	70			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Americare	Americare	7088.6	75			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Aetna	Medicare	2706.98				799.57	8953.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	United	Oxford	2859.28				799.57	8953.56	case rate	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	UHC	Medicaid	2868.91	30.44			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Amerihealth	HMO/PPO	800				799.57	8953.56	fee schedule	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Consumer	Consumer	8953.56	95			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Horizon	NJ Health	799.57			382.94	799.57	8953.56	fee schedule	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Horizon	Indemnity	5238.01				799.57	8953.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Amerihealth	Medicare	2706.98				799.57	8953.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Corrections	Corrections	7539.84	80			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Managed Care Inc	Managed Care Inc	8482.32	90			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	UHC	Medicare	2706.98				799.57	8953.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Horizon	Medicare Blue	2706.98				799.57	8953.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Horizon	MGD	5238.01				799.57	8953.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Wellcare	Medicare	2706.98				799.57	8953.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Multiplan	Multiplan	7539.84	80			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	WellPoint	WellPoint	2925.46	31.04			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Horizon	PPO	5238.01				799.57	8953.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	United	CommercialPPO	2859.28				799.57	8953.56	case rate	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Qualcare	Qualcare	7068.6	75			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Three Rivers	Three Rivers	8953.56	95			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	67405	CPT				both			9424.8	3113.03	Wellcare	Medicaid	2868.91	30.44			799.57	8953.56	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Amerihealth	Medicare	2706.98				920.05	9886.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Amerihealth	HMO/PPO	950				920.05	9886.71	fee schedule	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Aetna	Better Health	3167.91	30.44			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Corrections	Corrections	8325.65	80			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Horizon	Medicare Blue	2706.98				920.05	9886.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Three Rivers	Three Rivers	9886.71	95			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Consumer	Consumer	9886.71	95			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Qualcare	Qualcare	7905.3	75			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	UHC	Medicare	2706.98				920.05	9886.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	First Health	First Health	7284.94	70			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Aetna	Commercial	4417.79				920.05	9886.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	First Trenton	First Trenton	9366.35	90			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Aetna	Medicare	2706.98				920.05	9886.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	UHC	Medicaid	3167.91	30.44			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Americare	Americare	7895.3	75			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Horizon	Indemnity	5238.01				920.05	9886.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Horizon	MGD	5238.01				920.05	9886.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Wellcare	Medicaid	3167.91	30.44			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Multiplan	Multiplan	8325.65	80			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Horizon	NJ Health	920.05				920.05	9886.71	fee schedule	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	United	Oxford	2859.28				920.05	9886.71	case rate	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Horizon	PPO	5238.01				920.05	9886.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Wellcare	Medicare	2706.98				920.05	9886.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	Managed Care Inc	Managed Care Inc	9366.35	90			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	United	CommercialPPO	2859.28				920.05	9886.71	case rate	
ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	67412	CPT				outpatient			10407.06	3113.03	WellPoint	WellPoint	3230.35	31.04			920.05	9886.71	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				859	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				859	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				859	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				859	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				859	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	United	CommercialPPO	2859.28				859	7465.18	case rate	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	859				859	7465.18	fee schedule	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	950				859	7465.18	fee schedule	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				859	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				859	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				859	7465.18	case rate	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	First Health	First Health	5920.66	70			859	7465.18	percent of total billed charges	
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				859	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				859	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	67413	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			859	7465.18	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			125.28	7637.4	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				125.28	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			125.28	7637.4	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				125.28	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				125.28	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				125.28	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			125.28	7637.4	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			125.28	7637.4	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			125.28	7637.4	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			125.28	7637.4	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				125.28	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			125.28	7637.4	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				125.28	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				125.28	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	300				125.28	7637.4	fee schedule	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			125.28	7637.4	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				125.28	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			125.28	7637.4	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				125.28	7637.4	case rate	
FINE NEEDLE ASPIRATION ORBITAL CONTENTS	67415	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			125.28	7637.4	percent of total

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	WellPoint	WellPoint	311.09	31.04			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	UHC	Medicaid	305.07	30.44			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Consumer	Consumer	952.1	95			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Multiplan	Multiplan	801.77	80			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Horizon	Indemnity	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	United	Oxford	1835.46				125	1835.46	case rate	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Wellcare	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	First Health	First Health	701.55	70			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	United	Commercial/PPO	1835.46				125	1835.46	case rate	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Horizon	MGD	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Horizon	NJ Health	148.77				125	1835.46	fee schedule	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	UHC	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Horizon	PPO	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Wellcare	Medicaid	305.07	30.44			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION SPX	67500	CPT				outpatient			1002.21	398.88	Managed Care Inc	Managed Care Inc	901.99	90			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Aetna	Better Health	305.07	30.44			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	UHC	Medicaid	305.07	30.44			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Consumer	Consumer	952.1	95			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Aetna	Commercial	566.06				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Horizon	Medicare Blue	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Amerihealth	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Horizon	PPO	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Aetna	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	First Health	First Health	701.55	70			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	United	Oxford	1835.46				125	1835.46	case rate	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Corrections	Corrections	801.77	80			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Americare	Americare	751.66	75			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Multiplan	Multiplan	801.77	80			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	First Trenton	First Trenton	901.99	90			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	WellPoint	WellPoint	311.09	31.04			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Three Rivers	Three Rivers	952.1	95			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Horizon	Indemnity	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Horizon	NJ Health	148.77				125	1835.46	fee schedule	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Horizon	MGD	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Qualcare	Qualcare	751.66	75			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Managed Care Inc	Managed Care Inc	901.99	90			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Wellcare	Medicaid	305.07	30.44			125	1835.46	percent of total billed charges	
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	UHC	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	Wellcare	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION ALCOHOL	67505	CPT				outpatient			1002.21	398.88	United	Commercial/PPO	1835.46				125	1835.46	case rate	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Aetna	Medicare	304.11	30.8			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	First Trenton	First Trenton	888.62	90			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06				78.3	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Amerihealth	HMO/PPO	650				78.3	1835.46	fee schedule	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Aetna	Better Health	300.55	30.44			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Amerihealth	Medicare	346.85				78.3	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Americare	Americare	740.52	75			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				78.3	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Horizon	MGD	671.15				78.3	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89	80			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	First Health	First Health	691.15	70			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Consumer	Consumer	937.99	95			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Managed Care Inc	Managed Care Inc	888.62	90			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	United	Commercial/PPO	1835.46				78.3	1835.46	case rate	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				78.3	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	WellPoint	WellPoint	306.48	31.04		296.5	78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			78.3	1835.46	percent of total billed charges	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Horizon	Indemnity	671.15				78.3	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				78.3	1835.46	case rate	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Horizon	Medicare Blue	346.85				78.3	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Horizon	NJ Health	78.3			50.83	78.3	1835.46	fee schedule	
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	UHC	Medicare	346.85			221.83	78.3	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	67515	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44		254.18	78.3	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Multiplan	Multiplan	855.98	80			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Amerihealth	Medicare	346.85				83.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	First Health	First Health	748.99	70			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Horizon	MGD	671.15				83.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Aetna	Medicare	346.85				83.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Aetna	Commercial	566.06			318.63	83.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Aetna	Better Health	325.7	30.44			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Horizon	PPO	671.15				83.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Qualcare	Qualcare	802.49	75			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Horizon	Medicare Blue	346.85				83.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Three Rivers	Three Rivers	1016.48	95			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	UHC	Medicare	346.85				83.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Corrections	Corrections	855.98	80			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Americare	Americare	802.49	75			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Consumer	Consumer	1016.48	95			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	UHC	Medicaid	325.7	30.44		287.84	83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	First Trenton	First Trenton	962.98	90			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Amerihealth	HMO/PPO	300				83.39	1835.46	fee schedule	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Horizon	Indemnity	671.15				83.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	United	Commercial/PPO	1835.46				83.39	1835.46	case rate	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Horizon	NJ Health	83.39				83.39	1835.46	fee schedule	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Wellcare	Medicare	346.85				83.39	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Managed Care Inc	Managed Care Inc	962.98	90			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	Wellcare	Medicaid	325.7	30.44			83.39	1835.46	percent of total billed charges	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	United	Oxford	1835.46				83.39	1835.46	case rate	
BLEPHAROTOMY DRAINAGE ABSCESS EYELID	67700	CPT				both			1069.98	398.88	WellPoint	WellPoint	332.12	31.04			83.39	1835.46	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Multiplan	Multiplan	2786.5	80			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Aetna	Better Health	1060.26	30.44			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Aetna	Medicare	1123.82				75.79	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	UHC	Medicare	1123.82				75.79	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Qualcare	Qualcare	2612.34	75			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Consumer	Consumer	3308.96	95			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Americare	Americare	2612.34	75			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Aetna	Commercial	1834.07				75.79	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	United	Commercial/PPO	2567.79				75.79	3308.96	case rate	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	First Health	First Health	2438.18	70			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Amerihealth	HMO/PPO	550				75.79	3308.96	fee schedule	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Amerihealth	Medicare	1123.82				75.79	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Horizon	Medicare Blue	1123.82				75.79	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Corrections	Corrections	2786.5	80			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Horizon	Indemnity	2174.59				75.79	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	First Trenton	First Trenton	3134.81	90			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Wellcare	Medicaid	1060.26	30.44			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Horizon	MGD	2174.59				75.79	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Managed Care Inc	Managed Care Inc	3134.81	90			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Horizon	NJ Health	75.79				75.79	3308.96	fee schedule	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Three Rivers	Three Rivers	3308.96	95			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Horizon	PPO	2174.59				75.79	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	Wellcare	Medicare	1123.82				75.79	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	UHC	Medicaid	1060.26	30.44			75.79	3308.96	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	United	Oxford	2567.79				75.79	3308.96	case rate	
SEVERING TARSORRHAPHY	67710	CPT				outpatient			3483.12	1292.39	WellPoint	WellPoint	1081.16	31.04			75.79	3308.96	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	300				87.7	7637.4	fee schedule	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				87.7	7637.4	case rate	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2486.42	31.04			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	87.7				87.7	7637.4	fee schedule	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				87.7	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			87.7	7637.4	percent of total billed charges	
CANTHOTOMY SEPARATE PROCEDURE	67715	CPT				outpat

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89				107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				107.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Amerihealth	Medicare	346.85				107.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Aetna	Better Health	300.55	30.44			107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Aetna	Medicare	346.85				107.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Horizon	MGD	671.15				107.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Amerihealth	HMO/PPO	125				107.27	1835.46	fee schedule	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Horizon	Indemnity	671.15				107.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				107.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44			107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06			384.53	107.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Horizon	NJ Health	107.27			49	107.27	1835.46	fee schedule	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Horizon	Medicare Blue	346.85				107.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Consumer	Consumer	937.99	95			107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44		295.58	107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	UHC	Medicare	346.85				107.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	First Trenton	First Trenton	888.62	90			107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	United	CommercialPPO	1835.46				107.27	1835.46	case rate	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Managed Care Inc	Managed Care Inc	888.62	90			107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	WellPoint	WellPoint	306.48	31.04		325.93	107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			107.27	1835.46	percent of total billed charges	
EXCISION CHALAZION SINGLE	67800	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				107.27	1835.46	case rate	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Corrections	Corrections	2594.88	80			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Aetna	Medicare	999.03	30.8			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Aetna	Commercial	1834.07			1831.83	125	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Aetna	Better Health	967.35	30.44			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Consumer	Consumer	3081.42	95			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Amerihealth	Medicare	1123.82				125	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Americare	Americare	2432.7	75			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	First Health	First Health	2270.52	70			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Horizon	NJ Health	151.56				125	3081.42	fee schedule	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	UHC	Medicaid	987.35	30.44			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Amerihealth	HMO/PPO	125				125	3081.42	fee schedule	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Horizon	PPO	2174.59				125	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Three Rivers	Three Rivers	3081.42	95			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	First Trenton	First Trenton	2919.24	90			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Horizon	MGD	2174.59				125	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Multiplan	Multiplan	2594.88	80			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	United	CommercialPPO	2567.79				125	3081.42	case rate	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	UHC	Medicare	1123.82				125	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Horizon	Indemnity	2174.59				125	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Qualcare	Qualcare	2432.7	75			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	United	Oxford	2567.79				125	3081.42	case rate	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	WellPoint	WellPoint	1006.81	31.04			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Horizon	Medicare Blue	1123.82				125	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Wellcare	Medicaid	987.35	30.44			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Managed Care Inc	Managed Care Inc	2919.24	90			125	3081.42	percent of total billed charges	
EXCISION CHALAZION MULTIPLE SAME LID	67801	CPT				outpatient			3243.6	1292.39	Wellcare	Medicare	1123.82				125	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Aetna	Medicare	304.11	30.8			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Aetna	Better Health	300.55	30.44			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Americare	Americare	740.52	75			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	First Trenton	First Trenton	888.62	90			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Horizon	MGD	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	First Health	First Health	691.15	70			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Consumer	Consumer	937.99	95			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Horizon	NJ Health	165.89				125	1835.46	fee schedule	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Horizon	Medicare Blue	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89	80			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Amerihealth	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	UHC	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Managed Care Inc	Managed Care Inc	888.62	90			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Horizon	Indemnity	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	WellPoint	WellPoint	306.48	31.04			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44			125	1835.46	percent of total billed charges	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	United	CommercialPPO	1835.46				125	1835.46	case rate	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				125	1835.46	case rate	
EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	67805	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44			125	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Amerihealth	HMO/PPO	125				50.53	1835.46	fee schedule	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Amerihealth	Medicare	346.85				50.53	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	UHC	Medicare	346.85				50.53	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06				50.53	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	First Health	First Health	691.15	70			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Americare	Americare	740.52	75			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Aetna	Better Health	300.55	30.44			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Aetna	Medicare	346.85				50.53	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Horizon	Indemnity	671.15				50.53	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Horizon	MGD	671.15				50.53	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89	80			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	First Trenton	First Trenton	888.62	90			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Consumer	Consumer	937.99	95			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				50.53	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	United	CommercialPPO	1835.46				50.53	1835.46	case rate	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Horizon	Medicare Blue	346.85				50.53	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	WellPoint	WellPoint	306.48	31.04			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Managed Care Inc	Managed Care Inc	888.62	90			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				50.53	1835.46	case rate	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Horizon	NJ Health	50.53				50.53	1835.46	fee schedule	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44			50.53	1835.46	percent of total billed charges	
INCISIONAL BIOPSY EYELID SKIN W/LID MARGIN	67810	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				50.53	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Aetna	Better Health	183.81	30.44			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Amerihealth	Medicare	149.57				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Aetna	Commercial	244.1				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Amerihealth	HMO/PPO	125				58.46	1835.46	fee schedule	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Aetna	Medicare	149.57				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	UHC	Medicare	149.57			82.3	58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Horizon	Indemnity	289.42				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	First Trenton	First Trenton	543.46	90			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Americare	Americare	452.88	75			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Multiplan	Multiplan	483.07	80			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Horizon	Medicare Blue	149.57				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	First Health	First Health	422.69	70			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Consumer	Consumer	573.65	95			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	United	CommercialPPO	1835.46				58.46	1835.46	case rate	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Three Rivers	Three Rivers	573.65	95			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Horizon	PPO	289.42				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Corrections	Corrections	483.07	80			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Qualcare	Qualcare	452.88	75			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Horizon	MGD	289.42				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Horizon	NJ Health	58.46			22.13	58.46	1835.46	fee schedule	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Managed Care Inc	Managed Care Inc	543.46	90			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Wellcare	Medicaid	183.81	30.44			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	UHC	Medicaid	183.81	30.44			58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	Wellcare	Medicare	149.57				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	United	Oxford	1835.46				58.46	1835.46	case rate	
CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	67820	CPT				outpatient			603.84	172.01	WellPoint	WellPoint	187.43	31.04		181.33	58.46	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Americare	Americare	751.66	75			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Aetna	Better Health	305.07	30.44			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Amerihealth	Medicare	346.85				73.08	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Aetna	Commercial	566.06				73.08	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Aetna	Medicare	346.85				73.08	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	United	Oxford	1835.46				73.08	1835.46	case rate	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	First Health	First Health	701.55	70			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Corrections	Corrections	801.77	80			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Amerihealth	HMO/PPO	125				73.08	1835.46	fee schedule	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Consumer	Consumer	952.1	95			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Horizon	Indemnity	671.15				73.08	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	Multiplan	Multiplan	801.77	80			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21	398.88	First Trenton	First Tren

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21		398.88 UHC	Medicare	346.85				73.08	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21		398.88 Managed Care Inc	Managed Care Inc	901.99	90			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21		398.88 UHC	Medicaid	305.07	30.44			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21		398.88 Three Rivers	Three Rivers	952.1	95			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21		398.88 United	CommercialPPO	1835.46				73.08	1835.46	case rate	
CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	67825	CPT				outpatient			1002.21		398.88 WellPoint	WellPoint	311.09	31.04			73.08	1835.46	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Qualcare	Qualcare	2612.35	75			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Aetna	Commercial	1834.07				315.81	3308.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Aetna	Better Health	1060.26	30.44			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Horizon	MGD	2174.59				315.81	3308.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Consumer	Consumer	3308.97	95			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Amerihealth	Medicare	1123.82				315.81	3308.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 First Health	First Health	2438.19	70			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 WellPoint	WellPoint	1081.16	31.04			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Corrections	Corrections	2786.5	80			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Aetna	Medicare	1123.82				315.81	3308.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Horizon	Indemnity	2174.59				315.81	3308.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Horizon	PPO	2174.59				315.81	3308.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 First Trenton	First Trenton	3134.82	90			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Multiplan	Multiplan	2786.5	80			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Three Rivers	Three Rivers	3308.97	95			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 UHC	Medicaid	1060.26	30.44			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Horizon	NJ Health	315.81				315.81	3308.97	fee schedule	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Americare	Americare	2612.35	75			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 UHC	Medicare	1123.82				315.81	3308.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 United	CommercialPPO	2567.79				315.81	3308.97	case rate	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Managed Care Inc	Managed Care Inc	3134.82	90			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Wellcare	Medicaid	1060.26	30.44			315.81	3308.97	percent of total billed charges	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Wellcare	Medicare	1123.82				315.81	3308.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 United	Oxford	2567.79				315.81	3308.97	case rate	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Amerihealth	HMO/PPO	550				315.81	3308.97	fee schedule	
CORRECTION TRICHIASIS INCCISION LID MARGIN	67830	CPT				outpatient			3483.13		1292.39 Horizon	Medicare Blue	1123.82				315.81	3308.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Amerihealth	HMO/PPO	125				65.77	3081.42	fee schedule	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Aetna	Better Health	987.35	30.44			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Horizon	Medicare Blue	1123.82				65.77	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 First Health	First Health	2270.52	70			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 First Trenton	First Trenton	2919.24	90			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Aetna	Commercial	1834.07			1732.39	65.77	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Amerihealth	Medicare	1123.82				65.77	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Corrections	Corrections	2594.88	80			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 United	Oxford	2567.79				65.77	3081.42	case rate	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Americare	Americare	2432.7	75			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 UHC	Medicaid	987.35	30.44		957.2	65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Multiplan	Multiplan	2594.88	80			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Horizon	NJ Health	65.77			10.61	65.77	3081.42	fee schedule	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Aetna	Medicare	1123.82			987.07	65.77	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Managed Care Inc	Managed Care Inc	2919.24	90			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Horizon	Indemnity	2174.59				65.77	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Three Rivers	Three Rivers	3081.42	95			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Consumer	Consumer	3081.42	95			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Wellcare	Medicare	1123.82				65.77	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Qualcare	Qualcare	2432.7	75			65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Horizon	MGD	2174.59			247.41	65.77	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Horizon	PPO	2174.59				65.77	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 UHC	Medicare	1123.82			959.76	65.77	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 United	CommercialPPO	2567.79				65.77	3081.42	case rate	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 Wellcare	Medicaid	987.35	30.44		1003.19	65.77	3081.42	percent of total billed charges	
EXC LESION EYELID W/O CLSR/WSIMPLE DIR CLOSURE	67840	CPT				outpatient			3243.6		1292.39 WellPoint	WellPoint	1066.81	31.04		1010.48	65.77	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Aetna	Better Health	987.35	30.44			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Aetna	Medicare	999.03	30.8			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Horizon	PPO	2174.59				182.7	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Aetna	Commercial	1834.07				182.7	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 First Health	First Health	2270.52	70			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 First Trenton	First Trenton	2919.24	90			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Horizon	MGD	2174.59				182.7	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Americare	Americare	2432.7	75			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Consumer	Consumer	3081.42	95			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Amerihealth	Medicare	1123.82				182.7	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 WellPoint	WellPoint	1066.81	31.04			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 UHC	Medicare	1123.82				182.7	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Horizon	Medicare Blue	1123.82				182.7	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Horizon	NJ Health	182.7				182.7	3081.42	fee schedule	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 United	Oxford	2567.79				182.7	3081.42	case rate	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Amerihealth	HMO/PPO	550				182.7	3081.42	fee schedule	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Multiplan	Multiplan	2594.88	80			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Corrections	Corrections	2594.88	80			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Wellcare	Medicaid	987.35	30.44			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Managed Care Inc	Managed Care Inc	2919.24	90			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Qualcare	Qualcare	2432.7	75			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Horizon	Indemnity	2174.59				182.7	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Three Rivers	Three Rivers	3081.42	95			182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 United	CommercialPPO	2567.79				182.7	3081.42	case rate	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 UHC	Medicaid	987.35	30.44		966.9	182.7	3081.42	percent of total billed charges	
TEMPORARY CLOSURE EYELIDS SUTURE	67875	CPT				both			3243.6		1292.39 Wellcare	Medicare	1123.82				182.7	3081.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Aetna	Better Health	2392	30.44			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 UHC	Medicaid	2392	30.44			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Amerihealth	Medicare	2706.98				277.7	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Aetna	Commercial	4417.79				277.7	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Aetna	Medicare	2706.98				277.7	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 First Trenton	First Trenton	7072.27	90			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Consumer	Consumer	7465.18	95			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 UHC	Medicare	2706.98				277.7	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Horizon	PPO	5238.01				277.7	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 United	CommercialPPO	2859.28				277.7	7465.18	case rate	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Corrections	Corrections	6286.46	80			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Americare	Americare	5893.56	75			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Amerihealth	HMO/PPO	650				277.7	7465.18	fee schedule	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Horizon	Indemnity	5238.01				277.7	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Horizon	NJ Health	277.7				277.7	7465.18	fee schedule	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Multiplan	Multiplan	6286.46	80			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 WellPoint	WellPoint	2439.15	31.04			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Managed Care Inc	Managed Care Inc	7072.27	90			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Horizon	Medicare Blue	2706.98				277.7	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Qualcare	Qualcare	5893.56	75			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 First Health	First Health	5500.66	70			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Wellcare	Medicare	2706.98				277.7	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Three Rivers	Three Rivers	7465.18	95			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Horizon	MGD	5238.01				277.7	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 United	Oxford	2859.28				277.7	7465.18	case rate	
CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	67880	CPT				outpatient			7858.08		3113.03 Wellcare	Medicaid	2392	30.44			277.7	7465.18	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Aetna	Medicare	2706.98				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Horizon	Indemnity	5238.01				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Aetna	Commercial	4417.79				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Amerihealth	Medicare	2706.98				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Corrections	Corrections	6431.5	80			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 First Trenton	First Trenton	7235.43	90			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Consumer	Consumer	7637.4	95			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Aetna	Better Health	2447.18	30.44			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Horizon	MGD	5238.01				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Horizon	PPO	5238.01				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Americare	Americare	6029.53	75			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 First Health	First Health	5627.56	70			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Horizon	NJ Health	360.02				360.02	7637.4	fee schedule	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Managed Care Inc	Managed Care Inc	7235.43	90			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Multiplan	Multiplan	6431.5	80			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Amerihealth	HMO/PPO	650				360.02	7637.4	fee schedule	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Qualcare	Qualcare	6029.53	75			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 UHC	Medicaid	2447.18	30.44			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Horizon	Medicare Blue	2706.98				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 Three Rivers	Three Rivers	7637.4	95			360.02	7637.4	percent of total billed charges	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 United	Oxford	2859.28				360.02	7637.4	case rate	
CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	67882	CPT				outpatient			8039.37		3113.03 United	Comm

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				378.97	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			378.97	7637.4	percent of total billed charges	
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				378.97	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				378.97	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			378.97	7637.4	percent of total billed charges	
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				378.97	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				378.97	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				378.97	7637.4	case rate	
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			378.97	7637.4	percent of total billed charges	
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			378.97	7637.4	percent of total billed charges	
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			378.97	7637.4	percent of total billed charges	
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			378.97	7637.4	percent of total billed charges	
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				378.97	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BROW PTOSIS	67900	CPT				outpatient			8039.37	3113.03	United	CommercialPPO	2859.28				378.97	7637.4	case rate	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				709.92	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				709.92	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				709.92	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				709.92	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	950				709.92	7637.4	fee schedule	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				709.92	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				709.92	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				709.92	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				709.92	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				709.92	7637.4	case rate	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	United	CommercialPPO	2859.28				709.92	7637.4	case rate	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				709.92	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	709.92				709.92	7637.4	fee schedule	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	67901	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			709.92	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				722.53	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				722.53	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				722.53	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				722.53	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	800				722.53	7637.4	fee schedule	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				722.53	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				722.53	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				722.53	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			722.53	7637.4	percent of total billed charges	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				722.53	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	United	CommercialPPO	2859.28				722.53	7637.4	case rate	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				722.53	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				722.53	7637.4	case rate	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	722.53				722.53	7637.4	fee schedule	
RPR BLEPHAROPTOSIS LEVATOR RESC/JADVMNT XTRNL	67904	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			722.53	7637.4	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	800				535.05	7465.18	fee schedule	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	535.05				535.05	7465.18	fee schedule	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	United	CommercialPPO	2859.28				535.05	7465.18	case rate	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				535.05	7465.18	case rate	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			535.05	7465.18	percent of total billed charges	
RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESC/J	67908	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			535.05	7465.18	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	800				360.02	7637.4	fee schedule	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	United	CommercialPPO	2859.28				360.02	7637.4	case rate	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				360.02	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	360.02				360.02	7637.4	fee schedule	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			360.02	7637.4	percent of total billed charges	
REDUCTION OVERCORRECTION PTOSIS	67909	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				360.02	7637.4	case rate	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			535.05	7465.18	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			535.05	7465.18	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			535.05	7465.18	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			535.05	7465.18	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			535.05	7465.18	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			535.05	7465.18	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			535.05	7465.18	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			535.05	7465.18	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	650				535.05	7465.18	fee schedule	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			535.05	7465.18	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				535.05	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT				outpatient			7858.08	3113.03	Three R

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			550		7465.18 percent of total billed charges	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				550		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				550		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	550				550		7465.18 fee schedule	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			550		7465.18 percent of total billed charges	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			550		7465.18 percent of total billed charges	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			550		7465.18 percent of total billed charges	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				550		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			550		7465.18 percent of total billed charges	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				550		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			550		7465.18 percent of total billed charges	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				550		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	1263.24				550		7465.18 fee schedule	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04		2439.84	550		7465.18 percent of total billed charges	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				550		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			550		7465.18 percent of total billed charges	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			550		7465.18 percent of total billed charges	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				550		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				550		7465.18 case rate	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				550		7465.18 case rate	
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				550		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRU LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	67912	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			550		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	650				94.74		7465.18 fee schedule	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				94.74		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				94.74		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				94.74		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				94.74		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				94.74		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				94.74		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				94.74		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				94.74		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				94.74		7465.18 case rate	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				94.74		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				94.74		7465.18 case rate	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	94.74				94.74		7465.18 fee schedule	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION SUTURE	67914	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			94.74		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				655.32		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				655.32		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98			2565.16	655.32		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44		2271.59	655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				655.32		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	800				655.32		7465.18 fee schedule	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				655.32		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				655.32		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				655.32		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				655.32		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	655.32				655.32		7465.18 fee schedule	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				655.32		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				655.32		7465.18 case rate	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				655.32		7465.18 case rate	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			655.32		7465.18 percent of total billed charges	
REPAIR ECTROPION EXTENSIVE	67917	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04		2359.77	655.32		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				109.62		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				109.62		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				109.62		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				109.62		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				109.62		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				109.62		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				109.62		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				109.62		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	650				109.62		7465.18 fee schedule	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	109.62				109.62		7465.18 fee schedule	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				109.62		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				109.62		7465.18 case rate	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			109.62		7465.18 percent of total billed charges	
REPAIR ENTROPION SUTURE	67921	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				109.62		7465.18 case rate	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				490.94		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				490.94		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				490.94		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				490.94		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				490.94		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				490.94		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	800				490.94		7465.18 fee schedule	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				490.94		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	490.94				490.94		7465.18 fee schedule	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				490.94		7465.18 case rate	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				490.94		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				490.94		7465.18 case rate	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			490.94		7465.18 percent of total billed charges	
REPAIR ENTROPION EXCISION TARSAL WEDGE	67923	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				490.94		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Amerihealth	HMO/PPO	800				641.43		7465.18 fee schedule	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Aetna	Better Health	2392	30.44			641.43		7465.18 percent of total billed charges	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Amerihealth	Medicare	2706.98				641.43		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Horizon	Indemnity	5238.01				641.43		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Aetna	Medicare	2706.98			2619.08	641.43		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Consumer	Consumer	7465.18	95			641.43		7465.18 percent of total billed charges	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			641.43		7465.18 percent of total billed charges	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Aetna	Commercial	4417.79				641.43		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	First Health	First Health	5500.66	70			641.43		7465.18 percent of total billed charges	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Corrections	Corrections	6286.46	80			641.43		7465.18 percent of total billed charges	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			641.43		7465.18 percent of total billed charges	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Americare	Americare	5893.56	75			641.43		7465.18 percent of total billed charges	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Horizon	Medicare Blue	2706.98			2110.89	641.43		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			641.43		7465.18 percent of total billed charges	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Horizon	NJ Health	641.43			0.14	641.43		7465.18 fee schedule	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Horizon	MGD	5238.01				641.43		7465.18 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			641.43		7465.18 percent of total billed charges	
REP

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	UHC	Medicaid	2392	30.44			641.43	7465.18	percent of total billed charges	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	UHC	Medicare	2706.98			2270.23	641.43	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	United	Oxford	2859.28				641.43	7465.18	case rate	
REPAIR ENTROPION EXTENSIVE	67924	CPT				both			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04		2439.84	641.43	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	550				109.62	7637.4	fee schedule	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				109.62	7637.4	case rate	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	109.62				109.62	7637.4	fee schedule	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	67930	CPT				outpatient			8039.37	3113.03	United	Commercial/PPO	2859.28				109.62	7637.4	case rate	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67930	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			109.62	7637.4	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				208.28	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				208.28	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2420.29	30.8			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				208.28	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				208.28	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	550				208.28	7465.18	fee schedule	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				208.28	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				208.28	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				208.28	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	208.28			510.39	208.28	7465.18	fee schedule	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				208.28	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			208.28	7465.18	percent of total billed charges	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				208.28	7465.18	case rate	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				208.28	7465.18	case rate	
SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	67935	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			208.28	7465.18	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Amerihealth	HMO/PPO	125				86.13	1835.46	fee schedule	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Amerihealth	Medicare	346.85				86.13	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Corrections	Corrections	801.77	80			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Aetna	Commercial	566.06				86.13	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Consumer	Consumer	952.1	95			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Horizon	Indemnity	671.15				86.13	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Aetna	Better Health	305.07	30.44			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Aetna	Medicare	346.85				86.13	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	First Health	First Health	701.55	70			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Horizon	Medicare Blue	346.85				86.13	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Multiplan	Multiplan	801.77	80			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Americare	Americare	751.66	75			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	First Trenton	First Trenton	901.99	90			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Horizon	PPO	671.15				86.13	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Qualcare	Qualcare	751.66	75			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	United	Oxford	1835.46				86.13	1835.46	case rate	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Wellcare	Medicare	346.85				86.13	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	UHC	Medicare	346.85				86.13	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Horizon	MGD	671.15				86.13	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Wellcare	Medicaid	305.07	30.44			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Horizon	NJ Health	86.13				86.13	1835.46	fee schedule	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	United	Commercial/PPO	1835.46				86.13	1835.46	case rate	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Managed Care Inc	Managed Care Inc	901.99	90			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	WellPoint	WellPoint	311.09	31.04			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	Three Rivers	Three Rivers	952.1	95			86.13	1835.46	percent of total billed charges	
REMOVAL EMBEDDED FOREIGN BODY EYELID	67938	CPT				outpatient			1002.21	398.88	UHC	Medicaid	305.07	30.44			86.13	1835.46	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	550				442.13	7465.18	fee schedule	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04		2439.84	442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	442.13				442.13	7465.18	fee schedule	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			442.13	7465.18	percent of total billed charges	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				442.13	7465.18	case rate	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				442.13	7465.18	case rate	
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				442.13	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			442.13	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2420.29	30.8			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				592.47	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				592.47	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				592.47	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	800				592.47	7465.18	fee schedule	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				592.47	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				592.47	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				592.47	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	592.47				592.47	7465.18	fee schedule	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				592.47	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				592.47	7465.18	case rate	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			592.47	7465.18	percent of total billed charges	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				592.47	7465.18	case rate	
EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	67961	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				592.47	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				145.27	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				145.27	7637.4	other	Payer-specific negotiated charge calculated as a perc

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			145.27	7637.4	percent of total billed charges	
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			145.27	7637.4	percent of total billed charges	
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				145.27	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			145.27	7637.4	percent of total billed charges	
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			145.27	7637.4	percent of total billed charges	
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				145.27	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			145.27	7637.4	percent of total billed charges	
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			145.27	7637.4	percent of total billed charges	
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	145.27				145.27	7637.4	fee schedule	
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				145.27	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				145.27	7637.4	case rate	
RCNSTJ EYELID FULL THICKNESS SECOND STAGE	67975	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			145.27	7637.4	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	First Trenton	First Trenton	888.62	90			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Aetna	Medicare	304.11	30.8			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Aetna	Better Health	300.55	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	First Health	First Health	691.15	70			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Consumer	Consumer	937.99	95			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Amerihealth	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Horizon	Indemnity	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Americare	Americare	740.52	75			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Horizon	Medicare Blue	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	UHC	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Horizon	MGD	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Managed Care Inc	Managed Care Inc	888.62	90			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89	80			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	United	Commercial/PPO	1835.46				125	1835.46	case rate	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	WellPoint	WellPoint	306.48	31.04			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				125	1835.46	case rate	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE EYELIDS	67999	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			125	1835.46	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Amerihealth	Medicare	1123.82				50.53	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Aetna	Better Health	1060.26	30.44			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Aetna	Commercial	1834.07				50.53	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Americare	Americare	2612.34	75			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Corrections	Corrections	2786.5	80			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Aetna	Medicare	1123.82				50.53	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	UHC	Medicare	1123.82				50.53	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	First Trenton	First Trenton	3134.81	90			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Consumer	Consumer	3308.96	95			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Horizon	PPO	2174.59				50.53	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Multiplan	Multiplan	2786.5	80			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Amerihealth	HMO/PPO	125				50.53	3308.96	fee schedule	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Horizon	Medicare Blue	1123.82				50.53	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	First Health	First Health	2438.18	70			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Qualcare	Qualcare	2612.34	75			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Managed Care Inc	Managed Care Inc	3134.81	90			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Horizon	NJ Health	50.53				50.53	3308.96	fee schedule	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	WellPoint	WellPoint	1081.16	31.04			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Wellcare	Medicare	1123.82				50.53	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Horizon	Indemnity	2174.59				50.53	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Three Rivers	Three Rivers	3308.96	95			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Horizon	MGD	2174.59				50.53	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	United	Oxford	2567.79				50.53	3308.96	case rate	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	UHC	Medicaid	1060.26	30.44			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	Wellcare	Medicaid	1060.26	30.44			50.53	3308.96	percent of total billed charges	
INCISION CONJUNCTIVA DRAINAGE OF CYST	68020	CPT				outpatient			3483.12	1292.39	United	Commercial/PPO	2567.79				50.53	3308.96	case rate	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				65.77	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				65.77	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	300				65.77	7465.18	fee schedule	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2420.29	30.8			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				65.77	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				65.77	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				65.77	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	65.77				65.77	7465.18	fee schedule	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				65.77	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				65.77	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	1871.51				65.77	7465.18	case rate	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			65.77	7465.18	percent of total billed charges	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	United	Oxford	1871.51				65.77	7465.18	case rate	
BIOPSY CONJUNCTIVA	68100	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				65.77	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				78.3	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				78.3	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2420.29	30.8			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	300				78.3	7465.18	fee schedule	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				78.3	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				78.3	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				78.3	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				78.3	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				78.3	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				78.3	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	78.3				78.3	7465.18	fee schedule	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			78.3	7465.18	percent of total billed charges	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				78.3	7465.18	case rate	
EXCISION LESION CONJUNCTIVA <1 CM	68110	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				78.3	7465.18	case rate	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	300				109.62	7637.4	fee schedule	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	United	Commercial/PPO	2859.28				109.62	7637.4	case rate	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	109.62				109.62	7637.4	fee schedule	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			109.62	7637.4	percent of total billed charges	
EXCISION LESION CONJUNCTIVA > 1 CM	68115	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				109.62	7637.4	case rate	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	First Trenton	First Trenton	1265.92	90			46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Aetna	Better Health	428.16	30.44			46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Aetna	Medicare	463.01			

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Amerihealth	HMO/PPO	125				46.12	1835.46	fee schedule	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Horizon	PPO	895.92				46.12	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Wellcare	Medicare	463.01				46.12	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Multiplan	Multiplan	1125.26	80			46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Amerihealth	Medicare	463.01				46.12	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Managed Care Inc	Managed Care Inc	1265.92	90			46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Corrections	Corrections	1125.26	80		435.07	46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Americare	Americare	1054.94	75			46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	First Health	First Health	984.61	70			46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	UHC	Medicare	463.01				46.12	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Horizon	NJ Health	46.12				46.12	1835.46	fee schedule	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Qualcare	Qualcare	1054.94	75			46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Horizon	Indemnity	895.92				46.12	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	WellPoint	WellPoint	436.6	31.04			46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	United	Oxford	1835.46				46.12	1835.46	case rate	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Three Rivers	Three Rivers	1336.25	95			46.12	1835.46	percent of total billed charges	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Horizon	Medicare Blue	463.01			181.51	46.12	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	United	CommercialPPO	1835.46				46.12	1835.46	case rate	
SUBCONJUNCTIVAL INJECTION	68200	CPT				outpatient			1406.58	532.46	Wellcare	Medicaid	428.16	30.44			46.12	1835.46	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Corrections	Corrections	6286.46	80			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Americare	Americare	5893.56	75			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Aetna	Better Health	2392	30.44			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				694.78	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Amerihealth	Medicare	2706.98				694.78	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				694.78	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79				694.78	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				694.78	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Amerihealth	HMO/PPO	800				694.78	7465.18	fee schedule	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Aetna	Medicare	2706.98			2174.49	694.78	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				694.78	7465.18	case rate	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Horizon	NJ Health	694.78			5.83	694.78	7465.18	fee schedule	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				694.78	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	First Health	First Health	5500.66	70			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	UHC	Medicaid	2392	30.44			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				694.78	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01				694.78	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	United	CommercialPPO	2859.28				694.78	7465.18	case rate	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			694.78	7465.18	percent of total billed charges	
CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	68320	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04			694.78	7465.18	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	First Trenton	First Trenton	11692.57	90			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Aetna	Better Health	3954.69	30.44			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Multiplan	Multiplan	10393.39	80			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Amerihealth	Medicare	4375.57				800	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Americare	Americare	9743.81	75			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Aetna	Medicare	4375.57				800	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Corrections	Corrections	10393.39	80			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Aetna	Commercial	7140.93			6534.19	800	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Horizon	NJ Health	852.62				800	12342.15	fee schedule	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Horizon	PPO	8466.73				800	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Qualcare	Qualcare	9743.81	75			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Consumer	Consumer	12342.15	95			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Amerihealth	HMO/PPO	800				800	12342.15	fee schedule	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	First Health	First Health	9094.22	70			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Wellcare	Medicare	4375.57				800	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Horizon	Medicare Blue	4375.57				800	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Managed Care Inc	Managed Care Inc	11692.57	90			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	WellPoint	WellPoint	4032.64	31.04			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Horizon	Indemnity	8466.73				800	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	United	Oxford	3596.76				800	12342.15	case rate	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Three Rivers	Three Rivers	12342.15	95			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Horizon	MGD	8466.73				800	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	UHC	Medicaid	3954.69	30.44			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	Wellcare	Medicaid	3954.69	30.44			800	12342.15	percent of total billed charges	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	United	CommercialPPO	3596.76				800	12342.15	case rate	
CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	68326	CPT				outpatient			12991.74	5031.91	UHC	Medicare	4375.57				800	12342.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Aetna	Commercial	4318.89			670.77	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Qualcare	Qualcare	6012.93	75			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Aetna	Medicare	2646.38				670.77	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Amerihealth	HMO/PPO	800				670.77	7616.38	fee schedule	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Consumer	Consumer	7616.38	95			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Aetna	Better Health	2440.45	30.44			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Horizon	MGD	5120.75				670.77	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Horizon	Medicare Blue	2646.38				670.77	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Americare	Americare	6012.93	75			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	UHC	Medicaid	2440.45	30.44			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Corrections	Corrections	6413.79	80			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Amerihealth	Medicare	2646.38				670.77	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Multiplan	Multiplan	6413.79	80			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	First Trenton	First Trenton	7215.52	90			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Horizon	NJ Health	670.77				670.77	7616.38	fee schedule	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	United	Oxford	2859.28				670.77	7616.38	case rate	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Three Rivers	Three Rivers	7616.38	95			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Horizon	PPO	5120.75				670.77	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	First Health	First Health	5612.07	70			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Managed Care Inc	Managed Care Inc	7215.52	90			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Horizon	Indemnity	5120.75				670.77	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	UHC	Medicare	2646.38				670.77	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	United	CommercialPPO	2859.28				670.77	7616.38	case rate	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Wellcare	Medicare	2646.38				670.77	7616.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	Wellcare	Medicaid	2440.45	30.44			670.77	7616.38	percent of total billed charges	
RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	68330	CPT				outpatient			8017.24	3043.34	WellPoint	WellPoint	2488.55	31.04			670.77	7616.38	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				670.77	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				670.77	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				670.77	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				670.77	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				670.77	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				670.77	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				670.77	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				670.77	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				670.77	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	United	CommercialPPO	2859.28				670.77	7637.4	case rate	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	800				670.77	7637.4	fee schedule	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	670.77				670.77	7637.4	fee schedule	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			670.77	7637.4	percent of total billed charges	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				670.77	7637.4	case rate	
RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	68340	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			670.77	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL GLAND	68400	CPT				outpatient			3483.12	1292.39	Aetna	Medicare	1072.8	30.8			125	3308.96	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL GLAND	68400	CPT				outpatient			3483.12	1292.39	Amerihealth	HMO/PPO	125				125	3308.96	fee schedule	
INCISION&DRAINAGE LACRIMAL GLAND	68400	CPT				outpatient			3483.12	1292.39	Aetna	Better Health	1060.26	30.44			125	3308.96	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL GLAND	68400	CPT				outpatient			3483.12	1292.39	Corrections	Corrections	2786.5	80			125	3308.96	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL GLAND	68400	CPT				outpatient			3483.12	1292.39	Horizon	Indemnity	2174.59				125	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL GLAND	68400	CPT				outpatient			3483.12	1292.39	Aetna	Commercial	1834.07				125	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL GLAND	68400	CPT				outpatient			3483.12	1292.39	Consumer	Consumer	3308.96

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INCISION&DRAINAGE LACRIMAL GLAND	68400	CPT				outpatient			3483.12	1292.39	Wellcare	Medicare	1123.82				125	3308.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				116.85	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				116.85	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				116.85	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				116.85	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				116.85	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	550				116.85	7637.4	fee schedule	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				116.85	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				116.85	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				116.85	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	United	Commercial/PPO	1871.51				116.85	7637.4	case rate	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				116.85	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	United	Oxford	1871.51				116.85	7637.4	case rate	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	116.85				116.85	7637.4	fee schedule	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			116.85	7637.4	percent of total billed charges	
INCISION&DRAINAGE LACRIMAL SAC	68420	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			116.85	7637.4	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	First Trenton	First Trenton	888.62	90			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Aetna	Better Health	300.55	30.44			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Aetna	Medicare	346.85			293.68	58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89	80			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Americare	Americare	740.52	75			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Consumer	Consumer	937.99	95			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Amerihealth	Medicare	346.85				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06			496.59	58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	WellPoint	WellPoint	306.48	31.04		296.5	58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	First Health	First Health	691.15	70			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Horizon	Medicare Blue	346.85				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Amerihealth	HMO/PPO	125				58.46	1835.46	fee schedule	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Horizon	Indemnity	671.15				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Managed Care Inc	Managed Care Inc	888.62	90			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	United	Commercial/PPO	1835.46				58.46	1835.46	case rate	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44		290.69	58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Horizon	MGD	671.15			563.47	58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	UHC	Medicare	346.85				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44			58.46	1835.46	percent of total billed charges	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Horizon	NJ Health	58.46				58.46	1835.46	fee schedule	
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				58.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNIP INCISION LACRIMAL PUNCTUM	68440	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				58.46	1835.46	case rate	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Aetna	Better Health	2447.18	30.44			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Americare	Americare	6029.53	75			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Amerihealth	HMO/PPO	300				109.62	7637.4	fee schedule	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Amerihealth	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Consumer	Consumer	7637.4	95			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Aetna	Commercial	4417.79				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	UHC	Medicaid	2447.18	30.44			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Horizon	MGD	5238.01				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Multiplan	Multiplan	6431.5	80			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Managed Care Inc	Managed Care Inc	7235.43	90			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	First Health	First Health	5627.56	70			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	First Trenton	First Trenton	7235.43	90			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Corrections	Corrections	6431.5	80			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Aetna	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	United	Commercial/PPO	2859.28				109.62	7637.4	case rate	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	UHC	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Wellcare	Medicare	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Three Rivers	Three Rivers	7637.4	95			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Wellcare	Medicaid	2447.18	30.44			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Qualcare	Qualcare	6029.53	75			109.62	7637.4	percent of total billed charges	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Horizon	Indemnity	5238.01				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Horizon	Medicare Blue	2706.98				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Horizon	NJ Health	109.62				109.62	7637.4	fee schedule	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	Horizon	PPO	5238.01				109.62	7637.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	United	Oxford	2859.28				109.62	7637.4	case rate	
BIOPSY LACRIMAL GLAND	68510	CPT				outpatient			8039.37	3113.03	WellPoint	WellPoint	2495.42	31.04			109.62	7637.4	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	First Health	First Health	691.15	70			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	First Trenton	First Trenton	888.62	90			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Aetna	Better Health	300.55	30.44			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Aetna	Medicare	304.11	30.8			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Consumer	Consumer	937.99	95			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Amerihealth	Medicare	346.85				189.49	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06				189.49	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89	80			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Horizon	Indemnity	671.15				189.49	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Horizon	Medicare Blue	346.85				189.49	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Amerihealth	HMO/PPO	300				189.49	1835.46	fee schedule	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Horizon	NJ Health	189.49				189.49	1835.46	fee schedule	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	UHC	Medicare	346.85				189.49	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Americare	Americare	740.52	75			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				189.49	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				189.49	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Horizon	MGD	671.15				189.49	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	United	Commercial/PPO	1835.46				189.49	1835.46	case rate	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Managed Care Inc	Managed Care Inc	888.62	90			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				189.49	1835.46	case rate	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44		398.51	189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44			189.49	1835.46	percent of total billed charges	
RMVL FB/DACRYOLITH LACRIMAL PASSAGES	68530	CPT				outpatient			987.36	398.88	WellPoint	WellPoint	306.48	31.04			189.49	1835.46	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Corrections	Corrections	6541.06	80			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Aetna	Medicare	2518.31	30.8		1309.54	328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Amerihealth	Medicare	2706.98				328.86	7767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	First Trenton	First Trenton	7358.69	90			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Horizon	MGD	5238.01				328.86	7767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Aetna	Better Health	2488.87	30.44			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Aetna	Commercial	4417.79				328.86	7767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	UHC	Medicaid	2488.87	30.44			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Americare	Americare	6132.24	75			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	First Health	First Health	5723.42	70			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Amerihealth	HMO/PPO	550				328.86	7767.5	fee schedule	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Managed Care Inc	Managed Care Inc	7358.69	90			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Horizon	Indemnity	5238.01				328.86	7767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Consumer	Consumer	7767.5	95			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	UHC	Medicare	2706.98				328.86	7767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Horizon	Medicare Blue	2706.98				328.86	7767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Wellcare	Medicare	2706.98				328.86	7767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Horizon	NJ Health	328.86				328.86	7767.5	fee schedule	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	United	Commercial/PPO	2859.28				328.86	7767.5	case rate	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Multiplan	Multiplan	6541.06	80			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	WellPoint	WellPoint	2537.93	31.04			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Horizon	PPO	5238.01				328.86	7767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Qualcare	Qualcare	6132.24	75			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	United	Oxford	2859.28				328.86	7767.5	case rate	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Three Rivers	Three Rivers	7767.5	95			328.86	7767.5	percent of total billed charges	
PLASTIC REPAIR CANALICULI	68700	CPT				outpatient			8176.32	3113.03	Wellcare	Medicaid	2488.87	30.44			328.86	7767.5	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Aetna	Better Health	305.07	30.44			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Consumer	Consumer	952.1	95			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Corrections	Corrections	801.77	80			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Amerihealth	Medicare	346.85				84.04	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	First Health	First Health	701.55	70			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Aetna	Commercial	566.06				84.04	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	First Trenton	First Trenton	901.99	90			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Aetna	Medicare	346.85				84.04	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Amerihealth	HMO/PPO	125				84.04	1835.46	fee schedule	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Multiplan	Multiplan	801.77	80			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Horizon	Indemnity	671.15				84.04	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Americare	Americare	751.66	75			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21	398.88	Horizon	Medicare Blue	346.85				84.04	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION EVERTED PUNC

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21		398.88 Horizon	PPO	671.15				84.04	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21		398.88 UHC	Medicare	346.85				84.04	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21		398.88 Managed Care Inc	Managed Care Inc	901.99	90			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21		398.88 Wellcare	Medicaid	305.07	30.44			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21		398.88 UHC	Medicaid	305.07	30.44			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21		398.88 Three Rivers	Three Rivers	952.1	95			84.04	1835.46	percent of total billed charges	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21		398.88 United	Commercial|PPO	1835.46				84.04	1835.46	case rate	
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21		398.88 Wellcare	Medicare	346.85				84.04	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION EVERTED PUNCTUM CAUTERY	68705	CPT				outpatient			1002.21		398.88 WellPoint	WellPoint	311.09	31.04			84.04	1835.46	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Aetna	Better Health	4049.03	30.44			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Aetna	Commercial	7140.93				759.67	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Horizon	Indemnity	8466.73				759.67	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Aetna	Medicare	4375.57				759.67	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 First Health	First Health	9311.18	70			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Americare	Americare	9976.26	75			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 First Trenton	First Trenton	11971.51	90			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Amerihealth	Medicare	4375.57				759.67	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Amerihealth	HMO|PPO	800				759.67	12636.6	fee schedule	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Multiplan	Multiplan	10641.34	80			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Horizon	PPO	8466.73				759.67	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Corrections	Corrections	10641.34	80			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Horizon	Medicare Blue	4375.57				759.67	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Consumer	Consumer	12636.6	95			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Managed Care Inc	Managed Care Inc	11971.51	90			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Horizon	MGD	8466.73				759.67	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 United	Oxford	3596.76				759.67	12636.6	case rate	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Qualcare	Qualcare	9976.26	75			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 UHC	Medicaid	4049.03	30.44			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Horizon	NJ Health	759.67				759.67	12636.6	fee schedule	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Wellcare	Medicaid	4049.03	30.44			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Three Rivers	Three Rivers	12636.6	95			759.67	12636.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 UHC	Medicare	4375.57				759.67	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 Wellcare	Medicare	4375.57				759.67	12636.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 United	Commercial|PPO	3596.76				759.67	12636.6	case rate	
CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	68750	CPT				outpatient			13301.68		5031.91 WellPoint	WellPoint	4128.84	31.04			759.67	12636.6	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Aetna	Medicare	308.68	30.8			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Horizon	PPO	671.15				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Corrections	Corrections	801.77	80			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Amerihealth	HMO|PPO	300				109.62	1835.46	fee schedule	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Aetna	Commercial	566.06				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Horizon	Medicare Blue	346.85				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Aetna	Better Health	305.07	30.44			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Horizon	MGD	671.15				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Multiplan	Multiplan	801.77	80			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Wellcare	Medicare	346.85				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Americare	Americare	751.66	75			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Amerihealth	Medicare	346.85				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Consumer	Consumer	952.1	95			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 WellPoint	WellPoint	311.09	31.04			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 First Trenton	First Trenton	901.99	90			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 UHC	Medicaid	305.07	30.44			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Qualcare	Qualcare	751.66	75			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 First Health	First Health	701.55	70			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Horizon	NJ Health	109.62				109.62	1835.46	fee schedule	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 UHC	Medicare	346.85				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Horizon	Indemnity	671.15				109.62	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Managed Care Inc	Managed Care Inc	901.99	90			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 United	Commercial|PPO	1835.46				109.62	1835.46	case rate	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Three Rivers	Three Rivers	952.1	95			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 United	Oxford	1835.46				109.62	1835.46	case rate	
CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	68760	CPT				outpatient			1002.21		398.88 Wellcare	Medicaid	305.07	30.44			109.62	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Multiplan	Multiplan	789.89	80			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Aetna	Better Health	300.55	30.44			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Americare	Americare	740.52	75			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Corrections	Corrections	789.89	80			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Aetna	Commercial	566.06			270.2	94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Aetna	Medicare	346.85				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 First Trenton	First Trenton	888.62	90			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Amerihealth	Medicare	346.85				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Qualcare	Qualcare	740.52	75			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Horizon	PPO	671.15			756.4	94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Amerihealth	HMO|PPO	300				94.74	1835.46	fee schedule	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Horizon	Medicare Blue	346.85				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Horizon	NJ Health	94.74			52.07	94.74	1835.46	fee schedule	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 First Health	First Health	691.15	70			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Managed Care Inc	Managed Care Inc	888.62	90			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Consumer	Consumer	937.99	95			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Wellcare	Medicare	346.85				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 WellPoint	WellPoint	306.48	31.04		296.5	94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Horizon	Indemnity	671.15				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 UHC	Medicaid	300.55	30.44		299.82	94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 UHC	Medicare	346.85				94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Three Rivers	Three Rivers	937.99	95			94.74	1835.46	percent of total billed charges	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Horizon	MGD	671.15			850.15	94.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 United	Oxford	1835.46				94.74	1835.46	case rate	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 United	Commercial|PPO	1835.46				94.74	1835.46	case rate	
CLSR LACRIMAL PUNCTUM PLUG EACH	68761	CPT				outpatient			987.36		398.88 Wellcare	Medicaid	300.55	30.44			94.74	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Corrections	Corrections	1125.26	80			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Horizon	Medicare Blue	463.01				59.38	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Amerihealth	HMO|PPO	300				59.38	1835.46	fee schedule	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Aetna	Better Health	428.16	30.44			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Aetna	Commercial	755.63				59.38	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Amerihealth	Medicare	463.01				59.38	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 First Trenton	First Trenton	1265.92	90			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Americare	Americare	1054.94	75			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Multiplan	Multiplan	1125.26	80			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 UHC	Medicare	463.01				59.38	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 First Health	First Health	984.61	70			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Aetna	Medicare	463.01				59.38	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Qualcare	Qualcare	1054.94	75			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Horizon	Indemnity	895.92				59.38	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Horizon	MGD	895.92				59.38	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Consumer	Consumer	1336.25	95			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Wellcare	Medicare	463.01				59.38	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Horizon	PPO	895.92				59.38	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Horizon	NJ Health	59.38				59.38	1835.46	fee schedule	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 United	Oxford	1835.46				59.38	1835.46	case rate	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Managed Care Inc	Managed Care Inc	1265.92	90			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 United	Commercial|PPO	1835.46				59.38	1835.46	case rate	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Three Rivers	Three Rivers	1336.25	95			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 Wellcare	Medicaid	428.16	30.44			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 UHC	Medicaid	428.16	30.44			59.38	1835.46	percent of total billed charges	
DILATION LACRIMAL PUNCTUM W/WO IRRGATION	68801	CPT				outpatient			1406.58		532.46 WellPoint	WellPoint	436.6	31.04			59.38	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Qualcare	Qualcare	740.52	75			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Aetna	Medicare	304.11	30.8			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 First Health	First Health	691.15	70			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Amerihealth	Medicare	346.85				52.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Aetna	Better Health	300.55	30.44			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Aetna	Commercial	566.06				52.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Consumer	Consumer	937.99	95			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 United	Commercial|PPO	1835.46				52.2	1835.46	case rate	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Multiplan	Multiplan	789.89	80			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Americare	Americare	740.52	75			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Horizon	NJ Health	52.2			43.51	52.2	1835.46	fee schedule	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Horizon	Indemnity	671.15				52.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Corrections	Corrections	789.89	80			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Amerihealth	HMO|PPO	300				52.2	1835.46	fee schedule	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Three Rivers	Three Rivers	937.99	95			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 UHC	Medicare	346.85				52.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 First Trenton	First Trenton	888.62	90			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Horizon	Medicare Blue	346.85				52.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Wellcare	Medicare	346.85				52.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Wellcare	Medicaid	300.55	30.44			52.2	1835.46	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Horizon	MGD	671.15				52.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Horizon	PPO	671.15			630.03	52.2	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	68810	CPT				outpatient			987.36		398.88 Managed Care In

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Aetna	Commercial	4417.79			3851.46	171.66	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	UHC	Medicare	2706.98				171.66	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Multiplan	Multiplan	6286.46	80			171.66	7465.18	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Horizon	PPO	5238.01				171.66	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Consumer	Consumer	7465.18	95			171.66	7465.18	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	United	Commercial/PPO	2859.28				171.66	7465.18	case rate	
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Horizon	Indemnity	5238.01				171.66	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Horizon	Medicare Blue	2706.98				171.66	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	First Trenton	First Trenton	7072.27	90			171.66	7465.18	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Wellcare	Medicare	2706.98				171.66	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Qualcare	Qualcare	5893.56	75			171.66	7465.18	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	United	Oxford	2859.28				171.66	7465.18	case rate	
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Horizon	MGD	5238.01			4484.49	171.66	7465.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	WellPoint	WellPoint	2439.15	31.04		2359.78	171.66	7465.18	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Wellcare	Medicaid	2392	30.44			171.66	7465.18	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Managed Care Inc	Managed Care Inc	7072.27	90			171.66	7465.18	percent of total billed charges	
PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	68815	CPT				outpatient			7858.08	3113.03	Three Rivers	Three Rivers	7465.18	95			171.66	7465.18	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Americare	Americare	740.52	75			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Aetna	Better Health	300.55	30.44			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Aetna	Medicare	346.85			304.3	29.23	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Aetna	Commercial	566.06			354.62	29.23	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Amerihealth	Medicare	346.85				29.23	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	First Health	First Health	691.15	70			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Horizon	MGD	671.15				29.23	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Qualcare	Qualcare	740.52	75			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Amerihealth	HMO/PPO	300				29.23	1835.46	fee schedule	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Consumer	Consumer	937.99	95			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Horizon	NJ Health	29.23			30.76	29.23	1835.46	fee schedule	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	First Trenton	First Trenton	888.62	90			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	UHC	Medicaid	300.55	30.44		295.52	29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Horizon	Medicare Blue	346.85				29.23	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	WellPoint	WellPoint	306.48	31.04		306.56	29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	United	Commercial/PPO	1835.46				29.23	1835.46	case rate	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Corrections	Corrections	789.89	80			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Managed Care Inc	Managed Care Inc	888.62	90			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Multiplan	Multiplan	789.89	80			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	UHC	Medicare	346.85			298.78	29.23	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Horizon	Indemnity	671.15				29.23	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Wellcare	Medicare	346.85				29.23	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Three Rivers	Three Rivers	937.99	95			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Horizon	PPO	671.15				29.23	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	Wellcare	Medicaid	300.55	30.44			29.23	1835.46	percent of total billed charges	
PROBE LACRIMAL CANALICULI W/WO IRRIGATION	68840	CPT				outpatient			987.36	398.88	United	Oxford	1835.46				29.23	1835.46	case rate	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Americare	Americare	4273.38	75			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Aetna	Commercial	2165.18	38			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Aetna	Better Health	1734.42	30.44			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Amerihealth	HMO/PPO	125				66.32	5412.95	fee schedule	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Wellcare	Medicaid	1734.42	30.44			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Aetna	Medicare	1754.93	30.8			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Horizon	Indemnity	2181.13	38.28			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		First Health	First Health	3988.49	70			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Horizon	PPO	2181.13	38.28			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Horizon	MGD	2181.13	38.28			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Consumer	Consumer	5412.95	95			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Multiplan	Multiplan	4558.27	80			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Three Rivers	Three Rivers	5412.95	95			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		UHC	Medicaid	1734.42	30.44			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Qualcare	Qualcare	4273.38	75			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		United	Commercial/PPO	1835.46				66.32	5412.95	case rate	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Corrections	Corrections	4558.27	80			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		WellPoint	WellPoint	1768.61	31.04			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		First Trenton	First Trenton	5128.06	90			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Horizon	Medicare Blue	1709.35	30			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Horizon	NJ Health	66.32				66.32	5412.95	fee schedule	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		Managed Care Inc	Managed Care Inc	5128.06	90			66.32	5412.95	percent of total billed charges	
INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	68850	CPT				outpatient			5697.84		United	Oxford	1835.46				66.32	5412.95	case rate	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Aetna	Commercial	566.06				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	United	Oxford	1835.46				125	1835.46	case rate	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Aetna	Better Health	326.94	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	First Health	First Health	751.84	70			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Americare	Americare	805.55	75			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	First Trenton	First Trenton	966.65	90			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Consumer	Consumer	1020.36	95			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Qualcare	Qualcare	805.55	75			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Amerihealth	HMO/PPO	125				125	1835.46	fee schedule	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Managed Care Inc	Managed Care Inc	966.65	90			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Aetna	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Horizon	Indemnity	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Amerihealth	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	UHC	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Corrections	Corrections	859.25	80			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	UHC	Medicaid	326.94	30.44			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Horizon	MGD	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Wellcare	Medicare	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Horizon	Medicare Blue	346.85				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Multiplan	Multiplan	859.25	80			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Horizon	PPO	671.15				125	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Three Rivers	Three Rivers	1020.36	95			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	WellPoint	WellPoint	333.39	31.04			125	1835.46	percent of total billed charges	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	United	Commercial/PPO	1835.46				125	1835.46	case rate	
UNLISTED PROCEDURE LACRIMAL SYSTEM	68899	CPT				outpatient			1074.06	398.88	Wellcare	Medicaid	326.94	30.44			125	1835.46	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Aetna	Medicare	816.39				80.54	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Consumer	Consumer	2409.9	95			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Aetna	Better Health	772.18	30.44			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Horizon	NJ Health	80.54			137.88	80.54	2409.9	fee schedule	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Horizon	MGD	1579.71				80.54	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Aetna	Commercial	1332.35				80.54	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Amerihealth	HMO/PPO	125				80.54	2409.9	fee schedule	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	First Trenton	First Trenton	2283.07	90			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	United	Oxford	1871.51				80.54	2409.9	case rate	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Corrections	Corrections	2029.39	80			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Amerihealth	Medicare	816.39				80.54	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Qualcare	Qualcare	1902.56	75			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	First Health	First Health	1775.72	70			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Americare	Americare	1902.56	75			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Horizon	Indemnity	1579.71				80.54	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Horizon	PPO	1579.71				80.54	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Horizon	Medicare Blue	816.39				80.54	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Multiplan	Multiplan	2029.39	80			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Wellcare	Medicaid	772.18	30.44			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	UHC	Medicaid	772.18	30.44			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Three Rivers	Three Rivers	2409.9	95			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Managed Care Inc	Managed Care Inc	2283.07	90			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	UHC	Medicare	816.39				80.54	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	Wellcare	Medicare	816.39				80.54	2409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	United	Commercial/PPO	1871.51				80.54	2409.9	case rate	
DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	69000	CPT				outpatient			2536.74	938.85	WellPoint	WellPoint	797.4	31.04			80.54	2409.9	percent of total billed charges	
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Horizon	Indemnity	1579.71				65.77	2255.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Aetna	Better Health	722.82	30.44			65.77	2255.83	percent of total billed charges	
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Americare	Americare	1780.92	75			65.77	2255.83	percent of total billed charges	
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Aetna	Medicare	816.39				65.77	2255.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	First Trenton	First Trenton	2137.1	90			65.77	2255.83	percent of total billed charges	
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Horizon	Medicare Blue	816.39				65.77	2255.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Aetna	Commercial	1332.35				65.77	2255.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Amerihealth	Medicare	816.39				65.77	2255.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Horizon	PPO	1579.71				65.77	2255.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Amerihealth	HMO/PPO	125				65.77	2255.83	fee schedule	
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Wellcare	Medicare	816.39				65.77	2255.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Consumer	Consumer	2255.83	95			65.77	2255.83	percent of total billed charges	
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Three Rivers	Three Rivers	2255.83	95			65.77	2255.83	percent of total billed charges	
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	UHC	Medicare	816.39				65.77	2255.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Horizon	NJ Health	65.77			41.92	65.77	2255.83	fee schedule	
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Corrections	Corrections	1899.65	80			65.77	2255.83	percent of total billed charges	
DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT				outpatient			2374.56	938.85	Managed Care Inc	Managed

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	First Trenton	First Trenton	766.16				65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Aetna	Better Health	259.13	30.44			65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	UHC	Medicaid	259.13	30.44			65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Amerihealth	HMO/PPO	125				65.77	1835.46	fee schedule	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Horizon	Indemnity	521.39				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Corrections	Corrections	681.03	80			65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Multiplan	Multiplan	681.03	80			65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Horizon	Medicare Blue	269.45				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Horizon	MGD	521.39			338.86	65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Consumer	Consumer	808.73	95			65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	UHC	Medicare	269.45				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Horizon	NJ Health	65.77			22.18	65.77	1835.46	fee schedule	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Qualcare	Qualcare	638.47	75			65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Managed Care Inc	Managed Care Inc	766.16	90			65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	United	Commercial/PPO	1835.46				65.77	1835.46	case rate	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Horizon	PPO	521.39				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Three Rivers	Three Rivers	808.73	95			65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Wellcare	Medicare	269.45				65.77	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	Wellcare	Medicaid	259.13	30.44			65.77	1835.46	percent of total billed charges	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	United	Oxford	1835.46				65.77	1835.46	case rate	
BIOPSY EXTERNAL EAR	69100	CPT				outpatient			851.29	309.87	WellPoint	WellPoint	264.24	31.04			65.77	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Aetna	Better Health	131.65	30.44		98.1	47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Americare	Americare	324.36	75			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Horizon	PPO	289.42				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Horizon	NJ Health	47.5			95.02	47.5	1835.46	fee schedule	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Aetna	Commercial	244.1			91.69	47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Amerihealth	Medicare	149.57				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Horizon	MGD	289.42				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Aetna	Medicare	149.57				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	First Trenton	First Trenton	389.23	90			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Horizon	Medicare Blue	149.57				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Wellcare	Medicare	149.57				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Multiplan	Multiplan	345.98	80			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Amerihealth	HMO/PPO	125				47.5	1835.46	fee schedule	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Consumer	Consumer	410.86	95			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	UHC	Medicaid	131.65	30.44		104.92	47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Corrections	Corrections	345.98	80			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	United	Oxford	1835.46				47.5	1835.46	case rate	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	WellPoint	WellPoint	134.24	31.04		131.92	47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Qualcare	Qualcare	324.36	75			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	First Health	First Health	302.74	70			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Wellcare	Medicaid	131.65	30.44			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Three Rivers	Three Rivers	410.86	95			47.5	1835.46	percent of total billed charges	
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	UHC	Medicare	149.57			74.88	47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	Horizon	Indemnity	289.42				47.5	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB XTRNL AUDITORY CANAL W/O ANES	69200	CPT				outpatient			432.48	172.01	United	Commercial/PPO	1835.46				47.5	1835.46	case rate	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	First Trenton	First Trenton	226.75	90			18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Three Rivers	Three Rivers	239.34	95			18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Consumer	Consumer	239.34	95			18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Amerihealth	Medicare	68.92				18.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Qualcare	Qualcare	188.96	75			18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Aetna	Medicare	68.92			21	18.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Aetna	Commercial	112.48				18.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Aetna	Better Health	76.69	30.44		78.69	18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Horizon	Indemnity	133.36				18.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	United	Commercial/PPO	1835.46				18.92	1835.46	case rate	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Corrections	Corrections	201.55	80			18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Horizon	Medicare Blue	68.92				18.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Horizon	PPO	133.36				18.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Amerihealth	HMO/PPO	125				18.92	1835.46	fee schedule	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Americare	Americare	188.96	75			18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Horizon	NJ Health	18.92			29.28	18.92	1835.46	fee schedule	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Managed Care Inc	Managed Care Inc	226.75	90			18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	United	Oxford	1835.46				18.92	1835.46	case rate	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Wellcare	Medicaid	76.69	30.44		45.6	18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	First Health	First Health	176.36	70			18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	UHC	Medicaid	76.69	30.44		61.28	18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Wellcare	Medicare	68.92				18.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Horizon	MGD	133.36			29.86	18.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	WellPoint	WellPoint	78.2	31.04		40.23	18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	Multiplan	Multiplan	201.55	80			18.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	69209	CPT				outpatient			251.94	79.26	UHC	Medicare	68.92			34.35	18.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Aetna	Medicare	68.92			35.45	68.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Corrections	Corrections	210.53	80			68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Consumer	Consumer	250	95			68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Three Rivers	Three Rivers	250	95			68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Amerihealth	Medicare	68.92				68.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Aetna	Better Health	80.11	30.44		77.48	68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Americare	Americare	197.37	75			68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Aetna	Commercial	112.48			51.54	68.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Horizon	Medicare Blue	68.92			32.85	68.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	UHC	Medicare	68.92			58.98	68.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Horizon	PPO	133.36			86.16	68.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	United	Commercial/PPO	1835.46				68.92	1835.46	case rate	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Horizon	NJ Health	75.27			43.01	68.92	1835.46	fee schedule	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	First Trenton	First Trenton	236.84	90			68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Multiplan	Multiplan	210.53	80			68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Amerihealth	HMO/PPO	125				68.92	1835.46	fee schedule	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	WellPoint	WellPoint	81.68	31.04		61.94	68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Wellcare	Medicaid	80.11	30.44		66.28	68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Qualcare	Qualcare	197.37	75			68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	United	Oxford	1835.46				68.92	1835.46	case rate	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	UHC	Medicaid	80.11	30.44		76.4	68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Managed Care Inc	Managed Care Inc	236.84	90			68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Wellcare	Medicare	68.92			53	68.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	First Health	First Health	184.21	70			68.92	1835.46	percent of total billed charges	
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Horizon	Indemnity	133.36			99.38	68.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	69210	CPT				outpatient			263.16	79.26	Horizon	MGD	133.36			92.22	68.92	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	First Health	First Health	470.53	70			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Aetna	Medicare	207.03	30.8			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Horizon	Medicare Blue	230.56				62.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Aetna	Better Health	204.61	30.44			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Consumer	Consumer	638.57	95			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Aetna	Commercial	376.27				62.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Amerihealth	Medicare	230.56				62.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Corrections	Corrections	537.74	80			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Wellcare	Medicare	230.56				62.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Americare	Americare	504.14	75			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	UHC	Medicare	230.56				62.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Multiplan	Multiplan	537.74	80			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	First Trenton	First Trenton	604.96	90			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Wellcare	Medicaid	204.61	30.44			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Horizon	Indemnity	446.13				62.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Qualcare	Qualcare	504.14	75			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Horizon	MGD	446.13				62.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Amerihealth	HMO/PPO	125				62.46	1835.46	fee schedule	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Horizon	PPO	446.13				62.46	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Horizon	NJ Health	62.46				62.46	1835.46	fee schedule	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	United	Commercial/PPO	1835.46				62.46	1835.46	case rate	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Managed Care Inc	Managed Care Inc	604.96	90			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	WellPoint	WellPoint	208.64	31.04			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	Three Rivers	Three Rivers	638.57	95			62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	UHC	Medicaid	204.61	30.44		197.9	62.46	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	69220	CPT				outpatient			672.18	265.14	United	Oxford	1835.46				62.46	1835.46	case rate	
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Aetna	Commercial	964.33				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Aetna	Better Health	584.98	30.44			91.35	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Corrections	Corrections	1537.41	80			91.35	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Amerihealth	Medicare	590.89				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	UHC	Medicare	590.89				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	First Health	First Health	1345.23	70			91.35	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Aetna	Medicare	591.9	30.8			91.35	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Americare	Americare	1441.32	75			91.35	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Multiplan	Multiplan	1537.41	80			91.35	1835.46	percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Horizon	MGD	1143.37				91.35	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Horizon	Indemnity	1143.37

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	WellPoint	WellPoint	596.51	31.04			91.35		1835.46 percent of total billed charges	
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	United	Oxford	1835.46				91.35		1835.46 case rate	
DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	69222	CPT				outpatient			1921.76	679.52	Wellcare	Medicaid	584.98	30.44			91.35		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Amerihealth	HMO/PPO	300				87.7		1835.46 fee schedule	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Consumer	Consumer	734.5	95			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	First Trenton	First Trenton	695.84	90			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Amerihealth	Medicare	269.45				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	First Health	First Health	541.21	70			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Aetna	Commercial	439.74				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Horizon	PPO	521.39				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Aetna	Better Health	235.35	30.44			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Horizon	Indemnity	521.39				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Horizon	NJ Health	87.7				87.7		1835.46 fee schedule	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Managed Care Inc	Managed Care Inc	695.84	90			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Corrections	Corrections	618.53	80			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	UHC	Medicare	269.45				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Aetna	Medicare	269.45				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	WellPoint	WellPoint	239.99	31.04			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Horizon	Medicare Blue	269.45				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	UHC	Medicaid	235.35	30.44			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Americare	Americare	579.87	75			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Three Rivers	Three Rivers	734.5	95			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Horizon	MGD	521.39				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Wellcare	Medicare	269.45				87.7		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Multiplan	Multiplan	618.53	80			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	United	CommercialPPO	1835.46				87.7		1835.46 case rate	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Qualcare	Qualcare	579.87	75			87.7		1835.46 percent of total billed charges	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	United	Oxford	1835.46				87.7		1835.46 case rate	
MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NRLTJ	69420	CPT				outpatient			773.16	309.87	Wellcare	Medicaid	235.35	30.44			87.7		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Aetna	Commercial	964.33				146.16		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Amerihealth	Medicare	590.89				146.16		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	First Trenton	First Trenton	1529.39	90			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Aetna	Better Health	517.27	30.44			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Horizon	Indemnity	1143.37				146.16		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	UHC	Medicare	590.89				146.16		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Amerihealth	HMO/PPO	300				146.16		1835.46 fee schedule	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Aetna	Medicare	590.89				146.16		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Horizon	Medicare Blue	590.89				146.16		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Multiplan	Multiplan	1359.46	80			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Horizon	PPO	1143.37				146.16		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Americare	Americare	1274.49	75			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	First Health	First Health	1189.52	70			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	United	CommercialPPO	1835.46				146.16		1835.46 case rate	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	UHC	Medicaid	517.27	30.44			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Consumer	Consumer	1614.35	95			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Wellcare	Medicaid	517.27	30.44			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Qualcare	Qualcare	1274.49	75			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	United	Oxford	1835.46				146.16		1835.46 case rate	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Horizon	MGD	1143.37				146.16		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Wellcare	Medicare	590.89				146.16		1835.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Corrections	Corrections	1359.46	80			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	WellPoint	WellPoint	527.47	31.04			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Managed Care Inc	Managed Care Inc	1529.39	90			146.16		1835.46 percent of total billed charges	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Horizon	NJ Health	146.16				146.16		1835.46 fee schedule	
TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	69433	CPT				outpatient			1699.32	679.52	Three Rivers	Three Rivers	1614.35	95			146.16		1835.46 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Amerihealth	HMO/PPO	950				950		5158.68 fee schedule	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Aetna	Better Health	1652.95	30.44			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	UHC	Medicare	1718.76				950		5158.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Amerihealth	Medicare	1718.76				950		5158.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Aetna	Medicare	1718.76				950		5158.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Corrections	Corrections	4344.15	80			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Aetna	Commercial	2805.02				950		5158.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Horizon	PPO	3325.8				950		5158.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	First Trenton	First Trenton	4887.17	90			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Consumer	Consumer	5158.68	95			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Americare	Americare	4072.64	75			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	First Health	First Health	3801.13	70			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Horizon	MGD	3325.8				950		5158.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Wellcare	Medicare	1718.76				950		5158.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Multiplan	Multiplan	4344.15	80			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	UHC	Medicaid	1652.95	30.44			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Managed Care Inc	Managed Care Inc	4887.17	90			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Horizon	NJ Health	1025.73				950		5158.68 fee schedule	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Qualcare	Qualcare	4072.64	75			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Horizon	Indemnity	3325.8				950		5158.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Three Rivers	Three Rivers	5158.68	95			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	United	CommercialPPO	2567.79				950		5158.68 case rate	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	United	Oxford	2567.79				950		5158.68 case rate	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Horizon	Medicare Blue	1718.76				950		5158.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	Wellcare	Medicaid	1652.95	30.44			950		5158.68 percent of total billed charges	
LABYRINTHOTOMY TRANSCANAL	69801	CPT				outpatient			5430.19	1976.57	WellPoint	WellPoint	1685.53	31.04			950		5158.68 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Multiplan	Multiplan	496.94	80			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Amerihealth	Medicare	102.17				18.6		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Aetna	Better Health	189.09	30.44			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Horizon	PPO	197.7				18.6		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Aetna	Commercial	166.74				18.6		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Horizon	MGD	197.7				18.6		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Aetna	Medicare	102.17				18.6		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Amerihealth	HMO/PPO	18.6				18.6		590.12 fee schedule	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Qualcare	Qualcare	465.89	75			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	First Health	First Health	434.83	70			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Americare	Americare	465.89	75			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Wellcare	Medicare	102.17				18.6		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Horizon	Indemnity	197.7				18.6		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	UHC	Medicaid	189.09	30.44			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Corrections	Corrections	496.94	80			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Horizon	Medicare Blue	102.17				18.6		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Wellcare	Medicaid	189.09	30.44			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Horizon	NJ Health	32.34			32.34	18.6		590.12 fee schedule	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Consumer	Consumer	590.12	95			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	WellPoint	WellPoint	192.81	31.04			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	First Trenton	First Trenton	559.06	90			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	UHC	Medicare	102.17				18.6		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Managed Care Inc	Managed Care Inc	559.06	90			18.6		590.12 percent of total billed charges	
RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	70100	CPT				both			621.18	117.5	Three Rivers	Three Rivers	590.12	95			18.6		590.12 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Amerihealth	Medicare	123.39				22.32		1269.39 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Aetna	Commercial	201.37				22.32		1269.39 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Consumer	Consumer	1269.39	95			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Qualcare	Qualcare	1002.15	75			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Corrections	Corrections	1068.96	80		312.93	22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Aetna	Better Health	406.74	30.44		277.95	22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	First Health	First Health	935.34	70			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	First Trenton	First Trenton	1202.58	90			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Horizon	Indemnity	238.76				22.32		1269.39 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Aetna	Medicare	123.39				22.32		1269.39 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Multiplan	Multiplan	1068.96	80			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Managed Care Inc	Managed Care Inc	1202.58	90			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Horizon	Medicare Blue	123.39				22.32		1269.39 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Horizon	NJ Health	39.2			50.44	22.32		1269.39 fee schedule	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Three Rivers	Three Rivers	1269.39	95			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Americare	Americare	1002.15	75			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Horizon	PPO	238.76				22.32		1269.39 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Amerihealth	HMO/PPO	22.32				22.32		1269.39 fee schedule	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Wellcare	Medicaid	406.74	30.44			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Horizon	MGD	238.76				22.32		1269.39 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	WellPoint	WellPoint	414.76	31.04			22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	UHC	Medicaid	406.74	30.44		291	22.32		1269.39 percent of total billed charges	
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	Wellcare	Medicare	123.39				22.32		1269.39 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGY EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	70110	CPT				both			1336.2	141.9	UHC	Medicare	123.39			70.77	22.32		1269.39 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	Amerihealth	HMO/PPO	28.52				28.52		727.72 fee schedule	
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	Aetna	Medicare	123.39				28.52		727.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	Aetna	Better Health	233.18	30.44			28.52		727.72 percent of total billed charges	
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	Aetna	Commercial	201.37				28.52		727.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	Horizon	Medicare Blue	123

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	Corrections	Corrections	612.82	80			28.52	727.72	percent of total billed charges	
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	WellPoint	WellPoint	237.77	31.04			28.52	727.72	percent of total billed charges	
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	Horizon	Indemnity	238.76				28.52	727.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	Horizon	NJ Health	48.16				28.52	727.72	fee schedule	
RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	70130	CPT				outpatient			766.02	141.9	Managed Care Inc	Managed Care Inc	689.42	90			28.52	727.72	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	WellPoint	WellPoint	129.49	31.04			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	First Trenton	First Trenton	375.46	90			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Consumer	Consumer	396.32	95			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Horizon	PPO	197.7				29.4	396.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Aetna	Better Health	126.99	30.44			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Amerihealth	Medicare	102.17				29.4	396.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Aetna	Commercial	166.74				29.4	396.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Amerihealth	HMO/PPO	34.1				29.4	396.32	fee schedule	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Horizon	Indemnity	197.7				29.4	396.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Horizon	MGD	197.7			76.36	29.4	396.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Corrections	Corrections	333.74	80			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	UHC	Medicaid	126.99	30.44			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Horizon	Medicare Blue	102.17				29.4	396.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Qualcare	Qualcare	312.89	75			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Aetna	Medicare	102.17				29.4	396.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	First Health	First Health	292.03	70			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Horizon	NJ Health	29.4				29.4	396.32	fee schedule	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	UHC	Medicare	102.17				29.4	396.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Americare	Americare	312.89	75			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Wellcare	Medicaid	126.99	30.44			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Managed Care Inc	Managed Care Inc	375.46	90			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Wellcare	Medicare	102.17				29.4	396.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Multiplan	Multiplan	333.74	80			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES < 3 VIEWS	70140	CPT				both			417.18	117.5	Three Rivers	Three Rivers	396.32	95			29.4	396.32	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Aetna	Better Health	172.63	30.44			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Aetna	Commercial	291.37			98.08	26.66	538.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Horizon	Medicare Blue	123.39				26.66	538.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Qualcare	Qualcare	425.34	75			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	First Health	First Health	396.98	70			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Americare	Americare	425.34	75			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Aetna	Medicare	174.67	30.8			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Multiplan	Multiplan	453.7	80			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Consumer	Consumer	538.76	95			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Amerihealth	Medicare	123.39				26.66	538.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	UHC	Medicare	123.39				26.66	538.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Amerihealth	HMO/PPO	26.66				26.66	538.76	fee schedule	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Horizon	NJ Health	39.2			96.52	26.66	538.76	fee schedule	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	UHC	Medicaid	172.63	30.44		175.42	26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Horizon	MGD	238.76			109.98	26.66	538.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Corrections	Corrections	453.7	80			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Wellcare	Medicare	123.39				26.66	538.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Three Rivers	Three Rivers	538.76	95			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	First Trenton	First Trenton	510.41	90			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Wellcare	Medicaid	172.63	30.44			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Horizon	Indemnity	238.76				26.66	538.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Horizon	PPO	238.76				26.66	538.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	Managed Care Inc	Managed Care Inc	510.41	90			26.66	538.76	percent of total billed charges	
RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	70150	CPT				both			567.12	141.9	WellPoint	WellPoint	176.03	31.04			26.66	538.76	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Americare	Americare	599.57	75			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Amerihealth	HMO/PPO	21.08				21.08	759.46	fee schedule	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Consumer	Consumer	759.46	95			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Aetna	Better Health	243.35	30.44		197.82	21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Aetna	Commercial	166.74				21.08	759.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	First Health	First Health	559.6	70			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Wellcare	Medicare	102.17				21.08	759.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Amerihealth	Medicare	102.17				21.08	759.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Three Rivers	Three Rivers	759.46	95			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	UHC	Medicaid	243.35	30.44		188.29	21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Corrections	Corrections	639.54	80			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Horizon	NJ Health	32.34			231.79	21.08	759.46	fee schedule	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Aetna	Medicare	102.17				21.08	759.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Wellcare	Medicaid	243.35	30.44			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Horizon	Indemnity	197.7				21.08	759.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	First Trenton	First Trenton	719.49	90			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Horizon	MGD	197.7			135.4	21.08	759.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	UHC	Medicare	102.17				21.08	759.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Horizon	Medicare Blue	102.17				21.08	759.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Managed Care Inc	Managed Care Inc	719.49	90			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Multiplan	Multiplan	639.54	80			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Horizon	PPO	197.7				21.08	759.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	Qualcare	Qualcare	599.57	75			21.08	759.46	percent of total billed charges	
RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	70160	CPT				outpatient			799.43	117.5	WellPoint	WellPoint	248.14	31.04			21.08	759.46	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Corrections	Corrections	696.86	80			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	UHC	Medicare	102.17				21.7	827.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Americare	Americare	653.31	75			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Consumer	Consumer	827.53	95			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Aetna	Better Health	265.16	30.44			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Amerihealth	Medicare	102.17				21.7	827.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Aetna	Commercial	166.74				21.7	827.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	First Health	First Health	609.76	70			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Horizon	Medicare Blue	102.17				21.7	827.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	First Trenton	First Trenton	783.97	90			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Amerihealth	HMO/PPO	21.7				21.7	827.53	fee schedule	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Horizon	NJ Health	29.4				21.7	827.53	fee schedule	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Aetna	Medicare	102.17				21.7	827.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Horizon	Indemnity	197.7				21.7	827.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Horizon	MGD	197.7				21.7	827.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Multiplan	Multiplan	696.86	80			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Horizon	PPO	197.7				21.7	827.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Three Rivers	Three Rivers	827.53	95			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Managed Care Inc	Managed Care Inc	783.97	90			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Qualcare	Qualcare	653.31	75			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	WellPoint	WellPoint	270.38	31.04			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	UHC	Medicaid	265.16	30.44			21.7	827.53	percent of total billed charges	
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Wellcare	Medicare	102.17				21.7	827.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX OPTIC FORAMINA	70190	CPT				outpatient			871.08	117.5	Wellcare	Medicaid	265.16	30.44			21.7	827.53	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Consumer	Consumer	737.66	95			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Americare	Americare	582.36	75			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	UHC	Medicare	123.39				29.14	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Aetna	Better Health	236.36	30.44			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Horizon	PPO	238.76				29.14	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Amerihealth	Medicare	123.39				29.14	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Aetna	Commercial	201.37				29.14	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Horizon	Medicare Blue	123.39				29.14	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	WellPoint	WellPoint	241.02	31.04			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Three Rivers	Three Rivers	737.66	95			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Aetna	Medicare	123.39				29.14	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	First Health	First Health	543.54	70			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Amerihealth	HMO/PPO	29.14				29.14	737.66	fee schedule	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Corrections	Corrections	621.18	80			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Horizon	MGD	238.76				29.14	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Qualcare	Qualcare	582.36	75			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	UHC	Medicaid	236.36	30.44			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Multiplan	Multiplan	621.18	80			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	First Trenton	First Trenton	698.83	90			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Wellcare	Medicaid	236.36	30.44			29.14	737.66	percent of total billed charges	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Horizon	Indemnity	238.76				29.14	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Wellcare	Medicare	123.39				29.14	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Horizon	NJ Health	49				29.14	737.66	fee schedule	
RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	70200	CPT				both			776.48	141.9	Managed Care Inc	Managed Care Inc	698.83	90			29.14	737.66	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Aetna	Commercial	166.74				26.04	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Aetna	Medicare	102.17				26.04	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Aetna	Better Health	232.87	30.44			26.04	726.75	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Amerihealth	HMO/PPO	26.04				26.04	726.75	fee schedule	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Americare	Americare	573.75	75			26.04	726.75	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Amerihealth	Medicare	102.17				26.04	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Consumer	Consumer	726.75	95			26.04	726.75	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Multiplan	Multiplan	612	80			26.04	726.75	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Three Rivers	Three Rivers	726.75	95			26.04	726.75	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	First Trenton	First Trenton	688.5	90			26.04	726.75	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Horizon	NJ Health	53.9			53.9	26.04	726.75	fee schedule	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	First Health	First Health	535.5	70			26.04	726.75	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	UHC	Medicare	102.17			63.3	26.04	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Horizon	MGD	197.7				26.04	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Corrections	Corrections	612	80			26.04	726.75	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	UHC	Medicaid	232.87	30.44			26.04	726.75	percent of total billed charges	
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	Qualcare	Qualcare	573.75	75			26.04	726.75	percent of total billed charges	
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hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	70220	CPT				both			765	117.5	WellPoint		237.46	31.04		58.09	26.04	726.75	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Amerihealth	HMO/PPO	16.12				16.12	590.12	fee schedule	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Amerihealth	Medicare	102.17				16.12	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Horizon	PPO	197.7				16.12	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Horizon	Medicare Blue	102.17				16.12	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Aetna	Better Health	189.09	30.44			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Americare	Americare	465.89	75			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Aetna	Medicare	191.32	30.8			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Wellcare	Medicaid	189.09	30.44			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	UHC	Medicaid	189.09	30.44			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Corrections	Corrections	496.94	80			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	WellPoint	WellPoint	192.81	31.04			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Multiplan	Multiplan	496.94	80			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Aetna	Commercial	166.74				16.12	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	First Trenton	First Trenton	559.06	90			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Consumer	Consumer	590.12	95			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Qualcare	Qualcare	465.89	75			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	UHC	Medicare	102.17				16.12	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Horizon	Indemnity	197.7				16.12	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	First Health	First Health	434.83	70			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Managed Care Inc	Managed Care Inc	559.06	90			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Wellcare	Medicare	102.17				16.12	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Horizon	NJ Health	32.34				16.12	590.12	fee schedule	
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Horizon	MGD	197.7				16.12	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SELLA TURCICA	70240	CPT				outpatient			621.18	117.5	Three Rivers	Three Rivers	590.12	95			16.12	590.12	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Amerihealth	HMO/PPO	31				31	611.69	fee schedule	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Aetna	Better Health	196	30.44			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Amerihealth	Medicare	123.39				31	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	UHC	Medicare	123.39			40.73	31	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Aetna	Commercial	201.37				31	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Horizon	Medicare Blue	123.39				31	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Americare	Americare	482.91	75			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Horizon	MGD	238.76				31	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	First Health	First Health	450.72	70			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Aetna	Medicare	123.39				31	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Corrections	Corrections	515.1	80			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	WellPoint	WellPoint	199.86	31.04			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Horizon	NJ Health	36.91			44.05	31	611.69	fee schedule	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Horizon	PPO	238.76			73.63	31	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	First Trenton	First Trenton	579.49	90			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Consumer	Consumer	611.69	95			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Wellcare	Medicare	123.39				31	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Multiplan	Multiplan	515.1	80			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Horizon	Indemnity	238.76				31	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	UHC	Medicaid	196	30.44		108.13	31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Managed Care Inc	Managed Care Inc	579.49	90			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Qualcare	Qualcare	482.91	75			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Three Rivers	Three Rivers	611.69	95			31	611.69	percent of total billed charges	
RADIOLOGIC EXAMINATION SKULL 4< VIEWS	70250	CPT				both			643.88	141.9	Wellcare	Medicaid	196	30.44			31	611.69	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Horizon	NJ Health	53.9			200.19	31	1055	fee schedule	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Three Rivers	Three Rivers	1055	95			31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Aetna	Better Health	338.05	30.44		261.56	31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Horizon	Medicare Blue	123.39				31	1055	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Aetna	Commercial	201.37				31	1055	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Amerihealth	Medicare	123.39				31	1055	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Consumer	Consumer	1055	95			31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	First Health	First Health	777.37	70			31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Aetna	Medicare	123.39				31	1055	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	UHC	Medicare	123.39			284.24	31	1055	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Horizon	PPO	238.76				31	1055	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Multiplan	Multiplan	888.42	80			31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Americare	Americare	832.9	75			31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Corrections	Corrections	888.42	80			31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Horizon	MGD	238.76			206.4	31	1055	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Wellcare	Medicare	123.39				31	1055	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Amerihealth	HMO/PPO	31				31	1055	fee schedule	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	First Trenton	First Trenton	999.48	90			31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	UHC	Medicaid	338.05	30.44		257.48	31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Qualcare	Qualcare	832.9	75			31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Wellcare	Medicaid	338.05	30.44		274.8	31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Horizon	Indemnity	238.76				31	1055	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	WellPoint	WellPoint	344.71	31.04		266.79	31	1055	percent of total billed charges	
RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	70260	CPT				both			1110.53	141.9	Managed Care Inc	Managed Care Inc	999.48	90			31	1055	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Horizon	Medicare Blue	102.17				9.3	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Aetna	Commercial	166.74				9.3	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Americare	Americare	101.6	75			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Aetna	Medicare	102.17				9.3	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Amerihealth	Medicare	102.17				9.3	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	First Health	First Health	94.83	70			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Aetna	Better Health	41.24	30.44			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Corrections	Corrections	108.38	80			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	UHC	Medicare	102.17				9.3	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Amerihealth	HMO/PPO	9.3				9.3	197.7	fee schedule	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Consumer	Consumer	128.7	95			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Qualcare	Qualcare	101.6	75			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Horizon	Indemnity	197.7				9.3	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Three Rivers	Three Rivers	128.7	95			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Multiplan	Multiplan	108.38	80			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	First Trenton	First Trenton	121.92	90			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Wellcare	Medicare	102.17				9.3	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Horizon	MGD	197.7				9.3	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Wellcare	Medicaid	41.24	30.44			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Horizon	NJ Health	9.8				9.3	197.7	fee schedule	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Horizon	PPO	197.7				9.3	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	UHC	Medicaid	41.24	30.44			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	WellPoint	WellPoint	42.05	31.04			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAMINATION TEETH 1 VIEW	70300	CPT				outpatient			135.47	117.5	Managed Care Inc	Managed Care Inc	121.92	90			9.3	197.7	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Consumer	Consumer	826.56	95			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	UHC	Medicaid	264.85	30.44			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	UHC	Medicare	280.47				14.26	826.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Aetna	Better Health	264.85	30.44			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Amerihealth	Medicare	280.47				14.26	826.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	First Trenton	First Trenton	783.05	90			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Aetna	Commercial	457.73				14.26	826.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Aetna	Medicare	280.47				14.26	826.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Horizon	NJ Health	24.25				14.26	826.56	fee schedule	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Horizon	Indemnity	542.71				14.26	826.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Americare	Americare	652.55	75			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	WellPoint	WellPoint	270.07	31.04			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Corrections	Corrections	696.05	80			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Horizon	PPO	542.71				14.26	826.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Multiplan	Multiplan	696.05	80			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Amerihealth	HMO/PPO	14.26				14.26	826.56	fee schedule	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Horizon	Medicare Blue	280.47				14.26	826.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Managed Care Inc	Managed Care Inc	783.05	90			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Qualcare	Qualcare	652.55	75			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	First Health	First Health	609.04	70			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Three Rivers	Three Rivers	826.56	95			14.26	826.56	percent of total billed charges	
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Horizon	MGD	542.71				14.26	826.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Wellcare	Medicare	280.47				14.26	826.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	70310	CPT				outpatient			870.06	322.54	Wellcare	Medicaid	264.85	30.44			14.26	826.56	percent of total billed charges	
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Amerihealth	HMO/PPO	17.98				17.98	908.44	fee schedule	
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Aetna	Better Health	291.08	30.44			17.98	908.44	percent of total billed charges	
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Consumer	Consumer	908.44	95			17.98	908.44	percent of total billed charges	
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Horizon	MGD	197.7				17.98	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Amerihealth	Medicare	102.17				17.98	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Corrections	Corrections	765	80			17.98	908.44	percent of total billed charges	
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Aetna	Commercial	166.74				17.98	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	First Health	First Health	669.38	70			17.98	908.44	percent of total billed charges	
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Horizon	Medicare Blue	102.17				17.98	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Horizon	Indemnity	197.7				17.98	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	First Trenton	First Trenton	860.63	90			17.98	908.44	percent of total billed charges	
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	Horizon	PPO	197.7				17.98	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	UHC	Medicare	102.17				17.98	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5	WellPoint	WellPoint	296.82	31.04			17.98	908.44	percent of total billed charges	
RADIOLOGIC TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	70328	CPT				outpatient			956.25	117.5

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Aetna	Commercial	166.74				26.66	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Horizon	Indemnity	197.7				26.66	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Corrections	Corrections	621.18	80			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	First Trenton	First Trenton	698.83	90			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Amerihealth	Medicare	102.17				26.66	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	First Health	First Health	543.54	70			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Horizon	NJ Health	39.2				26.66	737.66	fee schedule	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	UHC	Medicaid	236.36	30.44		182.88	26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Aetna	Medicare	102.17				26.66	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Horizon	Medicare Blue	102.17				26.66	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Managed Care Inc	Managed Care Inc	698.83	90			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	UHC	Medicare	102.17				26.66	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Americare	Americare	582.36	75			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Multiplan	Multiplan	621.18	80			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Amerihealth	HMO/PPO	26.66				26.66	737.66	fee schedule	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	WellPoint	WellPoint	241.02	31.04			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Horizon	MGD	197.7				26.66	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Qualcare	Qualcare	582.36	75			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Three Rivers	Three Rivers	737.66	95			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Wellcare	Medicaid	236.36	30.44			26.66	737.66	percent of total billed charges	
RADIX TEMPOROMANDIBLE JT OPN & CLSD MOUTH BILAT	70330	CPT				both			776.48	117.5	Wellcare	Medicare	102.17				26.66	737.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Amerihealth	HMO/PPO	294.5				280.47	2908.94	fee schedule	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Aetna	Better Health	932.08	30.44			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Horizon	Medicare Blue	280.47				280.47	2908.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Multiplan	Multiplan	2449.63	80			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	First Trenton	First Trenton	2755.84	90			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Consumer	Consumer	2908.94	95			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Aetna	Commercial	457.73			110.04	280.47	2908.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Corrections	Corrections	2449.63	80			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	First Health	First Health	2143.43	70			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Americare	Americare	2296.53	75			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Horizon	PPO	542.71			531.77	280.47	2908.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Qualcare	Qualcare	2296.53	75			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Three Rivers	Three Rivers	2908.94	95			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Horizon	MGD	542.71				280.47	2908.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Aetna	Medicare	943.11	30.8			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Horizon	Indemnity	542.71			521.53	280.47	2908.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Wellcare	Medicaid	932.08	30.44			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Horizon	NJ Health	588			588	280.47	2908.94	fee schedule	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Amerihealth	Medicare	280.47				280.47	2908.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Managed Care Inc	Managed Care Inc	2755.84	90			280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	Wellcare	Medicare	280.47				280.47	2908.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	UHC	Medicare	280.47			275.76	280.47	2908.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	UHC	Medicaid	932.08	30.44		891.85	280.47	2908.94	percent of total billed charges	
MRI TEMPOROMANDIBULAR JOINT	70336	CPT				outpatient			3062.04	322.54	WellPoint	WellPoint	950.46	31.04			280.47	2908.94	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Aetna	Better Health	99.05	30.44			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Horizon	Medicare Blue	102.17				13.64	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Americare	Americare	244.04	75			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Consumer	Consumer	309.11	95			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Aetna	Medicare	102.17				13.64	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Aetna	Commercial	166.74				13.64	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Amerihealth	Medicare	102.17				13.64	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Corrections	Corrections	260.3	80			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Multiplan	Multiplan	260.3	80			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	UHC	Medicare	102.17				13.64	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Amerihealth	HMO/PPO	13.64				13.64	309.11	fee schedule	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	First Trenton	First Trenton	292.84	90			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	First Health	First Health	227.77	70			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Wellcare	Medicare	102.17				13.64	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	UHC	Medicaid	99.05	30.44			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Horizon	Indemnity	197.7				13.64	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Qualcare	Qualcare	244.04	75			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Horizon	NJ Health	18.97				13.64	309.11	fee schedule	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Horizon	MGD	197.7				13.64	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Horizon	PPO	197.7				13.64	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Managed Care Inc	Managed Care Inc	292.84	90			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	WellPoint	WellPoint	101	31.04			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Three Rivers	Three Rivers	309.11	95			13.64	309.11	percent of total billed charges	
CEPHALOGRAM ORTHODONTIC	70350	CPT				outpatient			325.38	117.5	Wellcare	Medicaid	99.05	30.44			13.64	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Horizon	Indemnity	197.7			180.29	22.94	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Aetna	Better Health	99.05	30.44		96.56	22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Consumer	Consumer	309.11	95			22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Horizon	Medicare Blue	102.17			58.65	22.94	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Aetna	Commercial	166.74			62.84	22.94	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Americare	Americare	244.04	75			22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Aetna	Medicare	100.22	30.8		29	22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Wellcare	Medicaid	99.05	30.44		34.53	22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Horizon	MGD	197.7			114.6	22.94	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Amerihealth	HMO/PPO	22.94				22.94	309.11	fee schedule	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	First Health	First Health	227.77	70			22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	UHC	Medicaid	99.05	30.44		86.58	22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Corrections	Corrections	260.3	80		21.59	22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	First Trenton	First Trenton	292.84	90			22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	UHC	Medicare	102.17			82.79	22.94	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Wellcare	Medicare	102.17				22.94	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Multiplan	Multiplan	260.3	80			22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Amerihealth	Medicare	102.17				22.94	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Horizon	PPO	197.7			93.5	22.94	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	WellPoint	WellPoint	101	31.04		56.09	22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Qualcare	Qualcare	244.04	75			22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Managed Care Inc	Managed Care Inc	292.84	90			22.94	309.11	percent of total billed charges	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Horizon	NJ Health	27.44			15.74	22.94	309.11	fee schedule	
ORTHOPANTOGRAM	70355	CPT				both			325.38	117.5	Three Rivers	Three Rivers	309.11	95			22.94	309.11	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Americare	Americare	386.33	75			14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Managed Care Inc	Managed Care Inc	463.59	90			14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Aetna	Better Health	156.8	30.44		145.43	14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Amerihealth	HMO/PPO	14.88				14.88	489.35	fee schedule	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Amerihealth	Medicare	102.17				14.88	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Multiplan	Multiplan	412.08	80			14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Aetna	Commercial	166.74			89.08	14.88	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	First Trenton	First Trenton	463.59	90			14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Horizon	NJ Health	25.3			107.54	14.88	489.35	fee schedule	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Wellcare	Medicare	102.17				14.88	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Horizon	MGD	197.7			105.32	14.88	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	First Health	First Health	360.57	70			14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Consumer	Consumer	489.35	95			14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Qualcare	Qualcare	386.33	75			14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Aetna	Medicare	102.17				14.88	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Horizon	Medicare Blue	102.17				14.88	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Three Rivers	Three Rivers	489.35	95			14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	UHC	Medicaid	156.8	30.44		151.46	14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Wellcare	Medicaid	156.8	30.44		152.67	14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Horizon	PPO	197.7				14.88	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Corrections	Corrections	412.08	80			14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	WellPoint	WellPoint	159.89	31.04		143.01	14.88	489.35	percent of total billed charges	
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	Horizon	Indemnity	197.7				14.88	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION NECK SOFT TISSUE	70360	CPT				both			515.1	117.5	UHC	Medicare	102.17			78.41	14.88	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Amerihealth	HMO/PPO	137.02			314.44	123.39	2408.93	fee schedule	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Horizon	Medicare Blue	123.39			276.73	123.39	2408.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Horizon	NJ Health	269.5			129.99	123.39	2408.93	fee schedule	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Aetna	Medicare	123.39			288.31	123.39	2408.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	First Trenton	First Trenton	2282.15	90			123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Aetna	Better Health	771.87	30.44		667.81	123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Aetna	Commercial	201.37			418.86	123.39	2408.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Horizon	Indemnity	238.76			480.54	123.39	2408.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Managed Care Inc	Managed Care Inc	2282.15	90			123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Horizon	MGD	238.76			420.83	123.39	2408.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Horizon	PPO	238.76			565.08	123.39	2408.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Amerihealth	Medicare	123.39				123.39	2408.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Americare	Americare	1901.79	75			123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Consumer	Consumer	2408.93	95			123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Qualcare	Qualcare	1901.79	75			123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Corrections	Corrections	2028.58	80		527.78	123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Multiplan	Multiplan	2028.58	80			123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Wellcare	Medicare	123.39			312.45	123.39	2408.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Three Rivers	Three Rivers	2408.93	95			123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	First Health	First Health	1775	70			123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	UHC	Medicaid	771.87	30.44		690.68	123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	UHC	Medicare	123.39			277.56	123.39	2408.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	Wellcare	Medicaid	771.87	30.44		682.62	123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/O CONTRAST MATERIAL	70450	CPT				both			2535.72	141.9	WellPoint	WellPoint	787.09	31.04		546.01	123.39	2408.93	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62	237.54	Aetna	Better Health	956.61	30.44			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62	237.54	UHC	Medicaid	956.61	30.44			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST M

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Aetna	Medicare	206.56			181.08	164.92	2985.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Consumer	Consumer	2985.49	95			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 UHC	Medicare	206.56				164.92	2985.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Horizon	MGD	399.69				164.92	2985.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Americare	Americare	2356.97	75			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Horizon	Medicare Blue	206.56				164.92	2985.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Managed Care Inc	Managed Care Inc	2828.36	90			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Horizon	PPO	399.69				164.92	2985.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Amerihealth	HMO/PPO	164.92				164.92	2985.49	fee schedule	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Horizon	NJ Health	275.56			267.1	164.92	2985.49	fee schedule	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Wellcare	Medicare	206.56				164.92	2985.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Multiplan	Multiplan	2514.1	80			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Horizon	Indemnity	399.69				164.92	2985.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Qualcare	Qualcare	2356.97	75			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 WellPoint	WellPoint	975.47	31.04			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Three Rivers	Three Rivers	2985.49	95			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/CONTRAST MATERIAL	70460	CPT				both			3142.62		237.54 Wellcare	Medicaid	956.61	30.44			164.92	2985.49	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Aetna	Better Health	1195.07	30.44			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Horizon	MGD	399.69				202.12	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Multiplan	Multiplan	3140.78	80			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Americare	Americare	2944.49	75			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Horizon	Indemnity	399.69				202.12	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Horizon	PPO	399.69				202.12	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Aetna	Medicare	206.56				202.12	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Aetna	Commercial	337.11				202.12	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 First Health	First Health	2748.19	70			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 UHC	Medicaid	1195.07	30.44			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Qualcare	Qualcare	2944.49	75			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Amerihealth	HMO/PPO	202.12				202.12	3729.68	fee schedule	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 First Trenton	First Trenton	3533.38	90			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 WellPoint	WellPoint	1218.62	31.04			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Consumer	Consumer	3729.68	95			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Amerihealth	Medicare	206.56				202.12	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Managed Care Inc	Managed Care Inc	3533.38	90			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Horizon	Medicare Blue	206.56				202.12	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Corrections	Corrections	3140.78	80			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Horizon	NJ Health	336.73			336.73	202.12	3729.68	fee schedule	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Three Rivers	Three Rivers	3729.68	95			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Wellcare	Medicaid	1195.07	30.44			202.12	3729.68	percent of total billed charges	
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 UHC	Medicare	206.56			266.54	202.12	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	70470	CPT				both			3925.98		237.54 Wellcare	Medicare	206.56				202.12	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Americare	Americare	392.45	75			123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Aetna	Better Health	159.28	30.44			123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Aetna	Medicare	123.39			122.08	123.39	497.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Amerihealth	Medicare	123.39				123.39	497.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 First Trenton	First Trenton	470.93	90			123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Amerihealth	HMO/PPO	149.42			34.07	123.39	497.1	fee schedule	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Corrections	Corrections	418.61	80		132.23	123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Horizon	MGD	238.76			208.42	123.39	497.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Three Rivers	Three Rivers	497.1	95			123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Aetna	Commercial	201.37			124.09	123.39	497.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Horizon	PPO	238.76			88.1	123.39	497.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Horizon	NJ Health	269.5			94.42	123.39	497.1	fee schedule	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Managed Care Inc	Managed Care Inc	470.93	90			123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 UHC	Medicaid	159.28	30.44		139.71	123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 First Health	First Health	366.28	70			123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Wellcare	Medicaid	159.28	30.44		147.21	123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 UHC	Medicare	123.39			61.58	123.39	497.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Consumer	Consumer	497.1	95			123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Multiplan	Multiplan	418.61	80			123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Wellcare	Medicare	123.39			123.39	123.39	497.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Qualcare	Qualcare	392.45	75			123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 WellPoint	WellPoint	162.42	31.04		89.05	123.39	497.1	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Horizon	Indemnity	238.76			51.34	123.39	497.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	70480	CPT				both			523.26		141.9 Horizon	Medicare Blue	123.39			35.01	123.39	497.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Aetna	Medicare	206.56			131.22	173.6	1039.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Aetna	Better Health	333.15	30.44		314.32	173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Horizon	MGD	399.69			246.7	173.6	1039.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 First Health	First Health	766.12	70			173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Amerihealth	Medicare	206.56				173.6	1039.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 First Trenton	First Trenton	985.01	90			173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Aetna	Commercial	337.11			261	173.6	1039.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Amerihealth	HMO/PPO	173.6				173.6	1039.74	fee schedule	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Americare	Americare	820.85	75			173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Horizon	PPO	399.69			384.18	173.6	1039.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 UHC	Medicaid	333.15	30.44		293.27	173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Horizon	Medicare Blue	206.56				173.6	1039.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Horizon	Indemnity	399.69				173.6	1039.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Managed Care Inc	Managed Care Inc	985.01	90			173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Corrections	Corrections	875.57	80			173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Horizon	NJ Health	245			119.18	173.6	1039.74	fee schedule	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Consumer	Consumer	1039.74	95			173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 UHC	Medicare	206.56				173.6	1039.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Wellcare	Medicaid	333.15	30.44		251.07	173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Wellcare	Medicare	206.56				173.6	1039.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Multiplan	Multiplan	875.57	80			173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 WellPoint	WellPoint	339.72	31.04		203.25	173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Three Rivers	Three Rivers	1039.74	95			173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	70481	CPT				both			1094.46		237.54 Qualcare	Qualcare	820.85	75			173.6	1039.74	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Aetna	Medicare	206.56				206.56	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Multiplan	Multiplan	3140.78	80			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 UHC	Medicaid	1195.07	30.44			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Amerihealth	HMO/PPO	207.7				206.56	3729.68	fee schedule	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Aetna	Better Health	1195.07	30.44			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Aetna	Commercial	337.11				206.56	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Amerihealth	Medicare	206.56				206.56	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Horizon	PPO	399.69				206.56	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Consumer	Consumer	3729.68	95			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Qualcare	Qualcare	2944.49	75			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 UHC	Medicare	206.56				206.56	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 First Health	First Health	2748.19	70			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Americare	Americare	2944.49	75			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Horizon	Indemnity	399.69				206.56	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Corrections	Corrections	3140.78	80			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 WellPoint	WellPoint	1218.62	31.04			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 First Trenton	First Trenton	3533.38	90			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Horizon	Medicare Blue	206.56				206.56	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Horizon	MGD	399.69				206.56	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Wellcare	Medicaid	1195.07	30.44			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Horizon	NJ Health	343			342.68	206.56	3729.68	fee schedule	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Wellcare	Medicare	206.56				206.56	3729.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Managed Care Inc	Managed Care Inc	3533.38	90			206.56	3729.68	percent of total billed charges	
CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	70482	CPT				both			3925.98		237.54 Three Rivers	Three Rivers	3729.68	95			206.56	3729.68	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Aetna	Commercial	201.37			158.2	123.39	1124.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Amerihealth	Medicare	123.39				123.39	1124.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Aetna	Better Health	360.17	30.44		321.78	123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Horizon	NJ Health	269.5			76.79	123.39	1124.04	fee schedule	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 WellPoint	WellPoint	367.27	31.04		241.75	123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Americare	Americare	887.4	75			123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Horizon	Indemnity	238.76			417.28	123.39	1124.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Aetna	Medicare	123.39			89.37	123.39	1124.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 First Health	First Health	828.24	70			123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Corrections	Corrections	946.56	80		209.05	123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Horizon	MGD	238.76			331.43	123.39	1124.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Amerihealth	HMO/PPO	144.46			125.88	123.39	1124.04	fee schedule	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 First Trenton	First Trenton	1064.88	90			123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Consumer	Consumer	1124.04	95			123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Horizon	PPO	238.76			255.85	123.39	1124.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Multiplan	Multiplan	946.56	80			123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Managed Care Inc	Managed Care Inc	1064.88	90			123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 Wellcare	Medicaid	360.17	30.44		325.31	123.39	1124.04	percent of total billed charges	
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both			1183.2		141.9 UHC	Medicare	123.39			114.58	123.39	1124.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O CONTRAST MATERIAL	70486	CPT				both

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Corrections	2514.1		80		972.06	171.12		2985.49 percent of total billed charges	
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Horizon	NJ Health	245			145.68	171.12		2985.49 fee schedule	
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Three Rivers	Three Rivers	2985.49	95			171.12		2985.49 percent of total billed charges	
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Qualcare	Qualcare	2356.97	75			171.12		2985.49 percent of total billed charges	
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 WellPoint	WellPoint	975.47	31.04		794.21	171.12		2985.49 percent of total billed charges	
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 First Health	First Health	2199.83	70			171.12		2985.49 percent of total billed charges	
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Wellcare	Medicaid	956.61	30.44		878.14	171.12		2985.49 percent of total billed charges	
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Horizon	Medicare Blue	206.56			184.21	171.12		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Horizon	Indemnity	399.69			629.13	171.12		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 UHC	Medicaid	956.61	30.44		862.54	171.12		2985.49 percent of total billed charges	
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Horizon	PPO	399.69				171.12		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Managed Care Inc	Managed Care Inc	2828.36	90			171.12		2985.49 percent of total billed charges	
CT MAXILLOFACIAL W/CONTRAST MATERIAL	70487	CPT				both			3142.62		237.54 Wellcare	Medicare	206.56				171.12		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Aetna	Commercial	337.11				206.56		3729.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Aetna	Better Health	1195.07	30.44			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Amerihealth	Medicare	206.56				206.56		3729.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Horizon	MGD	399.69				206.56		3729.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Multiplan	Multiplan	3140.78	80			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Aetna	Medicare	206.56				206.56		3729.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Horizon	Medicare Blue	206.56				206.56		3729.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 First Health	First Health	2748.19	70			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Americare	Americare	2944.49	75			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Consumer	Consumer	3729.68	95			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Horizon	Indemnity	399.69				206.56		3729.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 UHC	Medicaid	1195.07	30.44			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Wellcare	Medicaid	1195.07	30.44			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Qualcare	Qualcare	2944.49	75			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Wellcare	Medicare	206.56				206.56		3729.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Three Rivers	Three Rivers	3729.68	95			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Amerihealth	HMO/PPO	207.08				206.56		3729.68 fee schedule	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Corrections	Corrections	3140.78	80			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Horizon	PPO	399.69				206.56		3729.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 UHC	Medicare	206.56				206.56		3729.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 WellPoint	WellPoint	1218.62	31.04			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 First Trenton	First Trenton	3533.38	90			206.56		3729.68 percent of total billed charges	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Horizon	NJ Health	343				206.56		3729.68 fee schedule	
CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	70488	CPT				both			3925.98		237.54 Managed Care Inc	Managed Care Inc	3533.38	90			206.56		3729.68 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Horizon	MGD	238.76			243.31	123.39		2493.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Aetna	Commercial	201.37			378.71	123.39		2493.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Americare	Americare	1968.35	75			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Aetna	Better Health	798.89	30.44			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Amerihealth	Medicare	123.39				123.39		2493.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Corrections	Corrections	2099.57	80			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 UHC	Medicare	123.39			137.33	123.39		2493.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Aetna	Medicare	123.39				123.39		2493.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Horizon	Indemnity	238.76				123.39		2493.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Consumer	Consumer	2493.24	95			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Wellcare	Medicare	123.39				123.39		2493.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Multiplan	Multiplan	2099.57	80			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Horizon	Medicare Blue	123.39				123.39		2493.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 UHC	Medicaid	798.89	30.44		798.89	123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Wellcare	Medicaid	798.89	30.44			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Amerihealth	HMO/PPO	149.42				123.39		2493.24 fee schedule	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 First Trenton	First Trenton	2362.01	90			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Qualcare	Qualcare	1968.35	75			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 WellPoint	WellPoint	814.63	31.04			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 First Health	First Health	1837.12	70			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Horizon	PPO	238.76			236.38	123.39		2493.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Horizon	NJ Health	245			404.38	123.39		2493.24 fee schedule	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Managed Care Inc	Managed Care Inc	2362.01	90			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	70490	CPT				both			2624.46		141.9 Three Rivers	Three Rivers	2493.24	95			123.39		2493.24 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Americare	Americare	2356.97	75			173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Horizon	Medicare Blue	206.56			216.01	173.6		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Aetna	Commercial	337.11			431.81	173.6		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Aetna	Medicare	206.56			168.83	173.6		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Amerihealth	Medicare	206.56				173.6		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Amerihealth	HMO/PPO	173.6			283.82	173.6		2985.49 fee schedule	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Wellcare	Medicaid	956.61	30.44		911.29	173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Aetna	Better Health	956.61	30.44		872.57	173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Consumer	Consumer	2985.49	95			173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Horizon	MGD	399.69			409.76	173.6		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Corrections	Corrections	2514.1	80		972.06	173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 First Trenton	First Trenton	2828.36	90			173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Horizon	NJ Health	289.63			196.84	173.6		2985.49 fee schedule	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Multiplan	Multiplan	2514.1	80			173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Horizon	Indemnity	399.69			337.89	173.6		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 First Health	First Health	2199.83	70			173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Horizon	PPO	399.69			518.13	173.6		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Qualcare	Qualcare	2356.97	75			173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Managed Care Inc	Managed Care Inc	2828.36	90			173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 UHC	Medicaid	956.61	30.44		767.01	173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Three Rivers	Three Rivers	2985.49	95			173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 UHC	Medicare	206.56			275.76	173.6		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 Wellcare	Medicare	206.56				173.6		2985.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/CONTRAST MATERIAL	70491	CPT				both			3142.62		237.54 WellPoint	WellPoint	975.47	31.04		777.78	173.6		2985.49 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Aetna	Better Health	854.15	30.44			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 UHC	Medicaid	854.15	30.44		854.15	206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Americare	Americare	2104.52	75			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Amerihealth	HMO/PPO	207.7				206.56		2665.72 fee schedule	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Horizon	MGD	399.69			282.58	206.56		2665.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Aetna	Medicare	206.56				206.56		2665.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Consumer	Consumer	2665.72	95			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Aetna	Commercial	337.11			333.99	206.56		2665.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Horizon	PPO	399.69				206.56		2665.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Amerihealth	Medicare	206.56				206.56		2665.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Three Rivers	Three Rivers	2665.72	95			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 First Trenton	First Trenton	2525.42	90			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Multiplan	Multiplan	2244.82	80			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 First Health	First Health	1964.21	70			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Corrections	Corrections	2244.82	80			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Managed Care Inc	Managed Care Inc	2525.42	90			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Wellcare	Medicare	206.56				206.56		2665.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Horizon	Indemnity	399.69				206.56		2665.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Horizon	NJ Health	343			342.88	206.56		2665.72 fee schedule	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Horizon	Medicare Blue	206.56			182.65	206.56		2665.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Qualcare	Qualcare	2104.52	75			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 Wellcare	Medicaid	854.15	30.44			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 WellPoint	WellPoint	870.99	31.04			206.56		2665.72 percent of total billed charges	
CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	70492	CPT				both			2806.02		237.54 UHC	Medicare	206.56			179.54	206.56		2665.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Horizon	NJ Health	362.6			66.76	206.56		1639.55 fee schedule	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Consumer	Consumer	1639.55	95			206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Aetna	Commercial	337.11			312.38	206.56		1639.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Aetna	Medicare	206.56			216.14	206.56		1639.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Wellcare	Medicare	206.56			106.61	206.56		1639.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Horizon	MGD	399.69			370.28	206.56		1639.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Aetna	Better Health	525.35	30.44		399.07	206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Horizon	PPO	399.69			508.73	206.56		1639.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 UHC	Medicaid	525.35	30.44		471.15	206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 First Health	First Health	1208.09	70			206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Americare	Americare	1294.38	75			206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Corrections	Corrections	1380.67	80			206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Amerihealth	HMO/PPO	220.1				206.56		1639.55 fee schedule	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Wellcare	Medicaid	525.35	30.44		660.91	206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 First Trenton	First Trenton	1553.26	90			206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Multiplan	Multiplan	1380.67	80			206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Amerihealth	Medicare	206.56				206.56		1639.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 WellPoint	WellPoint	535.7	31.04		246.87	206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Managed Care Inc	Managed Care Inc	1553.26	90			206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Qualcare	Qualcare	1294.38	75			206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Horizon	Indemnity	399.69			136.48	206.56		1639.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Three Rivers	Three Rivers	1639.55	95			206.56		1639.55 percent of total billed charges	
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 Horizon	Medicare Blue	206.56			205.37	206.56		1639.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	70496	CPT				both			1725.84		237.54 UHC	Medicare	206.56			213.77	206.56		1639.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2		237.54 Americare	Americare	1269.9	75			206.56		1

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119 true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2	237.54	Multiplan	Multiplan	1354.56	80			206.56	1608.54	percent of total billed charges	
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2	237.54	First Trenton	First Trenton	1523.88	90			206.56	1608.54	percent of total billed charges	
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2	237.54	Corrections	Corrections	1354.56	80			206.56	1608.54	percent of total billed charges	
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2	237.54	Horizon	PPO	399.69			344.64	206.56	1608.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2	237.54	Three Rivers	Three Rivers	1608.54	95			206.56	1608.54	percent of total billed charges	
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2	237.54	Managed Care Inc	Managed Care Inc	1523.88	90			206.56	1608.54	percent of total billed charges	
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2	237.54	Horizon	MGD	399.69			486.44	206.56	1608.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2	237.54	Wellcare	Medicare	206.56			106.61	206.56	1608.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	70498	CPT				both			1693.2	237.54	Horizon	NJ Health	392.6			68.44	206.56	1608.54	fee schedule	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Horizon	Indemnity	542.71				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Horizon	Medicare Blue	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Amerihealth	HMO/PPO	294.5				280.47	3495.18	fee schedule	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Aetna	Better Health	1119.93	30.44			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Amerihealth	Medicare	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Aetna	Commercial	457.73			457.17	280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	First Trenton	First Trenton	3311.23	90			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Corrections	Corrections	2943.31	80			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	UHC	Medicaid	1119.93	30.44		1083.18	280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Aetna	Medicare	1133.18	30.8			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Wellcare	Medicaid	1119.93	30.44			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Americare	Americare	2759.36	75			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	First Health	First Health	2575.4	70			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Horizon	MGD	542.71				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Horizon	PPO	542.71			389.76	280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Consumer	Consumer	3495.18	95			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	UHC	Medicare	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Horizon	NJ Health	588			498.88	280.47	3495.18	fee schedule	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Managed Care Inc	Managed Care Inc	3311.23	90			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Three Rivers	Three Rivers	3495.18	95			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Multiplan	Multiplan	2943.31	80			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Wellcare	Medicare	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	Qualcare	Qualcare	2759.36	75			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE &/NECK W/O CONTRAST	70540	CPT				both			3679.14	322.54	WellPoint	WellPoint	1142.01	31.04			280.47	3495.18	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Aetna	Better Health	1529.46	30.44			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Aetna	Commercial	676.28				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Consumer	Consumer	4773.29	95			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Amerihealth	Medicare	414.39				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	First Health	First Health	3517.16	70			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Aetna	Medicare	414.39				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Horizon	PPO	801.84				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	UHC	Medicaid	1529.46	30.44			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Horizon	Medicare Blue	414.39				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Americare	Americare	3768.39	75			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Corrections	Corrections	4019.62	80			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	First Trenton	First Trenton	4522.07	90			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Multiplan	Multiplan	4019.62	80			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Amerihealth	HMO/PPO	341				341	4773.29	fee schedule	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Horizon	NJ Health	668.36				341	4773.29	fee schedule	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	WellPoint	WellPoint	1559.61	31.04			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Qualcare	Qualcare	3768.39	75			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Horizon	MGD	801.84				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Three Rivers	Three Rivers	4773.29	95			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Horizon	Indemnity	801.84				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	UHC	Medicare	414.39				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Managed Care Inc	Managed Care Inc	4522.07	90			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Wellcare	Medicaid	1529.46	30.44			341	4773.29	percent of total billed charges	
MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	70542	CPT				outpatient			5024.52	476.55	Wellcare	Medicare	414.39				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Horizon	NJ Health	959.24			353.87	414.39	3960.3	fee schedule	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Amerihealth	HMO/PPO	477.4				414.39	3960.3	fee schedule	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Aetna	Better Health	1268.96	30.44		1214.54	414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Consumer	Consumer	3960.3	95			414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	First Trenton	First Trenton	3751.87	90			414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Corrections	Corrections	3334.99	80		962.14	414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Aetna	Commercial	676.28			710.97	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Amerihealth	Medicare	414.39				414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Horizon	Medicare Blue	414.39			381.79	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	First Health	First Health	2918.12	70			414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	UHC	Medicare	414.39			426.93	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Medicaid	1268.96	30.44			1128.19	414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Managed Care Inc	Managed Care Inc	3751.87	90			414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Horizon	PPO	801.84			750.47	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Aetna	Medicare	414.39			459.85	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Three Rivers	Three Rivers	3960.3	95			414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Americare	Americare	3126.56	75			414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Horizon	Indemnity	801.84			757.95	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Horizon	MGD	801.84			885.75	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Multiplan	Multiplan	3334.99	80			414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Qualcare	Qualcare	3126.56	75			414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Wellcare	Medicaid	1268.96	30.44		1087.27	414.39	3960.3	percent of total billed charges	
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	Wellcare	Medicare	414.39				414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	70543	CPT				both			4168.74	476.55	WellPoint	WellPoint	1293.98	31.04		772.09	414.39	3960.3	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Qualcare	Qualcare	2759.36	75			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Amerihealth	Medicare	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Aetna	Medicare	1133.18	30.8		308.69	280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Consumer	Consumer	3495.18	95			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Corrections	Corrections	2943.31	80			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Horizon	NJ Health	593.88			240.79	280.47	3495.18	fee schedule	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Amerihealth	HMO/PPO	294.5				280.47	3495.18	fee schedule	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Aetna	Better Health	1119.93	30.44			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	UHC	Medicaid	1119.93	30.44		1083.18	280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	UHC	Medicare	280.47			1159.99	280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Three Rivers	Three Rivers	3495.18	95			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Aetna	Commercial	457.73				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	First Trenton	First Trenton	3311.23	90			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Americare	Americare	2759.36	75			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	First Health	First Health	2575.4	70			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Horizon	MGD	542.71				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Horizon	Indemnity	542.71				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Multiplan	Multiplan	2943.31	80			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Wellcare	Medicaid	1119.93	30.44			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Horizon	Medicare Blue	280.47			249.74	280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Wellcare	Medicare	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Horizon	PPO	542.71				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	Managed Care Inc	Managed Care Inc	3311.23	90			280.47	3495.18	percent of total billed charges	
MRA HEAD W/O CONTRST MATERIAL	70544	CPT				both			3679.14	322.54	WellPoint	WellPoint	1142.01	31.04			280.47	3495.18	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Amerihealth	Medicare	414.39				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Consumer	Consumer	4773.29	95			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Horizon	PPO	801.84				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Aetna	Commercial	676.28				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Horizon	NJ Health	668.36			174.56	341	4773.29	fee schedule	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Aetna	Better Health	1529.46	30.44			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Amerihealth	HMO/PPO	341				341	4773.29	fee schedule	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Aetna	Medicare	1547.55	30.8			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	UHC	Medicare	414.39				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Corrections	Corrections	4019.62	80			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	UHC	Medicaid	1529.46	30.44			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Horizon	Indemnity	801.84				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	First Health	First Health	3517.16	70			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Americare	Americare	3768.39	75			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	WellPoint	WellPoint	1559.61	31.04			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Multiplan	Multiplan	4019.62	80			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Horizon	Medicare Blue	414.39				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	First Trenton	First Trenton	4522.07	90			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Wellcare	Medicaid	1529.46	30.44			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Qualcare	Qualcare	3768.39	75			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Wellcare	Medicare	414.39				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Horizon	MGD	801.84				341	4773.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Managed Care Inc	Managed Care Inc	4522.07	90			341	4773.29	percent of total billed charges	
MRA HEAD W/CONTRAST MATERIAL	70545	CPT				outpatient			5024.52	476.55	Three Rivers	Three Rivers	4773.29	95			341	4773.29	percent of total billed charges	
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Americare	Americare	2759.36	75			414.39	3495.18	percent of total billed charges	
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Amerihealth	HMO/PPO	477.4				414.39	3495.18	fee schedule	
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Corrections	Corrections	2943.31	80			414.39	3495.18	percent of total billed charges	
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Horizon	PPO	801.84				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Amerihealth	Medicare	414.39				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Aetna	Better Health	1119.93	30.44			414.39	3495.18	percent of total billed charges	
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Multiplan	Multiplan	2943.31	80			414.39	3495.18	percent of total billed charges	
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Aetna	Commercial	676.28			491.2	414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Consumer	Consumer	3495.18	95			414.39	3495.18	percent of total billed charges	
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	First Health	First Health	2575.4	70			414.39	3495.18	percent of total billed charges	
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Horizon	NJ Health	859.73			150.37	414.39	3495.18	fee schedule	
MRA HEAD W/O & W/C

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Horizon	Indemnity	801.84				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Horizon	MGD	801.84				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Managed Care Inc	Managed Care Inc	3311.23	90			414.39	3495.18	percent of total billed charges	
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	UHC	Medicare	414.39				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HEAD W/O & W/CONTRAST MATERIAL	70546	CPT				both			3679.14	476.55	Three Rivers	Three Rivers	3495.18	95			414.39	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Aetna	Commercial	457.73				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Horizon	Medicare Blue	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	First Trenton	First Trenton	3311.23	90			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Aetna	Medicare	280.47			308.69	280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Americare	Americare	2759.36	75			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Aetna	Better Health	1119.93	30.44			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	UHC	Medicaid	1119.93	30.44			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Consumer	Consumer	3495.18	95			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Amerihealth	Medicare	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Amerihealth	HMO/PPO	294.5				280.47	3495.18	fee schedule	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Horizon	Indemnity	542.71				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Corrections	Corrections	2943.31	80			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Three Rivers	Three Rivers	3495.18	95			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	First Health	First Health	2575.4	70			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Managed Care Inc	Managed Care Inc	3311.23	90			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Horizon	NJ Health	593.88				280.47	3495.18	fee schedule	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Multiplan	Multiplan	2943.31	80			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Horizon	MGD	542.71				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	UHC	Medicare	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Horizon	PPO	542.71				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Wellcare	Medicare	280.47				280.47	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Wellcare	Medicaid	1119.93	30.44			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	Qualcare	Qualcare	2759.36	75			280.47	3495.18	percent of total billed charges	
MRA NECK W/O CONTRST MATERIAL	70547	CPT				both			3679.14	322.54	WellPoint	WellPoint	1142.01	31.04			280.47	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Aetna	Better Health	1119.93	30.44			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	UHC	Medicaid	1119.93	30.44			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Horizon	PPO	801.84				341	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Aetna	Commercial	676.28				341	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	First Health	First Health	2575.4	70			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Amerihealth	Medicare	414.39				341	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Consumer	Consumer	3495.18	95			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Aetna	Medicare	414.39				341	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Qualcare	Qualcare	2759.36	75			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	First Trenton	First Trenton	3311.23	90			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Corrections	Corrections	2943.31	80			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Americare	Americare	2759.36	75			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Multiplan	Multiplan	2943.31	80			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Horizon	Indemnity	801.84				341	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Horizon	NJ Health	668.36				341	3495.18	fee schedule	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Amerihealth	HMO/PPO	341				341	3495.18	fee schedule	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	UHC	Medicare	414.39				341	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Horizon	Medicare Blue	414.39				341	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Three Rivers	Three Rivers	3495.18	95			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Horizon	MGD	801.84				341	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	WellPoint	WellPoint	1142.01	31.04			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Managed Care Inc	Managed Care Inc	3311.23	90			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Wellcare	Medicaid	1119.93	30.44			341	3495.18	percent of total billed charges	
MRA NECK W/CONTRAST MATERIAL	70548	CPT				outpatient			3679.14	476.55	Wellcare	Medicare	414.39				341	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Qualcare	Qualcare	2759.36	75			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Amerihealth	HMO/PPO	477.4				414.39	3495.18	fee schedule	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Consumer	Consumer	3495.18	95			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Aetna	Better Health	1119.93	30.44			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	First Trenton	First Trenton	3311.23	90			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	UHC	Medicaid	1119.93	30.44			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Aetna	Commercial	676.28			499.31	414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Amerihealth	Medicare	414.39				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	UHC	Medicare	414.39				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	First Health	First Health	2575.4	70			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Corrections	Corrections	2943.31	80			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	WellPoint	WellPoint	1142.01	31.04			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Horizon	Indemnity	801.84				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Horizon	NJ Health	859.73			618.83	414.39	3495.18	fee schedule	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Aetna	Medicare	414.39				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Wellcare	Medicaid	1119.93	30.44			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Horizon	PPO	801.84				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Wellcare	Medicare	414.39				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Horizon	Medicare Blue	414.39			249.74	414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Managed Care Inc	Managed Care Inc	3311.23	90			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Americare	Americare	2759.36	75			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Horizon	MGD	801.84				414.39	3495.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Multiplan	Multiplan	2943.31	80			414.39	3495.18	percent of total billed charges	
MRA NECK W/O &W/CONTRAST MATERIAL	70549	CPT				both			3679.14	476.55	Three Rivers	Three Rivers	3495.18	95			414.39	3495.18	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Aetna	Commercial	457.73			1330.41	280.47	5450.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Amerihealth	HMO/PPO	294.5			813.88	280.47	5450.63	fee schedule	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Amerihealth	Medicare	280.47				280.47	5450.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Americare	Americare	4303.13	75			280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Aetna	Medicare	280.47			499.94	280.47	5450.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Consumer	Consumer	5460.63	95			280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Aetna	Better Health	1746.5	30.44		1759.39	280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Horizon	Indemnity	542.71			526.83	280.47	5450.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	First Trenton	First Trenton	5163.75	90			280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Corrections	Corrections	4590	80			280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	First Health	First Health	4016.25	70			280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Multiplan	Multiplan	4590	80			280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Horizon	PPO	542.71			922.81	280.47	5450.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Three Rivers	Three Rivers	5460.63	95			280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Horizon	NJ Health	646.8			264.57	280.47	5450.63	fee schedule	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Horizon	Medicare Blue	280.47			570.71	280.47	5450.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Managed Care Inc	Managed Care Inc	5163.75	90			280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	UHC	Medicare	280.47			587.21	280.47	5450.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	WellPoint	WellPoint	1780.92	31.04		1028.93	280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Qualcare	Qualcare	4303.13	75			280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	UHC	Medicaid	1746.5	30.44		1371.49	280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Horizon	MGD	542.71			459.8	280.47	5450.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Wellcare	Medicaid	1746.5	30.44		1693.06	280.47	5450.63	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	70551	CPT				both			5737.5	322.54	Wellcare	Medicare	280.47				280.47	5450.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Aetna	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Horizon	PPO	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Aetna	Better Health	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	First Trenton	First Trenton	6691.3	90			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Aetna	Commercial	676.28			1902.79	341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Amerihealth	HMO/PPO	341				341	7063.04	fee schedule	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Horizon	Indemnity	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Amerihealth	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Americare	Americare	5576.09	75			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	UHC	Medicaid	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Horizon	Medicare Blue	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Managed Care Inc	Managed Care Inc	6691.3	90			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Consumer	Consumer	7063.04	95			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	First Health	First Health	5204.35	70			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Horizon	MGD	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Qualcare	Qualcare	5576.09	75			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Corrections	Corrections	5947.82	80			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	WellPoint	WellPoint	2307.76	31.04			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Multiplan	Multiplan	5947.82	80			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	UHC	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Horizon	NJ Health	689.92				341	7063.04	fee schedule	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Wellcare	Medicaid	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Three Rivers	Three Rivers	7063.04	95			341	7063.04	percent of total billed charges	
MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	70552	CPT				both			7434.78	476.55	Wellcare	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Amerihealth	HMO/PPO	477.4			475.28	414.39	9526.24	fee schedule	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	First Trenton	First Trenton	9024.86	90			414.39	9526.24	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Aetna	Medicare	414.39			843.78	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Horizon	MGD	801.84			801.76	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Consumer	Consumer	9526.24	95			414.39	9526.24	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Horizon	Indemnity	801.84			823.23	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Aetna	Better Health	3052.41	30.44			414.39	9526.24	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Americare	Americare	7520.72	75			414.39	9526.24	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Amerihealth	Medicare	414.39				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Managed Care Inc	Managed Care Inc	9024.86	90			414.39	9526.24	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Horizon	NJ Health	1066.42			758.72	414.39	9526.24	fee schedule	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Multiplan	Multiplan	8022.1	80			414.39	9526.24	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Corrections	Corrections	8022.1	80		3090.89	414.39	9526.24	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Three Rivers	Three Rivers	9526.24	95			414.39	9526.24	percent of total billed charges	
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	Aetna	Commercial	676.28			1136.89	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN BR

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119 true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	70553	CPT				both			10027.62	476.55	UHC	Medicaid	3052.41	30.44		2679.52	414.39	9526.24	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Amerihealth	HMO/PPO	132.25				132.25	1712.22	fee schedule	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Aetna	Medicare	280.47				132.25	1712.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Consumer	Consumer	1712.22	95			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Horizon	Medicare Blue	280.47				132.25	1712.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	First Health	First Health	1261.64	70			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Aetna	Commercial	457.73				132.25	1712.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Aetna	Better Health	548.63	30.44			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Amerihealth	Medicare	280.47				132.25	1712.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Horizon	MGD	542.71				132.25	1712.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Wellcare	Medicaid	548.63	30.44			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Corrections	Corrections	1441.87	80			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	UHC	Medicare	280.47				132.25	1712.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Three Rivers	Three Rivers	1712.22	95			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Americare	Americare	1351.76	75			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Multiplan	Multiplan	1441.87	80			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Horizon	Indemnity	542.71				132.25	1712.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	UHC	Medicaid	548.63	30.44			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Wellcare	Medicare	280.47				132.25	1712.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	First Trenton	First Trenton	1622.11	90			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Horizon	PPO	542.71				132.25	1712.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Qualcare	Qualcare	1351.76	75			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	WellPoint	WellPoint	559.45	31.04			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Horizon	NJ Health	1131.66				132.25	1712.22	fee schedule	
MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	70554	CPT				outpatient			1802.34	322.54	Managed Care Inc	Managed Care Inc	1622.11	90			132.25	1712.22	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Aetna	Medicare	280.47				130.09	2603.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Aetna	Better Health	834.28	30.44			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Americare	Americare	2055.56	75			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Horizon	MGD	542.71				130.09	2603.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Horizon	Medicare Blue	280.47				130.09	2603.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Amerihealth	HMO/PPO	130.09				130.09	2603.7	fee schedule	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Amerihealth	Medicare	280.47				130.09	2603.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Horizon	PPO	542.71				130.09	2603.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Consumer	Consumer	2603.7	95			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Aetna	Commercial	457.73				130.09	2603.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	First Trenton	First Trenton	2466.67	90			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	UHC	Medicaid	834.28	30.44			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Multiplan	Multiplan	2192.59	80			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	First Health	First Health	1918.52	70			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Corrections	Corrections	2192.59	80			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	WellPoint	WellPoint	850.73	31.04			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Wellcare	Medicaid	834.28	30.44			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	UHC	Medicare	280.47				130.09	2603.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Horizon	NJ Health	331.53				130.09	2603.7	fee schedule	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Wellcare	Medicare	280.47				130.09	2603.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Qualcare	Qualcare	2055.56	75			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Horizon	Indemnity	542.71				130.09	2603.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Managed Care Inc	Managed Care Inc	2466.67	90			130.09	2603.7	percent of total billed charges	
MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	70555	CPT				outpatient			2740.74	322.54	Three Rivers	Three Rivers	2603.7	95			130.09	2603.7	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Aetna	Medicare	253.31	30.8			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Corrections	Corrections	657.95	80			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Horizon	PPO	1231.05				132.25	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Aetna	Commercial	1038.28				132.25	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	First Health	First Health	575.71	70			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Aetna	Better Health	250.35	30.44			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	First Trenton	First Trenton	740.2	90			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Americare	Americare	616.83	75			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Amerihealth	HMO/PPO	132.25				132.25	1231.05	fee schedule	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Horizon	Medicare Blue	636.2				132.25	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	UHC	Medicare	636.2				132.25	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Horizon	MGD	1231.05				132.25	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Wellcare	Medicare	636.2				132.25	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Consumer	Consumer	781.32	95			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Managed Care Inc	Managed Care Inc	740.2	90			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Multiplan	Multiplan	657.95	80			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Amerihealth	Medicare	636.2				132.25	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Horizon	NJ Health	808.93				132.25	1231.05	fee schedule	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	WellPoint	WellPoint	255.29	31.04			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Qualcare	Qualcare	616.83	75			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Horizon	Indemnity	1231.05				132.25	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Three Rivers	Three Rivers	781.32	95			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	UHC	Medicaid	250.35	30.44			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	70557	CPT				outpatient			822.44	731.63	Wellcare	Medicaid	250.35	30.44			132.25	1231.05	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Americare	Americare	205.43	75			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Corrections	Corrections	219.13	80			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	First Health	First Health	191.74	70			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Aetna	Commercial	337.11				83.38	894.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Amerihealth	Medicare	206.56				83.38	894.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Aetna	Medicare	84.36	30.8			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Aetna	Better Health	83.38	30.44			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Horizon	Medicare Blue	206.56				83.38	894.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Amerihealth	HMO/PPO	162.39				83.38	894.39	fee schedule	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Horizon	Indemnity	399.69				83.38	894.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Multiplan	Multiplan	219.13	80			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Wellcare	Medicaid	83.38	30.44			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Horizon	MGD	399.69				83.38	894.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Consumer	Consumer	260.21	95			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Qualcare	Qualcare	205.43	75			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	UHC	Medicare	206.56				83.38	894.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	UHC	Medicaid	83.38	30.44			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Horizon	PPO	399.69				83.38	894.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Wellcare	Medicare	206.56				83.38	894.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	First Trenton	First Trenton	246.52	90			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	WellPoint	WellPoint	85.02	31.04			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Horizon	NJ Health	894.39				83.38	894.39	fee schedule	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Managed Care Inc	Managed Care Inc	246.52	90			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	70558	CPT				outpatient			273.91	237.54	Three Rivers	Three Rivers	260.21	95			83.38	894.39	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Aetna	Better Health	83.38	30.44			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Qualcare	Qualcare	205.43	75			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Amerihealth	Medicare	206.56				83.38	897.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Corrections	Corrections	219.13	80			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Horizon	Medicare Blue	206.56				83.38	897.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Aetna	Commercial	337.11				83.38	897.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Consumer	Consumer	260.21	95			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Three Rivers	Three Rivers	260.21	95			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Aetna	Medicare	206.56				83.38	897.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Americare	Americare	205.43	75			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Horizon	NJ Health	897.99				83.38	897.99	fee schedule	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	First Trenton	First Trenton	246.52	90			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	UHC	Medicare	206.56				83.38	897.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Multiplan	Multiplan	219.13	80			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Amerihealth	HMO/PPO	204.67				83.38	897.99	fee schedule	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	UHC	Medicaid	83.38	30.44			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	First Health	First Health	191.74	70			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Wellcare	Medicare	206.56				83.38	897.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Horizon	MGD	399.69				83.38	897.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Horizon	Indemnity	399.69				83.38	897.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Wellcare	Medicaid	83.38	30.44			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Horizon	PPO	399.69				83.38	897.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	Managed Care Inc	Managed Care Inc	246.52	90			83.38	897.99	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	70559	CPT				outpatient			273.91	237.54	WellPoint	WellPoint	85.02	31.04			83.38	897.99	percent of total billed charges	
RADIOLOGIC EXAM CHEST SINGLE VIEW	71045	CPT				both			341.7	117.5	Consumer	Consumer	324.62	95			24.01	324.62	percent of total billed charges	
RADIOLOGIC EXAM CHEST SINGLE VIEW	71045	CPT				both			341.7	117.5	Amerihealth	HMO/PPO	222.11	65		41.16	24.01	324.62	percent of total billed charges	
RADIOLOGIC EXAM CHEST SINGLE VIEW	71045	CPT				both			341.7	117.5	First Trenton	First Trenton	307.53	90			24.01	324.62	percent of total billed charges	
RADIOLOGIC EXAM CHEST SINGLE VIEW	71045	CPT				both			341.7	117.5	Americare	Americare	256.28	75			24.01	324.62	percent of total billed charges	
RADIOLOGIC EXAM CHEST SINGLE VIEW	71045	CPT				both			341.7	117.5	Aetna	Better Health	104.01	30.44		83.32	24.01	324.62	percent of total billed charges	
RADIOLOGIC EXAM CHEST SINGLE VIEW	71045	CPT				both			341.7	117.5	Aetna	Medicare	102.17			39.31	24.01	324.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST SINGLE VIEW	71045	CPT				both			341.7	117.5	Aetna	Commercial	166.74			66.76	24.01	324.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST SINGLE VIEW	71045	CPT				both			341.7	117.5	Amerihealth	Medicare	102.17				24.01	324.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CH

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Amerihealth	Medicare	102.17				36.87	312.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	First Trenton	First Trenton	295.6	90			36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Americare	Americare	246.33	75			36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Amerihealth	HMO/PPO	213.49	65		38.94	36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Aetna	Medicare	102.17			48.2	36.87	312.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Horizon	NJ Health	36.87			34.26	36.87	312.02	fee schedule	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Consumer	Consumer	312.02	95			36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	First Health	First Health	229.91	70			36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Corrections	Corrections	262.75	80		94.52	36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Horizon	Medicare Blue	102.17			46.2	36.87	312.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Horizon	MGD	197.7			94.47	36.87	312.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	WellPoint	WellPoint	101.95	31.04		69.15	36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Wellcare	Medicare	102.17			24.29	36.87	312.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Horizon	PPO	197.7			85.08	36.87	312.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Horizon	Indemnity	197.7			64.02	36.87	312.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Managed Care Inc	Managed Care Inc	295.6	90			36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Multiplan	Multiplan	262.75	80			36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	UHC	Medicare	102.17			42.44	36.87	312.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Qualcare	Qualcare	246.33	75			36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	Three Rivers	Three Rivers	312.02	95			36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 2 VIEWS	71046	CPT				both			328.44	117.5	UHC	Medicaid	99.98	30.44		88.31	36.87	312.02	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Amerihealth	Medicare	102.17				47.16	316.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Aetna	Better Health	101.53	30.44			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	First Trenton	First Trenton	300.19	90			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	UHC	Medicare	102.17				47.16	316.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Aetna	Medicare	102.73	30.8			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Corrections	Corrections	266.83	80			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Horizon	MGD	197.7				47.16	316.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Aetna	Commercial	166.74				47.16	316.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	First Health	First Health	233.48	70			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Consumer	Consumer	316.86	95			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Managed Care Inc	Managed Care Inc	300.19	90			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Americare	Americare	250.16	75			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Horizon	PPO	197.7				47.16	316.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Wellcare	Medicare	102.17				47.16	316.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Horizon	Indemnity	197.7				47.16	316.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Amerihealth	HMO/PPO	216.8	65			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	UHC	Medicaid	101.53	30.44			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Horizon	NJ Health	47.16				47.16	316.86	fee schedule	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Horizon	Medicare Blue	102.17				47.16	316.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Multiplan	Multiplan	266.83	80			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	WellPoint	WellPoint	103.53	31.04			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Three Rivers	Three Rivers	316.86	95			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Qualcare	Qualcare	250.16	75			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 3 VIEWS	71047	CPT				both			333.54	117.5	Wellcare	Medicaid	101.53	30.44			47.16	316.86	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Americare	Americare	383.27	75			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	UHC	Medicare	123.39				50.59	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Amerihealth	HMO/PPO	332.16	65			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Consumer	Consumer	485.47	95			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Aetna	Medicare	123.39				50.59	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Aetna	Commercial	201.37				50.59	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Multiplan	Multiplan	408.82	80			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Aetna	Better Health	155.55	30.44			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Horizon	Medicare Blue	123.39				50.59	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Amerihealth	Medicare	123.39				50.59	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Qualcare	Qualcare	383.27	75			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Corrections	Corrections	408.82	80			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Horizon	Indemnity	238.76				50.59	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	First Health	First Health	357.71	70			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Wellcare	Medicaid	155.55	30.44			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Horizon	MGD	238.76				50.59	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	First Trenton	First Trenton	459.92	90			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Horizon	NJ Health	50.59				50.59	485.47	fee schedule	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Managed Care Inc	Managed Care Inc	459.92	90			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Horizon	PPO	238.76				50.59	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Three Rivers	Three Rivers	485.47	95			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	UHC	Medicaid	155.55	30.44			50.59	485.47	percent of total billed charges	
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	Wellcare	Medicare	123.39				50.59	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM CHEST 4+ VIEWS	71048	CPT				inpatient			511.02	141.9	WellPoint	WellPoint	158.62	31.04			50.59	485.47	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	First Health	First Health	434.83	70			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Multiplan	Multiplan	496.94	80			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Horizon	PPO	197.7				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Americare	Americare	465.89	75			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Aetna	Better Health	189.09	30.44			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Aetna	Medicare	102.17				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Horizon	MGD	197.7				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Aetna	Commercial	166.74				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Horizon	Indemnity	197.7				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Qualcare	Qualcare	465.89	75			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Wellcare	Medicare	102.17				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Amerihealth	HMO/PPO	20.46				20.46	590.12	fee schedule	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Consumer	Consumer	590.12	95			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Corrections	Corrections	496.94	80			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	UHC	Medicaid	189.09	30.44			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Amerihealth	Medicare	102.17				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Horizon	NJ Health	29.4			26.77	20.46	590.12	fee schedule	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Horizon	Medicare Blue	102.17				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	WellPoint	WellPoint	192.81	31.04			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Wellcare	Medicaid	189.09	30.44			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	First Trenton	First Trenton	559.06	90			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	UHC	Medicare	102.17				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Managed Care Inc	Managed Care Inc	559.06	90			20.46	590.12	percent of total billed charges	
RADEX RIBS UNILATERAL 2 VIEWS	71100	CPT				outpatient			621.18	117.5	Three Rivers	Three Rivers	590.12	95			20.46	590.12	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Aetna	Commercial	201.37			201.13	28.52	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Horizon	Indemnity	238.76			135.31	28.52	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Amerihealth	HMO/PPO	28.52				28.52	908.44	fee schedule	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Amerihealth	Medicare	123.39				28.52	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	First Trenton	First Trenton	860.63	90			28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Horizon	PPO	238.76				28.52	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Corrections	Corrections	765	80		234.3	28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Aetna	Better Health	291.08	30.44			28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Horizon	NJ Health	53.9			80.63	28.52	908.44	fee schedule	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	UHC	Medicare	123.39			94.1	28.52	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	First Health	First Health	669.38	70			28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Multiplan	Multiplan	765	80			28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Managed Care Inc	Managed Care Inc	860.63	90			28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Aetna	Medicare	123.39				28.52	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Horizon	Medicare Blue	123.39			65.07	28.52	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Qualcare	Qualcare	717.19	75			28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	WellPoint	WellPoint	296.82	31.04		83.79	28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Americare	Americare	717.19	75			28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Horizon	MGD	238.76			114.33	28.52	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	UHC	Medicaid	291.08	30.44		225.39	28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Three Rivers	Three Rivers	908.44	95			28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Consumer	Consumer	908.44	95			28.52	908.44	percent of total billed charges	
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Wellcare	Medicare	123.39				28.52	908.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	71101	CPT				both			956.25	141.9	Wellcare	Medicaid	291.08	30.44		216.59	28.52	908.44	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Amerihealth	HMO/PPO	26.66				26.66	785.86	fee schedule	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Aetna	Medicare	123.39				26.66	785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Wellcare	Medicare	123.39				26.66	785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Qualcare	Qualcare	620.42	75			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Horizon	MGD	238.76			238.76	26.66	785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Amerihealth	Medicare	123.39				26.66	785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Aetna	Better Health	251.81	30.44			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Aetna	Commercial	201.37				26.66	785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	First Health	First Health	579.05	70			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	First Trenton	First Trenton	744.5	90			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	WellPoint	WellPoint	256.77	31.04			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	UHC	Medicare	123.39				26.66	785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Consumer	Consumer	785.86	95			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Horizon	NJ Health	39.2			189.93	26.66	785.86	fee schedule	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Corrections	Corrections	661.78	80			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Americare	Americare	620.42	75			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Horizon	Indemnity	238.76				26.66	785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Wellcare	Medicaid	251.81	30.44		243.54	26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Horizon	Medicare Blue	123.39				26.66	785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Multiplan	Multiplan	661.78	80			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Horizon	PPO	238.76				26.66	785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	UHC	Medicaid	251.81	30.44		235.34	26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Managed Care Inc	Managed Care Inc	744.5	90			26.66	785.86	percent of total billed charges	
RADEX RIBS BILATERAL 3 VIEWS	71110	CPT				both			827.22	141.9	Three Rivers	Three Rivers	785.86	95			26.66	785.86	percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Aetna	Medicare	371.49	30.8			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Consumer	Consumer	1145.84	95			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Multiplan	Multiplan	964.92	80			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 UHC	Medicare	123.39				30.38		1145.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 UHC	Medicaid	367.15	30.44		278.55	30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 First Trenton	First Trenton	1085.54	90			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Wellcare	Medicaid	367.15	30.44			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Wellcare	Medicare	123.39				30.38		1145.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Amerihealth	HMO/PPO	30.38				30.38		1145.84 fee schedule	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Corrections	Corrections	964.92	80			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Qualcare	Qualcare	904.61	75			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Managed Care Inc	Managed Care Inc	1085.54	90			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 First Health	First Health	844.31	70			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Horizon	Indemnity	238.76				30.38		1145.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 WellPoint	WellPoint	374.39	31.04		227.39	30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Three Rivers	Three Rivers	1145.84	95			30.38		1145.84 percent of total billed charges	
RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	71111	CPT				both			1206.15		141.9 Horizon	MGD	238.76				30.38		1145.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Amerihealth	HMO/PPO	21.08				21.08		607.56 fee schedule	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Aetna	Better Health	194.68	30.44			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Aetna	Medicare	196.98	30.8			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Horizon	NJ Health	35.48			27.36	21.08		607.56 fee schedule	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Aetna	Commercial	166.74				21.08		607.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Amerihealth	Medicare	102.17				21.08		607.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 First Trenton	First Trenton	575.59	90			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Corrections	Corrections	511.63	80			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Americare	Americare	479.66	75			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Consumer	Consumer	607.56	95			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Horizon	Indemnity	197.7				21.08		607.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Horizon	PPO	197.7				21.08		607.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 UHC	Medicare	102.17				21.08		607.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 First Health	First Health	447.68	70			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Managed Care Inc	Managed Care Inc	575.59	90			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Horizon	MGD	197.7				21.08		607.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 UHC	Medicaid	194.68	30.44			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Wellcare	Medicaid	194.68	30.44			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Three Rivers	Three Rivers	607.56	95			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 WellPoint	WellPoint	198.51	31.04		201	21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Wellcare	Medicare	102.17				21.08		607.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Horizon	Medicare Blue	102.17				21.08		607.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Multiplan	Multiplan	511.63	80			21.08		607.56 percent of total billed charges	
RADEX STERNUM MINIMUM 2 VIEWS	71120	CPT				outpatient			639.54		117.5 Qualcare	Qualcare	479.66	75			21.08		607.56 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 UHC	Medicare	102.17				22.94		419.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Aetna	Better Health	134.44	30.44			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Aetna	Commercial	166.74				22.94		419.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Multiplan	Multiplan	353.33	80			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Horizon	MGD	197.7				22.94		419.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Aetna	Medicare	102.17				22.94		419.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Amerihealth	Medicare	102.17				22.94		419.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Consumer	Consumer	419.58	95			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 UHC	Medicaid	134.44	30.44			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Amerihealth	HMO/PPO	22.94				22.94		419.58 fee schedule	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Americare	Americare	331.25	75			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Qualcare	Qualcare	331.25	75			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Horizon	Indemnity	197.7				22.94		419.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 First Health	First Health	309.16	70			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Horizon	Medicare Blue	102.17				22.94		419.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Corrections	Corrections	353.33	80			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Wellcare	Medicaid	134.44	30.44			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 First Trenton	First Trenton	397.49	90			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Three Rivers	Three Rivers	419.58	95			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Horizon	NJ Health	39.2				22.94		419.58 fee schedule	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Wellcare	Medicare	102.17				22.94		419.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Horizon	PPO	197.7				22.94		419.58 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 Managed Care Inc	Managed Care Inc	397.49	90			22.94		419.58 percent of total billed charges	
RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	71130	CPT				both			441.66		117.5 WellPoint	WellPoint	137.09	31.04			22.94		419.58 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 First Health	First Health	736.85	70			123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Horizon	PPO	238.76			228.34	123.39		1000.01 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Americare	Americare	789.48	75			123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Aetna	Better Health	320.42	30.44		325.6	123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Aetna	Commercial	201.37			181.11	123.39		1000.01 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Horizon	Indemnity	238.76			206.7	123.39		1000.01 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Corrections	Corrections	842.11	80		309.98	123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Amerihealth	HMO/PPO	171.74			54.68	123.39		1000.01 fee schedule	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Horizon	Medicare Blue	123.39			128.42	123.39		1000.01 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 WellPoint	WellPoint	326.74	31.04		151.81	123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 First Trenton	First Trenton	947.38	90			123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Aetna	Medicare	123.39			112.39	123.39		1000.01 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Amerihealth	Medicare	123.39			141.4	123.39		1000.01 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Multiplan	Multiplan	842.11	80			123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 UHC	Medicaid	320.42	30.44		296.98	123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Consumer	Consumer	1000.01	95			123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Horizon	MGD	238.76			212.89	123.39		1000.01 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Qualcare	Qualcare	789.48	75			123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Horizon	NJ Health	286.1			82.46	123.39		1000.01 fee schedule	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 UHC	Medicare	123.39			97.61	123.39		1000.01 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Wellcare	Medicaid	320.42	30.44		165.26	123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Wellcare	Medicare	123.39			72.18	123.39		1000.01 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Managed Care Inc	Managed Care Inc	947.38	90			123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	71250	CPT				both			1052.64		141.9 Three Rivers	Three Rivers	1000.01	95			123.39		1000.01 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Americare	Americare	1217.88	75			200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Amerihealth	Medicare	206.56				200.88		1542.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Aetna	Better Health	494.3	30.44		401.57	200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Aetna	Commercial	337.11			204.47	200.88		1542.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Horizon	NJ Health	334.96			70.69	200.88		1542.65 fee schedule	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 First Trenton	First Trenton	1461.46	90			200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Consumer	Consumer	1542.65	95			200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 First Health	First Health	1136.69	70			200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Amerihealth	HMO/PPO	200.88			193.55	200.88		1542.65 fee schedule	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 UHC	Medicare	206.56			169.22	200.88		1542.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Aetna	Medicare	500.14	30.8		167.7	200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Horizon	Indemnity	399.69			313.9	200.88		1542.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Corrections	Corrections	1299.07	80		472.5	200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Horizon	Medicare Blue	206.56			130.86	200.88		1542.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Horizon	MGD	399.69			285.32	200.88		1542.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Horizon	PPO	399.69			364.98	200.88		1542.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Wellcare	Medicare	206.56			189.83	200.88		1542.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Multiplan	Multiplan	1299.07	80			200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Managed Care Inc	Managed Care Inc	1461.46	90			200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 UHC	Medicaid	494.3	30.44		435.74	200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Three Rivers	Three Rivers	1542.65	95			200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Qualcare	Qualcare	1217.88	75			200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 WellPoint	WellPoint	504.04	31.04		403.3	200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	71260	CPT				both			1623.84		237.54 Wellcare	Medicaid	494.3	30.44		374.53	200.88		1542.65 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 First Trenton	First Trenton	1075.9	90			206.56		1135.67 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Aetna	Commercial	337.11				206.56		1135.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Consumer	Consumer	1135.67	95			206.56		1135.67 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Corrections	Corrections	958.35	80		195.73	206.56		1135.67 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Amerihealth	Medicare	206.56				206.56		1135.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Aetna	Medicare	368.2	30.8			206.56		1135.67 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 First Health	First Health	836.81	70			206.56		1135.67 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Aetna	Better Health	363.89	30.44			206.56		1135.67 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Horizon	Medicare Blue	206.56			107.6	206.56		1135.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Americare	Americare	896.58	75			206.56		1135.67 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Three Rivers	Three Rivers	1135.67	95			206.56		1135.67 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Horizon	Indemnity	399.69				206.56		1135.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 UHC	Medicare	206.56			95.21	206.56		1135.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Amerihealth	HMO/PPO	245.52				206.56		1135.67 fee schedule	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Multiplan	Multiplan	958.35	80			206.56		1135.67 percent of total billed charges	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Horizon	NJ Health	343			70.44	206.56		1135.67 fee schedule	
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Horizon	PPO	399.69				206.56		1135.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+	71270	CPT				both			1195.44		237.54 Horizon	MGD	399.69				206.56		1135.67 other

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	Horizon	Indemnity	238.76				123.39	407.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	WellPoint	WellPoint	133.29	31.04		96.53	123.39	407.95	percent of total billed charges	
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	Wellcare	Medicare	123.39			84.96	123.39	407.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	Aetna	Medicare	123.39			89.97	123.39	407.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	First Trenton	First Trenton	386.48	90			123.39	407.95	percent of total billed charges	
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	UHC	Medicare	123.39			73.27	123.39	407.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	Horizon	PPO	238.76			233.98	123.39	407.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	Multiplan	Multiplan	343.54	80			123.39	407.95	percent of total billed charges	
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	Managed Care Inc	Managed Care Inc	386.48	90			123.39	407.95	percent of total billed charges	
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	Qualcare	Qualcare	322.07	75			123.39	407.95	percent of total billed charges	
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	Three Rivers	Three Rivers	407.95	95			123.39	407.95	percent of total billed charges	
COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-	71271	CPT				both			429.42	141.9	Wellcare	Medicaid	130.72	30.44		123.51	123.39	407.95	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Aetna	Commercial	337.11	114.4		206.56	206.56	741.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	First Health	First Health	546.21	70			206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Amerihealth	HMO/PPO	245.52			150.52	206.56	741.29	fee schedule	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Horizon	Medicare Blue	206.56			89.87	206.56	741.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	First Trenton	First Trenton	702.27	90			206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Aetna	Better Health	237.52	30.44		216.64	206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Americare	Americare	585.23	75			206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Amerihealth	Medicare	206.56				206.56	741.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Aetna	Medicare	206.56	163.76			206.56	741.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Multiplan	Multiplan	624.24	80			206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Horizon	NJ Health	342.86			35.51	206.56	741.29	fee schedule	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Horizon	MGD	399.69			243.53	206.56	741.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Managed Care Inc	Managed Care Inc	702.27	90			206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Consumer	Consumer	741.29	95			206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	UHC	Medicaid	237.52	30.44		200.44	206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Corrections	Corrections	624.24	80			206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Qualcare	Qualcare	585.23	75			206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	WellPoint	WellPoint	242.21	31.04		168.15	206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Three Rivers	Three Rivers	741.29	95			206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Horizon	Indemnity	399.69				206.56	741.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	UHC	Medicare	206.56			107.5	206.56	741.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Horizon	PPO	399.69			212.49	206.56	741.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Wellcare	Medicaid	237.52	30.44		222.24	206.56	741.29	percent of total billed charges	
CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	71275	CPT				both			780.3	237.54	Wellcare	Medicare	206.56			93.88	206.56	741.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	First Trenton	First Trenton	5583.28	90			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Amerihealth	Medicare	280.47				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Aetna	Commercial	457.73				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Aetna	Medicare	280.47				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Amerihealth	HMO/PPO	294.5				280.47	5893.46	fee schedule	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	UHC	Medicare	280.47				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Horizon	Medicare Blue	280.47				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Aetna	Better Health	1888.39	30.44			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Horizon	PPO	542.71				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Horizon	Indemnity	542.71			521.53	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	First Health	First Health	4342.55	70			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Consumer	Consumer	5893.46	95			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	UHC	Medicaid	1888.39	30.44			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Multiplan	Multiplan	4962.91	80			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Wellcare	Medicaid	1888.39	30.44			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Americare	Americare	4652.73	75			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	WellPoint	WellPoint	1925.61	31.04			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Qualcare	Qualcare	4652.73	75			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Wellcare	Medicare	280.47				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Corrections	Corrections	4962.91	80			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Horizon	NJ Health	588			588	280.47	5893.46	fee schedule	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Horizon	MGD	542.71				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Managed Care Inc	Managed Care Inc	5583.28	90			280.47	5893.46	percent of total billed charges	
MRI CHEST W/O CONTRAST MATERIAL	71550	CPT				both			6203.64	322.54	Three Rivers	Three Rivers	5893.46	95			280.47	5893.46	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Amerihealth	Medicare	916.72				341	2351.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Aetna	Better Health	753.55	30.44			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	First Trenton	First Trenton	2227.99	90			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Aetna	Medicare	916.72				341	2351.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Aetna	Commercial	1486.09				341	2351.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	First Health	First Health	1732.88	70			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Qualcare	Qualcare	1856.66	75			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Horizon	MGD	1773.85				341	2351.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Americare	Americare	1856.66	75			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Consumer	Consumer	2351.76	95			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Wellcare	Medicare	916.72				341	2351.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Multiplan	Multiplan	1980.43	80			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Amerihealth	HMO/PPO	341				341	2351.76	fee schedule	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Corrections	Corrections	1980.43	80			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	UHC	Medicaid	753.55	30.44			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Three Rivers	Three Rivers	2351.76	95			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	WellPoint	WellPoint	768.41	31.04			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Horizon	Indemnity	1773.85				341	2351.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	UHC	Medicare	916.72				341	2351.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Wellcare	Medicaid	753.55	30.44			341	2351.76	percent of total billed charges	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Horizon	Medicare Blue	916.72				341	2351.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Horizon	NJ Health	584.08				341	2351.76	fee schedule	
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Horizon	PPO	1773.85				341	2351.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/CONTRAST MATERIAL	71551	CPT				outpatient			2475.54	1054.23	Managed Care Inc	Managed Care Inc	2227.99	90			341	2351.76	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Horizon	Indemnity	801.84				414.39	4200.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Americare	Americare	3316.28	75			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	First Health	First Health	3095.19	70			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Corrections	Corrections	3537.36	80			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Aetna	Commercial	676.28			641.85	414.39	4200.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Multiplan	Multiplan	3537.36	80			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Aetna	Better Health	1345.97	30.44			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Amerihealth	Medicare	414.39				414.39	4200.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Horizon	PPO	801.84				414.39	4200.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Consumer	Consumer	4200.62	95			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Horizon	Medicare Blue	414.39				414.39	4200.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Horizon	MGD	801.84			737.47	414.39	4200.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Aetna	Medicare	414.39			559.46	414.39	4200.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Qualcare	Qualcare	3316.28	75			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Amerihealth	HMO/PPO	477.4				414.39	4200.62	fee schedule	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Horizon	NJ Health	949.37			909.67	414.39	4200.62	fee schedule	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	UHC	Medicaid	1345.97	30.44			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Three Rivers	Three Rivers	4200.62	95			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Wellcare	Medicaid	1345.97	30.44			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	First Trenton	First Trenton	3979.53	90			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	UHC	Medicare	414.39				414.39	4200.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Managed Care Inc	Managed Care Inc	3979.53	90			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	WellPoint	WellPoint	1372.5	31.04			414.39	4200.62	percent of total billed charges	
MRI CHEST W/O & W/CONTRAST MATERIAL	71552	CPT				both			4421.7	476.55	Wellcare	Medicare	414.39				414.39	4200.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Aetna	Commercial	1913.98	38			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		First Trenton	First Trenton	4532.17	90			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Consumer	Consumer	4783.95	95			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Horizon	Indemnity	1927.68	38.28			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Aetna	Medicare	1551.01	30.8			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Amerihealth	HMO/PPO	341				341	4783.95	fee schedule	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Aetna	Better Health	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Multiplan	Multiplan	4028.59	80			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Horizon	MGD	1927.68	38.28			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Horizon	PPO	1927.68	38.28			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Corrections	Corrections	4028.59	80			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Qualcare	Qualcare	3776.81	75			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Americare	Americare	3776.81	75			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		First Health	First Health	3525.02	70			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Horizon	NJ Health	497.35				341	4783.95	fee schedule	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Managed Care Inc	Managed Care Inc	4532.17	90			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Three Rivers	Three Rivers	4783.95	95			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Horizon	Medicare Blue	1510.72	30			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		UHC	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		Wellcare	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA CHEST W/O & W/CONTRAST MATERIAL	71555	CPT				outpatient			5035.74		WellPoint	WellPoint	1563.09	31.04			341	4783.95	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Corrections	Corrections	269.35	80			14.26	319.86	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Aetna	Better Health	102.49	30.44			14.26	319.86	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Amerihealth	HMO/PPO	14.26				14.26	319.86	fee schedule	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Aetna	Commercial	166.74				14.26	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	First Trenton	First Trenton	303.02	90			14.26	319.86	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Horizon	Medicare Blue	102.17			37.29	14.26	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	First Health	First Health	235.68	70			14.26	319.86	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Americare	Americare	252.52	75			14.26	319.86	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Horizon	PPO	197.7				14.26	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Aetna	Medicare	102.17				14.26	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Amerihealth	Medicare	102.17				14.26	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Consumer	Consumer	319.86	95			14.26	319.86	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Horizon

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Qualcare	Qualcare	252.52	75			14.26	319.86	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Three Rivers	Three Rivers	319.86	95			14.26	319.86	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	UHC	Medicare	102.17			81.48	14.26	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	WellPoint	WellPoint	104.51	31.04		75.95	14.26	319.86	percent of total billed charges	
RADEX SPINE 1 VIEW SPECIFY LEVEL	72020	CPT				both			336.69	117.5	Wellcare	Medicaid	102.49	30.44			14.26	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Aetna	Better Health	102.49	30.44		81.71	21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	UHC	Medicaid	102.49	30.44		73.88	21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Amerihealth	HMO/PPO	21.08				21.08	319.86	fee schedule	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Americare	Americare	252.52	75			21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Horizon	Indemnity	197.7			83.36	21.08	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Aetna	Medicare	102.17			26.82	21.08	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	First Health	First Health	235.68	70			21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Consumer	Consumer	319.86	95			21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Aetna	Commercial	166.74			52.76	21.08	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Amerihealth	Medicare	102.17				21.08	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Horizon	PPO	197.7			64.38	21.08	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	First Trenton	First Trenton	303.02	90			21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Multiplan	Multiplan	269.35	80			21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Horizon	NJ Health	34.79			19.44	21.08	319.86	fee schedule	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Horizon	Medicare Blue	102.17			40.62	21.08	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Managed Care Inc	Managed Care Inc	303.02	90			21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Corrections	Corrections	269.35	80			21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Three Rivers	Three Rivers	319.86	95			21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	WellPoint	WellPoint	104.51	31.04		41.77	21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Qualcare	Qualcare	252.52	75			21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Wellcare	Medicare	102.17				21.08	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Horizon	MGD	197.7			68.95	21.08	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	UHC	Medicare	102.17			37.28	21.08	319.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 2 OR 3 VIEWS	72040	CPT				both			336.69	117.5	Wellcare	Medicaid	102.49	30.44		60.13	21.08	319.86	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	First Trenton	First Trenton	688.5	90			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Aetna	Commercial	201.37			201.13	30.38	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Horizon	NJ Health	50.25			48.47	30.38	726.75	fee schedule	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Aetna	Better Health	232.87	30.44			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Amerihealth	HMO/PPO	30.38				30.38	726.75	fee schedule	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	UHC	Medicaid	232.87	30.44		202.64	30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	First Health	First Health	535.5	70			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Corrections	Corrections	612	80			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Horizon	Medicare Blue	123.39			89.61	30.38	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Americare	Americare	573.75	75			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Wellcare	Medicaid	232.87	30.44		225.23	30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Aetna	Medicare	123.39			120.92	30.38	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Amerihealth	Medicare	123.39				30.38	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Multiplan	Multiplan	612	80			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	WellPoint	WellPoint	237.46	31.04		121.42	30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Wellcare	Medicare	123.39				30.38	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Managed Care Inc	Managed Care Inc	688.5	90			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Qualcare	Qualcare	573.75	75			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Horizon	MGD	238.76			203.27	30.38	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Consumer	Consumer	726.75	95			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Horizon	PPO	238.76			234	30.38	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Horizon	Indemnity	238.76				30.38	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	UHC	Medicare	123.39			94.82	30.38	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 4 OR 5 VIEWS	72050	CPT				both			765	141.9	Three Rivers	Three Rivers	726.75	95			30.38	726.75	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	First Health	First Health	447.68	70			37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Amerihealth	Medicare	123.39				37.2	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Horizon	MGD	238.76			127.89	37.2	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Aetna	Better Health	194.68	30.44		197.82	37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Horizon	NJ Health	61.86			72.34	37.2	607.56	fee schedule	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Americare	Americare	479.66	75			37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Amerihealth	HMO/PPO	37.2			140.08	37.2	607.56	fee schedule	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Aetna	Medicare	123.39			102.53	37.2	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	UHC	Medicaid	194.68	30.44		183.9	37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Consumer	Consumer	607.56	95			37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	UHC	Medicare	123.39			85.91	37.2	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Aetna	Commercial	201.37			119.64	37.2	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Wellcare	Medicare	123.39				37.2	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Horizon	Medicare Blue	123.39			102.78	37.2	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	WellPoint	WellPoint	198.51	31.04		129.7	37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Multiplan	Multiplan	511.63	80			37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Corrections	Corrections	511.63	80		197.82	37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Qualcare	Qualcare	479.66	75			37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Horizon	PPO	238.76			221.57	37.2	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Wellcare	Medicaid	194.68	30.44		195.49	37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	First Trenton	First Trenton	575.59	90			37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Three Rivers	Three Rivers	607.56	95			37.2	607.56	percent of total billed charges	
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Horizon	Indemnity	238.76			238.76	37.2	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE CERVICAL 6 OR MORE VIEWS	72052	CPT				both			639.54	141.9	Managed Care Inc	Managed Care Inc	575.59	90			37.2	607.56	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Horizon	Indemnity	238.76			54.45	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Americare	Americare	305.51	75			22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Aetna	Commercial	201.37			52.48	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Multiplan	Multiplan	325.88	80			22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Amerihealth	Medicare	123.39				22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Aetna	Medicare	125.46	30.8		121.62	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Aetna	Better Health	124	30.44		77.02	22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Corrections	Corrections	325.88	80			22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Horizon	NJ Health	36.55			36.08	22.32	386.98	fee schedule	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Amerihealth	HMO/PPO	22.32				22.32	386.98	fee schedule	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Consumer	Consumer	386.98	95			22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Qualcare	Qualcare	305.51	75			22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Horizon	Medicare Blue	123.39			32.42	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	UHC	Medicaid	124	30.44		91.03	22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	First Health	First Health	285.15	70			22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Horizon	PPO	238.76			58.25	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	WellPoint	WellPoint	126.44	31.04		33.53	22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Horizon	MGD	238.76			59.62	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	First Trenton	First Trenton	366.62	90			22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	UHC	Medicare	123.39			36.59	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Three Rivers	Three Rivers	386.98	95			22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Wellcare	Medicare	123.39			41.05	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Managed Care Inc	Managed Care Inc	366.62	90			22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC 2 VIEWS	72070	CPT				both			407.35	141.9	Wellcare	Medicaid	124	30.44		57.36	22.32	386.98	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Amerihealth	Medicare	123.39				27.9	694.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Horizon	PPO	238.76				27.9	694.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	First Trenton	First Trenton	658.21	90			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Aetna	Commercial	201.37				27.9	694.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Aetna	Better Health	222.62	30.44			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Horizon	MGD	238.76				27.9	694.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Corrections	Corrections	585.07	80			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	First Health	First Health	511.94	70			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Horizon	Medicare Blue	123.39				27.9	694.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	WellPoint	WellPoint	227.01	31.04			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Horizon	NJ Health	49				27.9	694.77	fee schedule	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Amerihealth	HMO/PPO	27.9				27.9	694.77	fee schedule	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Aetna	Medicare	123.39				27.9	694.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Three Rivers	Three Rivers	694.77	95			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	UHC	Medicaid	222.62	30.44			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Horizon	Indemnity	238.76				27.9	694.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Multiplan	Multiplan	585.07	80			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	UHC	Medicare	123.39				27.9	694.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Managed Care Inc	Managed Care Inc	658.21	90			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Americare	Americare	548.51	75			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Wellcare	Medicare	123.39				27.9	694.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Qualcare	Qualcare	548.51	75			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Consumer	Consumer	694.77	95			27.9	694.77	percent of total billed charges	
RADEX SPINE THORACIC MINIMUM 4 VIEWS	72074	CPT				both			731.34	141.9	Wellcare	Medicaid	222.62	30.44		22.28	27.9	694.77	percent of total billed charges	
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Americare	Americare	764.24	75			22.32	968.03	percent of total billed charges	
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Aetna	Better Health	310.18	30.44			22.32	968.03	percent of total billed charges	
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Multiplan	Multiplan	815.18	80			22.32	968.03	percent of total billed charges	
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Wellcare	Medicare	102.17				22.32	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Aetna	Commercial	166.74			115.67	22.32	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Amerihealth	HMO/PPO	22.32			116.67	22.32	968.03	fee schedule	
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Horizon	Medicare Blue	102.17				22.32	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	UHC	Medicaid	310.18	30.44		261.49	22.32	968.03	percent of total billed charges	
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Three Rivers	Three Rivers	968.03	95			22.32	968.03	percent of total billed charges	
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	First Health	First Health	713.29	70			22.32	968.03	percent of total billed charges	
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Wellcare	Medicaid	310.18	30.44			22.32	968.03	percent of total billed charges	
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Horizon	Indemnity	197.7			193.71	22.32	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Aetna	Medicare	102.17			80.88	22.32	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	Horizon	PPO	197.7			193.41	22.32	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	117.5	UHC	Medicare	102.17			77.76	22.32	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	72080	CPT				both			1018.98	917.08	Managed Care Inc	Managed Care Inc	90	22.32					968.03 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Aetna	Better Health	121.48	30.44		97.18	14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	First Health	First Health	279.36	70			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Amerihealth	Medicare	102.17				14.26		379.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Multiplan	Multiplan	319.26	80			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Aetna	Commercial	166.74				14.26		379.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Horizon	NJ Health	42.08				14.26		379.13 fee schedule	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Wellcare	Medicare	102.17				14.26		379.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Consumer	Consumer	379.13	95			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Americare	Americare	299.31	75			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Qualcare	Qualcare	299.31	75			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	First Trenton	First Trenton	359.17	90			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Corrections	Corrections	319.26	80			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Aetna	Medicare	102.17				14.26		379.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Managed Care Inc	Managed Care Inc	359.17	90			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Horizon	Indemnity	197.7				14.26		379.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Horizon	Medicare Blue	102.17				14.26		379.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Amerihealth	HMO/PPO	14.26				14.26		379.13 fee schedule	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Three Rivers	Three Rivers	379.13	95			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Horizon	PPO	197.7				14.26		379.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	UHC	Medicare	102.17			18.05	14.26		379.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Horizon	MGD	197.7				14.26		379.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	UHC	Medicaid	121.48	30.44			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	WellPoint	WellPoint	123.87	31.04			14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72081	CPT				both			399.08	117.5	Wellcare	Medicaid	121.48	30.44		87.71	14.26		379.13 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Aetna	Better Health	178.14	30.44		139.75	21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	First Trenton	First Trenton	526.71	90			21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Amerihealth	HMO/PPO	21.08				21.08		555.97 fee schedule	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Aetna	Commercial	201.37			127.25	21.08		555.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Americare	Americare	438.92	75			21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Corrections	Corrections	468.18	80			21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Amerihealth	Medicare	123.39				21.08		555.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Horizon	Indemnity	238.76			180.32	21.08		555.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Aetna	Medicare	180.25	30.8		80.26	21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Managed Care Inc	Managed Care Inc	526.71	90			21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	First Health	First Health	409.66	70			21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Multiplan	Multiplan	468.18	80			21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Consumer	Consumer	555.97	95			21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	UHC	Medicaid	178.14	30.44		136.15	21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Horizon	MGD	238.76			155.36	21.08		555.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Qualcare	Qualcare	438.92	75			21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Horizon	NJ Health	67.95			56.78	21.08		555.97 fee schedule	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Three Rivers	Three Rivers	555.97	95			21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Horizon	PPO	238.76			138	21.08		555.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Wellcare	Medicaid	178.14	30.44		142.98	21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Horizon	Medicare Blue	123.39				21.08		555.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	WellPoint	WellPoint	181.66	31.04		138.37	21.08		555.97 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	Wellcare	Medicare	123.39				21.08		555.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	72082	CPT				both			585.23	141.9	UHC	Medicare	123.39			59.04	21.08		555.97 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Aetna	Better Health	269.81	30.44			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Americare	Americare	664.79	75			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Consumer	Consumer	842.06	95			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Horizon	MGD	238.76				30.38		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Amerihealth	HMO/PPO	30.38				30.38		842.06 fee schedule	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Aetna	Commercial	201.37				30.38		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Aetna	Medicare	273.01	30.8			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Horizon	NJ Health	73.74			82.49	30.38		842.06 fee schedule	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	First Health	First Health	620.47	70			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	First Trenton	First Trenton	797.74	90			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Corrections	Corrections	709.1	80			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	UHC	Medicaid	269.81	30.44		260.96	30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Multiplan	Multiplan	709.1	80			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Amerihealth	Medicare	123.39				30.38		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Horizon	PPO	238.76				30.38		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	UHC	Medicare	123.39				30.38		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Qualcare	Qualcare	664.79	75			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Horizon	Medicare Blue	123.39				30.38		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Managed Care Inc	Managed Care Inc	797.74	90			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	WellPoint	WellPoint	275.13	31.04		270.9	30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Horizon	Indemnity	238.76				30.38		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Three Rivers	Three Rivers	842.06	95			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Wellcare	Medicaid	269.81	30.44			30.38		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	72083	CPT				both			886.38	141.9	Wellcare	Medicare	123.39				30.38		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	First Trenton	First Trenton	797.74	90			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	First Health	First Health	620.47	70			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Americare	Americare	664.79	75			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Aetna	Medicare	123.39				37.2		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Amerihealth	Medicare	123.39				37.2		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Aetna	Better Health	269.81	30.44			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Aetna	Commercial	201.37				37.2		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Horizon	PPO	238.76				37.2		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Managed Care Inc	Managed Care Inc	797.74	90			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Horizon	Medicare Blue	123.39				37.2		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Amerihealth	HMO/PPO	37.2				37.2		842.06 fee schedule	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Corrections	Corrections	709.1	80			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Horizon	Indemnity	238.76				37.2		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Consumer	Consumer	842.06	95			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	UHC	Medicaid	269.81	30.44			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	WellPoint	WellPoint	275.13	31.04			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	UHC	Medicare	123.39				37.2		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Multiplan	Multiplan	709.1	80			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Horizon	MGD	238.76				37.2		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Horizon	NJ Health	88.14				37.2		842.06 fee schedule	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Qualcare	Qualcare	664.79	75			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Three Rivers	Three Rivers	842.06	95			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Wellcare	Medicaid	269.81	30.44			37.2		842.06 percent of total billed charges	
RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	72084	CPT				both			886.38	141.9	Wellcare	Medicare	123.39				37.2		842.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Horizon	Medicare Blue	123.39			59.84	22.94		563.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Americare	Americare	444.66	75			22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Wellcare	Medicaid	180.47	30.44		130.33	22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Aetna	Commercial	201.37			106.39	22.94		563.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Amerihealth	HMO/PPO	22.94			86.68	22.94		563.24 fee schedule	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Consumer	Consumer	563.24	95			22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Aetna	Better Health	180.47	30.44		132.43	22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Aetna	Medicare	123.39			82.04	22.94		563.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Horizon	NJ Health	43.12			50.38	22.94		563.24 fee schedule	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Horizon	Indemnity	238.76			126.35	22.94		563.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	First Health	First Health	415.02	70			22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Amerihealth	Medicare	123.39				22.94		563.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Corrections	Corrections	474.3	80			22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Three Rivers	Three Rivers	563.24	95			22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	WellPoint	WellPoint	184.03	31.04		76.2	22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	First Trenton	First Trenton	533.59	90			22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	UHC	Medicare	123.39			60.58	22.94		563.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Multiplan	Multiplan	474.3	80			22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Horizon	MGD	238.76			105.18	22.94		563.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Wellcare	Medicare	123.39			73.42	22.94		563.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Horizon	PPO	238.76			104.15	22.94		563.24 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Qualcare	Qualcare	444.66	75			22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	Managed Care Inc	Managed Care Inc	533.59	90			22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL 2/3 VIEWS	72100	CPT				both			592.88	141.9	UHC	Medicaid	180.47	30.44		128.62	22.94		563.24 percent of total billed charges	
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Amerihealth	HMO/PPO	31			102.27	31		383.72 fee schedule	
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Aetna	Medicare	123.39			117.89	31		383.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	UHC	Medicare	123.39			72.21	31		383.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Horizon	NJ Health	53.9			35.15	31		383.72 fee schedule	
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Aetna	Commercial	201.37			154.56	31		383.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Horizon	Indemnity	238.76			119.96	31		383.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Amerihealth	Medicare	123.39				31		383.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Aetna	Better Health	122.95	30.44		124.94	31		383.72 percent of total billed charges	
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Horizon	MGD	238.76			122.94	31		383.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Americare	Americare	302.94	75			31		383.72 percent of total billed charges	
RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	72110	CPT				both			403.92	141.9	Wellcare	Medicaid

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Amerihealth	Medicare	123.39				37.82	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Aetna	Commercial	201.37				37.82	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Aetna	Better Health	155.55	30.44			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	First Trenton	First Trenton	459.92	90			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Americare	Americare	383.27	75			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Aetna	Medicare	123.39				37.82	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Qualcare	Qualcare	383.27	75			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	First Health	First Health	357.71	70			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Consumer	Consumer	485.47	95			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Horizon	Indemnity	238.76			145.09	37.82	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	UHC	Medicare	123.39			79.51	37.82	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Horizon	Medicare Blue	123.39				37.82	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Three Rivers	Three Rivers	485.47	95			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Wellcare	Medicaid	155.55	30.44			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	UHC	Medicaid	155.55	30.44			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Horizon	NJ Health	54.88			55.62	37.82	485.47	fee schedule	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Corrections	Corrections	408.82	80			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	WellPoint	WellPoint	158.62	31.04		99.21	37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Wellcare	Medicare	123.39				37.82	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Horizon	PPO	238.76				37.82	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	72114	CPT				both			511.02	141.9	Managed Care Inc	Managed Care Inc	459.92	90			37.82	485.47	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Aetna	Commercial	201.37				27.28	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Aetna	Better Health	99.2	30.44			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Aetna	Medicare	123.39				27.28	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Horizon	Indemnity	238.76				27.28	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Americare	Americare	244.41	75			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	First Health	First Health	228.12	70			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Multiplan	Multiplan	260.7	80			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Horizon	MGD	238.76			165.02	27.28	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Amerihealth	Medicare	123.39				27.28	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Three Rivers	Three Rivers	309.59	95			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Consumer	Consumer	309.59	95			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	UHC	Medicaid	99.2	30.44		83.63	27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Amerihealth	HMO/PPO	27.28				27.28	309.59	fee schedule	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Wellcare	Medicare	123.39				27.28	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Qualcare	Qualcare	244.41	75			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Wellcare	Medicaid	99.2	30.44			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Corrections	Corrections	260.7	80			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Horizon	Medicare Blue	123.39				27.28	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	First Trenton	First Trenton	293.29	90			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Horizon	PPO	238.76			158.95	27.28	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Horizon	NJ Health	39.2			42.52	27.28	309.59	fee schedule	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	Managed Care Inc	Managed Care Inc	293.29	90			27.28	309.59	percent of total billed charges	
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	UHC	Medicare	123.39			72.72	27.28	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	72120	CPT				both			325.88	141.9	WellPoint	WellPoint	101.15	31.04		86.03	27.28	309.59	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Aetna	Medicare	123.39			130.14	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Americare	Americare	1007.51	75			123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Consumer	Consumer	1276.17	95			123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Aetna	Better Health	408.91	30.44		340.57	123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Corrections	Corrections	1074.67	80		394.5	123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Horizon	NJ Health	245			58.18	123.39	1276.17	fee schedule	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	First Health	First Health	940.34	70			123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Aetna	Commercial	201.37			184.74	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Horizon	MGD	238.76			210.63	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Amerihealth	HMO/PPO	171.74			8.01	123.39	1276.17	fee schedule	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Horizon	Indemnity	238.76			228.53	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Amerihealth	Medicare	123.39				123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Horizon	PPO	238.76			278.82	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	UHC	Medicaid	408.91	30.44		360.88	123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Multiplan	Multiplan	1074.67	80			123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	First Trenton	First Trenton	1259.01	90			123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	WellPoint	WellPoint	416.97	31.04		272.52	123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Horizon	Medicare Blue	123.39			134.01	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Three Rivers	Three Rivers	1276.17	95			123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Managed Care Inc	Managed Care Inc	1269.01	90			123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Wellcare	Medicaid	408.91	30.44		322.97	123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Qualcare	Qualcare	1007.51	75			123.39	1276.17	percent of total billed charges	
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	UHC	Medicare	123.39			135.67	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O CONTRAST MATERIAL	72125	CPT				both			1343.34	141.9	Wellcare	Medicare	123.39			162.32	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	First Trenton	First Trenton	1579.88	90			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Consumer	Consumer	1667.65	95			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Horizon	PPO	801.84				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Aetna	Better Health	534.35	30.44			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Amerihealth	Medicare	414.39				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Aetna	Commercial	676.28				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Amerihealth	HMO/PPO	200.26				200.26	1667.65	fee schedule	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Corrections	Corrections	1404.34	80			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Managed Care Inc	Managed Care Inc	1579.88	90			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Horizon	NJ Health	333.55				200.26	1667.65	fee schedule	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	UHC	Medicaid	534.35	30.44			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Horizon	Indemnity	801.84				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	UHC	Medicare	414.39				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Aetna	Medicare	414.39				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	First Health	First Health	1228.79	70			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Horizon	Medicare Blue	414.39				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Wellcare	Medicaid	534.35	30.44			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Americare	Americare	1316.57	75			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Wellcare	Medicare	414.39				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	WellPoint	WellPoint	544.88	31.04			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Horizon	MGD	801.84				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Multiplan	Multiplan	1404.34	80			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Qualcare	Qualcare	1316.57	75			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/CONTRAST MATERIAL	72126	CPT				both			1755.42	476.55	Three Rivers	Three Rivers	1667.65	95			200.26	1667.65	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	First Health	First Health	1461.56	70			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Americare	Americare	1565.96	75			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Corrections	Corrections	1670.35	80			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Aetna	Better Health	635.57	30.44			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Consumer	Consumer	1983.54	95			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Aetna	Commercial	337.11				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	First Trenton	First Trenton	1879.15	90			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Horizon	Medicare Blue	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Multiplan	Multiplan	1670.35	80			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Amerihealth	HMO/PPO	252.96				206.56	1983.54	fee schedule	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Wellcare	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Horizon	PPO	399.69				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Horizon	Indemnity	399.69				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Aetna	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Horizon	NJ Health	343				206.56	1983.54	fee schedule	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	WellPoint	WellPoint	648.1	31.04			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Qualcare	Qualcare	1565.96	75			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Amerihealth	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Managed Care Inc	Managed Care Inc	1879.15	90			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Horizon	MGD	399.69				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	UHC	Medicaid	635.57	30.44			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	UHC	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Three Rivers	Three Rivers	1983.54	95			206.56	1983.54	percent of total billed charges	
CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	72127	CPT				both			2087.94	237.54	Wellcare	Medicaid	635.57	30.44			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	UHC	Medicare	123.39			57.72	123.39	447.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Aetna	Better Health	143.45	30.44			123.39	447.68	percent of total billed charges	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Aetna	Medicare	123.39				123.39	447.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Horizon	Indemnity	238.76				123.39	447.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Multiplan	Multiplan	376.99	80			123.39	447.68	percent of total billed charges	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Amerihealth	HMO/PPO	171.74				123.39	447.68	fee schedule	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Amerihealth	Medicare	123.39				123.39	447.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Aetna	Commercial	201.37			21.97	123.39	447.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Wellcare	Medicare	123.39				123.39	447.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Corrections	Corrections	376.99	80		85.36	123.39	447.68	percent of total billed charges	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Americare	Americare	353.43	75			123.39	447.68	percent of total billed charges	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Horizon	PPO	238.76				123.39	447.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Qualcare	Qualcare	353.43	75			123.39	447.68	percent of total billed charges	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	First Health	First Health	329.87	70			123.39	447.68	percent of total billed charges	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Horizon	NJ Health	245			23.94	123.39	447.68	fee schedule	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	First Trenton	First Trenton	424.12	90			123.39	447.68	percent of total billed charges	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Consumer	Consumer	447.68	95			123.39	447.68	percent of total billed charges	
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	Horizon	Medicare Blue	123.39			103.93	123.39	447.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O CONTRAST MATERIAL	72128	CPT				both			471.24	141.9	UHC	Medicaid	143.45	30.44		143.47

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Aetna	Commercial	337.11				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Amerihealth	Medicare	206.56				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Horizon	MGD	399.69				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Consumer	Consumer	1667.65	95			200.26	1667.65	percent of total billed charges	
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Amerihealth	HMO/PPO	200.26				200.26	1667.65	fee schedule	
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Managed Care Inc	Managed Care Inc	1579.88	90			200.26	1667.65	percent of total billed charges	
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Horizon	PPO	399.69				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Horizon	Medicare Blue	206.56				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	WellPoint	WellPoint	544.88	31.04			200.26	1667.65	percent of total billed charges	
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Horizon	Indemnity	399.69				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Three Rivers	Three Rivers	1667.65	95			200.26	1667.65	percent of total billed charges	
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	UHC	Medicaid	534.35	30.44			200.26	1667.65	percent of total billed charges	
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Multiplan	Multiplan	1404.34	80			200.26	1667.65	percent of total billed charges	
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	UHC	Medicare	206.56				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Wellcare	Medicaid	534.35	30.44			200.26	1667.65	percent of total billed charges	
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Quelcare	Qualcare	1316.57	75			200.26	1667.65	percent of total billed charges	
CT THORACIC SPINE W/CONTRAST MATERIAL	72129	CPT				both			1755.42	237.54	Wellcare	Medicare	206.56				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Aetna	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Amerihealth	HMO/PPO	241.8				206.56	1983.54	fee schedule	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Aetna	Commercial	337.11				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Aetna	Better Health	635.57	30.44			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Horizon	MGD	399.69				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Horizon	Medicare Blue	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Consumer	Consumer	1983.54	95			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Qualcare	Qualcare	1565.96	75			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Americare	Americare	1565.96	75			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Amerihealth	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Corrections	Corrections	1670.35	80			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	First Trenton	First Trenton	1879.15	90			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Multiplan	Multiplan	1670.35	80			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	First Health	First Health	1461.56	70			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Horizon	NJ Health	343				206.56	1983.54	fee schedule	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	UHC	Medicaid	635.57	30.44			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Three Rivers	Three Rivers	1983.54	95			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Horizon	Indemnity	399.69				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Horizon	PPO	399.69				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Wellcare	Medicaid	635.57	30.44			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Managed Care Inc	Managed Care Inc	1879.15	90			206.56	1983.54	percent of total billed charges	
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	UHC	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	Wellcare	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	72130	CPT				both			2087.94	237.54	WellPoint	WellPoint	648.1	31.04			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Amerihealth	HMO/PPO	171.74				123.39	697.68	fee schedule	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Amerihealth	Medicare	123.39				123.39	697.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	First Trenton	First Trenton	660.96	90			123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Corrections	Corrections	587.52	80		85.36	123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Aetna	Better Health	223.55	30.44		94.31	123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	UHC	Medicare	123.39			99.53	123.39	697.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Aetna	Medicare	123.39				123.39	697.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Aetna	Commercial	201.37			85.6	123.39	697.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Horizon	MGD	238.76				123.39	697.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Horizon	Indemnity	238.76				123.39	697.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Managed Care Inc	Managed Care Inc	660.96	90			123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Horizon	Medicare Blue	123.39			97.72	123.39	697.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	First Health	First Health	514.08	70			123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Wellcare	Medicare	123.39				123.39	697.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Horizon	PPO	238.76			85.12	123.39	697.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Americare	Americare	592.8	75			123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	WellPoint	WellPoint	227.96	31.04		79.14	123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Wellcare	Medicaid	223.55	30.44		133.2	123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Three Rivers	Three Rivers	697.68	95			123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Multiplan	Multiplan	587.52	80			123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	UHC	Medicaid	223.55	30.44		289.27	123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Consumer	Consumer	697.68	95			123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Qualcare	Qualcare	550.8	75			123.39	697.68	percent of total billed charges	
CT LUMBAR SPINE W/O CONTRAST MATERIAL	72131	CPT				both			734.4	141.9	Horizon	NJ Health	286.1			45.21	123.39	697.68	fee schedule	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Amerihealth	HMO/PPO	200.26				200.26	1667.65	fee schedule	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Aetna	Medicare	414.39				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	First Trenton	First Trenton	1579.88	90			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Amerihealth	Medicare	414.39				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Aetna	Better Health	534.35	30.44			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Aetna	Commercial	676.28				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	First Health	First Health	1228.79	70			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Americare	Americare	1316.57	75			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Horizon	MGD	801.84				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Corrections	Corrections	1404.34	80			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Horizon	Indemnity	801.84				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Horizon	Medicare Blue	414.39				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	WellPoint	WellPoint	544.88	31.04			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Multiplan	Multiplan	1404.34	80			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Three Rivers	Three Rivers	1667.65	95			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Consumer	Consumer	1667.65	95			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	UHC	Medicare	414.39			432.53	200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Horizon	NJ Health	333.55			44.33	200.26	1667.65	fee schedule	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Horizon	PPO	801.84				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Qualcare	Qualcare	1316.57	75			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Wellcare	Medicaid	534.35	30.44			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Wellcare	Medicare	414.39				200.26	1667.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	UHC	Medicaid	534.35	30.44		302.19	200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/CONTRAST MATERIAL	72132	CPT				both			1755.42	476.55	Managed Care Inc	Managed Care Inc	1579.88	90			200.26	1667.65	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Americare	Americare	1565.96	75			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Aetna	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	First Trenton	First Trenton	1879.15	90			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Horizon	Indemnity	399.69				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Aetna	Commercial	337.11				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Consumer	Consumer	1983.54	95			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	UHC	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Aetna	Better Health	635.57	30.44			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Amerihealth	HMO/PPO	241.8				206.56	1983.54	fee schedule	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Corrections	Corrections	1670.35	80			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Horizon	PPO	399.69				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Horizon	Medicare Blue	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Amerihealth	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Horizon	NJ Health	343				206.56	1983.54	fee schedule	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	UHC	Medicaid	635.57	30.44			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	First Health	First Health	1461.56	70			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Horizon	MGD	399.69				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Managed Care Inc	Managed Care Inc	1879.15	90			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	WellPoint	WellPoint	648.1	31.04			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Multiplan	Multiplan	1670.35	80			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Three Rivers	Three Rivers	1983.54	95			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Qualcare	Qualcare	1565.96	75			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Wellcare	Medicaid	635.57	30.44			206.56	1983.54	percent of total billed charges	
CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	72133	CPT				both			2087.94	237.54	Wellcare	Medicare	206.56				206.56	1983.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	First Trenton	First Trenton	5583.28	90			280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Horizon	Indemnity	542.71			682.56	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Amerihealth	Medicare	280.47				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Corrections	Corrections	4962.91	80			280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Horizon	Medicare Blue	280.47			423.76	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Aetna	Commercial	457.73			660.8	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Aetna	Better Health	1888.39	30.44		1816.59	280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Amerihealth	HMO/PPO	294.5			315.42	280.47	5893.46	fee schedule	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Horizon	NJ Health	646.8			301.98	280.47	5893.46	fee schedule	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Wellcare	Medicare	280.47			752.06	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Consumer	Consumer	5893.46	95			280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Wellcare	Medicaid	1888.39	30.44		2013.45	280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	UHC	Medicaid	1888.39	30.44		1614.17	280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Aetna	Medicare	280.47			948.63	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Americare	Americare	4652.73	75			280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	First Health	First Health	4342.55	70			280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Managed Care Inc	Managed Care Inc	5583.28	90			280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	UHC	Medicare	280.47			386.2	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Horizon	MGD	542.71			643.66	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	WellPoint	WellPoint	1925.61	31.04		1144.43	280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Horizon	PPO	542.71			733.45	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Three Rivers	Three Rivers	5893.46	95			280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Multiplan	Multiplan	4962.91	80			280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	72141	CPT				both			6203.64	322.54	Qualcare	Qualcare	4652.73	75			280.47	5893.46	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT			

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	First Trenton	First Trenton	6691.3	90			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Horizon	Indemnity	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Amerihealth	HMO/PPO	341				341	7063.04	fee schedule	
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Horizon	Medicare Blue	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Wellcare	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Horizon	NJ Health	691.88				341	7063.04	fee schedule	
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Horizon	MGD	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Three Rivers	Three Rivers	7063.04	95			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Horizon	PPO	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	UHC	Medicaid	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Managed Care Inc	Managed Care Inc	6691.3	90			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	Wellcare	Medicaid	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	72142	CPT				both			7434.78	476.55	WellPoint	WellPoint	2307.76	31.04			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Horizon	Medicare Blue	280.47			387.22	280.47	6542.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Amerihealth	HMO/PPO	294.5				280.47	6542.69	fee schedule	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Aetna	Better Health	2096.41	30.44		2130.26	280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Corrections	Corrections	5509.63	80			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Amerihealth	Medicare	280.47				280.47	6542.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Aetna	Medicare	280.47				280.47	6542.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Aetna	Commercial	457.73			538.04	280.47	6542.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	First Trenton	First Trenton	6198.34	90			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Horizon	PPO	542.71				280.47	6542.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Horizon	MGD	542.71			715.93	280.47	6542.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	First Health	First Health	4820.93	70			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Horizon	NJ Health	646.8			493.58	280.47	6542.69	fee schedule	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	WellPoint	WellPoint	2137.74	31.04			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Americare	Americare	5165.28	75			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Consumer	Consumer	6542.69	95			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Managed Care Inc	Managed Care Inc	6198.34	90			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Multiplan	Multiplan	5509.63	80			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	UHC	Medicare	280.47			341.24	280.47	6542.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Horizon	Indemnity	542.71				280.47	6542.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Three Rivers	Three Rivers	6542.69	95			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Qualcare	Qualcare	5165.28	75			280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	UHC	Medicaid	2096.41	30.44		2108.87	280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Wellcare	Medicare	280.47				280.47	6542.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	72146	CPT				both			6887.04	322.54	Wellcare	Medicaid	2096.41	30.44		209.81	280.47	6542.69	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Corrections	Corrections	5947.82	80			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Amerihealth	HMO/PPO	341				341	7063.04	fee schedule	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Consumer	Consumer	7063.04	95			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Amerihealth	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Aetna	Better Health	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Americare	Americare	5576.09	75			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Aetna	Commercial	676.28				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Aetna	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Wellcare	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	UHC	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	First Health	First Health	5204.35	70			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Horizon	Medicare Blue	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	First Trenton	First Trenton	6691.3	90			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Three Rivers	Three Rivers	7063.04	95			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Horizon	MGD	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Wellcare	Medicaid	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	WellPoint	WellPoint	2307.76	31.04			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Multiplan	Multiplan	5947.82	80			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Horizon	Indemnity	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Qualcare	Qualcare	5576.09	75			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Horizon	NJ Health	646.8				341	7063.04	fee schedule	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	UHC	Medicaid	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Horizon	PPO	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	72147	CPT				inpatient			7434.78	476.55	Managed Care Inc	Managed Care Inc	6691.3	90			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Aetna	Better Health	440.27	30.44		408.57	280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Aetna	Commercial	457.73			286.05	280.47	1374.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Aetna	Medicare	280.47			225.64	280.47	1374.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Corrections	Corrections	1157.09	80			280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Amerihealth	HMO/PPO	294.5			261.77	280.47	1374.04	fee schedule	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	UHC	Medicare	280.47			215.34	280.47	1374.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Americare	Americare	1084.77	75			280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Amerihealth	Medicare	280.47				280.47	1374.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	First Trenton	First Trenton	1301.72	90			280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	First Health	First Health	1012.45	70			280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Multiplan	Multiplan	1157.09	80			280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Horizon	MGD	542.71			312.51	280.47	1374.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Horizon	NJ Health	646.8			121.7	280.47	1374.04	fee schedule	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Horizon	PPO	542.71			532.12	280.47	1374.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Consumer	Consumer	1374.04	95			280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Horizon	Medicare Blue	280.47			315.68	280.47	1374.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Horizon	Indemnity	542.71			312.09	280.47	1374.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Wellcare	Medicaid	440.27	30.44		436.61	280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Qualcare	Qualcare	1084.77	75			280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Wellcare	Medicare	280.47			280.24	280.47	1374.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	WellPoint	WellPoint	448.95	31.04		312.99	280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Three Rivers	Three Rivers	1374.04	95			280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	Managed Care Inc	Managed Care Inc	1301.72	90			280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	72148	CPT				both			1446.36	322.54	UHC	Medicaid	440.27	30.44		420.71	280.47	1374.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Amerihealth	HMO/PPO	341				341	7063.04	fee schedule	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Aetna	Better Health	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Aetna	Commercial	676.28				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Americare	Americare	5576.09	75			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	First Trenton	First Trenton	6691.3	90			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Aetna	Medicare	2289.91	30.8			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Corrections	Corrections	5947.82	80			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Amerihealth	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Horizon	Indemnity	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Horizon	PPO	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Multiplan	Multiplan	5947.82	80			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Horizon	Medicare Blue	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Horizon	NJ Health	588				341	7063.04	fee schedule	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	First Health	First Health	5204.35	70			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Wellcare	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Consumer	Consumer	7063.04	95			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	UHC	Medicaid	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	WellPoint	WellPoint	2307.76	31.04			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Qualcare	Qualcare	5576.09	75			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Wellcare	Medicaid	2263.15	30.44			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Managed Care Inc	Managed Care Inc	6691.3	90			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Horizon	MGD	801.84				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	Three Rivers	Three Rivers	7063.04	95			341	7063.04	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	72149	CPT				both			7434.78	476.55	UHC	Medicare	414.39				341	7063.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Aetna	Better Health	3052.41	30.44			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Corrections	Corrections	8022.1	80			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Americare	Americare	7520.72	75			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Aetna	Commercial	676.28				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Aetna	Medicare	414.39				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Consumer	Consumer	9526.24	95			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Amerihealth	Medicare	414.39				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Horizon	NJ Health	939.43			537.05	414.39	9526.24	fee schedule	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Horizon	MGD	801.84			757.11	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Horizon	Indemnity	801.84				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Amerihealth	HMO/PPO	477.4				414.39	9526.24	fee schedule	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Wellcare	Medicaid	3052.41	30.44			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	First Health	First Health	7019.33	70			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	First Trenton	First Trenton	9024.86	90			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	UHC	Medicaid	3052.41	30.44		2988.48	414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Wellcare	Medicare	414.39				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Multiplan	Multiplan	8022.1	80			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Horizon	PPO	801.84				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	UHC	Medicare	414.39			491.03	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Managed Care Inc	Managed Care Inc	9024.86	90			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Horizon	Medicare Blue	414.39			432.79	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	WellPoint	WellPoint	3112.57	31.04			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Qualcare	Qualcare	7520.72	75			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	72156	CPT				both			10027.62	476.55	Three Rivers	Three Rivers	9526.24	95			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62	476.55	Aetna	Better Health	3052.41	30.44			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL THORACIC

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 Horizon	MGD	801.84			783.21	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 Wellcare	Medicaid	3052.41	30.44			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 Horizon	Medicare Blue	414.39			574.34	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 Horizon	Indemnity	801.84				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 UHC	Medicare	414.39			489.7	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 UHC	Medicaid	3052.41	30.44		2974.64	414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 Managed Care Inc	Managed Care Inc	9024.86	90			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 Wellcare	Medicare	414.39				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 Three Rivers	Three Rivers	9526.24	95			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	72157	CPT				both			10027.62		476.55 First Health	First Health	7019.33	70			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Aetna	Better Health	3052.41	30.44		735.51	414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Amerihealth	Medicare	414.39				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 First Trenton	First Trenton	9024.86	90			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Horizon	MGD	801.84			785.68	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 UHC	Medicaid	3052.41	30.44		2979.71	414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Aetna	Commercial	676.28			1295.06	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Aetna	Medicare	414.39			186.03	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Horizon	NJ Health	1066.42			655.77	414.39	9526.24	fee schedule	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Horizon	PPO	801.84				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Corrections	Corrections	8022.1	80			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Amerihealth	HMO/PPO	477.4				414.39	9526.24	fee schedule	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 WellPoint	WellPoint	3112.57	31.04		3000.29	414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Managed Care Inc	Managed Care Inc	9024.86	90			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Americare	Americare	7520.72	75			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Horizon	Medicare Blue	414.39			392.93	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Multiplan	Multiplan	8022.1	80			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Wellcare	Medicaid	3052.41	30.44			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Horizon	Indemnity	801.84				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Qualcare	Qualcare	7520.72	75			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Consumer	Consumer	9526.24	95			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Wellcare	Medicare	414.39				414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 Three Rivers	Three Rivers	9526.24	95			414.39	9526.24	percent of total billed charges	
MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	72158	CPT				both			10027.62		476.55 UHC	Medicare	414.39			470.01	414.39	9526.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Horizon	Indemnity	1927.68	38.28			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Aetna	Better Health	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Americare	Americare	3776.81	75			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Amerihealth	HMO/PPO	341				341	4783.95	fee schedule	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		First Trenton	First Trenton	4532.17	90			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		WellPoint	WellPoint	1563.09	31.04			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Consumer	Consumer	4783.95	95			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Aetna	Medicare	1551.01	30.8			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Qualcare	Qualcare	3776.81	75			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Aetna	Commercial	1913.58	38			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Multiplan	Multiplan	4028.59	80			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		First Health	First Health	3525.02	70			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Managed Care Inc	Managed Care Inc	4532.17	90			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Horizon	MGD	1927.68	38.28			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Corrections	Corrections	4028.59	80			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Horizon	Medicare Blue	1510.72	30			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Three Rivers	Three Rivers	4783.95	95			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Horizon	PPO	1927.68	38.28			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Horizon	NJ Health	538.82				341	4783.95	fee schedule	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		Wellcare	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA SPINAL CANAL W/WO CONTRAST MATERIAL	72159	CPT				outpatient			5035.74		UHC	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Americare	Americare	305.51	75			16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Aetna	Medicare	123.39			45.07	16.74	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Aetna	Better Health	124	30.44		96.96	16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Horizon	NJ Health	32.34			14.73	16.74	386.98	fee schedule	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Aetna	Commercial	201.37			78.8	16.74	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 First Health	First Health	285.15	70			16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Corrections	Corrections	325.88	80			16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 First Trenton	First Trenton	366.62	90			16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Horizon	PPO	238.76			75.88	16.74	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Consumer	Consumer	386.98	95			16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Amerihealth	HMO/PPO	16.74				16.74	386.98	fee schedule	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Managed Care Inc	Managed Care Inc	366.62	90			16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Wellcare	Medicare	123.39			29.66	16.74	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Horizon	Indemnity	238.76				16.74	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Amerihealth	Medicare	123.39				16.74	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 UHC	Medicaid	124	30.44		90.49	16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Horizon	Medicare Blue	123.39			13.12	16.74	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Horizon	MGD	238.76			238.69	16.74	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 WellPoint	WellPoint	126.44	31.04		90.14	16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Multiplan	Multiplan	325.88	80			16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Three Rivers	Three Rivers	386.98	95			16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Qualcare	Qualcare	305.51	75			16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 Wellcare	Medicaid	124	30.44		28.56	16.74	386.98	percent of total billed charges	
RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	72170	CPT				both			407.35		141.9 UHC	Medicare	123.39			26.92	16.74	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 UHC	Medicaid	124	30.44		81.17	22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Aetna	Better Health	124	30.44		87.15	22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Amerihealth	Medicare	123.39				22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Consumer	Consumer	386.98	95			22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Aetna	Commercial	201.37			80.3	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Corrections	Corrections	325.88	80			22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Horizon	Indemnity	238.76			90.55	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 First Health	First Health	285.15	70			22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Americare	Americare	305.51	75			22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Aetna	Medicare	123.39			31.25	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 UHC	Medicare	123.39			37.21	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 First Trenton	First Trenton	366.62	90			22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Horizon	Medicare Blue	123.39			36.37	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Amerihealth	HMO/PPO	22.32			48.17	22.32	386.98	fee schedule	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 WellPoint	WellPoint	126.44	31.04		82.04	22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Wellcare	Medicaid	124	30.44		85.65	22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Multiplan	Multiplan	325.88	80			22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Horizon	MGD	238.76			108.7	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Qualcare	Qualcare	305.51	75			22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Horizon	NJ Health	39.2			22.8	22.32	386.98	fee schedule	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Horizon	PPO	238.76			92.18	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Managed Care Inc	Managed Care Inc	366.62	90			22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Three Rivers	Three Rivers	386.98	95			22.32	386.98	percent of total billed charges	
RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	72190	CPT				both			407.35		141.9 Wellcare	Medicare	123.39			59.9	22.32	386.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Corrections	Corrections	2089.78	80			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Amerihealth	Medicare	206.56				206.56	2481.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Aetna	Commercial	337.11				206.56	2481.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Consumer	Consumer	2481.61	95			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Aetna	Better Health	795.16	30.44			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 WellPoint	WellPoint	810.83	31.04			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Aetna	Medicare	804.56	30.8			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 First Health	First Health	1828.55	70			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 UHC	Medicare	206.56			116.05	206.56	2481.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Horizon	Indemnity	399.69				206.56	2481.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Americare	Americare	1959.17	75			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 First Trenton	First Trenton	2351	90			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Multiplan	Multiplan	2089.78	80			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Horizon	Medicare Blue	206.56				206.56	2481.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Amerihealth	HMO/PPO	238.08				206.56	2481.61	fee schedule	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Three Rivers	Three Rivers	2481.61	95			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Qualcare	Qualcare	1959.17	75			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Wellcare	Medicaid	795.16	30.44			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Horizon	MGD	399.69				206.56	2481.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Wellcare	Medicare	206.56				206.56	2481.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Horizon	NJ Health	366.52				206.56	2481.61	fee schedule	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Horizon	PPO	399.69				206.56	2481.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 Managed Care Inc	Managed Care Inc	2351	90			206.56	2481.61	percent of total billed charges	
CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	72191	CPT				both			2612.22		237.54 UHC	Medicaid	795.16	30.44			206.56	2481.61	percent of total billed charges	
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT				both			1343.34		141.9 Aetna	Medicare	123.39			217.61	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT				both			1343.34		141.9 Multiplan	Multiplan	1074.67	80			123.39	1276.17	percent of total billed charges	
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT				both			1343.34		141.9 Horizon	Medicare Blue	123.39			124.74	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT				both			1343.34		141.9 First Trenton	First Trenton	1209.01	90			123.39	1276.17	percent of total billed charges	
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT				both			1343.34		141.9 Consumer	Consumer	1276.17	95			123.39	1276.17	percent of total billed charges	
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT				both			1343.34		141.9 Corrections	Corrections	1074.67	80			123.39	1276.17	percent of total billed charges	
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT				both			1343.34		141.9 Aetna	Better Health	408.91	30.44			123.39	1276.17	percent of total billed charges	
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT				both			1343.34		141.9 Aetna	Commercial	201.37			219.64	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PELVIS W/O CONTRAST MATERIAL	72192	CPT				both			1343.34		141.9 Amerihealth	Medicare	123.39				123.39	1276.17

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

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Consumer	Consumer	785.86	95			17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Americare	Americare	620.42	75			17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	First Health	First Health	579.05	70			17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Managed Care Inc	Managed Care Inc	744.5	90			17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Aetna	Medicare	123.39				17.98	1785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Amerihealth	HMO/PPO	17.98				17.98	1785.86	fee schedule	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	WellPoint	WellPoint	256.77	31.04			17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Three Rivers	Three Rivers	785.86	95			17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Horizon	NJ Health	39.2				17.98	1785.86	fee schedule	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Amerihealth	Medicare	123.39				17.98	1785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Horizon	Indemnity	238.76				17.98	1785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Wellcare	Medicare	123.39				17.98	1785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Corrections	Corrections	661.78	80			17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Horizon	Medicare Blue	123.39				17.98	1785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Multiplan	Multiplan	661.78	80			17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	UHC	Medicare	123.39				17.98	1785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Horizon	MGD	238.76				17.98	1785.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	Qualcare	Qualcare	620.42	75			17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	72200	CPT				outpatient			827.22	141.9	UHC	Medicaid	251.81	30.44		256.82	17.98	1785.86	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Amerihealth	Medicare	123.39				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Aetna	Commercial	201.37			66.32	20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Multiplan	Multiplan	496.94	80			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Amerihealth	HMO/PPO	20.46				20.46	590.12	fee schedule	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Americare	Americare	465.89	75			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Aetna	Medicare	191.32	30.8		37.36	20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Aetna	Better Health	189.09	30.44			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	WellPoint	WellPoint	192.81	31.04		186.54	20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Corrections	Corrections	496.94	80			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Horizon	PPO	238.76				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Wellcare	Medicare	123.39				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Horizon	NJ Health	39.2			46.45	20.46	590.12	fee schedule	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Three Rivers	Three Rivers	590.12	95			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Consumer	Consumer	590.12	95			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Qualcare	Qualcare	465.89	75			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	UHC	Medicare	123.39				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	First Trenton	First Trenton	559.06	90			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	First Health	First Health	434.83	70			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Horizon	Indemnity	238.76				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Wellcare	Medicaid	189.09	30.44		182.88	20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Horizon	Medicare Blue	123.39				20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Horizon	MGD	238.76			70.69	20.46	590.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	Managed Care Inc	Managed Care Inc	559.06	90			20.46	590.12	percent of total billed charges	
RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	72202	CPT				both			621.18	141.9	UHC	Medicaid	189.09	30.44		173.75	20.46	590.12	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Multiplan	Multiplan	515.1	80			19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Aetna	Commercial	166.74			144.03	19.84	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Amerihealth	Medicare	102.17				19.84	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Consumer	Consumer	611.69	95			19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Aetna	Better Health	196	30.44		110.87	19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Amerihealth	HMO/PPO	19.84			114.9	19.84	611.69	fee schedule	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	First Trenton	First Trenton	579.49	90			19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	WellPoint	WellPoint	199.86	31.04		154.68	19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Qualcare	Qualcare	482.91	75			19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Aetna	Medicare	102.17			100.74	19.84	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Horizon	NJ Health	32.34			52.58	19.84	611.69	fee schedule	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Corrections	Corrections	515.1	80			19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	First Health	First Health	450.72	70			19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Horizon	Medicare Blue	102.17			100.63	19.84	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Managed Care Inc	Managed Care Inc	579.49	90			19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Horizon	Indemnity	197.7			193.61	19.84	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Wellcare	Medicaid	196	30.44		98.45	19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Americare	Americare	482.91	75			19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Horizon	MGD	197.7			195.41	19.84	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Horizon	PPO	197.7			187.64	19.84	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Three Rivers	Three Rivers	611.69	95			19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	UHC	Medicaid	196	30.44		102.57	19.84	611.69	percent of total billed charges	
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	Wellcare	Medicare	102.17				19.84	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	72220	CPT				both			643.88	117.5	UHC	Medicare	102.17			87.78	19.84	611.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	First Health	First Health	835.56	70			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Americare	Americare	895.25	75			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Aetna	Medicare	367.65	30.8			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Aetna	Commercial	1496.09				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Aetna	Better Health	363.35	30.44			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Amerihealth	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Corrections	Corrections	954.93	80			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	UHC	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Horizon	MGD	1773.85				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Horizon	Indemnity	1773.85				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Consumer	Consumer	1133.98	95			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Amerihealth	HMO/PPO	775.88	65			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Horizon	PPO	1773.85				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	First Trenton	First Trenton	1074.29	90			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Horizon	Medicare Blue	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Wellcare	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Horizon	NJ Health	109.76				109.76	1773.85	fee schedule	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	UHC	Medicaid	363.35	30.44			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	WellPoint	WellPoint	370.51	31.04			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Multiplan	Multiplan	954.93	80			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Three Rivers	Three Rivers	1133.98	95			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Managed Care Inc	Managed Care Inc	1074.29	90			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Wellcare	Medicaid	363.35	30.44			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY CERVICAL RS&I	72240	CPT				outpatient			1193.66	1054.23	Qualcare	Medicare	895.25	75			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Aetna	Better Health	363.35	30.44			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	First Trenton	First Trenton	1074.29	90			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Aetna	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Aetna	Commercial	1496.09				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Amerihealth	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Amerihealth	HMO/PPO	775.88	65			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Corrections	Corrections	954.93	80			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Consumer	Consumer	1133.98	95			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	First Health	First Health	835.56	70			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Managed Care Inc	Managed Care Inc	1074.29	90			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Horizon	MGD	1773.85				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Americare	Americare	895.25	75			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Horizon	Indemnity	1773.85				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Horizon	PPO	1773.85				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Horizon	Medicare Blue	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Horizon	NJ Health	109.76				109.76	1773.85	fee schedule	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Wellcare	Medicaid	363.35	30.44			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Wellcare	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Multiplan	Multiplan	954.93	80			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	UHC	Medicaid	363.35	30.44			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Three Rivers	Three Rivers	1133.98	95			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	UHC	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	Qualcare	Qualcare	895.25	75			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY THORACIC RS&I	72255	CPT				outpatient			1193.66	1054.23	WellPoint	WellPoint	370.51	31.04			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Corrections	Corrections	954.93	80			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Aetna	Commercial	1496.09				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	First Health	First Health	835.56	70			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Horizon	Medicare Blue	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Aetna	Better Health	363.35	30.44			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Americare	Americare	895.25	75			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Aetna	Medicare	367.65	30.8			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Amerihealth	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Horizon	Indemnity	1773.85				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Wellcare	Medicaid	363.35	30.44			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Wellcare	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	UHC	Medicare	916.72				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Amerihealth	HMO/PPO	775.88	65			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Consumer	Consumer	1133.98	95			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Horizon	MGD	1773.85				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	First Trenton	First Trenton	1074.29	90			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Horizon	PPO	1773.85				109.76	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Horizon	NJ Health	109.76				109.76	1773.85	fee schedule	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	UHC	Medicaid	363.35	30.44			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Managed Care Inc	Managed Care Inc	1074.29	90			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Multiplan	Multiplan	954.93	80			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23	Three Rivers	Three Rivers	1133.98	95			109.76	1773.85	percent of total billed charges	
MYELOGRAPHY LUMBOSACRAL RS&I	72265	CPT				outpatient			1193.66	1054.23

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	First Trenton	1074.29	90				164.64	1773.85	percent of total billed charges	
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Horizon	Medicare Blue	916.72				164.64	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Americare	Americare	895.25	75			164.64	1773.85	percent of total billed charges	
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Horizon	Indemnity	1773.85				164.64	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Horizon	NJ Health	164.64				164.64	1773.85	fee schedule	
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Aetna	Medicare	916.72				164.64	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Amerihealth	Medicare	916.72				164.64	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	UHC	Medicaid	363.35	30.44			164.64	1773.85	percent of total billed charges	
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Managed Care Inc	Managed Care Inc	1074.29	90			164.64	1773.85	percent of total billed charges	
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Horizon	MGD	1773.85				164.64	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Wellcare	Medicare	916.72				164.64	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Multiplan	Multiplan	954.93	80			164.64	1773.85	percent of total billed charges	
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Horizon	PPO	1773.85				164.64	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	Wellcare	Medicaid	363.35	30.44			164.64	1773.85	percent of total billed charges	
MYELOGRAPY 2/MORE REGIONS RS&I	72270	CPT				outpatient			1193.66	1054.23	WellPoint	WellPoint	370.51	31.04			164.64	1773.85	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Americare	Americare	828.11	75			17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Aetna	Commercial	166.74			95.67	17.36	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Amerihealth	HMO/PPO	17.36				17.36	1048.94	fee schedule	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Corrections	Corrections	883.32	80			17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Horizon	NJ Health	27.44			53.47	17.36	1048.94	fee schedule	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Aetna	Medicare	102.17				17.36	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Amerihealth	Medicare	102.17				17.36	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Aetna	Better Health	336.1	30.44		216.78	17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Consumer	Consumer	1048.94	95			17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Horizon	Indemnity	197.7			148.38	17.36	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	First Health	First Health	772.91	70			17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	UHC	Medicare	102.17			85.41	17.36	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Wellcare	Medicare	102.17				17.36	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	First Trenton	First Trenton	993.74	90			17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Horizon	Medicare Blue	102.17				17.36	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Multiplan	Multiplan	883.32	80			17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Horizon	PPO	197.7			261.63	17.36	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Horizon	MGD	197.7			203.19	17.36	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	WellPoint	WellPoint	342.73	31.04		216.54	17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Managed Care Inc	Managed Care Inc	993.74	90			17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Qualcare	Qualcare	828.11	75			17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Three Rivers	Three Rivers	1048.94	95			17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	UHC	Medicaid	336.1	30.44		216.1	17.36	1048.94	percent of total billed charges	
RADEX CLAVICLE COMPLETE	73000	CPT				both			1104.15	117.5	Wellcare	Medicaid	336.1	30.44		240.49	17.36	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Amerihealth	Medicare	123.39				18.6	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Consumer	Consumer	1048.94	95			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Aetna	Medicare	340.08	30.8			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Horizon	NJ Health	29.4			78.47	18.6	1048.94	fee schedule	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Aetna	Better Health	336.1	30.44		403.32	18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Multiplan	Multiplan	883.32	80			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Horizon	PPO	238.76			95.89	18.6	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Amerihealth	HMO/PPO	18.6			138.76	18.6	1048.94	fee schedule	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Horizon	Indemnity	238.76				18.6	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Corrections	Corrections	883.32	80			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Americare	Americare	828.11	75			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	First Health	First Health	772.91	70			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Aetna	Commercial	201.37			67.2	18.6	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Qualcare	Qualcare	828.11	75			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Wellcare	Medicaid	336.1	30.44			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	First Trenton	First Trenton	993.74	90			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	WellPoint	WellPoint	342.73	31.04			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Horizon	MGD	238.76			141.33	18.6	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Horizon	Medicare Blue	123.39				18.6	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Managed Care Inc	Managed Care Inc	993.74	90			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	UHC	Medicaid	336.1	30.44		138.85	18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Three Rivers	Three Rivers	1048.94	95			18.6	1048.94	percent of total billed charges	
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	UHC	Medicare	123.39				18.6	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SCAPULA COMPLETE	73010	CPT				both			1104.15	141.9	Wellcare	Medicare	123.39				18.6	1048.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Aetna	Medicare	102.17				15.5	640.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Aetna	Better Health	205.31	30.44		125.76	15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Multiplan	Multiplan	539.58	80			15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Amerihealth	Medicare	102.17				15.5	640.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Consumer	Consumer	640.76	95			15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	First Health	First Health	472.14	70			15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Aetna	Commercial	166.74				15.5	640.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Horizon	PPO	197.7				15.5	640.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Corrections	Corrections	539.58	80		109.19	15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Three Rivers	Three Rivers	640.76	95			15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Qualcare	Qualcare	505.86	75			15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Horizon	Indemnity	197.7				15.5	640.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	First Trenton	First Trenton	607.03	90			15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Wellcare	Medicaid	205.31	30.44		95.82	15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Americare	Americare	505.86	75			15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Wellcare	Medicare	102.17				15.5	640.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	UHC	Medicaid	205.31	30.44		169.44	15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Horizon	Medicare Blue	102.17				15.5	640.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	UHC	Medicare	102.17			37.05	15.5	640.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Horizon	MGD	197.7			140.15	15.5	640.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Managed Care Inc	Managed Care Inc	607.03	90			15.5	640.76	percent of total billed charges	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Horizon	NJ Health	29.4			51.11	15.5	640.76	fee schedule	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	Amerihealth	HMO/PPO	15.5				15.5	640.76	fee schedule	
RADEX SHOULDER 1 VIEW	73020	CPT				both			674.48	117.5	WellPoint	WellPoint	209.36	31.04		177.31	15.5	640.76	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Consumer	Consumer	723.12	95			19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	First Health	First Health	532.83	70			19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Horizon	Medicare Blue	102.17			57.32	19.22	723.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Aetna	Better Health	231.7	30.44		166.67	19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Horizon	NJ Health	32.34			44.72	19.22	723.12	fee schedule	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Aetna	Medicare	234.44	30.8		60.87	19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Amerihealth	HMO/PPO	19.22			53.75	19.22	723.12	fee schedule	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Aetna	Commercial	166.74			98.44	19.22	723.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	WellPoint	WellPoint	236.27	31.04		153.01	19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Wellcare	Medicare	102.17			39.3	19.22	723.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	UHC	Medicare	102.17			65.2	19.22	723.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Americare	Americare	570.89	75			19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Multiplan	Multiplan	608.94	80			19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	UHC	Medicaid	231.7	30.44		166.95	19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Qualcare	Qualcare	570.89	75			19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Amerihealth	Medicare	102.17				19.22	723.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Wellcare	Medicaid	231.7	30.44		154.75	19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Corrections	Corrections	608.94	80		180.64	19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Horizon	PPO	197.7			124.16	19.22	723.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	First Trenton	First Trenton	685.06	90			19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Horizon	Indemnity	197.7			114.5	19.22	723.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Horizon	MGD	197.7			138.05	19.22	723.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Managed Care Inc	Managed Care Inc	685.06	90			19.22	723.12	percent of total billed charges	
RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	73030	CPT				both			761.18	117.5	Three Rivers	Three Rivers	723.12	95			19.22	723.12	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Amerihealth	Medicare	414.39				41.16	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Aetna	Better Health	457.35	30.44			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Aetna	Commercial	676.28				41.16	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Horizon	PPO	801.84				41.16	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Americare	Americare	1126.85	75			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Amerihealth	HMO/PPO	976.6	65			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Horizon	NJ Health	41.16			176.21	41.16	1427.34	fee schedule	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Aetna	Medicare	414.39				41.16	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Corrections	Corrections	1201.97	80			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Consumer	Consumer	1427.34	95			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	UHC	Medicare	414.39				41.16	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	WellPoint	WellPoint	466.36	31.04			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	First Trenton	First Trenton	1352.21	90			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	First Health	First Health	1051.72	70			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Horizon	Indemnity	801.84				41.16	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Horizon	MGD	801.84				41.16	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Managed Care Inc	Managed Care Inc	1352.21	90			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Wellcare	Medicaid	457.35	30.44			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	UHC	Medicaid	457.35	30.44			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Horizon	Medicare Blue	414.39				41.16	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Three Rivers	Three Rivers	1427.34	95			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Multiplan	Multiplan	1201.97	80			41.16	1427.34	percent of total billed charges	
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Wellcare	Medicare	414.39				41.16	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX SHOULDER ARTHROGRAPHY RS&I	73040	CPT				outpatient			1502.46	476.55	Qualcare	Qualcare	1126.85	75			41.16	1427.34	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Consumer	Consumer	607.56	95			21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Aetna	Commercial	166.74				21.7	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Aetna	Better Health	194.68	30.44		168.51	21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Amerihealth	Medicare	102.17				21.7	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Horizon	NJ Health	35.28			38.14	21.7	607.56	fee schedule	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Americare	Americare	479.66	75			21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Amerihealth	HMO/PPO	21.7				21.7	607.56	fee schedule	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Horizon	Medicare Blue	102.17				21.7	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Corrections	Corrections	511.63	80			21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Aetna	Medicare	102.17		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	First Trenton	First Trenton	575.59	90			21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	First Health	First Health	447.68	70			21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	WellPoint	WellPoint	198.51	31.04		201.77	21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Horizon	Indemnity	197.7				21.7	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Wellcare	Medicaid	194.68	30.44			21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Qualcare	Qualcare	479.66	75			21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	UHC	Medicaid	194.68	30.44		175.95	21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Managed Care Inc	Managed Care Inc	575.59	90			21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Three Rivers	Three Rivers	607.56	95			21.7	607.56	percent of total billed charges	
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	UHC	Medicare	102.17			68.75	21.7	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	73050	CPT				both			639.54	117.5	Wellcare	Medicare	102.17				21.7	607.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Americare	Americare	578.54	75			18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Aetna	Medicare	102.17			93.09	18.6	732.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Amerihealth	HMO/PPO	18.6			45.25	18.6	732.81	fee schedule	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Aetna	Commercial	166.74			92.48	18.6	732.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Amerihealth	Medicare	102.17				18.6	732.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Horizon	MGD	197.7			111.34	18.6	732.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Horizon	Indemnity	197.7			80.66	18.6	732.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Aetna	Better Health	234.81	30.44		123.6	18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Corrections	Corrections	617.1	80		184.25	18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	First Health	First Health	539.97	70			18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Horizon	Medicare Blue	102.17			52.54	18.6	732.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Consumer	Consumer	732.81	95			18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Horizon	PPO	197.7			125.54	18.6	732.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Multiplan	Multiplan	617.1	80			18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Horizon	NJ Health	32.34			44.96	18.6	732.81	fee schedule	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	First Trenton	First Trenton	694.24	90			18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	WellPoint	WellPoint	239.44	31.04		144.67	18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Wellcare	Medicare	102.17			18.9	18.6	732.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Wellcare	Medicaid	234.81	30.44		119.33	18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Managed Care Inc	Managed Care Inc	694.24	90			18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	UHC	Medicaid	234.81	30.44		163.38	18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Qualcare	Qualcare	578.54	75			18.6	732.81	percent of total billed charges	
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	UHC	Medicare	102.17			57.44	18.6	732.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HUMERUS MINIMUM 2 VIEWS	73060	CPT				both			771.38	117.5	Three Rivers	Three Rivers	732.81	95			18.6	732.81	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Consumer	Consumer	731.6	95			17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Amerihealth	HMO/PPO	17.98			45.25	17.98	731.6	fee schedule	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Aetna	Commercial	166.74			93.26	17.98	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Amerihealth	Medicare	102.17				17.98	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Aetna	Better Health	234.42	30.44		126.52	17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Corrections	Corrections	616.08	80		188.3	17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Aetna	Medicare	102.17			79.5	17.98	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Americare	Americare	577.58	75			17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	First Health	First Health	539.07	70			17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Horizon	PPO	197.7			139.15	17.98	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	First Trenton	First Trenton	693.09	90			17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Horizon	NJ Health	32.34			46.02	17.98	731.6	fee schedule	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Multiplan	Multiplan	616.08	80			17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Horizon	MGD	197.7			135.85	17.98	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Horizon	Medicare Blue	102.17			47.6	17.98	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	WellPoint	WellPoint	239.04	31.04		165.06	17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	UHC	Medicaid	234.42	30.44		173.48	17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Horizon	Indemnity	197.7			173.39	17.98	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Qualcare	Qualcare	577.58	75			17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Wellcare	Medicaid	234.42	30.44		153	17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	UHC	Medicare	102.17			62.31	17.98	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Managed Care Inc	Managed Care Inc	693.09	90			17.98	731.6	percent of total billed charges	
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Wellcare	Medicare	102.17			18.9	17.98	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW 2 VIEWS	73070	CPT				both			770.1	117.5	Three Rivers	Three Rivers	731.6	95			17.98	731.6	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Horizon	Medicare Blue	102.17				18.6	274.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Horizon	PPO	197.7			62.91	18.6	274.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Aetna	Commercial	166.74				18.6	274.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	First Health	First Health	202.06	70			18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Amerihealth	Medicare	102.17				18.6	274.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Aetna	Better Health	87.87	30.44		77.46	18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Americare	Americare	216.5	75			18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Consumer	Consumer	274.23	95			18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Wellcare	Medicaid	87.87	30.44		51.57	18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Multiplan	Multiplan	230.93	80			18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Aetna	Medicare	102.17				18.6	274.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Horizon	Indemnity	197.7			71.93	18.6	274.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Amerihealth	HMO/PPO	18.6				18.6	274.23	fee schedule	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Corrections	Corrections	230.93	80			18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	First Trenton	First Trenton	259.79	90			18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Qualcare	Qualcare	216.5	75			18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Horizon	NJ Health	32.34			19.54	18.6	274.23	fee schedule	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Horizon	MGD	197.7			193.71	18.6	274.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Managed Care Inc	Managed Care Inc	259.79	90			18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	UHC	Medicaid	87.87	30.44		81.58	18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Wellcare	Medicare	102.17				18.6	274.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	WellPoint	WellPoint	89.6	31.04		84.69	18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	Three Rivers	Three Rivers	274.23	95			18.6	274.23	percent of total billed charges	
RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	73080	CPT				both			288.66	117.5	UHC	Medicare	102.17			31.63	18.6	274.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Aetna	Medicare	414.39				35.57	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Three Rivers	Three Rivers	1427.34	95			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Amerihealth	Medicare	414.39				35.57	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Corrections	Corrections	1201.97	80			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Aetna	Better Health	457.35	30.44			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	First Health	First Health	1051.72	70			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Aetna	Commercial	676.28				35.57	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Amerihealth	HMO/PPO	976.6	65			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Consumer	Consumer	1427.34	95			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	UHC	Medicaid	457.35	30.44			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Horizon	Medicare Blue	414.39				35.57	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	First Trenton	First Trenton	1352.21	90			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Americare	Americare	1126.85	75			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Wellcare	Medicaid	457.35	30.44			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	UHC	Medicare	414.39				35.57	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Multiplan	Multiplan	1201.97	80			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Horizon	NJ Health	35.57				35.57	1427.34	fee schedule	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Wellcare	Medicare	414.39				35.57	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Horizon	MGD	801.84				35.57	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Horizon	Indemnity	801.84				35.57	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Qualcare	Qualcare	1126.85	75			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Horizon	PPO	801.84				35.57	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	Managed Care Inc	Managed Care Inc	1352.21	90			35.57	1427.34	percent of total billed charges	
RADEX ELBOW ARTHROGRAPHY RS&I	73085	CPT				outpatient			1502.46	476.55	WellPoint	WellPoint	466.36	31.04			35.57	1427.34	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Amerihealth	HMO/PPO	18.6			45.25	18.6	731.6	fee schedule	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Americare	Americare	577.58	75			18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Aetna	Commercial	166.74			100.98	18.6	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Corrections	Corrections	616.08	80		188.49	18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	First Trenton	First Trenton	693.09	90			18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Aetna	Better Health	234.42	30.44		156.52	18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Aetna	Medicare	237.19	30.8		79.32	18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Horizon	MGD	197.7			130.75	18.6	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Qualcare	Qualcare	577.58	75			18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Horizon	PPO	197.7			192.94	18.6	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Amerihealth	Medicare	102.17				18.6	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Consumer	Consumer	731.6	95			18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Managed Care Inc	Managed Care Inc	693.09	90			18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Multiplan	Multiplan	616.08	80			18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Horizon	Indemnity	197.7			154.02	18.6	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Horizon	Medicare Blue	102.17			50.6	18.6	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	WellPoint	WellPoint	239.04	31.04		153.68	18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Three Rivers	Three Rivers	731.6	95			18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	First Health	First Health	539.07	70			18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Wellcare	Medicaid	234.42	30.44		133.87	18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Horizon	NJ Health	27.44			51.12	18.6	731.6	fee schedule	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	UHC	Medicaid	234.42	30.44		171.05	18.6	731.6	percent of total billed charges	
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	Wellcare	Medicare	102.17			18.9	18.6	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOREARM 2 VIEWS	73090	CPT				both			770.1	117.5	UHC	Medicare	102.17			65.5	18.6	731.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	First Health	First Health	114.73	70			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Americare	Americare	122.93	75			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Horizon	PPO	238.76				16.12	238.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	First Trenton	First Trenton	147.51	90			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Aetna	Better Health	49.89	30.44			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Aetna	Commercial	201.37				16.12	238.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Horizon	MGD	238.76				16.12	238.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Aetna	Medicare	50.48	30.8			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Horizon	Medicare Blue	123.39				16.12	238.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Amerihealth	HMO/PPO	16.12				16.12	238.76	fee schedule	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	WellPoint	WellPoint	50.87	31.04			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Horizon	NJ Health	39.2				16.12	238.76	fee schedule	
RADEX UPPER EXTREMITY INFANT MINIM

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Managed Care Inc	Managed Care Inc	147.51	90			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Qualcare	Qualcare	122.93	75			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Corrections	Corrections	131.12	80			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Three Rivers	Three Rivers	155.71	95			16.12	238.76	percent of total billed charges	
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Horizon	Indemnity	238.76				16.12	238.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	Wellcare	Medicare	123.39				16.12	238.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	73092	CPT				outpatient			163.9	141.9	UHC	Medicaid	49.89	30.44			16.12	238.76	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Horizon	MGD	197.7				16.74	706.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	First Trenton	First Trenton	669.22	90			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Amerihealth	HMO/PPO	16.74			115.11	16.74	706.4	fee schedule	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Horizon	Indemnity	197.7			48.39	16.74	706.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Aetna	Medicare	102.17				16.74	706.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Americare	Americare	557.69	75			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Amerihealth	Medicare	102.17				16.74	706.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Aetna	Better Health	226.35	30.44		4.37	16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Horizon	PPO	197.7				16.74	706.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Managed Care Inc	Managed Care Inc	669.22	90			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Consumer	Consumer	706.4	95			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Aetna	Commercial	166.74				16.74	706.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Horizon	NJ Health	27.07			91.79	16.74	706.4	fee schedule	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	UHC	Medicare	102.17				16.74	706.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	First Health	First Health	520.51	70			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Multiplan	Multiplan	594.86	80			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	WellPoint	WellPoint	230.81	31.04			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Wellcare	Medicare	102.17				16.74	706.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Corrections	Corrections	594.86	80			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Qualcare	Qualcare	557.69	75			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Three Rivers	Three Rivers	706.4	95			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	UHC	Medicaid	226.35	30.44			16.74	706.4	percent of total billed charges	
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Horizon	Medicare Blue	102.17				16.74	706.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST 2 VIEWS	73100	CPT				both			743.58	117.5	Wellcare	Medicaid	226.35	30.44			16.74	706.4	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Amerihealth	HMO/PPO	17.98			42.8	17.98	442.11	fee schedule	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Aetna	Medicare	102.17			48.58	17.98	442.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Consumer	Consumer	442.11	95			17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Americare	Americare	349.04	75			17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Aetna	Commercial	166.74			95.75	17.98	442.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Aetna	Better Health	141.66	30.44		101.76	17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Corrections	Corrections	372.3	80		103.57	17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Amerihealth	Medicare	102.17				17.98	442.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	First Health	First Health	325.77	70			17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	UHC	Medicare	102.17			46.15	17.98	442.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	First Trenton	First Trenton	418.84	90			17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	WellPoint	WellPoint	144.45	31.04		93.01	17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	UHC	Medicaid	141.66	30.44		104.45	17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Horizon	Indemnity	197.7			90.5	17.98	442.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Horizon	NJ Health	32.34			35.67	17.98	442.11	fee schedule	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Horizon	Medicare Blue	102.17			42.06	17.98	442.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Horizon	PPO	197.7			71.93	17.98	442.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Horizon	MGD	197.7			121.23	17.98	442.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Three Rivers	Three Rivers	442.11	95			17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Multiplan	Multiplan	372.3	80			17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Managed Care Inc	Managed Care Inc	418.84	90			17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Qualcare	Qualcare	349.04	75			17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Wellcare	Medicaid	141.66	30.44		95.46	17.98	442.11	percent of total billed charges	
RADEX WRIST COMPLETE MINIMUM 3 VIEWS	73110	CPT				both			465.38	117.5	Wellcare	Medicare	102.17			11.2	17.98	442.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Americare	Americare	1384.65	75			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	First Trenton	First Trenton	1661.58	90			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Aetna	Medicare	414.39				41.16	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	First Health	First Health	1292.34	70			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Aetna	Commercial	676.28				41.16	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	UHC	Medicaid	561.98	30.44			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Corrections	Corrections	1476.96	80			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Aetna	Better Health	561.98	30.44			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Consumer	Consumer	1753.89	95			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Managed Care Inc	Managed Care Inc	1661.58	90			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Horizon	MGD	801.84				41.16	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Horizon	Medicare Blue	414.39				41.16	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Amerihealth	HMO/PPO	1200.03	65			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	UHC	Medicare	414.39				41.16	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Horizon	PPO	801.84				41.16	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Wellcare	Medicaid	561.98	30.44			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Horizon	NJ Health	41.16				41.16	1753.89	fee schedule	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Wellcare	Medicare	414.39				41.16	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	WellPoint	WellPoint	573.06	31.04			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Amerihealth	Medicare	414.39				41.16	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Three Rivers	Three Rivers	1753.89	95			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Horizon	Indemnity	801.84				41.16	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Multiplan	Multiplan	1476.96	80			41.16	1753.89	percent of total billed charges	
RADEX WRIST ARTHROGRAPHY RS&I	73115	CPT				outpatient			1846.2	476.55	Qualcare	Qualcare	1384.65	75			41.16	1753.89	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	First Health	First Health	458.75	70			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Horizon	MGD	238.76			220.35	16.74	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Aetna	Commercial	201.37			173.81	16.74	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Americare	Americare	491.51	75			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Aetna	Better Health	199.49	30.44			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Wellcare	Medicare	123.39				16.74	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Corrections	Corrections	524.28	80			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Amerihealth	HMO/PPO	16.74				16.74	622.58	fee schedule	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Aetna	Medicare	201.85	30.8			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Consumer	Consumer	622.58	95			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Horizon	NJ Health	21.56			55.58	16.74	622.58	fee schedule	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Amerihealth	Medicare	123.39				16.74	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Multiplan	Multiplan	524.28	80			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	First Trenton	First Trenton	589.82	90			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	UHC	Medicaid	199.49	30.44		154.14	16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Horizon	Indemnity	238.76			137.07	16.74	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Qualcare	Qualcare	491.51	75			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Managed Care Inc	Managed Care Inc	589.82	90			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	WellPoint	WellPoint	203.42	31.04			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Horizon	Medicare Blue	123.39			41.81	16.74	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Three Rivers	Three Rivers	622.58	95			16.74	622.58	percent of total billed charges	
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Horizon	PPO	238.76			109.62	16.74	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	UHC	Medicare	123.39			60.27	16.74	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND 2 VIEWS	73120	CPT				both			655.35	141.9	Wellcare	Medicaid	199.49	30.44		48.51	16.74	622.58	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Aetna	Medicare	102.17			38.05	17.98	380.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Americare	Americare	300.26	75			17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Aetna	Commercial	166.74			71.96	17.98	380.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Amerihealth	Medicare	102.17				17.98	380.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Aetna	Better Health	121.87	30.44		88.74	17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Horizon	MGD	197.7			82.18	17.98	380.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	First Health	First Health	280.25	70			17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Horizon	NJ Health	32.34			30.31	17.98	380.33	fee schedule	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Amerihealth	HMO/PPO	17.98			34.15	17.98	380.33	fee schedule	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	UHC	Medicaid	121.87	30.44		89.43	17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Corrections	Corrections	320.28	80		92.48	17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Horizon	PPO	197.7			93.51	17.98	380.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Consumer	Consumer	380.33	95			17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	UHC	Medicare	102.17			38.2	17.98	380.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	First Trenton	First Trenton	360.32	90			17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	WellPoint	WellPoint	124.27	31.04		72.39	17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Multiplan	Multiplan	320.28	80			17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Horizon	Medicare Blue	102.17			35.3	17.98	380.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Horizon	Indemnity	197.7			85.61	17.98	380.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Three Rivers	Three Rivers	380.33	95			17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Qualcare	Qualcare	300.26	75			17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Wellcare	Medicaid	121.87	30.44		77.34	17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Managed Care Inc	Managed Care Inc	360.32	90			17.98	380.33	percent of total billed charges	
RADEX HAND MINIMUM 3 VIEWS	73130	CPT				both			400.35	117.5	Wellcare	Medicare	102.17			21.79	17.98	380.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Amerihealth	HMO/PPO	13.64				13.64	417.89	fee schedule	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Aetna	Better Health	133.9	30.44		196.14	13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Americare	Americare	329.91	75			13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Consumer	Consumer	417.89	95			13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Aetna	Commercial	166.74			110.59	13.64	417.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Horizon	Medicare Blue	102.17				13.64	417.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Amerihealth	Medicare	102.17				13.64	417.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	First Health	First Health	307.92	70			13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Wellcare	Medicare	102.17				13.64	417.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Aetna	Medicare	102.17				13.64	417.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	First Trenton	First Trenton	395.89	90			13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	UHC	Medicare	102.17			23.9	13.64	417.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Corrections	Corrections	351.9	80			13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Horizon	NJ Health	13.72			38.14	13.64	417.89	fee schedule	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Horizon	Indemnity	197.7			59.98	13.64	417.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Multiplan	Multiplan	351.9	80			13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Horizon	PPO	197.7			103.87	13.64	417.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Qualcare	Qualcare	329.91	75			13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Horizon	MGD	197.7			194.48	13.64	417.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	WellPoint	W

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Managed Care Inc	Managed Care Inc	385.89	90			13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Wellcare	Medicaid	133.9	30.44		85.51	13.64	417.89	percent of total billed charges	
RADEX FINGR MINIMUM 2 VIEWS	73140	CPT				both			439.88	117.5	Three Rivers	Three Rivers	417.89	95			13.64	417.89	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Amerihealth	Medicare	123.39				123.39	1191.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	First Health	First Health	878.22	70			123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Americare	Americare	940.95	75			123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	UHC	Medicaid	381.9	30.44		376.28	123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Aetna	Medicare	123.39			96.47	123.39	1191.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Horizon	Medicare Blue	123.39				123.39	1191.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Aetna	Commercial	201.37				123.39	1191.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Aetna	Better Health	381.9	30.44		369.68	123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Horizon	Indemnity	238.76				123.39	1191.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Three Rivers	Three Rivers	1191.87	95			123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Amerihealth	HMO/PPO	147.56				123.39	1191.87	fee schedule	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Consumer	Consumer	1191.87	95			123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	First Trenton	First Trenton	1129.14	90			123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Multiplan	Multiplan	1003.68	80			123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Corrections	Corrections	1003.68	80		415.51	123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Wellcare	Medicare	123.39				123.39	1191.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Horizon	PPO	238.76			184	123.39	1191.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Qualcare	Qualcare	940.95	75			123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Horizon	MGD	238.76			353.72	123.39	1191.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Horizon	NJ Health	245			95.07	123.39	1191.87	fee schedule	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	UHC	Medicare	123.39			162.9	123.39	1191.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	WellPoint	WellPoint	389.43	31.04		375.89	123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Wellcare	Medicaid	381.9	30.44		167.54	123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/O CONTRAST MATERIAL	73200	CPT				both			1254.6	141.9	Managed Care Inc	Managed Care Inc	1129.14	90			123.39	1191.87	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Horizon	PPO	801.84				171.74	1619.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Amerihealth	HMO/PPO	171.74				171.74	1619.2	fee schedule	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Consumer	Consumer	1619.2	95			171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Horizon	Indemnity	801.84				171.74	1619.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Aetna	Medicare	414.39				171.74	1619.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Aetna	Commercial	676.28				171.74	1619.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Amerihealth	Medicare	414.39				171.74	1619.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Aetna	Better Health	518.83	30.44		314.94	171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Wellcare	Medicaid	518.83	30.44		513.64	171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	WellPoint	WellPoint	529.05	31.04		464.89	171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Horizon	MGD	801.84			322.32	171.74	1619.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	UHC	Medicare	414.39				171.74	1619.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Corrections	Corrections	1363.54	80			171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Americare	Americare	1278.32	75			171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	First Health	First Health	1193.09	70			171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	First Trenton	First Trenton	1533.98	90			171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Horizon	NJ Health	286.1			62.17	171.74	1619.2	fee schedule	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Managed Care Inc	Managed Care Inc	1533.98	90			171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Horizon	Medicare Blue	414.39				171.74	1619.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Three Rivers	Three Rivers	1619.2	95			171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	UHC	Medicaid	518.83	30.44		464.28	171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Wellcare	Medicare	414.39				171.74	1619.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Multiplan	Multiplan	1363.54	80			171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/CONTRAST MATERIAL	73201	CPT				both			1704.42	476.55	Qualcare	Qualcare	1278.32	75			171.74	1619.2	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Aetna	Medicare	206.56				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Aetna	Better Health	1088.57	30.44			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Consumer	Consumer	3397.31	95			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Qualcare	Qualcare	2682.09	75			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Horizon	MGD	399.69				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Amerihealth	HMO/PPO	217.62				206.56	3397.31	fee schedule	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Aetna	Commercial	337.11				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	First Trenton	First Trenton	3218.51	90			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Corrections	Corrections	2860.9	80			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Amerihealth	Medicare	206.56				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Americare	Americare	2682.09	75			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	UHC	Medicaid	1088.57	30.44			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Horizon	NJ Health	245				206.56	3397.31	fee schedule	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	First Health	First Health	2503.28	70			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Multiplan	Multiplan	2860.9	80			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Horizon	PPO	399.69				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Three Rivers	Three Rivers	3397.31	95			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Horizon	Indemnity	399.69				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	UHC	Medicare	206.56				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Horizon	Medicare Blue	206.56				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Managed Care Inc	Managed Care Inc	3218.51	90			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Wellcare	Medicaid	1088.57	30.44			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	WellPoint	WellPoint	1110.03	31.04			206.56	3397.31	percent of total billed charges	
CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	73202	CPT				both			3576.12	237.54	Wellcare	Medicare	206.56				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Horizon	NJ Health	366.52			167.75	206.56	3470.96	fee schedule	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Consumer	Consumer	3470.96	95			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Amerihealth	Medicare	206.56				206.56	3470.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	UHC	Medicare	206.56				206.56	3470.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Aetna	Better Health	1112.17	30.44		550.34	206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Aetna	Medicare	206.56				206.56	3470.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Horizon	MGD	399.69			572.68	206.56	3470.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	First Health	First Health	2557.55	70			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Multiplan	Multiplan	2922.91	80			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Corrections	Corrections	2922.91	80			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Horizon	Indemnity	399.69				206.56	3470.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Three Rivers	Three Rivers	3470.96	95			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Aetna	Commercial	337.11				206.56	3470.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Qualcare	Qualcare	2740.23	75			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Wellcare	Medicare	206.56				206.56	3470.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	First Trenton	First Trenton	3288.28	90			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Wellcare	Medicaid	1112.17	30.44			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Managed Care Inc	Managed Care Inc	3288.28	90			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Horizon	Medicare Blue	206.56				206.56	3470.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Americare	Americare	2740.23	75			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	WellPoint	WellPoint	1134.09	31.04			206.56	3470.96	percent of total billed charges	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Amerihealth	HMO/PPO	217.62				206.56	3470.96	fee schedule	
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	Horizon	PPO	399.69				206.56	3470.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY UPPER EXTREMITY	73206	CPT				both			3653.64	237.54	UHC	Medicaid	1112.17	30.44		566.32	206.56	3470.96	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Amerihealth	HMO/PPO	294.5				280.47	4647.32	fee schedule	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Aetna	Better Health	1489.1	30.44			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Aetna	Commercial	457.73			457.17	280.47	4647.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Americare	Americare	3668.94	75			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	UHC	Medicare	280.47				280.47	4647.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Horizon	MGD	542.71			528.59	280.47	4647.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Horizon	Medicare Blue	280.47			275.98	280.47	4647.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Amerihealth	Medicare	280.47				280.47	4647.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	First Health	First Health	3424.34	70			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Aetna	Medicare	280.47				280.47	4647.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Wellcare	Medicare	280.47				280.47	4647.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	First Trenton	First Trenton	4402.73	90			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	WellPoint	WellPoint	1518.45	31.04		1432.31	280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Horizon	PPO	542.71			542.71	280.47	4647.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Corrections	Corrections	3913.54	80			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Consumer	Consumer	4647.32	95			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Managed Care Inc	Managed Care Inc	4402.73	90			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Multiplan	Multiplan	3913.54	80			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Horizon	Indemnity	542.71				280.47	4647.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Wellcare	Medicaid	1489.1	30.44			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Three Rivers	Three Rivers	4647.32	95			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Qualcare	Qualcare	3668.94	75			280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	Horizon	NJ Health	593.88			593.88	280.47	4647.32	fee schedule	
MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	73218	CPT				both			4891.92	322.54	UHC	Medicaid	1489.1	30.44		581.47	280.47	4647.32	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	First Health	First Health	3183.01	70			341	4319.8	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Aetna	Commercial	676.28				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Horizon	Medicare Blue	414.39				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Consumer	Consumer	4319.8	95			341	4319.8	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Horizon	MGD	801.84				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Aetna	Medicare	414.39				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Amerihealth	Medicare	414.39				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Aetna	Better Health	1384.16	30.44			341	4319.8	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	UHC	Medicaid	1384.16	30.44			341	4319.8	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Americare	Americare	3410.37	75			341	4319.8	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	UHC	Medicare	414.39				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Corrections	Corrections	3637.73	80			341	4319.8	percent of total billed charges	
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219	CPT				outpatient			4547.16	476.55	Amerihealth	HMO/PPO	341				341	4319.8	fee schedule	
MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	73219

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Aetna	Better Health	1746.81	30.44			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Corrections	Corrections	4590.82	80			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Americare	Americare	4303.89	75			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Qualcare	Qualcare	4303.89	75			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	First Health	First Health	4016.96	70			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Aetna	Medicare	1767.46	30.8			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Amerihealth	Medicare	414.39				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	UHC	Medicaid	1746.81	30.44		1286.75	414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Aetna	Commercial	676.28			645.09	414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Horizon	Medicare Blue	414.39				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Amerihealth	HMO/PPO	477.4				414.39		5451.59 fee schedule	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Wellcare	Medicare	414.39				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Horizon	PPO	801.84				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Consumer	Consumer	5451.59	95			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	First Trenton	First Trenton	5164.67	90			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Horizon	MGD	801.84			766.19	414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Horizon	Indemnity	801.84				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Horizon	NJ Health	588			482.47	414.39		5451.59 fee schedule	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Managed Care Inc	Managed Care Inc	5164.67	90			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	UHC	Medicare	414.39			405.52	414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Three Rivers	Three Rivers	5451.59	95			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	WellPoint	WellPoint	1781.24	31.04			414.39		5451.59 percent of total billed charges	
MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	73220	CPT				both			5738.52	476.55	Wellcare	Medicaid	1746.81	30.44			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Aetna	Medicare	280.47				280.47		1785.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Horizon	NJ Health	646.8			629.13	280.47		1785.87 fee schedule	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Americare	Americare	1409.9	75			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Consumer	Consumer	1785.87	95			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Aetna	Better Health	572.23	30.44			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Amerihealth	HMO/PPO	294.5				280.47		1785.87 fee schedule	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Amerihealth	Medicare	280.47				280.47		1785.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Aetna	Commercial	457.73			457.17	280.47		1785.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Horizon	MGD	542.71			464.94	280.47		1785.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Wellcare	Medicare	280.47				280.47		1785.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	UHC	Medicaid	572.23	30.44		567.18	280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Corrections	Corrections	1503.89	80			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Multiplan	Multiplan	1503.89	80			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	WellPoint	WellPoint	583.51	31.04		249.73	280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Wellcare	Medicaid	572.23	30.44		553.45	280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	First Health	First Health	1315.9	70			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Qualcare	Qualcare	1409.9	75			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Horizon	Indemnity	542.71				280.47		1785.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	First Trenton	First Trenton	1691.87	90			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Horizon	PPO	542.71			354.15	280.47		1785.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Horizon	Medicare Blue	280.47			247.74	280.47		1785.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Managed Care Inc	Managed Care Inc	1691.87	90			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	Three Rivers	Three Rivers	1785.87	95			280.47		1785.87 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	73221	CPT				both			1879.86	322.54	UHC	Medicare	280.47			284.01	280.47		1785.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Amerihealth	Medicare	916.72				341		4319.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Aetna	Commercial	1496.09				341		4319.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Aetna	Medicare	916.72				341		4319.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	First Trenton	First Trenton	4092.44	90			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Consumer	Consumer	4319.8	95			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Corrections	Corrections	3637.73	80			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Aetna	Better Health	1384.16	30.44			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Three Rivers	Three Rivers	4319.8	95			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Horizon	Medicare Blue	916.72				341		4319.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Americare	Americare	3410.37	75			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Amerihealth	HMO/PPO	341				341		4319.8 fee schedule	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Horizon	Indemnity	1773.85				341		4319.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Horizon	NJ Health	668.36			1374.36	341		4319.8 fee schedule	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Multiplan	Multiplan	3637.73	80			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	First Health	First Health	3183.01	70			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	UHC	Medicaid	1384.16	30.44		1338.74	341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	WellPoint	WellPoint	1411.44	31.04			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Qualcare	Qualcare	3410.37	75			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Horizon	MGD	1773.85				341		4319.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Horizon	PPO	1773.85				341		4319.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	UHC	Medicare	916.72				341		4319.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Wellcare	Medicare	916.72				341		4319.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Wellcare	Medicaid	1384.16	30.44			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	73222	CPT				outpatient			4547.16	1054.23	Managed Care Inc	Managed Care Inc	4092.44	90			341		4319.8 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Aetna	Better Health	1746.81	30.44			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Aetna	Medicare	1767.46	30.8			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Americare	Americare	4303.89	75			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Amerihealth	Medicare	414.39				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Corrections	Corrections	4590.82	80			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Aetna	Commercial	676.28			715.4	414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Consumer	Consumer	5451.59	95			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Horizon	Medicare Blue	414.39			382.07	414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Multiplan	Multiplan	4590.82	80			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Amerihealth	HMO/PPO	477.4				414.39		5451.59 fee schedule	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	First Trenton	First Trenton	5164.67	90			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Horizon	NJ Health	969.24			854.55	414.39		5451.59 fee schedule	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Horizon	Indemnity	801.84				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	First Health	First Health	4016.96	70			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Managed Care Inc	Managed Care Inc	5164.67	90			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Horizon	MGD	801.84				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Qualcare	Qualcare	4303.89	75			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	UHC	Medicaid	1746.81	30.44		1661.24	414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Three Rivers	Three Rivers	5451.59	95			414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Wellcare	Medicare	414.39				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Horizon	PPO	801.84				414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	Wellcare	Medicaid	1746.81	30.44		1583.03	414.39		5451.59 percent of total billed charges	
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	UHC	Medicare	414.39			436.5	414.39		5451.59 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	73223	CPT				both			5738.52	476.55	WellPoint	WellPoint	1781.24	31.04			414.39		5451.59 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Americare	Americare	3776.81	75			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Horizon	Indemnity	1927.68	38.28			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Corrections	Corrections	4028.59	80			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		First Health	First Health	3525.02	70			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Aetna	Commercial	1913.58	38			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		First Trenton	First Trenton	4532.17	90			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Aetna	Better Health	1532.88	30.44			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		UHC	Medicaid	1532.88	30.44			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Amerihealth	HMO/PPO	341				341		4783.95 fee schedule	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Horizon	Medicare Blue	1510.72	30			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Consumer	Consumer	4783.95	95			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Multiplan	Multiplan	4028.59	80			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Aetna	Medicare	1551.01	30.8			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Horizon	PPO	1927.68	38.28			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Horizon	NJ Health	492.08				341		4783.95 fee schedule	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		WellPoint	WellPoint	1563.09	31.04			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Horizon	MGD	1927.68	38.28			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Managed Care Inc	Managed Care Inc	4532.17	90			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Qualcare	Qualcare	3776.81	75			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Three Rivers	Three Rivers	4783.95	95			341		4783.95 percent of total billed charges	
MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	73225	CPT				outpatient			5035.74		Wellcare	Medicaid	1532.88	30.44			341		4783.95 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Aetna	Commercial	166.74			118.87	16.12		336.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Qualcare	Qualcare	265.84	75			16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Aetna	Medicare	109.17	30.8			16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Amerihealth	Medicare	102.17				16.12		336.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Aetna	Better Health	107.89	30.44		88.43	16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Horizon	MGD	197.7			90.35	16.12		336.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Consumer	Consumer	336.73	95			16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Americare	Americare	265.84	75			16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Multiplan	Multiplan	283.56	80			16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	UHC	Medicare	102.17			33.89	16.12		336.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	First Health	First Health	248.12	70			16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	First Trenton	First Trenton	319.01	90			16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Horizon	Medicare Blue	102.17			100.63	16.12		336.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Wellcare	Medicare	102.17				16.12		336.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Corrections	Corrections	283.56	80			16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Amerihealth	HMO/PPO	16.12				16.12		336.73 fee schedule	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Managed Care Inc	Managed Care Inc	319.01	90			16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	WellPoint	WellPoint	110.02	31.04		68.34	16.12		336.73 percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	73501	CPT				both			354.45	117.5	Horizon	Indemnity	197.7				16.12		336.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Horizon	Medicare Blue	102.17			34.49	19.84	336.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Amerihealth	HMO/PPO	19.84			58.19	19.84	336.73	fee schedule	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Amerihealth	Medicare	102.17				19.84	336.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Multiplan	Multiplan	283.56	80			19.84	336.73	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	UHC	Medicare	102.17			37.48	19.84	336.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Corrections	Corrections	283.56	80		81.77	19.84	336.73	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Horizon	MGD	197.7			60.05	19.84	336.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	WellPoint	WellPoint	110.02	31.04		56.7	19.84	336.73	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	First Trenton	First Trenton	319.01	90			19.84	336.73	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Qualcare	Qualcare	265.84	75			19.84	336.73	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Horizon	Indemnity	197.7			111.66	19.84	336.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Three Rivers	Three Rivers	336.73	95			19.84	336.73	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Managed Care Inc	Managed Care Inc	319.01	90			19.84	336.73	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Wellcare	Medicaid	107.89	30.44		80.16	19.84	336.73	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	UHC	Medicaid	107.89	30.44		79.86	19.84	336.73	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	73502	CPT				both			354.45	117.5	Wellcare	Medicare	102.17			18.73	19.84	336.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Multiplan	Multiplan	374.54	80			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Amerihealth	Medicare	123.39				24.18	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Americare	Americare	351.14	75			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Aetna	Better Health	142.51	30.44			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Corrections	Corrections	374.54	80			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	First Health	First Health	327.73	70			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Aetna	Medicare	123.39				24.18	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Aetna	Commercial	201.37			56.88	24.18	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Qualcare	Qualcare	351.14	75			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Horizon	Indemnity	238.76				24.18	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Amerihealth	HMO/PPO	24.18				24.18	444.77	fee schedule	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Consumer	Consumer	444.77	95			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Horizon	Medicare Blue	123.39			95.18	24.18	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Horizon	PPO	238.76				24.18	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	First Trenton	First Trenton	421.36	90			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Wellcare	Medicaid	142.51	30.44		143.4	24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	UHC	Medicaid	142.51	30.44		91.3	24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Horizon	MGD	238.76			90.67	24.18	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Horizon	NJ Health	56.25			88.12	24.18	444.77	fee schedule	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Wellcare	Medicare	123.39				24.18	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Managed Care Inc	Managed Care Inc	421.36	90			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	WellPoint	WellPoint	145.32	31.04		147.71	24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	Three Rivers	Three Rivers	444.77	95			24.18	444.77	percent of total billed charges	
RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	73503	CPT				both			468.18	141.9	UHC	Medicare	123.39			55.57	24.18	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Horizon	PPO	238.76			178.25	24.18	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Corrections	Corrections	468.18	80			24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	UHC	Medicare	123.39			52.35	24.18	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Aetna	Commercial	201.37			93.51	24.18	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Aetna	Medicare	123.39			61.5	24.18	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Americare	Americare	438.92	75			24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Amerihealth	Medicare	123.39				24.18	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Aetna	Better Health	178.14	30.44		139.94	24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	UHC	Medicaid	178.14	30.44		130.26	24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Horizon	Indemnity	238.76			195.09	24.18	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	First Health	First Health	409.66	70			24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Multiplan	Multiplan	468.18	80			24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Amerihealth	HMO/PPO	24.18				24.18	555.97	fee schedule	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Consumer	Consumer	555.97	95			24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Wellcare	Medicaid	178.14	30.44		105.64	24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Horizon	Medicare Blue	123.39			88.1	24.18	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Horizon	MGD	238.76			180.89	24.18	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	First Trenton	First Trenton	526.71	90			24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Wellcare	Medicare	123.39				24.18	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Qualcare	Qualcare	438.92	75			24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Horizon	NJ Health	43.02			30.24	24.18	555.97	fee schedule	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Managed Care Inc	Managed Care Inc	526.71	90			24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	Three Rivers	Three Rivers	555.97	95			24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	73521	CPT				both			585.23	141.9	WellPoint	WellPoint	181.66	31.04		95.44	24.18	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Aetna	Commercial	201.37			94.84	27.16	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Aetna	Better Health	178.14	30.44		173.97	27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Qualcare	Qualcare	438.92	75			27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Amerihealth	HMO/PPO	27.16			180.39	27.16	555.97	fee schedule	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Amerihealth	Medicare	123.39				27.16	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	First Health	First Health	409.66	70			27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Consumer	Consumer	555.97	95			27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Wellcare	Medicaid	178.14	30.44		129.67	27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Aetna	Medicare	123.39				27.16	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Horizon	Indemnity	238.76				27.16	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Corrections	Corrections	468.18	80			27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	WellPoint	WellPoint	181.66	31.04		112.27	27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Multiplan	Multiplan	468.18	80			27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Horizon	Medicare Blue	123.39			63.74	27.16	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	First Trenton	First Trenton	526.71	90			27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Horizon	MGD	238.76			235.18	27.16	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Americare	Americare	438.92	75			27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Three Rivers	Three Rivers	555.97	95			27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Managed Care Inc	Managed Care Inc	526.71	90			27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	UHC	Medicare	123.39			96.02	27.16	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	UHC	Medicaid	178.14	30.44		143.41	27.16	555.97	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Wellcare	Medicare	123.39			69.79	27.16	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Horizon	NJ Health	53.04			73.48	27.16	555.97	fee schedule	
RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	73522	CPT				both			585.23	141.9	Horizon	PPO	238.76			145.75	27.16	555.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Aetna	Commercial	201.37				51.78	842.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Aetna	Medicare	123.39				51.78	842.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Amerihealth	Medicare	123.39				51.78	842.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Americare	Americare	664.79	75			51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Corrections	Corrections	709.1	80			51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Aetna	Better Health	269.81	30.44			51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Horizon	Medicare Blue	123.39				51.78	842.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	First Trenton	First Trenton	797.74	90			51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Multiplan	Multiplan	709.1	80			51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	First Health	First Health	620.47	70			51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Consumer	Consumer	842.06	95			51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Amerihealth	HMO/PPO	51.78				51.78	842.06	fee schedule	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Horizon	MGD	238.76			114.38	51.78	842.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Horizon	PPO	238.76				51.78	842.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Qualcare	Qualcare	664.79	75			51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Horizon	NJ Health	61.64				51.78	842.06	fee schedule	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Wellcare	Medicaid	269.81	30.44		263.57	51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	UHC	Medicaid	269.81	30.44		260.96	51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Wellcare	Medicare	123.39				51.78	842.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Horizon	Indemnity	238.76				51.78	842.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	UHC	Medicare	123.39			122.43	51.78	842.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Managed Care Inc	Managed Care Inc	797.74	90			51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	WellPoint	WellPoint	275.13	31.04		69.37	51.78	842.06	percent of total billed charges	
RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	73523	CPT				both			886.38	141.9	Three Rivers	Three Rivers	842.06	95			51.78	842.06	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	First Trenton	First Trenton	1759.81	90			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Aetna	Medicare	414.39				41.16	1857.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Corrections	Corrections	1564.27	80			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Amerihealth	Medicare	414.39				41.16	1857.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Americare	Americare	1466.51	75			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Aetna	Better Health	595.21	30.44			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Aetna	Commercial	676.28				41.16	1857.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Horizon	Medicare Blue	414.39				41.16	1857.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Horizon	NJ Health	41.16				41.16	1857.57	fee schedule	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	First Health	First Health	1368.74	70			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Amerihealth	HMO/PPO	1270.97	65			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Consumer	Consumer	1857.57	95			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Horizon	Indemnity	801.84				41.16	1857.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Horizon	MGD	801.84			671.69	41.16	1857.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Multiplan	Multiplan	1564.27	80			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Wellcare	Medicaid	595.21	30.44			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Managed Care Inc	Managed Care Inc	1759.81	90			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	UHC	Medicare	414.39				41.16	1857.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Qualcare	Qualcare	1466.51	75			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	Horizon	PPO	801.84				41.16	1857.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	UHC	Medicaid	595.21	30.44			41.16	1857.57	percent of total billed charges	
RADEX HIP ARTHROGRAPHY RS&I	73525	CPT				outpatient			1955.34	476.55	WellPoint	WellPoint	606.94	31.04			41.16	1857.57	percent of total billed charges	
RADEX

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 Aetna	Medicare	102.17				19.84		671.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 First Trenton	First Trenton	635.72	90			19.84		671.03 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 Qualcare	Qualcare	529.76	75			19.84		671.03 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 Horizon	MGD	197.7				19.84		671.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 Corrections	Corrections	565.08	80			19.84		671.03 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 Horizon	Indemnity	197.7				19.84		671.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 WellPoint	WellPoint	219.25	31.04			19.84		671.03 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 UHC	Medicaid	215.01	30.44		159.38	19.84		671.03 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 Managed Care Inc	Managed Care Inc	635.72	90			19.84		671.03 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 UHC	Medicare	102.17				19.84		671.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 Wellcare	Medicaid	215.01	30.44			19.84		671.03 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR 1 VIEW	73551	CPT				both			706.35		117.5 Three Rivers	Three Rivers	671.03	95			19.84		671.03 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Amerihealth	HMO/PPO	19.84			109.32	19.84		351.26 fee schedule	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 First Trenton	First Trenton	332.78	90			19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Corrections	Corrections	295.8	80		78.15	19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Aetna	Commercial	166.74			50.29	19.84		351.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Amerihealth	Medicare	102.17				19.84		351.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Aetna	Better Health	112.55	30.44		84.77	19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Aetna	Medicare	102.17			39.65	19.84		351.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Consumer	Consumer	351.26	95			19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 First Health	First Health	258.83	70			19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Managed Care Inc	Managed Care Inc	332.78	90			19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Horizon	NJ Health	35.28			21.09	19.84		351.26 fee schedule	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Americare	Americare	277.31	75			19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Horizon	Medicare Blue	102.17			20.28	19.84		351.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Horizon	Indemnity	197.7			68.35	19.84		351.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Horizon	PPO	197.7			87.72	19.84		351.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Wellcare	Medicaid	112.55	30.44		57.78	19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 UHC	Medicare	102.17			38.92	19.84		351.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Three Rivers	Three Rivers	351.26	95			19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Horizon	MGD	197.7			65.67	19.84		351.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 UHC	Medicaid	112.55	30.44		76.83	19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Wellcare	Medicare	102.17			14.99	19.84		351.26 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Multiplan	Multiplan	295.8	80			19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 WellPoint	WellPoint	114.77	31.04		63.57	19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	73552	CPT				both			369.75		117.5 Qualcare	Qualcare	277.31	75			19.84		351.26 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 First Trenton	First Trenton	722.93	90			16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Americare	Americare	602.44	75			16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Amerihealth	HMO/PPO	16.74			88.07	16.74		763.09 fee schedule	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Multiplan	Multiplan	642.6	80			16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Horizon	Indemnity	197.7			89.03	16.74		763.09 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Aetna	Commercial	166.74			127.64	16.74		763.09 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Amerihealth	Medicare	102.17				16.74		763.09 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Aetna	Better Health	244.51	30.44		182.09	16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Horizon	Medicare Blue	102.17			63.68	16.74		763.09 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Corrections	Corrections	642.6	80		172.85	16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 UHC	Medicaid	244.51	30.44		167.68	16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Qualcare	Qualcare	602.44	75			16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Horizon	PPO	197.7			134.87	16.74		763.09 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Horizon	NJ Health	32.34			49.38	16.74		763.09 fee schedule	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 UHC	Medicare	102.17			86.1	16.74		763.09 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Aetna	Medicare	102.17			75.81	16.74		763.09 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Horizon	MGD	197.7			153.63	16.74		763.09 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 WellPoint	WellPoint	249.33	31.04		136.63	16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Wellcare	Medicare	102.17			44.34	16.74		763.09 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Consumer	Consumer	763.09	95			16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Managed Care Inc	Managed Care Inc	722.93	90			16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 First Health	First Health	562.28	70			16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Three Rivers	Three Rivers	763.09	95			16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	73560	CPT				both			803.25		117.5 Wellcare	Medicaid	244.51	30.44		143.23	16.74		763.09 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Amerihealth	Medicare	102.17				19.22		307.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Horizon	Indemnity	197.7			70.81	19.22		307.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Aetna	Medicare	102.17			43.15	19.22		307.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Amerihealth	HMO/PPO	19.22			10.61	19.22		307.66 fee schedule	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Americare	Americare	242.89	75			19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Aetna	Commercial	166.74			47.37	19.22		307.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Aetna	Better Health	98.58	30.44		66.87	19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 First Health	First Health	226.7	70			19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Horizon	NJ Health	32.34			25.36	19.22		307.66 fee schedule	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Horizon	Medicare Blue	102.17			41.6	19.22		307.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Consumer	Consumer	307.66	95			19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Horizon	MGD	197.7			84.86	19.22		307.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Three Rivers	Three Rivers	307.66	95			19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Multiplan	Multiplan	259.08	80			19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Qualcare	Qualcare	242.89	75			19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Horizon	PPO	197.7			57.99	19.22		307.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Corrections	Corrections	259.08	80			19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 UHC	Medicaid	98.58	30.44		71.71	19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 UHC	Medicare	102.17			36.19	19.22		307.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 WellPoint	WellPoint	100.52	31.04		60.07	19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 First Trenton	First Trenton	291.47	90			19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Managed Care Inc	Managed Care Inc	291.47	90			19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Wellcare	Medicaid	98.58	30.44		72.27	19.22		307.66 percent of total billed charges	
RADIOLOGIC EXAMINATION KNEE 3 VIEWS	73562	CPT				both			323.85		117.5 Wellcare	Medicare	102.17			76.28	19.22		307.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Consumer	Consumer	414.73	95			21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Amerihealth	Medicare	123.39				21.7		414.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Aetna	Commercial	291.37			90.46	21.7		414.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 First Trenton	First Trenton	392.9	90			21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Aetna	Better Health	132.89	30.44		128.53	21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Americare	Americare	327.42	75			21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Horizon	MGD	238.76			124.91	21.7		414.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Aetna	Medicare	123.39			76.09	21.7		414.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Corrections	Corrections	349.25	80			21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Horizon	Medicare Blue	123.39			51.04	21.7		414.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 First Health	First Health	305.59	70			21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Managed Care Inc	Managed Care Inc	392.9	90			21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 UHC	Medicare	123.39			63.33	21.7		414.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Amerihealth	HMO/PPO	21.7			78.03	21.7		414.73 fee schedule	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 UHC	Medicaid	132.89	30.44		129.01	21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 WellPoint	WellPoint	135.51	31.04		79.92	21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Horizon	Indemnity	238.76			135.19	21.7		414.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Horizon	PPO	238.76			117.65	21.7		414.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Horizon	NJ Health	48.51			45.01	21.7		414.73 fee schedule	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Qualcare	Qualcare	327.42	75			21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Multiplan	Multiplan	349.25	80			21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Wellcare	Medicaid	132.89	30.44		87.18	21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Three Rivers	Three Rivers	414.73	95			21.7		414.73 percent of total billed charges	
RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	73564	CPT				both			436.56		141.9 Wellcare	Medicare	123.39			66.48	21.7		414.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Aetna	Medicare	102.17			100.99	16.74		346.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Horizon	Medicare Blue	102.17			41.02	16.74		346.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 First Trenton	First Trenton	328.64	90			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Consumer	Consumer	346.9	95			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Wellcare	Medicaid	111.15	30.44		88.05	16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Aetna	Commercial	166.74			61.82	16.74		346.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Amerihealth	HMO/PPO	16.74				16.74		346.9 fee schedule	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Aetna	Better Health	111.15	30.44			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Amerihealth	Medicare	102.17				16.74		346.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Multiplan	Multiplan	292.13	80			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Managed Care Inc	Managed Care Inc	328.64	90			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Horizon	Indemnity	197.7			65.42	16.74		346.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Horizon	NJ Health	50.55			36.79	16.74		346.9 fee schedule	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Corrections	Corrections	292.13	80			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 First Health	First Health	255.61	70			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Americare	Americare	273.87	75			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Horizon	PPO	197.7			79.1	16.74		346.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Qualcare	Qualcare	273.87	75			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Three Rivers	Three Rivers	346.9	95			16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Horizon	MGD	197.7			47.54	16.74		346.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 Wellcare	Medicare	102.17				16.74		346.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 UHC	Medicare	102.17			67.61	16.74		346.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 UHC	Medicaid	111.15	30.44		98.94	16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	73565	CPT				both			365.16		117.5 WellPoint	WellPoint	113.35	31.04		90.1	16.74		346.9 percent of total billed charges	
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88		476.55 Horizon	Indemnity	801.84				41.16		1883.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88		476.55 First Trenton	First Trenton	1784.59	90			41.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88	476.55	Qualcare	1487.16	75			41.16	1883.74	percent of total billed charges	
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88	476.55	WellPoint	WellPoint	615.49	31.04		41.16	1883.74	percent of total billed charges	
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88	476.55	Managed Care Inc	Managed Care Inc	1784.59	90		41.16	1883.74	percent of total billed charges	
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88	476.55	Americare	Americare	1487.16	75		41.16	1883.74	percent of total billed charges	
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88	476.55	Three Rivers	Three Rivers	1883.74	95		41.16	1883.74	percent of total billed charges	
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88	476.55	Horizon	MGD	801.84			41.16	1883.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88	476.55	Wellcare	Medicaid	603.59	30.44		41.16	1883.74	percent of total billed charges	
RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	73580	CPT				outpatient			1982.88	476.55	Wellcare	Medicare	414.39			41.16	1883.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Aetna	Commercial	166.74		106.84	17.98	735.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Horizon	Indemnity	197.7		214.58	17.98	735.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	First Trenton	First Trenton	696.54	90		17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	UHC	Medicare	102.17		71.05	17.98	735.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Corrections	Corrections	619.14	80	121.4	17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Americare	Americare	580.45	75		17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Aetna	Medicare	102.17		64.24	17.98	735.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Aetna	Better Health	235.58	30.44	172.36	17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Horizon	Medicare Blue	102.17		67.17	17.98	735.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Multiplan	Multiplan	619.14	80		17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Horizon	NJ Health	32.34		42.55	17.98	735.23	fee schedule	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Consumer	Consumer	735.23	95		17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	First Health	First Health	541.75	70		17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Amerihealth	HMO/PPO	17.98		52.13	17.98	735.23	fee schedule	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Amerihealth	Medicare	102.17			17.98	735.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Horizon	PPO	197.7		154.39	17.98	735.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Horizon	MGD	197.7		115.12	17.98	735.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Qualcare	Qualcare	580.45	75		17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	UHC	Medicaid	235.58	30.44	162.09	17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Managed Care Inc	Managed Care Inc	696.54	90		17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Wellcare	Medicare	102.17		33.47	17.98	735.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Three Rivers	Three Rivers	735.23	95		17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	Wellcare	Medicaid	235.58	30.44	146.61	17.98	735.23	percent of total billed charges	
RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	73590	CPT				both			773.93	117.5	WellPoint	WellPoint	240.23	31.04	150.68	17.98	735.23	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Amerihealth	Medicare	102.17			16.12	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	WellPoint	WellPoint	203.42	31.04		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Qualcare	Qualcare	491.51	75		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Aetna	Commercial	166.74			16.12	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Aetna	Better Health	199.49	30.44		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Aetna	Medicare	102.17			16.12	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	First Trenton	First Trenton	589.82	90		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Horizon	NJ Health	39.2		39.2	16.12	622.58	fee schedule	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	First Health	First Health	458.75	70		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Horizon	MGD	197.7			16.12	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	UHC	Medicaid	199.49	30.44	239.39	16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Americare	Americare	491.51	75		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Consumer	Consumer	622.58	95		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Horizon	PPO	197.7			16.12	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Managed Care Inc	Managed Care Inc	589.82	90		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Amerihealth	HMO/PPO	16.12			16.12	622.58	fee schedule	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Horizon	Medicare Blue	102.17			16.12	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Horizon	Indemnity	197.7			16.12	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	UHC	Medicare	102.17			16.12	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Corrections	Corrections	524.28	80		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Wellcare	Medicare	102.17			16.12	622.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Multiplan	Multiplan	524.28	80		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Three Rivers	Three Rivers	622.58	95		16.12	622.58	percent of total billed charges	
RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	73592	CPT				both			655.35	117.5	Wellcare	Medicaid	199.49	30.44		16.12	622.58	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Corrections	Corrections	417.79	80		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Amerihealth	Medicare	102.17			16.74	496.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Aetna	Medicare	102.17			16.74	496.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Amerihealth	HMO/PPO	16.74			16.74	496.13	fee schedule	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Aetna	Better Health	158.97	30.44		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Horizon	Medicare Blue	102.17			16.74	496.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Americare	Americare	391.68	75		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	First Health	First Health	365.57	70		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Horizon	NJ Health	27.07			16.74	496.13	fee schedule	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Horizon	Indemnity	197.7			16.74	496.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Wellcare	Medicaid	158.97	30.44		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	UHC	Medicaid	158.97	30.44		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Aetna	Commercial	166.74			16.74	496.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	UHC	Medicare	102.17			16.74	496.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Consumer	Consumer	496.13	95		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	First Trenton	First Trenton	470.02	90		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Multiplan	Multiplan	417.79	80		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Horizon	PPO	197.7			16.74	496.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Qualcare	Qualcare	391.68	75		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Horizon	MGD	197.7			16.74	496.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Wellcare	Medicare	102.17			16.74	496.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Managed Care Inc	Managed Care Inc	470.02	90		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	WellPoint	WellPoint	162.1	31.04		16.74	496.13	percent of total billed charges	
RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	73600	CPT				both			522.24	117.5	Three Rivers	Three Rivers	496.13	95		16.74	496.13	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Consumer	Consumer	285.86	95		17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Corrections	Corrections	240.72	80		17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Aetna	Better Health	91.59	30.44	67.18	17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Americare	Americare	225.68	75		17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Aetna	Medicare	102.17		28.41	17.98	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Horizon	PPO	197.7		71.12	17.98	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	First Trenton	First Trenton	270.81	90		17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Aetna	Commercial	166.74		53.1	17.98	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Three Rivers	Three Rivers	285.86	95		17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Wellcare	Medicare	102.17		17.43	17.98	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Managed Care Inc	Managed Care Inc	270.81	90		17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Amerihealth	HMO/PPO	17.98		40.56	17.98	285.86	fee schedule	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	First Health	First Health	210.63	70		17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Amerihealth	Medicare	102.17			17.98	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	WellPoint	WellPoint	93.4	31.04	58.09	17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Horizon	MGD	197.7		62.18	17.98	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	UHC	Medicare	102.17		30.61	17.98	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	UHC	Medicaid	91.59	30.44	67.51	17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Horizon	Indemnity	197.7		55.16	17.98	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Horizon	Medicare Blue	102.17		29.91	17.98	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Horizon	NJ Health	29.79		21.4	17.98	285.86	fee schedule	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Multiplan	Multiplan	240.72	80		17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Qualcare	Qualcare	225.68	75		17.98	285.86	percent of total billed charges	
RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	73610	CPT				both			300.9	117.5	Wellcare	Medicaid	91.59	30.44	59.84	17.98	285.86	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Aetna	Commercial	676.28			79.03	1303.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Aetna	Medicare	414.39			79.03	1303.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Consumer	Consumer	1303.31	95		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Amerihealth	Medicare	414.39			79.03	1303.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Horizon	Medicare Blue	414.39			79.03	1303.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Aetna	Better Health	417.61	30.44		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	First Health	First Health	960.33	70		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Americare	Americare	1028.93	75		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Horizon	MGD	801.84			79.03	1303.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Amerihealth	HMO/PPO	891.74	65		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Corrections	Corrections	1097.52	80		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Multiplan	Multiplan	1097.52	80		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	UHC	Medicare	414.39			79.03	1303.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Qualcare	Qualcare	1028.93	75		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	First Trenton	First Trenton	1234.71	90		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	UHC	Medicaid	417.61	30.44		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Horizon	Indemnity	801.84			79.03	1303.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Wellcare	Medicare	414.39			79.03	1303.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Managed Care Inc	Managed Care Inc	1234.71	90		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Wellcare	Medicaid	417.61	30.44		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Horizon	NJ Health	79.03			79.03	1303.31	fee schedule	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Three Rivers	Three Rivers	1303.31	95		79.03	1303.31	percent of total billed charges	
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	Horizon	PPO	801.84			79.03	1303.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ANKLE ARTHROGRAPHY RS&I	73615	CPT				outpatient			1371.9	476.55	WellPoint	WellPoint	425.84	31.04		79.03	1303.31	percent of total billed charges	
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45	117.5	Aetna	Medicare	102.17			16.12	1547.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45	117.5	Horizon	Medicare Blue	102.17		84.08	16.12	1547.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45	117.5	Amerihealth	Medicare	102.17			16.12	1547.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45	117.5	UHC	Medicare	102.17		101.27	16.12	1547.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45	117.5	Multiplan	Multiplan	1303.56	80		16.12	1547.98	percent of total billed charges	
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45	117.5	Aetna	Commercial	166.74		83.58	16.12	1547.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45	117.5	Aetna	Better Health	496	30.44	390.37	16.12	1547.98	percent of total billed charges	
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45	117.5	Amerihealth	HMO/PPO	16.12			16.12	1547.98	fee schedule	
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45	117.5	Consumer	Consumer	1547.98	95		16.12	1547.98

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45		117.5 First Trenton	First Trenton	1466.51	90			16.12	1547.98	percent of total billed charges	
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45		117.5 Horizon	Indemnity	197.7			124.96	16.12	1547.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45		117.5 Managed Care Inc	Managed Care Inc	1466.51	90			16.12	1547.98	percent of total billed charges	
RADIOLOGIC EXAMINATION FOOT 2 VIEWS	73620	CPT				both			1629.45		117.5 Three Rivers	Three Rivers	1547.98	95			16.12	1547.98	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Horizon	Medicare Blue	102.17			77.03	17.98	789.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Aetna	Better Health	253.05	30.44		203.99	17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Consumer	Consumer	789.74	95			17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Americare	Americare	623.48	75			17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 First Health	First Health	581.91	70			17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Aetna	Medicare	102.17			56.03	17.98	789.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Amerihealth	HMO/PPO	17.98			114.1	17.98	789.74	fee schedule	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Aetna	Commercial	166.74			97.68	17.98	789.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Multiplan	Multiplan	665.04	80			17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 UHC	Medicaid	253.05	30.44		180.44	17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 First Trenton	First Trenton	748.17	90			17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Three Rivers	Three Rivers	789.74	95			17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Horizon	Indemnity	197.7			149.79	17.98	789.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 UHC	Medicare	102.17			60.85	17.98	789.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Corrections	Corrections	665.04	80			17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Amerihealth	Medicare	102.17				17.98	789.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Qualcare	Qualcare	623.48	75			17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 WellPoint	WellPoint	258.04	31.04		159.89	17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Horizon	NJ Health	29.79			68.42	17.98	789.74	fee schedule	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Horizon	MGD	197.7			135.98	17.98	789.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Wellcare	Medicare	102.17			53.12	17.98	789.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Wellcare	Medicaid	253.05	30.44		181.08	17.98	789.74	percent of total billed charges	
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Horizon	PPO	197.7			209.61	17.98	789.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX FOOT COMPLETE MINIMUM 3 VIEWS	73630	CPT				both			831.3		117.5 Managed Care Inc	Managed Care Inc	748.17	90			17.98	789.74	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Aetna	Medicare	282.74	30.8			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Wellcare	Medicaid	279.44	30.44		194.96	16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Amerihealth	Medicare	102.17				16.12	872.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 First Health	First Health	642.6	70			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Americare	Americare	686.5	75			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Corrections	Corrections	734.4	80			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Horizon	Indemnity	197.7			59.55	16.12	872.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Aetna	Better Health	279.44	30.44		202.56	16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Amerihealth	HMO/PPO	16.12				16.12	872.1	fee schedule	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Horizon	PPO	197.7			187.82	16.12	872.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 First Trenton	First Trenton	826.2	90			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Aetna	Commercial	166.74			110.4	16.12	872.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Horizon	Medicare Blue	102.17			81.48	16.12	872.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Multiplan	Multiplan	734.4	80			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Horizon	NJ Health	26.36			83.28	16.12	872.1	fee schedule	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Consumer	Consumer	872.1	95			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Horizon	MGD	197.7			155.49	16.12	872.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Qualcare	Qualcare	686.5	75			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 UHC	Medicaid	279.44	30.44		140.55	16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Three Rivers	Three Rivers	872.1	95			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Managed Care Inc	Managed Care Inc	826.2	90			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 Wellcare	Medicare	102.17				16.12	872.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 WellPoint	WellPoint	284.95	31.04			16.12	872.1	percent of total billed charges	
RADEX CALCANEUS MINIMUM 2 VIEWS	73650	CPT				both			918		117.5 UHC	Medicare	102.17			54.68	16.12	872.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Horizon	Indemnity	197.7				13.72	780.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Aetna	Medicare	102.17				13.72	780.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 First Trenton	First Trenton	738.99	90			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Amerihealth	Medicare	102.17				13.72	780.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Horizon	NJ Health	13.72			100.35	13.72	780.05	fee schedule	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Aetna	Better Health	249.94	30.44			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Amerihealth	HMO/PPO	14.26				13.72	780.05	fee schedule	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Aetna	Commercial	166.74				13.72	780.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Horizon	PPO	197.7				13.72	780.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Consumer	Consumer	780.05	95			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Managed Care Inc	Managed Care Inc	738.99	90			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Horizon	Medicare Blue	102.17				13.72	780.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Multiplan	Multiplan	656.88	80			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Americare	Americare	615.83	75			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 First Health	First Health	574.77	70			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Corrections	Corrections	656.88	80			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Qualcare	Qualcare	615.83	75			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Horizon	MGD	197.7				13.72	780.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Three Rivers	Three Rivers	780.05	95			13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 UHC	Medicare	102.17			102.32	13.72	780.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Wellcare	Medicare	102.17				13.72	780.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 Wellcare	Medicaid	249.94	30.44		193.39	13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 UHC	Medicaid	249.94	30.44		167.31	13.72	780.05	percent of total billed charges	
RADEX TOE MINIMUM 2 VIEWS	73660	CPT				both			821.1		117.5 WellPoint	WellPoint	254.87	31.04		142.99	13.72	780.05	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Consumer	Consumer	1728.7	95			123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Americare	Americare	1364.76	75			123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Amerihealth	Medicare	123.39				123.39	1728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Aetna	Medicare	123.39			123.23	123.39	1728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Corrections	Corrections	1455.74	80			123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 First Trenton	First Trenton	1637.71	90			123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Aetna	Better Health	553.91	30.44		474.65	123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Aetna	Commercial	201.37			274.51	123.39	1728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Three Rivers	Three Rivers	1728.7	95			123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Horizon	Indemnity	238.76			234	123.39	1728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 First Health	First Health	1273.78	70			123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Multiplan	Multiplan	1455.74	80			123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Wellcare	Medicare	123.39				123.39	1728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Horizon	MGD	238.76			233.98	123.39	1728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Horizon	Medicare Blue	123.39			123.73	123.39	1728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Amerihealth	HMO/PPO	147.56			140.08	123.39	1728.7	fee schedule	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 UHC	Medicaid	553.91	30.44		486	123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Horizon	PPO	238.76			367.18	123.39	1728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Qualcare	Qualcare	1364.76	75			123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Managed Care Inc	Managed Care Inc	1637.71	90			123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Horizon	NJ Health	245			115.68	123.39	1728.7	fee schedule	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 Wellcare	Medicaid	553.91	30.44		553.09	123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 UHC	Medicare	123.39			229.47	123.39	1728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O CONTRAST MATERIAL	73700	CPT				both			1819.68		141.9 WellPoint	WellPoint	564.83	31.04		304.86	123.39	1728.7	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Aetna	Commercial	337.11			475.24	171.74	1805.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Amerihealth	Medicare	206.56				171.74	1805.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Americare	Americare	1425.2	75			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Aetna	Medicare	206.56				171.74	1805.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Three Rivers	Three Rivers	1805.25	95			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Aetna	Better Health	578.44	30.44		661.42	171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Corrections	Corrections	1520.21	80			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Amerihealth	HMO/PPO	171.74				171.74	1805.25	fee schedule	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 First Trenton	First Trenton	1710.23	90			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Horizon	Medicare Blue	206.56				171.74	1805.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Multiplan	Multiplan	1520.21	80			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 First Health	First Health	1330.18	70			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 UHC	Medicare	206.56			232	171.74	1805.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Consumer	Consumer	1805.25	95			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Horizon	MGD	399.69			436.1	171.74	1805.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Horizon	PPO	399.69			390.82	171.74	1805.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Horizon	Indemnity	399.69				171.74	1805.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Horizon	NJ Health	245			79.81	171.74	1805.25	fee schedule	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Qualcare	Qualcare	1425.2	75			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Wellcare	Medicaid	578.44	30.44			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Managed Care Inc	Managed Care Inc	1710.23	90			171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 Wellcare	Medicare	206.56				171.74	1805.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 UHC	Medicaid	578.44	30.44		319	171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/CONTRAST MATERIAL	73701	CPT				both			1900.26		237.54 WellPoint	WellPoint	589.84	31.04		479.53	171.74	1805.25	percent of total billed charges	
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Aetna	Commercial	337.11				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Aetna	Medicare	206.56				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 First Trenton	First Trenton	3218.51	90			206.56	3397.31	percent of total billed charges	
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 First Health	First Health	2923.28	70			206.56	3397.31	percent of total billed charges	
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Americare	Americare	2682.09	75			206.56	3397.31	percent of total billed charges	
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Corrections	Corrections	2860.9	80			206.56	3397.31	percent of total billed charges	
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 UHC	Medicaid	1088.57	30.44			206.56	3397.31	percent of total billed charges	
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Aetna	Better Health	1088.57	30.44			206.56	3397.31	percent of total billed charges	
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Amerihealth	Medicare	206.56				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Horizon	MGD	399.69				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Horizon	PPO	399.69			391.64	206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Horizon	Indemnity	399.69				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Amerihealth	HMO/PPO	217.62				206.56	3397.31	fee schedule	
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Consumer	Consumer	3397.31	95			206.56	3397.31	percent of total billed charges	
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 UHC	Medicare	206.56				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12		237.54 Horizon	Medicare Blue	206.56				206.56	3397.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	73702	CPT				both			3576.12

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Consumer	Consumer	1739.36	95			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Corrections	Corrections	1464.72	80			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Amerihealth	Medicare	206.56				206.56	1739.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	First Trenton	First Trenton	1647.81	90			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Aetna	Better Health	557.33	30.44			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Aetna	Commercial	337.11				206.56	1739.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Aetna	Medicare	206.56			171.27	206.56	1739.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Americare	Americare	1373.18	75			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Horizon	NJ Health	366.52			123.01	206.56	1739.36	fee schedule	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	UHC	Medicare	206.56			200.62	206.56	1739.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Horizon	PPO	399.69				206.56	1739.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Horizon	MGD	399.69				206.56	1739.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	First Health	First Health	1281.63	70			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Horizon	Indemnity	399.69			390.83	206.56	1739.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Horizon	Medicare Blue	206.56				206.56	1739.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Amerihealth	HMO/PPO	217.62				206.56	1739.36	fee schedule	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Wellcare	Medicaid	557.33	30.44			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Multiplan	Multiplan	1464.72	80			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	WellPoint	WellPoint	568.31	31.04			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Managed Care Inc	Managed Care Inc	1647.81	90			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Wellcare	Medicare	206.56				206.56	1739.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Qualcare	Qualcare	1373.18	75			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	Three Rivers	Three Rivers	1739.36	95			206.56	1739.36	percent of total billed charges	
CT ANGIOGRAPHY LOWER EXTREMITY	73706	CPT				both			1830.9	237.54	UHC	Medicaid	557.33	30.44		566.32	206.56	1739.36	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Amerihealth	HMO/PPO	294.5				280.47	1835.29	fee schedule	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	First Trenton	First Trenton	1738.69	90			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Aetna	Better Health	588.06	30.44			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Aetna	Medicare	280.47				280.47	1835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	First Health	First Health	1352.32	70			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Amerihealth	Medicare	280.47				280.47	1835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Aetna	Commercial	457.73			285.04	280.47	1835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Consumer	Consumer	1835.29	95			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Horizon	NJ Health	593.88			593.88	280.47	1835.29	fee schedule	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Horizon	MGD	542.71			659.9	280.47	1835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Corrections	Corrections	1545.5	80			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Americare	Americare	1448.91	75			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	UHC	Medicare	280.47			275.98	280.47	1835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Wellcare	Medicaid	588.06	30.44		581.47	280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Horizon	Indemnity	542.71				280.47	1835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Managed Care Inc	Managed Care Inc	1738.69	90			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	WellPoint	WellPoint	599.66	31.04		580.15	280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Multiplan	Multiplan	1545.5	80			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Horizon	Medicare Blue	280.47			275.76	280.47	1835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Three Rivers	Three Rivers	1835.29	95			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Wellcare	Medicare	280.47				280.47	1835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Qualcare	Qualcare	1448.91	75			280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	Horizon	PPO	542.71				280.47	1835.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	73718	CPT				both			1931.88	322.54	UHC	Medicaid	588.06	30.44		575.12	280.47	1835.29	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Aetna	Commercial	676.28				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Multiplan	Multiplan	3637.73	80			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Wellcare	Medicare	414.39				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Aetna	Better Health	1384.16	30.44			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Amerihealth	Medicare	414.39				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Aetna	Medicare	414.39				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Horizon	MGD	801.84				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Amerihealth	HMO/PPO	341				341	4319.8	fee schedule	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Americare	Americare	3410.37	75			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Qualcare	Qualcare	3410.37	75			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	UHC	Medicaid	1384.16	30.44			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	First Health	First Health	3183.01	70			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Consumer	Consumer	4319.8	95			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Corrections	Corrections	3637.73	80			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	UHC	Medicare	414.39				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Wellcare	Medicaid	1384.16	30.44			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	First Trenton	First Trenton	4092.44	90			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Horizon	PPO	801.84				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Horizon	Indemnity	801.84				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	WellPoint	WellPoint	1411.44	31.04			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Horizon	Medicare Blue	414.39				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Horizon	NJ Health	668.36				341	4319.8	fee schedule	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Managed Care Inc	Managed Care Inc	4092.44	90			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	73719	CPT				inpatient			4547.16	476.55	Three Rivers	Three Rivers	4319.8	95			341	4319.8	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	UHC	Medicaid	875.27	30.44		865.5	414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	First Trenton	First Trenton	2587.84	90			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Aetna	Commercial	676.28			595.53	414.39	2731.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Horizon	Medicare Blue	414.39				414.39	2731.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Multiplan	Multiplan	2300.3	80			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Aetna	Medicare	885.62	30.8		369.03	414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Americare	Americare	2156.54	75			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Aetna	Better Health	875.27	30.44			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Wellcare	Medicare	414.39				414.39	2731.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Managed Care Inc	Managed Care Inc	2587.84	90			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Amerihealth	Medicare	414.39				414.39	2731.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	First Health	First Health	2012.77	70			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Qualcare	Qualcare	2156.54	75			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Corrections	Corrections	2300.3	80			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Amerihealth	HMO/PPO	477.4			436.1	414.39	2731.61	fee schedule	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Horizon	MGD	801.84				414.39	2731.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	UHC	Medicare	414.39			359.51	414.39	2731.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Three Rivers	Three Rivers	2731.61	95			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Consumer	Consumer	2731.61	95			414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Horizon	PPO	801.84			670.22	414.39	2731.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	WellPoint	WellPoint	892.52	31.04		907.18	414.39	2731.61	percent of total billed charges	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Horizon	Indemnity	801.84				414.39	2731.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Horizon	NJ Health	588			420.98	414.39	2731.61	fee schedule	
MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	73720	CPT				both			2875.38	476.55	Wellcare	Medicaid	875.27	30.44		846.55	414.39	2731.61	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Aetna	Commercial	457.73			430.08	280.47	1785.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Aetna	Better Health	572.23	30.44		323.73	280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Aetna	Medicare	579	30.8		275.09	280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Horizon	Medicare Blue	280.47			275.76	280.47	1785.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Amerihealth	HMO/PPO	294.5			315.42	280.47	1785.87	fee schedule	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Multiplan	Multiplan	1503.89	80			280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	First Health	First Health	1315.9	70			280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Amerihealth	Medicare	280.47				280.47	1785.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Consumer	Consumer	1785.87	95			280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Americare	Americare	1409.9	75			280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Horizon	MGD	542.71			550.86	280.47	1785.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	UHC	Medicaid	572.23	30.44		567.23	280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Corrections	Corrections	1503.89	80			280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Qualcare	Qualcare	1409.9	75			280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Horizon	NJ Health	646.8			621.3	280.47	1785.87	fee schedule	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	First Trenton	First Trenton	1691.87	90			280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Horizon	Indemnity	542.71			542.71	280.47	1785.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Three Rivers	Three Rivers	1785.87	95			280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Wellcare	Medicaid	572.23	30.44		570.26	280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	UHC	Medicare	280.47			241.14	280.47	1785.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Horizon	PPO	542.71				280.47	1785.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	WellPoint	WellPoint	583.51	31.04		478.42	280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Wellcare	Medicare	280.47				280.47	1785.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	73721	CPT				both			1879.86	322.54	Managed Care Inc	Managed Care Inc	1691.87	90			280.47	1785.87	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Americare	Americare	3410.37	75			341	4319.8	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Aetna	Commercial	1496.09				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Aetna	Better Health	1384.16	30.44			341	4319.8	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Amerihealth	HMO/PPO	341				341	4319.8	fee schedule	
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Amerihealth	Medicare	916.72				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Aetna	Medicare	916.72				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Horizon	MGD	1773.85				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	First Trenton	First Trenton	4092.44	90			341	4319.8	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Consumer	Consumer	4319.8	95			341	4319.8	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Multiplan	Multiplan	3637.73	80			341	4319.8	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Horizon	PPO	1773.85				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	First Health	First Health	3183.01	70			341	4319.8	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Horizon	Medicare Blue	916.72				341	4319.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT				outpatient			4547.16	1054.23	Corrections	Corrections	3637.73	80			341	4319.8	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	73722	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	WellPoint	WellPoint	1781.24	31.04		1723.28	414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Americare	Americare	4303.89	75			414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Aetna	Better Health	1746.81	30.44			414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Amerihealth	Medicare	414.39				414.39	5451.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Horizon	NJ Health	959.24			916.7	414.39	5451.59	fee schedule	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Corrections	Corrections	4590.82	80			414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Amerihealth	HMO/PPO	477.4			472.83	414.39	5451.59	fee schedule	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Horizon	Indemnity	801.84			797.44	414.39	5451.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Managed Care Inc	Managed Care Inc	5164.67	90			414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Horizon	MGD	801.84			818.52	414.39	5451.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Horizon	PPO	801.84			797.44	414.39	5451.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Horizon	Medicare Blue	414.39				414.39	5451.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Three Rivers	Three Rivers	5461.59	95			414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	UHC	Medicare	414.39			531.72	414.39	5451.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	First Health	First Health	4016.96	70			414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Multiplan	Multiplan	4590.82	80			414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	UHC	Medicaid	1746.81	30.44		1689.49	414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Qualcare	Qualcare	4303.89	75			414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Wellcare	Medicaid	1746.81	30.44		1203.18	414.39	5451.59	percent of total billed charges	
MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	73723	CPT				both			5738.52	476.55	Wellcare	Medicare	414.39				414.39	5451.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Aetna	Better Health	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Managed Care Inc	Managed Care Inc	4532.17	90			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Americare	Americare	3776.81	75			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Aetna	Medicare	1551.01	30.8			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Consumer	Consumer	4783.95	95			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		First Trenton	First Trenton	4532.17	90			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Multiplan	Multiplan	4028.59	80			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Horizon	MGD	1927.68	38.28			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Aetna	Commercial	1913.58	38			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		WellPoint	WellPoint	1563.09	31.04			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Three Rivers	Three Rivers	4783.95	95			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Amerihealth	HMO/PPO	341				341	4783.95	fee schedule	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Corrections	Corrections	4028.59	80			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Horizon	Indemnity	1927.68	38.28			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Qualcare	Qualcare	3776.81	75			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		UHC	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Horizon	Medicare Blue	1510.72	30			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Horizon	PPO	1927.68	38.28			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Horizon	NJ Health	646.8				341	4783.95	fee schedule	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		First Health	First Health	3525.02	70			341	4783.95	percent of total billed charges	
MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	73725	CPT				outpatient			5035.74		Wellcare	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Horizon	Medicare Blue	102.17				31.99	327.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Consumer	Consumer	327.04	95			31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Americare	Americare	258.19	75			31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Aetna	Commercial	166.74			50.8	31.99	327.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Amerihealth	Medicare	102.17				31.99	327.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Aetna	Medicare	102.17			38.21	31.99	327.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Horizon	NJ Health	31.99			24.95	31.99	327.04	fee schedule	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Aetna	Better Health	104.79	30.44		86.17	31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Amerihealth	HMO/PPO	223.76	65		42.19	31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	First Trenton	First Trenton	309.83	90			31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Horizon	Indemnity	197.7			49.38	31.99	327.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Corrections	Corrections	275.4	80		72.78	31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Horizon	PPO	197.7			87.15	31.99	327.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	First Health	First Health	240.98	70			31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Horizon	MGD	197.7			74.58	31.99	327.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Managed Care Inc	Managed Care Inc	309.83	90			31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Multiplan	Multiplan	275.4	80			31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Wellcare	Medicare	102.17				31.99	327.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Qualcare	Qualcare	258.19	75			31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Three Rivers	Three Rivers	327.04	95			31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	WellPoint	WellPoint	106.86	31.04		73.08	31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	UHC	Medicaid	104.79	30.44		84.87	31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	UHC	Medicare	102.17			31.67	31.99	327.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 1 VIEW	74018	CPT				both			344.25	117.5	Wellcare	Medicaid	104.79	30.44		93.58	31.99	327.04	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Aetna	Better Health	194.44	30.44		103.29	39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Amerihealth	Medicare	123.39				39.04	606.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Americare	Americare	479.09	75			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Consumer	Consumer	606.84	95			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	UHC	Medicare	123.39				39.04	606.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	First Health	First Health	447.15	70			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Aetna	Medicare	123.39				39.04	606.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Corrections	Corrections	511.02	80			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Aetna	Commercial	201.37				39.04	606.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Horizon	Indemnity	238.76				39.04	606.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	First Trenton	First Trenton	574.9	90			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Wellcare	Medicare	123.39				39.04	606.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Amerihealth	HMO/PPO	415.21	65			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Horizon	Medicare Blue	123.39				39.04	606.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Horizon	MGD	238.76				39.04	606.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Horizon	PPO	238.76				39.04	606.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Multiplan	Multiplan	511.02	80			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Horizon	NJ Health	39.04			79.6	39.04	606.84	fee schedule	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Managed Care Inc	Managed Care Inc	574.9	90			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	UHC	Medicaid	194.44	30.44		141.17	39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Qualcare	Qualcare	479.09	75			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Wellcare	Medicaid	194.44	30.44		150.45	39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	Three Rivers	Three Rivers	606.84	95			39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 2 VIEWS	74019	CPT				both			638.78	141.9	WellPoint	WellPoint	198.28	31.04		151.1	39.04	606.84	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Horizon	MGD	238.76				45.69	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Aetna	Better Health	155.55	30.44			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Americare	Americare	383.27	75			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Amerihealth	HMO/PPO	332.16	65			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Wellcare	Medicare	123.39				45.69	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	First Health	First Health	357.71	70			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Aetna	Commercial	201.37				45.69	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Aetna	Medicare	123.39				45.69	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	UHC	Medicaid	155.55	30.44			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Multiplan	Multiplan	408.82	80			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Consumer	Consumer	485.47	95			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Corrections	Corrections	408.82	80			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Amerihealth	Medicare	123.39				45.69	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Qualcare	Qualcare	383.27	75			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	First Trenton	First Trenton	459.92	90			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Horizon	PPO	238.76				45.69	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Horizon	Indemnity	238.76				45.69	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	WellPoint	WellPoint	158.62	31.04			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Horizon	Medicare Blue	123.39				45.69	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Wellcare	Medicaid	155.55	30.44			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Horizon	NJ Health	45.69				45.69	485.47	fee schedule	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Managed Care Inc	Managed Care Inc	459.92	90			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	Three Rivers	Three Rivers	485.47	95			45.69	485.47	percent of total billed charges	
RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	74021	CPT				outpatient			511.02	141.9	UHC	Medicare	123.39			123.73	45.69	485.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Amerihealth	Medicare	123.39				27.28	887.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Consumer	Consumer	887.85	95			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Aetna	Commercial	201.37				27.28	887.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Aetna	Better Health	284.49	30.44			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Horizon	Medicare Blue	123.39				27.28	887.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	First Health	First Health	654.21	70			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Americare	Americare	700.94	75			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Corrections	Corrections	747.66	80			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Horizon	Indemnity	238.76				27.28	887.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	First Trenton	First Trenton	841.12	90			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Aetna	Medicare	123.39				27.28	887.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Multiplan	Multiplan	747.66	80			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Horizon	PPO	238.76				27.28	887.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Wellcare	Medicare	123.39				27.28	887.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Amerihealth	HMO/PPO	27.28				27.28	887.85	fee schedule	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Qualcare	Qualcare	700.94	75			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	UHC	Medicare	123.39			37.89	27.28	887.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Horizon	MGD	238.76				27.28	887.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Wellcare	Medicaid	284.49	30.44			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Horizon	NJ Health	53.9			266.23	27.28	887.85	fee schedule	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	WellPoint	WellPoint	290.09	31.04			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Managed Care Inc	Managed Care Inc	841.12	90			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	Three Rivers	Three Rivers	887.85	95			27.28	887.85	percent of total billed charges	
RADIOLOGIC EXAM COMPLETE ACUTE ABDOMEN SERIES	74022	CPT				both			934.58	141.9	UHC	Medicaid	284.49	30.44			27.28	887.85	percent of total billed charges	
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	Horizon	PPO	238.76				123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	Horizon	Medicare Blue	123.39				123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	Managed Care Inc	Managed Care Inc	1209.01	90			123.39	1276.17	percent of total billed charges	
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	First Health	First Health	940.34	70			123.39	1276.17	percent of total billed charges	
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	Multiplan	Multiplan	1074.67	80			123.39	1276.17	percent of total billed charges	
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	UHC	Medicaid	408.91	30.44			123.39	1276.17	percent of total billed charges	
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	Horizon	Indemnity	238.76			234	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	Wellcare	Medicare	123.39				123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	WellPoint	WellPoint	416.97	31.04			123.39	1276.17	percent of total billed charges	
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	UHC	Medicare	123.39			119.48	123.39	1276.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	Three Rivers	Three Rivers	1276.17	95			123.39	1276.17	percent of total billed charges	
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	Qualcare	Qualcare	1007.51	75			123.39	1276.17	percent of total billed charges	
CT ABDOMEN W/O CONTRAST MATERIAL	74150	CPT				both			1343.34	141.9	Wellcare	Medicaid	408.91	30.44			123.39	1276.17	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Aetna	Medicare	206.56				196.54	3609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Horizon	NJ Health	327.93			302.94	196.54	3609.53	fee schedule	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Amerihealth	HMO/PPO	196.54			114.14	196.54	3609.53	fee schedule	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	First Health	First Health	2659.65	70			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Aetna	Better Health	1156.57	30.44		1175.24	196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Aetna	Commercial	337.11			441.21	196.54	3609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Amerihealth	Medicare	206.56				196.54	3609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Consumer	Consumer	3609.53	95			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Americare	Americare	2849.63	75			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Multiplan	Multiplan	3039.6	80			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Horizon	Indemnity	399.69				196.54	3609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Three Rivers	Three Rivers	3609.53	95			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Horizon	MGD	399.69			119.8	196.54	3609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Corrections	Corrections	3039.6	80			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Horizon	Medicare Blue	206.56				196.54	3609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	First Trenton	First Trenton	3419.55	90			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Wellcare	Medicaid	1156.57	30.44			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Qualcare	Qualcare	2849.63	75			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	UHC	Medicaid	1156.57	30.44		1113.08	196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	WellPoint	WellPoint	1179.36	31.04		1179.7	196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Horizon	PPO	399.69			327.7	196.54	3609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	UHC	Medicare	206.56			188.32	196.54	3609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Managed Care Inc	Managed Care Inc	3419.55	90			196.54	3609.53	percent of total billed charges	
CT ABDOMEN W/CONTRAST MATERIAL	74160	CPT				both			3799.5	237.54	Wellcare	Medicare	206.56				196.54	3609.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Amerihealth	HMO/PPO	238.08				206.56	4467.09	fee schedule	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Aetna	Better Health	1431.35	30.44		1384.38	206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Aetna	Medicare	206.56			180.71	206.56	4467.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Horizon	Medicare Blue	206.56			334.17	206.56	4467.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Multiplan	Multiplan	3761.76	80			206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Consumer	Consumer	4467.09	95			206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Americare	Americare	3526.65	75			206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Aetna	Commercial	337.11			254.79	206.56	4467.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Horizon	NJ Health	343			337.96	206.56	4467.09	fee schedule	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Horizon	PPO	399.69			390.19	206.56	4467.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Amerihealth	Medicare	206.56				206.56	4467.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Wellcare	Medicare	206.56				206.56	4467.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	UHC	Medicare	206.56			221.58	206.56	4467.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	First Health	First Health	3291.54	70			206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Three Rivers	Three Rivers	4467.09	95			206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Horizon	MGD	399.69			443.19	206.56	4467.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Qualcare	Qualcare	3526.65	75			206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	UHC	Medicaid	1431.35	30.44		1260.77	206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Corrections	Corrections	3761.76	80			206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Horizon	Indemnity	399.69			397.2	206.56	4467.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Wellcare	Medicaid	1431.35	30.44		1011.37	206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	First Trenton	First Trenton	4231.98	90			206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	WellPoint	WellPoint	1459.56	31.04		716.1	206.56	4467.09	percent of total billed charges	
CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL	74170	CPT				both			4702.2	237.54	Managed Care Inc	Managed Care Inc	4231.98	90			206.56	4467.09	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	First Trenton	First Trenton	1750.63	90			238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Aetna	Medicare	414.39				238.08	1847.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Amerihealth	Medicare	414.39				238.08	1847.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	First Health	First Health	1361.6	70			238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	WellPoint	WellPoint	603.77	31.04		203.29	238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Aetna	Commercial	676.28			489.97	238.08	1847.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Americare	Americare	1458.86	75			238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Aetna	Better Health	592.1	30.44			238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Horizon	PPO	801.84			773.34	238.08	1847.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Amerihealth	HMO/PPO	238.08			365.3	238.08	1847.88	fee schedule	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Consumer	Consumer	1847.88	95			238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Horizon	NJ Health	489.9			58.46	238.08	1847.88	fee schedule	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Managed Care Inc	Managed Care Inc	1750.63	90			238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	UHC	Medicare	414.39			282.73	238.08	1847.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Horizon	Medicare Blue	414.39			348.08	238.08	1847.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Corrections	Corrections	1556.11	80			238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Wellcare	Medicare	414.39				238.08	1847.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Wellcare	Medicaid	592.1	30.44		941.14	238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Horizon	Indemnity	801.84				238.08	1847.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Multiplan	Multiplan	1556.11	80			238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Horizon	MGD	801.84			321.04	238.08	1847.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Qualcare	Qualcare	1458.86	75			238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	UHC	Medicaid	592.1	30.44		430.31	238.08	1847.88	percent of total billed charges	
CTA ABD&PLVS W/CONTRST & IMG POSTPROCESSING	74174	CPT				both			1945.14	476.55	Three Rivers	Three Rivers	1847.88	95			238.08	1847.88	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	UHC	Medicaid	484.67	30.44			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Consumer	Consumer	1512.61	95			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Amerihealth	Medicare	206.56				206.56	1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Multiplan	Multiplan	1273.78	80			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Amerihealth	HMO/PPO	238.08				206.56	1512.61	fee schedule	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Aetna	Better Health	484.67	30.44			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Aetna	Medicare	206.56				206.56	1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Aetna	Commercial	337.11				206.56	1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	WellPoint	WellPoint	494.23	31.04		164.88	206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Corrections	Corrections	1273.78	80			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Horizon	NJ Health	333.2			60.76	206.56	1512.61	fee schedule	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Qualcare	Qualcare	1194.17	75			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	First Health	First Health	1114.55	70			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Horizon	MGD	399.69			407.06	206.56	1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	First Trenton	First Trenton	1433	90			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Americare	Americare	1194.17	75			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	UHC	Medicare	206.56			70.74	206.56	1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Horizon	Indemnity	399.69				206.56	1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Managed Care Inc	Managed Care Inc	1433	90			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Three Rivers	Three Rivers	1512.61	95			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Medicaid	Medicaid	484.67	30.44			206.56	1512.61	percent of total billed charges	
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Wellcare	Medicare	206.56				206.56	1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Horizon	Medicare Blue	206.56				206.56	1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING	74175	CPT				both			1592.22	237.54	Horizon	PPO	399.69				206.56	1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Aetna	Better Health	320.42	30.44		288.84	166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Americare	Americare	789.48	75			166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	First Health	First Health	736.85	70			166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Aetna	Medicare	280.47			207.98	166.78	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Aetna	Commercial	457.73			199.92	166.78	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Consumer	Consumer	1000.01	95			166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Horizon	NJ Health	186.4			78.28	166.78	1000.01	fee schedule	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Horizon	PPO	542.71			350.2	166.78	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	First Trenton	First Trenton	947.38	90			166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Amerihealth	HMO/PPO	166.78			256.11	166.78	1000.01	fee schedule	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Wellcare	Medicare	280.47				166.78	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	UHC	Medicare	280.47			130.35	166.78	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Amerihealth	Medicare	280.47				166.78	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Horizon	Indemnity	542.71			285.05	166.78	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Corrections	Corrections	842.11	80		238.34	166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	UHC	Medicaid	320.42	30.44		293.59	166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Horizon	Medicare Blue	280.47			149.07	166.78	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Horizon	MGD	542.71			337.69	166.78	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Wellcare	Medicaid	320.42	30.44		269.59	166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Managed Care Inc	Managed Care Inc	947.38	90			166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Multiplan	Multiplan	842.11	80			166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	WellPoint	WellPoint	326.74	31.04		247.97	166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Qualcare	Qualcare	789.48	75			166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	74176	CPT				both			1052.64	322.54	Three Rivers	Three Rivers	1000.01	95			166.78	1000.01	percent of total billed charges	
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	Aetna	Better Health	494.3	30.44		403.01	196.54	1542.65	percent of total billed charges	
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	First Health	First Health	1136.69	70			196.54

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	WellPoint	WellPoint	504.04	31.04		392.15	196.54	1542.65	percent of total billed charges	
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	Corrections	Corrections	1299.07	80		472.5	196.54	1542.65	percent of total billed charges	
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	Horizon	Medicare Blue	414.39			185.85	196.54	1542.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	Qualcare	Qualcare	1217.88	75			196.54	1542.65	percent of total billed charges	
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	Managed Care Inc	Managed Care Inc	1461.46	90			196.54	1542.65	percent of total billed charges	
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	UHC	Medicaid	494.3	30.44		421	196.54	1542.65	percent of total billed charges	
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	Three Rivers	Three Rivers	1542.65	95			196.54	1542.65	percent of total billed charges	
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	UHC	Medicare	414.39			210.1	196.54	1542.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	74177	CPT				both			1623.84	476.55	Wellcare	Medicaid	494.3	30.44		447.8	196.54	1542.65	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Multiplan	Multiplan	1445.95	80			238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Amerihealth	HMO/PPO	238.08			757.27	238.08	1717.07	fee schedule	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Aetna	Better Health	550.18	30.44		532.13	238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Wellcare	Medicaid	550.18	30.44		455.51	238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Consumer	Consumer	1717.07	95			238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Americare	Americare	1355.58	75			238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	First Health	First Health	1265.21	70			238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Aetna	Medicare	414.39			320.28	238.08	1717.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Qualcare	Qualcare	1355.58	75			238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Amerihealth	Medicare	414.39				238.08	1717.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Aetna	Commercial	676.28			288.76	238.08	1717.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	WellPoint	WellPoint	561.03	31.04		212.34	238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Corrections	Corrections	1445.95	80			238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Horizon	Medicare Blue	414.39			285.01	238.08	1717.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	UHC	Medicare	414.39			264.22	238.08	1717.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Horizon	Indemnity	801.84				238.08	1717.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	First Trenton	First Trenton	1626.7	90			238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Horizon	PPO	801.84			693.08	238.08	1717.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Horizon	NJ Health	374.48			100.52	238.08	1717.07	fee schedule	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Horizon	MGD	801.84			734.64	238.08	1717.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Managed Care Inc	Managed Care Inc	1626.7	90			238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Three Rivers	Three Rivers	1717.07	95			238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	UHC	Medicaid	550.18	30.44		522.22	238.08	1717.07	percent of total billed charges	
CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH	74178	CPT				both			1807.44	476.55	Wellcare	Medicare	414.39				238.08	1717.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Aetna	Better Health	1888.39	30.44			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Amerihealth	Medicare	280.47				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Aetna	Commercial	457.73				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Aetna	Medicare	1910.72	30.8		262.68	280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Consumer	Consumer	5893.46	95			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Wellcare	Medicare	280.47				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Horizon	Indemnity	542.71			355.78	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Horizon	MGD	542.71				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Horizon	NJ Health	646.8			147.68	280.47	5893.46	fee schedule	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Horizon	PPO	542.71				280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Americare	Americare	4652.73	75			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	First Health	First Health	4342.55	70			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Corrections	Corrections	4962.91	80			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	WellPoint	WellPoint	1925.61	31.04			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Wellcare	Medicaid	1888.39	30.44			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	UHC	Medicare	280.47			263.75	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Multiplan	Multiplan	4962.91	80			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Horizon	Medicare Blue	280.47			277.06	280.47	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Amerihealth	HMO/PPO	294.5				280.47	5893.46	fee schedule	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Three Rivers	Three Rivers	5893.46	95			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	First Trenton	First Trenton	5583.28	90			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	UHC	Medicaid	1888.39	30.44		1793.85	280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Qualcare	Qualcare	4652.73	75			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST MATERIAL	74181	CPT				both			6203.64	322.54	Managed Care Inc	Managed Care Inc	5583.28	90			280.47	5893.46	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	UHC	Medicare	414.39				341	3410.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Corrections	Corrections	2872.32	80			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Amerihealth	Medicare	414.39				341	3410.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Aetna	Better Health	1092.92	30.44			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Aetna	Commercial	676.28				341	3410.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Consumer	Consumer	3410.88	95			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Americare	Americare	2692.8	75			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Aetna	Medicare	414.39				341	3410.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Multiplan	Multiplan	2872.32	80			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Horizon	Medicare Blue	414.39				341	3410.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	First Trenton	First Trenton	3231.36	90			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Horizon	PPO	801.84				341	3410.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Qualcare	Qualcare	2692.8	75			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Horizon	NJ Health	607.6				341	3410.88	fee schedule	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Amerihealth	HMO/PPO	341				341	3410.88	fee schedule	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	First Health	First Health	2513.28	70			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Wellcare	Medicare	414.39				341	3410.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	WellPoint	WellPoint	1114.46	31.04			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Managed Care Inc	Managed Care Inc	3231.36	90			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Horizon	MGD	801.84				341	3410.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Horizon	Indemnity	801.84				341	3410.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Three Rivers	Three Rivers	3410.88	95			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	UHC	Medicaid	1092.92	30.44			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/CONTRAST MATERIAL	74182	CPT				both			3590.4	476.55	Wellcare	Medicaid	1092.92	30.44			341	3410.88	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Aetna	Commercial	676.28			655.78	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Consumer	Consumer	3960.3	95			414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Amerihealth	HMO/PPO	477.4			383.99	414.39	3960.3	fee schedule	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Horizon	MGD	801.84			747.25	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Amerihealth	Medicare	414.39				414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Corrections	Corrections	3334.99	80			414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Aetna	Better Health	1268.96	30.44		1267.5	414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	First Health	First Health	2918.12	70			414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Wellcare	Medicaid	1268.96	30.44		1175.59	414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Horizon	Medicare Blue	414.39			429.49	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	WellPoint	WellPoint	1293.98	31.04		898.49	414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Multiplan	Multiplan	3334.99	80			414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	First Trenton	First Trenton	3751.87	90			414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Horizon	PPO	801.84			756.36	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Aetna	Medicare	414.39			340.39	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Horizon	NJ Health	960.95			830.39	414.39	3960.3	fee schedule	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Managed Care Inc	Managed Care Inc	3751.87	90			414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Qualcare	Qualcare	3126.56	75			414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Americare	Americare	3126.56	75			414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Three Rivers	Three Rivers	3960.3	95			414.39	3960.3	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	UHC	Medicare	414.39			421.86	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Horizon	Indemnity	801.84			730.05	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	Wellcare	Medicare	414.39			220.45	414.39	3960.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST	74183	CPT				both			4168.74	476.55	UHC	Medicaid	1268.96	30.44		1183.17	414.39	3960.3	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Amerihealth	HMO/PPO	341				274.4	4783.95	fee schedule	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Americare	Americare	3776.81	75			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Consumer	Consumer	4783.95	95			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		First Trenton	First Trenton	4532.17	90			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Horizon	MGD	1927.68	38.28			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Aetna	Medicare	1551.01	30.8			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Aetna	Better Health	1532.88	30.44			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Corrections	Corrections	4028.59	80			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		First Health	First Health	3525.02	70			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Multiplan	Multiplan	4028.59	80			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Aetna	Commercial	1913.58	38			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Horizon	Indemnity	1927.68	38.28			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		UHC	Medicaid	1532.88	30.44			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Qualcare	Qualcare	3776.81	75			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Horizon	Medicare Blue	1510.72	30			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Horizon	NJ Health	274.4				274.4	4783.95	fee schedule	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Wellcare	Medicaid	1532.88	30.44			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Horizon	PPO	1927.68	38.28			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Managed Care Inc	Managed Care Inc	4532.17	90			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		Three Rivers	Three Rivers	4783.95	95			274.4	4783.95	percent of total billed charges	
MRA ABDOMEN W/WO CONTRAST MATERIAL	74185	CPT				outpatient			5035.74		WellPoint	WellPoint	1563.09	31.04			274.4	4783.95	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Corrections	Corrections	567.12	80			41.54	673.46	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Aetna	Medicare	206.56			204.6	41.54	673.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Americare	Americare	531.68	75			41.54	673.46	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Horizon	NJ Health	54.88			88.87	41.54	673.46	fee schedule	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	First Health	First Health	496.23	70			41.54	673.46	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Aetna	Better Health	215.79	30.44			41.54	673.46	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Aetna	Commercial	337.11			302.71	41.54	673.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Amerihealth	HMO/PPO	41.54				41.54	673.46	fee schedule	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	WellPoint	WellPoint	220.04	31.04		213.27	41.54	673.46	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Consumer	Consumer	673.46	95			41.54	673.46	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Horizon	Medicare Blue	206.56			59.94	41.54	673.46

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119 true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Three Rivers		673.46	95			41.54	673.46	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS SINGLE CONTRAST STUDY	74220	CPT				both			708.9	237.54	Wellcare		Medicare	206.56			41.54	673.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Corrections		Corrections	598.13	80			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	First Trenton		First Trenton	672.89	90			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Amerihealth		Medicare	206.56				95.79	710.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Aetna		Medicare	206.56				95.79	710.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Consumer		Consumer	710.28	95			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	UHC		Medicaid	227.59	30.44			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Aetna		Commercial	337.11				95.79	710.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Aetna		Better Health	227.59	30.44			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Horizon		Medicare Blue	206.56				95.79	710.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Horizon		Indemnity	399.69				95.79	710.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	UHC		Medicare	206.56				95.79	710.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	First Health		First Health	523.36	70			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Horizon		NJ Health	95.79				95.79	710.28	fee schedule	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Managed Care Inc		Managed Care Inc	672.89	90			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Americare		Americare	560.75	75			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Horizon		MGD	399.69				95.79	710.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Horizon		PPO	399.69				95.79	710.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Amerihealth		HMO/PPO	485.98	65			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Three Rivers		Three Rivers	710.28	95			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Multiplan		Multiplan	598.13	80			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	WellPoint		WellPoint	232.07	31.04			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Qualcare		Qualcare	560.75	75			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Wellcare		Medicaid	227.59	30.44			95.79	710.28	percent of total billed charges	
RADIOLOGIC EXAM ESOPHAGUS DOUBLE CONTRAST STUDY	74221	CPT				outpatient			747.66	237.54	Wellcare		Medicare	206.56				95.79	710.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Horizon		Medicare Blue	206.56			103.15	47.74	656.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Horizon		MGD	399.69			293.19	47.74	656.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Aetna		Better Health	210.51	30.44		202.29	47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Aetna		Commercial	337.11			280.87	47.74	656.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Horizon		NJ Health	79.44			82.97	47.74	656.98	fee schedule	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	UHC		Medicare	206.56			203.42	47.74	656.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Aetna		Medicare	206.56			204.18	47.74	656.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Consumer		Consumer	656.98	95			47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Multiplan		Multiplan	553.25	80			47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Americare		Americare	518.67	75			47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Amerihealth		HMO/PPO	47.74				47.74	656.98	fee schedule	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Corrections		Corrections	553.25	80			47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Qualcare		Qualcare	518.67	75			47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Horizon		PPO	399.69			303.97	47.74	656.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	First Trenton		First Trenton	622.4	90			47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Wellcare		Medicare	206.56			192.48	47.74	656.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	UHC		Medicaid	210.51	30.44		207.61	47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Amerihealth		Medicare	206.56				47.74	656.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Managed Care Inc		Managed Care Inc	622.4	90			47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	First Health		First Health	484.09	70			47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Three Rivers		Three Rivers	656.98	95			47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Horizon		Indemnity	399.69			399.69	47.74	656.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	Wellcare		Medicaid	210.51	30.44		212.03	47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM SWALLOW FUNCTION CONTRAST STUDY	74230	CPT				both			691.56	237.54	WellPoint		WellPoint	214.66	31.04		202.6	47.74	656.98	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	First Trenton		First Trenton	917.08	90			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Aetna		Better Health	310.18	30.44			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Consumer		Consumer	968.03	95			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Amerihealth		HMO/PPO	56.42				56.42	968.03	fee schedule	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Corrections		Corrections	815.18	80			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Amerihealth		Medicare	206.56				56.42	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Aetna		Commercial	337.11				56.42	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Americare		Americare	764.24	75			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Horizon		Indemnity	399.69				56.42	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Horizon		Medicare Blue	206.56				56.42	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Aetna		Medicare	206.56				56.42	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	First Health		First Health	713.29	70			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	WellPoint		WellPoint	316.29	31.04			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Horizon		NJ Health	93.84			64.94	56.42	968.03	fee schedule	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Horizon		MGD	399.69				56.42	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Three Rivers		Three Rivers	968.03	95			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Horizon		PPO	399.69				56.42	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	UHC		Medicare	206.56				56.42	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Multiplan		Multiplan	815.18	80			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Wellcare		Medicaid	310.18	30.44			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Managed Care Inc		Managed Care Inc	917.08	90			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Wellcare		Medicare	206.56				56.42	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	Qualcare		Qualcare	764.24	75			56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC SINGLE CONTRAST STUDY	74240	CPT				both			1018.98	237.54	UHC		Medicaid	310.18	30.44		300	56.42	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Consumer		Consumer	968.03	95			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Horizon		Medicare Blue	206.56				60.14	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Aetna		Commercial	337.11				60.14	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Aetna		Medicare	206.56				60.14	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Aetna		Better Health	310.18	30.44			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Amerihealth		Medicare	206.56				60.14	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Corrections		Corrections	815.18	80			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Americare		Americare	764.24	75			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Horizon		MGD	399.69			391.64	60.14	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Horizon		Indemnity	399.69				60.14	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Multiplan		Multiplan	815.18	80			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	First Trenton		First Trenton	917.08	90			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	First Health		First Health	713.29	70			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Horizon		PPO	399.69				60.14	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Horizon		NJ Health	100.88			102.72	60.14	968.03	fee schedule	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Amerihealth		HMO/PPO	60.14				60.14	968.03	fee schedule	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	UHC		Medicare	206.56			206.77	60.14	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	WellPoint		WellPoint	316.29	31.04			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Qualcare		Qualcare	764.24	75			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Three Rivers		Three Rivers	968.03	95			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Wellcare		Medicaid	310.18	30.44			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	UHC		Medicaid	310.18	30.44		263.59	60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Managed Care Inc		Managed Care Inc	917.08	90			60.14	968.03	percent of total billed charges	
RADIOLOGIC EXAM UPR GI TRC DOUBLE CONTRAST STUDY	74246	CPT				both			1018.98	237.54	Wellcare		Medicare	206.56				60.14	968.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Consumer		Consumer	688.96	95			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Aetna		Medicare	223.37	30.8			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Americare		Americare	543.92	75			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Aetna		Better Health	220.76	30.44			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Corrections		Corrections	580.18	80			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		First Trenton		First Trenton	652.7	90			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Aetna		Commercial	275.58	38			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		First Health		First Health	507.65	70			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Horizon		Indemnity	277.61	38.28			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Horizon		MGD	277.61	38.28			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Horizon		NJ Health	72.13			82.99	72.13	688.96	fee schedule	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Amerihealth		HMO/PPO	471.39	65			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Managed Care Inc		Managed Care Inc	652.7	90			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Multiplan		Multiplan	580.18	80			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Horizon		PPO	277.61	38.28			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Horizon		Medicare Blue	217.57	30			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		UHC		Medicaid	220.76	30.44			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Qualcare		Qualcare	543.92	75			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		WellPoint		WellPoint	225.11	31.04			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Three Rivers		Three Rivers	688.96	95			72.13	688.96	percent of total billed charges	
RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY	74248	CPT				both			725.22		Wellcare		Medicaid	220.76	30.44			72.13	688.96	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	First Health		First Health	517.65	70			45.26	702.53	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	Americare		Americare	554.63	75			45.26	702.53	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	Corrections		Corrections	591.6	80			45.26	702.53	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	Aetna		Medicare	206.56				45.26	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	Aetna		Better Health	225.1	30.44			45.26	702.53	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	Aetna		Commercial	337.11				45.26	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	First Trenton		First Trenton	665.55	90			45.26	702.53	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	Amerihealth		Medicare	206.56				45.26	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	Horizon		Medicare Blue	206.56				45.26	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	Consumer		Consumer	702.53	95			45.26	702.53	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739.5	237.54	Horizon		Indemnity	399.69				45.26	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT SINGLE CONTRAST STUDY	74250	CPT				outpatient			739

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Corrections	Corrections	483.07	80			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Horizon	MGD	399.69				47.74	573.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Amerihealth	Medicare	206.56				47.74	573.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Horizon	Indemnity	399.69				47.74	573.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Horizon	NJ Health	88.2				47.74	573.65	fee schedule	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 WellPoint	WellPoint	187.43	31.04			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Aetna	Medicare	206.56				47.74	573.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 UHC	Medicare	206.56				47.74	573.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 UHC	Medicaid	183.81	30.44			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 First Health	First Health	422.69	70			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Managed Care Inc	Managed Care Inc	543.46	90			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Americare	Americare	452.88	75			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Three Rivers	Three Rivers	573.65	95			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Horizon	Medicare Blue	206.56				47.74	573.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Wellcare	Medicare	206.56				47.74	573.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Consumer	Consumer	573.65	95			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Multiplan	Multiplan	483.07	80			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Qualcare	Qualcare	452.88	75			47.74	573.65	percent of total billed charges	
RADIOLOGIC EXAM SMALL INT DOUBLE CONTRAST STUDY	74251	CPT				outpatient			603.84		237.54 Wellcare	Medicaid	183.81	30.44			47.74	573.65	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Amerihealth	HMO/PPO	186				123.39	1040.71	fee schedule	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Amerihealth	Medicare	123.39				123.39	1040.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Aetna	Commercial	201.37				123.39	1040.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Multiplan	Multiplan	876.38	80			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 First Trenton	First Trenton	985.93	90			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Americare	Americare	821.61	75			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Horizon	MGD	238.76				123.39	1040.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Aetna	Better Health	333.46	30.44			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 First Health	First Health	766.84	70			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Consumer	Consumer	1040.71	95			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Aetna	Medicare	123.39				123.39	1040.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Qualcare	Qualcare	821.61	75			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Horizon	Medicare Blue	123.39				123.39	1040.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Three Rivers	Three Rivers	1040.71	95			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Wellcare	Medicaid	333.46	30.44			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 UHC	Medicare	123.39				123.39	1040.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Horizon	PPO	238.76				123.39	1040.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Corrections	Corrections	876.38	80			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Managed Care Inc	Managed Care Inc	985.93	90			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 UHC	Medicaid	333.46	30.44			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 WellPoint	WellPoint	340.04	31.04			123.39	1040.71	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Horizon	Indemnity	238.76				123.39	1040.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Wellcare	Medicare	123.39				123.39	1040.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	74261	CPT				outpatient			1095.48		141.9 Horizon	NJ Health	382.26				123.39	1040.71	fee schedule	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Aetna	Better Health	506.1	30.44			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Amerihealth	Medicare	206.56				186	1579.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Americare	Americare	1246.95	75			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Aetna	Medicare	512.08	30.8			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Consumer	Consumer	1579.47	95			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Horizon	Medicare Blue	206.56				186	1579.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Aetna	Commercial	337.11				186	1579.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Horizon	MGD	399.69				186	1579.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Multiplan	Multiplan	1330.08	80			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 UHC	Medicare	206.56				186	1579.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 First Trenton	First Trenton	1496.34	90			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Amerihealth	HMO/PPO	186				186	1579.47	fee schedule	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Corrections	Corrections	1330.08	80			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 UHC	Medicaid	506.1	30.44			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Wellcare	Medicaid	506.1	30.44			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 First Health	First Health	1163.82	70			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Qualcare	Qualcare	1246.95	75			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Managed Care Inc	Managed Care Inc	1496.34	90			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Horizon	Indemnity	399.69				186	1579.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Three Rivers	Three Rivers	1579.47	95			186	1579.47	percent of total billed charges	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Wellcare	Medicare	206.56				186	1579.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Horizon	NJ Health	429.81				186	1579.47	fee schedule	
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 Horizon	PPO	399.69				186	1579.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	74262	CPT				outpatient			1662.6		237.54 WellPoint	WellPoint	516.07	31.04			186	1579.47	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Aetna	Commercial	457.73				186	2306.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Multiplan	Multiplan	1941.94	80			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 UHC	Medicare	280.47				186	2306.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Amerihealth	HMO/PPO	186				186	2306.06	fee schedule	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Amerihealth	Medicare	280.47				186	2306.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Aetna	Medicare	280.47				186	2306.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Horizon	MGD	542.71				186	2306.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Aetna	Better Health	738.91	30.44			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Americare	Americare	1820.57	75			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Qualcare	Qualcare	1820.57	75			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Horizon	PPO	542.71				186	2306.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Horizon	Indemnity	542.71				186	2306.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Wellcare	Medicaid	738.91	30.44			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Consumer	Consumer	2306.06	95			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 UHC	Medicaid	738.91	30.44			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 First Health	First Health	1699.2	70			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Horizon	Medicare Blue	280.47				186	2306.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Corrections	Corrections	1941.94	80			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 WellPoint	WellPoint	753.47	31.04			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Three Rivers	Three Rivers	2306.06	95			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 First Trenton	First Trenton	2184.69	90			186	2306.06	percent of total billed charges	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Wellcare	Medicare	280.47				186	2306.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Horizon	NJ Health	667.83				186	2306.06	fee schedule	
CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	74263	CPT				outpatient			2427.43		322.54 Managed Care Inc	Managed Care Inc	2184.69	90			186	2306.06	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Amerihealth	Medicare	206.56				62	908.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Aetna	Better Health	291.24	30.44			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Horizon	NJ Health	82.32			82.32	62	908.92	fee schedule	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Corrections	Corrections	765.41	80			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Aetna	Commercial	337.11				62	908.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 First Health	First Health	669.73	70			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Aetna	Medicare	294.68	30.8			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Consumer	Consumer	908.92	95			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Horizon	Medicare Blue	206.56				62	908.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Horizon	Indemnity	399.69				62	908.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Horizon	MGD	399.69				62	908.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 First Trenton	First Trenton	861.08	90			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Americare	Americare	717.57	75			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Three Rivers	Three Rivers	908.92	95			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Horizon	PPO	399.69				62	908.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Managed Care Inc	Managed Care Inc	861.08	90			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Multiplan	Multiplan	765.41	80			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 UHC	Medicaid	291.24	30.44		281.68	62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Amerihealth	HMO/PPO	62				62	908.92	fee schedule	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Wellcare	Medicaid	291.24	30.44		295.94	62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Qualcare	Qualcare	717.57	75			62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 Wellcare	Medicare	206.56				62	908.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 UHC	Medicare	206.56			206.53	62	908.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON SINGLE CONTRAST STUDY	74270	CPT				both			956.76		237.54 WellPoint	WellPoint	296.98	31.04		287.31	62	908.92	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 First Trenton	First Trenton	1120.88	90			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Aetna	Medicare	383.59	30.8			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 First Health	First Health	871.79	70			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Corrections	Corrections	996.34	80			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Amerihealth	Medicare	206.56				83.08	1183.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Aetna	Commercial	337.11				83.08	1183.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Consumer	Consumer	1183.15	95			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Aetna	Better Health	379.11	30.44			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Horizon	PPO	399.69				83.08	1183.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Americare	Americare	934.07	75			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Multiplan	Multiplan	996.34	80			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Horizon	Medicare Blue	206.56				83.08	1183.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Horizon	Indemnity	399.69				83.08	1183.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Amerihealth	HMO/PPO	83.08				83.08	1183.15	fee schedule	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Managed Care Inc	Managed Care Inc	1120.88	90			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 Horizon	MGD	399.69				83.08	1183.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY	74280	CPT				outpatient			1245.42		237.54 WellPoint	WellPoint	386.58	31.04			83.08	1183.15	percent of total billed charges	
RADIOLOGIC EXAM COLON DOUBLE CONTRAST STUDY

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119 true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Amerihealth	HMO/PPO	27.28				27.28		590.12 fee schedule	
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Horizon	MGD	399.69				27.28		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Horizon	NJ Health	68.6				27.28		590.12 fee schedule	
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Consumer	Consumer	590.12	95			27.28		590.12 percent of total billed charges	
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Horizon	Medicare Blue	206.56				27.28		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Qualcare	Qualcare	465.89	75			27.28		590.12 percent of total billed charges	
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Horizon	Indemnity	399.69				27.28		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Wellcare	Medicaid	189.09	30.44			27.28		590.12 percent of total billed charges	
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Managed Care Inc	Managed Care Inc	559.06	90			27.28		590.12 percent of total billed charges	
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	UHC	Medicare	206.56				27.28		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Horizon	PPO	399.69				27.28		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Three Rivers	Three Rivers	590.12	95			27.28		590.12 percent of total billed charges	
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	UHC	Medicaid	189.09	30.44			27.28		590.12 percent of total billed charges	
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	Wellcare	Medicare	206.56				27.28		590.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLECYSTOGRAPHY ORAL CONTRST	74290	CPT				outpatient			621.18	237.54	WellPoint	WellPoint	192.81	31.04			27.28		590.12 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Aetna	Better Health	176.2	30.44			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Americare	Americare	434.14	75			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Aetna	Commercial	219.96	38			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		First Trenton	First Trenton	520.97	90			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Corrections	Corrections	463.08	80			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Amerihealth	HMO/PPO	376.25	65			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		First Health	First Health	405.2	70			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Horizon	PPO	221.58	38.28			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Consumer	Consumer	549.91	95			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Horizon	Indemnity	221.58	38.28			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Aetna	Medicare	178.29	30.8			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Managed Care Inc	Managed Care Inc	520.97	90			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Horizon	Medicare Blue	173.66	30			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Multiplan	Multiplan	463.08	80			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Horizon	MGD	221.58	38.28			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Qualcare	Qualcare	434.14	75			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Horizon	NJ Health	86.24				86.24		549.91 fee schedule	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		UHC	Medicaid	176.2	30.44			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Three Rivers	Three Rivers	549.91	95			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		WellPoint	WellPoint	179.68	31.04			86.24		549.91 percent of total billed charges	
CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	74300	CPT				inpatient			578.85		Wellcare	Medicaid	176.2	30.44			86.24		549.91 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Horizon	Indemnity	544.69	38.28			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Americare	Americare	1067.18	75			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Aetna	Medicare	438.25	30.8			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Aetna	Better Health	433.13	30.44			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Aetna	Commercial	540.7	38		377.87	228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Amerihealth	HMO/PPO	924.89	65			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		First Health	First Health	996.03	70			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Consumer	Consumer	1351.76	95			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Horizon	PPO	544.69	38.28			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Multiplan	Multiplan	1138.32	80			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Horizon	MGD	544.69	38.28			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Horizon	Medicare Blue	426.87	30			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		First Trenton	First Trenton	1280.61	90			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Horizon	NJ Health	228.1			93.47	228.1		1351.76 fee schedule	$3,681 All-Inclusive Case Rate
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		UHC	Medicaid	433.13	30.44		185.9	228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Corrections	Corrections	1138.32	80			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Managed Care Inc	Managed Care Inc	1280.61	90			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Three Rivers	Three Rivers	1351.76	95			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Wellcare	Medicaid	433.13	30.44			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		WellPoint	WellPoint	441.67	31.04			228.1		1351.76 percent of total billed charges	
ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	74328	CPT				both			1422.9		Qualcare	Qualcare	1067.18	75			228.1		1351.76 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Amerihealth	HMO/PPO	1657.5	65			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Aetna	Commercial	969	38			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Horizon	Indemnity	976.14	38.28			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Aetna	Medicare	785.4	30.8			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Aetna	Better Health	776.22	30.44			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		First Trenton	First Trenton	2295	90			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Americare	Americare	1912.5	75			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Horizon	MGD	976.14	38.28			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		First Health	First Health	1785	70			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Horizon	PPO	976.14	38.28			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Consumer	Consumer	2422.5	95			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		UHC	Medicaid	776.22	30.44			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Corrections	Corrections	2040	80			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Managed Care Inc	Managed Care Inc	2295	90			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Horizon	NJ Health	148.96				148.96		2422.5 fee schedule	$3,681 All-Inclusive Case Rate
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Wellcare	Medicaid	776.22	30.44			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Multiplan	Multiplan	2040	80			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Three Rivers	Three Rivers	2422.5	95			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Horizon	Medicare Blue	765	30			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		Qualcare	Qualcare	1912.5	75			148.96		2422.5 percent of total billed charges	
CMBN NDSC CATHJ BILIARY&/PNCRTC DUCTAL SYS RS&I	74330	CPT				outpatient			2550		WellPoint	WellPoint	791.52	31.04			148.96		2422.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		First Trenton	First Trenton	459	90			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Amerihealth	HMO/PPO	331.5	65			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Corrections	Corrections	408	80			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Americare	Americare	382.5	75			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Horizon	Medicare Blue	153	30			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		First Health	First Health	357	70			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Multiplan	Multiplan	408	80			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Aetna	Commercial	193.8	38			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Consumer	Consumer	484.5	95			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Horizon	MGD	195.23	38.28			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Horizon	PPO	195.23	38.28			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Horizon	NJ Health	109.76				109.76		484.5 fee schedule	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			109.76		484.5 percent of total billed charges	
INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	74340	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			109.76		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Horizon	Medicare Blue	153	30			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Americare	Americare	382.5	75			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Corrections	Corrections	408	80			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Amerihealth	HMO/PPO	331.5	65			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Aetna	Commercial	193.8	38			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Horizon	NJ Health	137.2				137.2		484.5 fee schedule	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Consumer	Consumer	484.5	95			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		First Health	First Health	357	70			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Multiplan	Multiplan	408	80			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Horizon	MGD	195.23	38.28			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		First Trenton	First Trenton	459	90			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Horizon	PPO	195.23	38.28			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			137.2		484.5 percent of total billed charges	
INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	74360	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			137.2		484.5 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	First Trenton	First Trenton	854.66	90			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Aetna	Commercial	337.11				54.56		902.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Aetna	Better Health	289.06	30.44			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Amerihealth	Medicare	206.56				54.56		902.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Corrections	Corrections	759.7	80			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Americare	Americare	712.22	75			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Horizon	Medicare Blue	206.56				54.56		902.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Aetna	Medicare	206.56				54.56		902.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Managed Care Inc	Managed Care Inc	854.66	90			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Multiplan	Multiplan	759.7	80			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Amerihealth	HMO/PPO	54.56				54.56		902.14 fee schedule	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Consumer	Consumer	902.14	95			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Horizon	Indemnity	399.69				54.56		902.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Wellcare	Medicare	206.56				54.56		902.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	UHC	Medicare	206.56				54.56		902.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Qualcare	Qualcare	712.22	75			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Three Rivers	Three Rivers	902.14	95			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	First Health	First Health	664.73	70			54.56		902.14 percent of total billed charges	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Horizon	NJ Health	90.69				54.56		902.14 fee schedule	
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54	Horizon	MGD	399.69				54.56		902.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74400	CPT				outpatient			949.62	237.54

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Amerihealth	Medicare	206.56				60.14	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Aetna	Medicare	206.56				60.14	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Corrections	Corrections	219.13	80			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	First Trenton	First Trenton	246.52	90			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Consumer	Consumer	260.21	95			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Horizon	PPO	399.69				60.14	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Multiplan	Multiplan	219.13	80			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Amerihealth	HMO/PPO	60.14				60.14	399.69	fee schedule	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Horizon	NJ Health	100.18				60.14	399.69	fee schedule	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	First Health	First Health	191.74	70			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Qualcare	Qualcare	205.43	75			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Managed Care Inc	Managed Care Inc	246.52	90			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Wellcare	Medicaid	83.38	30.44			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	WellPoint	WellPoint	85.02	31.04			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Wellcare	Medicare	206.56				60.14	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Horizon	Indemnity	399.69				60.14	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Horizon	MGD	399.69				60.14	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	Three Rivers	Three Rivers	260.21	95			60.14	399.69	percent of total billed charges	
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	UHC	Medicare	206.56				60.14	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	74410	CPT				outpatient			273.91	237.54	UHC	Medicaid	83.38	30.44			60.14	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Aetna	Better Health	83.38	30.44			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Qualcare	Qualcare	205.43	75			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Horizon	Medicare Blue	206.56				63.86	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Aetna	Commercial	337.11				63.86	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Consumer	Consumer	260.21	95			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	First Trenton	First Trenton	246.52	90			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Amerihealth	Medicare	206.56				63.86	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Aetna	Medicare	206.56				63.86	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	First Health	First Health	191.74	70			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Managed Care Inc	Managed Care Inc	246.52	90			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Horizon	Indemnity	399.69				63.86	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Americare	Americare	205.43	75			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Corrections	Corrections	219.13	80			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	UHC	Medicare	206.56				63.86	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Horizon	PPO	399.69				63.86	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Amerihealth	HMO/PPO	63.86				63.86	399.69	fee schedule	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Multiplan	Multiplan	219.13	80			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Horizon	MGD	399.69				63.86	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Horizon	NJ Health	161.7				63.86	399.69	fee schedule	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Three Rivers	Three Rivers	260.21	95			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	UHC	Medicaid	83.38	30.44			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Wellcare	Medicaid	83.38	30.44			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	WellPoint	WellPoint	85.02	31.04			63.86	399.69	percent of total billed charges	
UROGRAPHY NFS DRIP &/BOLUS WINEPHROTOMOGRAPHY	74415	CPT				outpatient			273.91	237.54	Wellcare	Medicare	206.56				63.86	399.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Horizon	Medicare Blue	414.39				54.88	1082.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Aetna	Commercial	676.28				54.88	1082.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	First Health	First Health	797.95	70			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Americare	Americare	854.95	75			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Aetna	Better Health	346.99	30.44			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Aetna	Medicare	414.39				54.88	1082.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Corrections	Corrections	911.94	80			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Amerihealth	Medicare	414.39				54.88	1082.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	UHC	Medicare	414.39				54.88	1082.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Amerihealth	HMO/PPO	740.95	65			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	First Trenton	First Trenton	1025.94	90			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Consumer	Consumer	1082.93	95			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Wellcare	Medicaid	346.99	30.44			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Multiplan	Multiplan	911.94	80			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Horizon	Indemnity	801.84				54.88	1082.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Horizon	MGD	801.84				54.88	1082.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Wellcare	Medicare	414.39				54.88	1082.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Qualcare	Qualcare	854.95	75			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Managed Care Inc	Managed Care Inc	1025.94	90			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Horizon	NJ Health	54.88				54.88	1082.93	fee schedule	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Three Rivers	Three Rivers	1082.93	95			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	Horizon	PPO	801.84				54.88	1082.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	UHC	Medicaid	346.99	30.44			54.88	1082.93	percent of total billed charges	
ANTEGRADE UROGRAPHY RADIOLOGICAL SUPVJ & INTERPJ	74425	CPT				outpatient			1139.93	476.55	WellPoint	WellPoint	353.83	31.04			54.88	1082.93	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Aetna	Commercial	676.28				41.16	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Consumer	Consumer	711.01	95			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	First Trenton	First Trenton	673.59	90			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Aetna	Better Health	227.82	30.44			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Horizon	MGD	801.84				41.16	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Americare	Americare	561.32	75			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Amerihealth	Medicare	414.39				41.16	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Amerihealth	HMO/PPO	486.48	65			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Aetna	Medicare	414.39				41.16	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Corrections	Corrections	598.74	80			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Horizon	Medicare Blue	414.39				41.16	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Horizon	PPO	801.84				41.16	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	First Health	First Health	523.9	70			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Three Rivers	Three Rivers	711.01	95			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Managed Care Inc	Managed Care Inc	673.59	90			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Multiplan	Multiplan	598.74	80			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Horizon	Indemnity	801.84				41.16	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Horizon	NJ Health	41.16				41.16	801.84	fee schedule	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Wellcare	Medicaid	227.82	30.44			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	UHC	Medicare	414.39				41.16	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Qualcare	Qualcare	561.32	75			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	Wellcare	Medicare	414.39				41.16	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	UHC	Medicaid	227.82	30.44			41.16	801.84	percent of total billed charges	
CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	74430	CPT				inpatient			748.43	476.55	WellPoint	WellPoint	232.31	31.04			41.16	801.84	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Amerihealth	Medicare	280.47				54.88	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Consumer	Consumer	916.67	95			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Aetna	Commercial	457.73			71.9	54.88	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Aetna	Better Health	293.72	30.44			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Americare	Americare	723.69	75			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Corrections	Corrections	771.94	80			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	First Trenton	First Trenton	868.43	90			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Aetna	Medicare	280.47			98.76	54.88	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Horizon	MGD	542.71				54.88	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Horizon	NJ Health	54.88				54.88	916.67	fee schedule	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Managed Care Inc	Managed Care Inc	868.43	90			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	First Health	First Health	675.44	70			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Horizon	PPO	542.71				54.88	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Amerihealth	HMO/PPO	627.2	65			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	UHC	Medicare	280.47				54.88	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Horizon	Medicare Blue	280.47			28.59	54.88	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	WellPoint	WellPoint	299.51	31.04			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Horizon	Indemnity	542.71				54.88	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Three Rivers	Three Rivers	916.67	95			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Multiplan	Multiplan	771.94	80			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Wellcare	Medicaid	293.72	30.44			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Qualcare	Qualcare	723.69	75			54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	Wellcare	Medicare	280.47				54.88	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETROGRADE RS&I	74450	CPT				both			964.92	322.54	UHC	Medicaid	293.72	30.44		276.26	54.88	916.67	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Horizon	MGD	542.71				54.88	875.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Aetna	Commercial	457.73				54.88	875.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	UHC	Medicaid	280.37	30.44			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Consumer	Consumer	875.01	95			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Amerihealth	Medicare	280.47				54.88	875.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Americare	Americare	690.8	75			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	First Health	First Health	644.74	70			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Aetna	Better Health	280.37	30.44			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	UHC	Medicare	280.47				54.88	875.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Aetna	Medicare	280.47				54.88	875.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Wellcare	Medicaid	280.37	30.44			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Corrections	Corrections	736.85	80			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	First Trenton	First Trenton	828.95	90			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Three Rivers	Three Rivers	875.01	95			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Wellcare	Medicare	280.47				54.88	875.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Amerihealth	HMO/PPO	598.69	65			54.88	875.01	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Horizon	Indemnity	542.71				54.88	875.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RS&I	74455	CPT				both			921.06	322.54	Multiplan	Multiplan	736.85	80			54.88	875.01

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	First Trenton	First Trenton	1136.48	90			280.47	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Horizon	MGD	542.71				280.47	1199.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Americare	Americare	947.07	75			280.47	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Horizon	Indemnity	542.71				280.47	1199.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Managed Care Inc	Managed Care Inc	1136.48	90			280.47	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Horizon	Medicare Blue	280.47				280.47	1199.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	UHC	Medicare	280.47				280.47	1199.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Qualcare	Qualcare	947.07	75			280.47	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Wellcare	Medicare	280.47				280.47	1199.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Horizon	PPO	542.71				280.47	1199.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Amerihealth	HMO/PPO	294.5				280.47	1199.62	fee schedule	
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Wellcare	Medicaid	384.38	30.44			280.47	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Amerihealth	Medicare	280.47				280.47	1199.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	Horizon	NJ Health	459.38			442.46	280.47	1199.62	fee schedule	
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	UHC	Medicaid	384.38	30.44			280.47	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	74712	CPT				outpatient			1262.76	322.54	WellPoint	WellPoint	391.96	31.04			280.47	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		First Health	First Health	883.93	70			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Aetna	Medicare	388.93	30.8			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		First Trenton	First Trenton	1136.48	90			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Amerihealth	HMO/PPO	820.79	65			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Aetna	Better Health	384.38	30.44			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Corrections	Corrections	1010.21	80			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Americare	Americare	947.07	75			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Horizon	Medicare Blue	378.83	30			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Aetna	Commercial	479.85	38			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Consumer	Consumer	1199.62	95			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Horizon	Indemnity	483.38	38.28			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Multiplan	Multiplan	1010.21	80			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		WellPoint	WellPoint	391.96	31.04			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Horizon	MGD	483.38	38.28			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		UHC	Medicaid	384.38	30.44			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Qualcare	Qualcare	947.07	75			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Horizon	PPO	483.38	38.28			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Horizon	NJ Health	251				251	1199.62	fee schedule	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Managed Care Inc	Managed Care Inc	1136.48	90			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Three Rivers	Three Rivers	1199.62	95			251	1199.62	percent of total billed charges	
FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	74713	CPT				outpatient			1262.76		Wellcare	Medicaid	384.38	30.44			251	1199.62	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Amerihealth	Medicare	280.47				54.88	1329.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	First Health	First Health	979.61	70			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Wellcare	Medicare	280.47				54.88	1329.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Aetna	Medicare	431.03	30.8			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Aetna	Commercial	457.73				54.88	1329.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Aetna	Better Health	425.99	30.44			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Horizon	MGD	542.71				54.88	1329.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Corrections	Corrections	1119.55	80			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Consumer	Consumer	1329.47	95			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Amerihealth	HMO/PPO	909.64	65			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	UHC	Medicaid	425.99	30.44			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Horizon	PPO	542.71				54.88	1329.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Americare	Americare	1049.58	75			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Multiplan	Multiplan	1119.55	80			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	UHC	Medicare	280.47				54.88	1329.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	WellPoint	WellPoint	434.39	31.04			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	First Trenton	First Trenton	1259.5	90			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Qualcare	Qualcare	1049.58	75			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Wellcare	Medicaid	425.99	30.44			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Horizon	Indemnity	542.71				54.88	1329.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Horizon	Medicare Blue	280.47				54.88	1329.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Horizon	NJ Health	54.88				54.88	1329.47	fee schedule	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Managed Care Inc	Managed Care Inc	1259.5	90			54.88	1329.47	percent of total billed charges	
HYSTEROSALPINGOGRAPHY RS&I	74740	CPT				outpatient			1399.44	322.54	Three Rivers	Three Rivers	1329.47	95			54.88	1329.47	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Consumer	Consumer	4783.95	95			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Corrections	Corrections	4028.59	80			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Aetna	Better Health	1532.88	30.44			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Amerihealth	HMO/PPO	294.5				280.47	4783.95	fee schedule	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Aetna	Commercial	457.73				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	First Trenton	First Trenton	4532.17	90			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Americare	Americare	3776.81	75			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	First Health	First Health	3525.02	70			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Aetna	Medicare	1551.01	30.8			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Horizon	NJ Health	588			588	280.47	4783.95	fee schedule	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Horizon	Medicare Blue	280.47				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Amerihealth	Medicare	280.47				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Horizon	MGD	542.71			528.79	280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Managed Care Inc	Managed Care Inc	4532.17	90			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Multiplan	Multiplan	4028.59	80			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	UHC	Medicare	280.47				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Qualcare	Qualcare	3776.81	75			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Horizon	PPO	542.71				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Horizon	Indemnity	542.71				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Three Rivers	Three Rivers	4783.95	95			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Wellcare	Medicare	280.47				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	WellPoint	WellPoint	1563.09	31.04			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	UHC	Medicaid	1532.88	30.44			280.47	4783.95	percent of total billed charges	
CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	75557	CPT				both			5035.74	322.54	Wellcare	Medicaid	1532.88	30.44			280.47	4783.95	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Aetna	Commercial	676.28			518.21	341	5362.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Qualcare	Qualcare	4233.51	75			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Horizon	PPO	801.84				341	5362.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Americare	Americare	4233.51	75			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Aetna	Medicare	414.39			172.78	341	5362.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	First Health	First Health	3951.28	70			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Aetna	Better Health	1718.24	30.44			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Corrections	Corrections	4515.74	80			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Amerihealth	HMO/PPO	341				341	5362.45	fee schedule	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	WellPoint	WellPoint	1752.11	31.04			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Consumer	Consumer	5362.45	95			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Three Rivers	Three Rivers	5362.45	95			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Amerihealth	Medicare	414.39				341	5362.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Horizon	Indemnity	801.84				341	5362.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Horizon	NJ Health	588			424.69	341	5362.45	fee schedule	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	First Trenton	First Trenton	5080.21	90			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Horizon	Medicare Blue	414.39				341	5362.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Multiplan	Multiplan	4515.74	80			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	UHC	Medicaid	1718.24	30.44		1514.51	341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Horizon	MGD	801.84			1318.73	341	5362.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	UHC	Medicare	414.39				341	5362.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Managed Care Inc	Managed Care Inc	5080.21	90			341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Wellcare	Medicaid	1718.24	30.44		1661.86	341	5362.45	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	75561	CPT				both			5644.68	476.55	Wellcare	Medicare	414.39				341	5362.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Americare	Americare	2101.58	75			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	First Health	First Health	1961.47	70			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Aetna	Commercial	1496.09				341	2662	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	First Trenton	First Trenton	2521.89	90			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Corrections	Corrections	2241.68	80			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Aetna	Better Health	852.96	30.44			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Horizon	MGD	1773.85				341	2662	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Aetna	Medicare	863.05	30.8			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Consumer	Consumer	2662	95			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Multiplan	Multiplan	2241.68	80			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Horizon	NJ Health	588				341	2662	fee schedule	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Horizon	Medicare Blue	916.72				341	2662	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Three Rivers	Three Rivers	2662	95			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Horizon	PPO	1773.85				341	2662	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Amerihealth	HMO/PPO	341				341	2662	fee schedule	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Qualcare	Qualcare	2101.58	75			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Managed Care Inc	Managed Care Inc	2521.89	90			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	UHC	Medicare	916.72				341	2662	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Amerihealth	Medicare	916.72				341	2662	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Wellcare	Medicare	916.72				341	2662	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Horizon	Indemnity	1773.85				341	2662	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	WellPoint	WellPoint	869.77	31.04			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	UHC	Medicaid	852.96	30.44			341	2662	percent of total billed charges	
CARDIAC MRI W/WO CONTRAST W/STRESS	75563	CPT				inpatient			2802.1	1054.23	Wellcare	Medicaid	852.96	30.44			341	2662	percent of total billed charges	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		First Health	First Health	3951.28	70			86.97	5362.45	percent of total billed charges	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		Aetna	Commercial	2144.98	38			86.97	5362.45	percent of total billed charges	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		Aetna	Better Health	1718.24	30.44			86.97	5362.45	percent of total billed charges	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		Horizon	NJ Health	86.97			337.49	86.97	5362.45	fee schedule	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		Amerihealth	HMO/PPO	341				86.97	5362.45	fee schedule	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		Qualcare	Qualcare	4233.51	75			86.97	5362.45	percent of total billed charges	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		Three Rivers	Three Rivers	5362.45	95			86.97	5362.45	percent of total billed charges	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		Wellcare	Medicaid	1718.24	30.44			86.97	5362.45	percent of total billed charges	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		Managed Care Inc	Managed Care Inc	5080.21	90			86.97	5362.45	percent of total billed charges	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		Horizon	Medicare Blue	1693.4	30			86.97	5362.45	percent of total billed charges	
CARDIAC MRI FOR VELOCITY FLOW MAPPING	75565	CPT				both			5644.68		UHC	Medicaid	1718.24	30.44		1745.98	86.97	5362.45	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Aetna	Medicare	102.17				34.15	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Americare	Americare	84.15	75			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Horizon	Indemnity	197.7				34.15	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	First Trenton	First Trenton	100.98	90			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Consumer	Consumer	106.59	95			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Aetna	Commercial	166.74			110	34.15	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Aetna	Better Health	34.15	30.44			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Horizon	PPO	197.7			106	34.15	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Corrections	Corrections	89.76	80			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Amerihealth	HMO/PPO	167.4				34.15	197.7	fee schedule	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Horizon	Medicare Blue	102.17				34.15	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Managed Care Inc	Managed Care Inc	100.98	90			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Horizon	MGD	197.7			110	34.15	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Amerihealth	Medicare	102.17				34.15	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	First Health	First Health	78.54	70			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	UHC	Medicaid	34.15	30.44			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Wellcare	Medicaid	34.15	30.44		33.03	34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	WellPoint	WellPoint	34.83	31.04			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Multiplan	Multiplan	89.76	80			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Horizon	NJ Health	83.28				34.15	197.7	fee schedule	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Qualcare	Qualcare	84.15	75			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Three Rivers	Three Rivers	106.59	95			34.15	197.7	percent of total billed charges	
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	UHC	Medicare	102.17			50.92	34.15	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	75571	CPT				both			112.2	117.5	Wellcare	Medicare	102.17				34.15	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Aetna	Medicare	464.33	30.8			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Amerihealth	Medicare	414.39				244.63	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Consumer	Consumer	1432.18	95			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Aetna	Commercial	676.28				244.63	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Aetna	Better Health	458.9	30.44			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Americare	Americare	1130.67	75			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Horizon	MGD	801.84			643.63	244.63	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Amerihealth	HMO/PPO	248				244.63	1432.18	fee schedule	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	First Health	First Health	1055.29	70			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	First Trenton	First Trenton	1356.8	90			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Corrections	Corrections	1206.05	80			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	UHC	Medicare	414.39				244.63	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Horizon	PPO	801.84			390.79	244.63	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Three Rivers	Three Rivers	1432.18	95			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	WellPoint	WellPoint	467.95	31.04			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Horizon	Indemnity	801.84				244.63	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Multiplan	Multiplan	1206.05	80			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	UHC	Medicaid	458.9	30.44			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Qualcare	Qualcare	1130.67	75			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Horizon	Medicare Blue	414.39				244.63	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Wellcare	Medicaid	458.9	30.44			244.63	1432.18	percent of total billed charges	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Horizon	NJ Health	244.63			196.36	244.63	1432.18	fee schedule	
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Wellcare	Medicare	414.39				244.63	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	75572	CPT				both			1507.56	476.55	Managed Care Inc	Managed Care Inc	1356.8	90			244.63	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Aetna	Medicare	464.33	30.8			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Amerihealth	Medicare	414.39				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Aetna	Commercial	676.28				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Horizon	MGD	801.84				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	First Trenton	First Trenton	1356.8	90			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Aetna	Better Health	458.9	30.44			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Amerihealth	HMO/PPO	248				248	1432.18	fee schedule	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Horizon	PPO	801.84				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Corrections	Corrections	1206.05	80			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	First Health	First Health	1055.29	70			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Americare	Americare	1130.67	75			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	WellPoint	WellPoint	467.95	31.04			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Horizon	NJ Health	347.35				248	1432.18	fee schedule	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Consumer	Consumer	1432.18	95			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	UHC	Medicare	414.39				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Horizon	Medicare Blue	414.39				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Horizon	Indemnity	801.84				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Wellcare	Medicaid	458.9	30.44			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Managed Care Inc	Managed Care Inc	1356.8	90			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Multiplan	Multiplan	1206.05	80			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	UHC	Medicaid	458.9	30.44			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Qualcare	Qualcare	1130.67	75			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Three Rivers	Three Rivers	1432.18	95			248	1432.18	percent of total billed charges	
CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS	75573	CPT				outpatient			1507.56	476.55	Wellcare	Medicare	414.39				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Aetna	Medicare	464.33	30.8			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Corrections	Corrections	1206.05	80			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Amerihealth	Medicare	414.39				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Aetna	Better Health	458.9	30.44			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Amerihealth	HMO/PPO	248				248	1432.18	fee schedule	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Qualcare	Qualcare	1130.67	75			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Horizon	Medicare Blue	414.39				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Consumer	Consumer	1432.18	95			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Horizon	MGD	801.84			254.98	248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	First Trenton	First Trenton	1356.8	90			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Horizon	PPO	801.84			517.75	248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Aetna	Commercial	676.28				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	First Health	First Health	1055.29	70			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Horizon	Indemnity	801.84				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Three Rivers	Three Rivers	1432.18	95			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Americare	Americare	1130.67	75			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Wellcare	Medicaid	458.9	30.44			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Horizon	NJ Health	546.82			467.29	248	1432.18	fee schedule	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	UHC	Medicare	414.39			166.17	248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Multiplan	Multiplan	1206.05	80			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Wellcare	Medicare	414.39				248	1432.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	Managed Care Inc	Managed Care Inc	1356.8	90			248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	UHC	Medicaid	458.9	30.44		374.45	248	1432.18	percent of total billed charges	
CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	75574	CPT				both			1507.56	476.55	WellPoint	WellPoint	467.95	31.04			248	1432.18	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Consumer	Consumer	15474.5	95			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Aetna	Better Health	4958.36	30.44			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	UHC	Medicare	6272.34				280.93	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Americare	Americare	12216.71	75			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Corrections	Corrections	13031.16	80			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Aetna	Medicare	6272.34				280.93	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Aetna	Commercial	10236.46				280.93	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Amerihealth	Medicare	6272.34				280.93	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Horizon	NJ Health	280.93				280.93	15474.5	fee schedule	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Horizon	PPO	12136.98				280.93	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Amerihealth	HMO/PPO	10387.82	65			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Horizon	Indemnity	12136.98				280.93	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Horizon	Medicare Blue	6272.34				280.93	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	First Health	First Health	11402.27	70			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Multiplan	Multiplan	13031.16	80			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	First Trenton	First Trenton	14660.06	90			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Three Rivers	Three Rivers	15474.5	95			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Horizon	MGD	12136.98				280.93	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Qualcare	Qualcare	12216.71	75			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	UHC	Medicaid	4958.36	30.44			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	WellPoint	WellPoint	5056.09	31.04			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Managed Care Inc	Managed Care Inc	14660.08	90			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Wellcare	Medicare	6272.34				280.93	15474.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	75605	CPT				inpatient			16288.95	7213.19	Wellcare	Medicaid	4958.36	30.44			280.93	15474.5	percent of total billed charges	
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	Aetna	Better Health	2876.01	30.44			296.35	8975.73	percent of total billed charges	
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	Aetna	Medicare	3652.11				296.35	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	Horizon	Indemnity	7066.83				296.35	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	Americare	Americare	7086.11	75			296.35	8975.73	percent of total billed charges	
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	UHC	Medicare	3652.11				296.35	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	Aetna	Commercial	5960.24				296.35	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	First Health	First Health	6613.7	70			296.35	8975.73	percent of total billed charges	
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	Amerih

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	Wellcare	Medicare	3652.11				296.35	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	75625	CPT				both			9448.14	4199.93	UHC	Medicaid	2876.01	30.44			296.35	8975.73	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Amerihealth	HMO/PPO	7445.49	65			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Aetna	Commercial	5960.24				171.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Aetna	Medicare	3526.02	30.8			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Corrections	Corrections	9163.68	80			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Aetna	Better Health	3486.78	30.44			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Americare	Americare	8590.95	75			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	First Trenton	First Trenton	10309.14	90			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Horizon	PPO	7066.83				171.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	First Health	First Health	8018.22	70			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Horizon	MGD	7066.83				171.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Amerihealth	Medicare	3652.11				171.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	WellPoint	WellPoint	3555.51	31.04			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Consumer	Consumer	10881.87	95			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Managed Care Inc	Managed Care Inc	10309.14	90			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Horizon	Medicare Blue	3652.11				171.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Horizon	Indemnity	7066.83				171.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Horizon	NJ Health	171.5				171.5	10881.87	fee schedule	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Wellcare	Medicare	3652.11				171.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Multiplan	Multiplan	9163.68	80			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	UHC	Medicaid	3486.78	30.44			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Three Rivers	Three Rivers	10881.87	95			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	UHC	Medicare	3652.11				171.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Qualcare	Qualcare	8590.95	75			171.5	10881.87	percent of total billed charges	
AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	75630	CPT				both			11454.6	4199.93	Wellcare	Medicaid	3486.78	30.44			171.5	10881.87	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Aetna	Commercial	337.11				206.56	1330.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Aetna	Medicare	206.56				206.56	1330.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Horizon	PPO	399.69				206.56	1330.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Amerihealth	HMO/PPO	263.5				206.56	1330.44	fee schedule	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Americare	Americare	1050.35	75			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Multiplan	Multiplan	1120.37	80			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Horizon	MGD	399.69				206.56	1330.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Aetna	Better Health	426.3	30.44			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Amerihealth	Medicare	206.56				206.56	1330.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Corrections	Corrections	1120.37	80			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Wellcare	Medicaid	426.3	30.44		433.18	206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	First Health	First Health	980.32	70			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	UHC	Medicare	206.56			234.38	206.56	1330.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Qualcare	Qualcare	1050.35	75			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Wellcare	Medicare	206.56				206.56	1330.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Consumer	Consumer	1330.44	95			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	WellPoint	WellPoint	434.7	31.04			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Horizon	Medicare Blue	206.56			205.43	206.56	1330.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Horizon	Indemnity	399.69				206.56	1330.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	First Trenton	First Trenton	1260.41	90			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Horizon	NJ Health	360.64				206.56	1330.44	fee schedule	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Managed Care Inc	Managed Care Inc	1260.41	90			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	Three Rivers	Three Rivers	1330.44	95			206.56	1330.44	percent of total billed charges	
CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	75635	CPT				both			1400.46	237.54	UHC	Medicaid	426.3	30.44		433.18	206.56	1330.44	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Aetna	Commercial	10236.46				349.08	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Americare	Americare	5231.84	75			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Consumer	Consumer	6626.99	95			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Horizon	Indemnity	12136.98				349.08	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Amerihealth	Medicare	6272.34				349.08	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Aetna	Medicare	6272.34				349.08	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Aetna	Better Health	2123.43	30.44			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Amerihealth	HMO/PPO	4534.26	65			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	UHC	Medicare	6272.34				349.08	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	First Trenton	First Trenton	6278.2	90			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	First Health	First Health	4883.05	70			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Wellcare	Medicaid	2123.43	30.44			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Horizon	MGD	12136.98				349.08	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Corrections	Corrections	5580.62	80			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Horizon	Medicare Blue	6272.34				349.08	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Multiplan	Multiplan	5580.62	80			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Horizon	PPO	12136.98				349.08	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Managed Care Inc	Managed Care Inc	6278.2	90			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Wellcare	Medicare	6272.34				349.08	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Qualcare	Qualcare	5231.84	75			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	UHC	Medicaid	2123.43	30.44			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Horizon	NJ Health	349.08				349.08	12136.98	fee schedule	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	WellPoint	WellPoint	2165.28	31.04			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY SPINAL SELECTIVE RS&I	75705	CPT				both			6975.78	7213.19	Three Rivers	Three Rivers	6626.99	95			349.08	12136.98	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Consumer	Consumer	6626.99	95			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	First Trenton	First Trenton	6278.2	90			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Aetna	Better Health	2123.43	30.44			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Aetna	Commercial	5960.24				148.18	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Amerihealth	Medicare	3652.11				148.18	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Aetna	Medicare	3652.11			1328.55	148.18	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	First Health	First Health	4883.05	70			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Americare	Americare	5231.84	75			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Corrections	Corrections	5580.62	80			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Managed Care Inc	Managed Care Inc	6278.2	90			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Horizon	Medicare Blue	3652.11			1159.91	148.18	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Amerihealth	HMO/PPO	4534.26	65			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Horizon	NJ Health	148.18			512.23	148.18	7066.83	fee schedule	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Horizon	Indemnity	7066.83				148.18	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Horizon	MGD	7066.83			2638.37	148.18	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Three Rivers	Three Rivers	6626.99	95			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Wellcare	Medicaid	2123.43	30.44			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	WellPoint	WellPoint	2165.28	31.04		1289.86	148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Horizon	PPO	7066.83			4415.95	148.18	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Wellcare	Medicare	3652.11				148.18	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Multiplan	Multiplan	5580.62	80			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	Qualcare	Qualcare	5231.84	75			148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	UHC	Medicaid	2123.43	30.44		2086.34	148.18	7066.83	percent of total billed charges	
ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	75710	CPT				both			6975.78	4199.93	UHC	Medicare	3652.11			1426.66	148.18	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	First Trenton	First Trenton	10309.14	90			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Amerihealth	Medicare	3652.11				246.96	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Aetna	Commercial	5960.24				246.96	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Aetna	Better Health	3486.78	30.44			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Corrections	Corrections	9163.68	80			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Americare	Americare	8590.95	75			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Aetna	Medicare	3652.11				246.96	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Horizon	Medicare Blue	3652.11				246.96	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Horizon	NJ Health	246.96				246.96	10881.87	fee schedule	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Horizon	MGD	7066.83				246.96	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Amerihealth	HMO/PPO	7445.49	65			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Wellcare	Medicaid	3486.78	30.44			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Horizon	Indemnity	7066.83				246.96	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	UHC	Medicare	3652.11				246.96	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Consumer	Consumer	10881.87	95			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Managed Care Inc	Managed Care Inc	10309.14	90			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Multiplan	Multiplan	9163.68	80			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Horizon	PPO	7066.83				246.96	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	First Health	First Health	8018.22	70			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Three Rivers	Three Rivers	10881.87	95			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Qualcare	Qualcare	8590.95	75			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	UHC	Medicaid	3486.78	30.44			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	Wellcare	Medicare	3652.11				246.96	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY EXTREMITY BILATERAL RS&I	75716	CPT				both			11454.6	4199.93	WellPoint	WellPoint	3555.51	31.04			246.96	10881.87	percent of total billed charges	
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	Horizon	MGD	12136.98				279.34	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	Aetna	Better Health	2129.95	30.44			279.34	12136.98	percent of total billed charges	
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	Aetna	Medicare	2155.14	30.8		1652.16	279.34	12136.98	percent of total billed charges	
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	First Trenton	First Trenton	6297.48	90			279.34	12136.98	percent of total billed charges	
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	Multiplan	Multiplan	5597.76	80			279.34	12136.98	percent of total billed charges	
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	Aetna	Commercial	10236.46			2339.18	279.34	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	Consumer	Consumer	6647.34	95			279.34	12136.98	percent of total billed charges	
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	Amerihealth	HMO/PPO	4548.18	65		1057.08	279.34	12136.98	percent of total billed charges	
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	Qualcare	Qualcare	5247.9	75			279.34	12136.98	percent of total billed charges	
ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	75726	CPT				both			6997.2	7213.19	Americare	Americare	5247.9	75			279.34	12136.98	percent of total billed charges	
ANGIOGRAPHY VISCERAL SLCTV/SUP

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Aetna	Commercial	5960.24				256.13	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	First Health	First Health	6613.7	70			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Amerihealth	Medicare	3652.11				256.13	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Horizon	MGD	7066.83				256.13	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Aetna	Medicare	3652.11				256.13	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	First Trenton	First Trenton	8503.33	90			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Horizon	Medicare Blue	3652.11				256.13	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Horizon	PPO	7066.83				256.13	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Amerihealth	HMO/PPO	6141.29	65			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Horizon	Indemnity	7066.83				256.13	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Consumer	Consumer	8975.73	95			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	UHC	Medicaid	2876.01	30.44			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Corrections	Corrections	7558.51	80			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Horizon	NJ Health	256.13				256.13	8975.73	fee schedule	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Wellcare	Medicaid	2876.01	30.44			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Wellcare	Medicare	3652.11				256.13	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Multiplan	Multiplan	7558.51	80			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Managed Care Inc	Managed Care Inc	8503.33	90			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Quakcare	Qualcare	7086.11	75			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	UHC	Medicare	3652.11				256.13	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	Three Rivers	Three Rivers	8975.73	95			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	75731	CPT				inpatient			9448.14	4199.93	WellPoint	WellPoint	2932.7	31.04			256.13	8975.73	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Horizon	NJ Health	296.35			313.39	296.35	12136.98	fee schedule	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Amerihealth	HMO/PPO	5305.33	65			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Aetna	Medicare	6272.34				296.35	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	First Trenton	First Trenton	7345.84	90			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Aetna	Commercial	10236.46				296.35	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Horizon	Indemnity	12136.98				296.35	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Aetna	Better Health	2484.52	30.44			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Horizon	PPO	12136.98				296.35	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Horizon	Medicare Blue	6272.34				296.35	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Amerihealth	Medicare	6272.34				296.35	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Corrections	Corrections	6529.63	80			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Managed Care Inc	Managed Care Inc	7345.84	90			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	UHC	Medicaid	2484.52	30.44		2400.25	296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	UHC	Medicare	6272.34				296.35	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Americare	Americare	6121.53	75			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Wellcare	Medicare	6272.34				296.35	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Horizon	MGD	12136.98				296.35	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	First Health	First Health	5713.43	70			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Consumer	Consumer	7753.94	95			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	WellPoint	WellPoint	2533.5	31.04			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Three Rivers	Three Rivers	7753.94	95			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Multiplan	Multiplan	6529.63	80			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Qualcare	Qualcare	6121.53	75			296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	75736	CPT				both			8162.04	7213.19	Wellcare	Medicaid	2484.52	30.44		2400.59	296.35	12136.98	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Amerihealth	HMO/PPO	7445.49	65			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Americare	Americare	8590.95	75			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Consumer	Consumer	10981.87	95			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Aetna	Commercial	5960.24				274.4	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Aetna	Better Health	3486.78	30.44			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Amerihealth	Medicare	3652.11				274.4	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Multiplan	Multiplan	9163.68	80			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Aetna	Medicare	3652.11				274.4	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Corrections	Corrections	9163.68	80			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	First Trenton	First Trenton	10309.14	90			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Quakcare	Qualcare	8590.95	75			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Horizon	MGD	7066.83				274.4	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Horizon	PPO	7066.83				274.4	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	First Health	First Health	8018.22	70			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Wellcare	Medicare	3652.11				274.4	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	UHC	Medicare	3652.11				274.4	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	WellPoint	WellPoint	3555.51	31.04			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Horizon	Medicare Blue	3652.11				274.4	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Horizon	Indemnity	7066.83				274.4	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Horizon	NJ Health	274.4				274.4	10881.87	fee schedule	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	UHC	Medicaid	3486.78	30.44			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Managed Care Inc	Managed Care Inc	10309.14	90			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Wellcare	Medicaid	3486.78	30.44			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	75741	CPT				inpatient			11454.6	4199.93	Three Rivers	Three Rivers	10881.87	95			274.4	10881.87	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	UHC	Medicaid	2876.01	30.44			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Aetna	Better Health	2876.01	30.44			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	First Trenton	First Trenton	8503.33	90			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Consumer	Consumer	8975.73	95			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	First Health	First Health	6613.7	70			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Amerihealth	Medicare	3652.11				342.98	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Horizon	PPO	7066.83				342.98	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Aetna	Commercial	5960.24				342.98	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Wellcare	Medicaid	2876.01	30.44			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Corrections	Corrections	7558.51	80			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Horizon	Indemnity	7066.83				342.98	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Horizon	NJ Health	342.98				342.98	8975.73	fee schedule	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Wellcare	Medicare	3652.11				342.98	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Horizon	Medicare Blue	3652.11				342.98	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	UHC	Medicare	3652.11				342.98	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Aetna	Medicare	3652.11				342.98	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Managed Care Inc	Managed Care Inc	8503.33	90			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Three Rivers	Three Rivers	8975.73	95			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	WellPoint	WellPoint	2932.7	31.04			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Americare	Americare	7086.11	75			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Amerihealth	HMO/PPO	6141.29	65			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Horizon	MGD	7066.83				342.98	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Multiplan	Multiplan	7558.51	80			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	75743	CPT				inpatient			9448.14	4199.93	Quakcare	Qualcare	7086.11	75			342.98	8975.73	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Aetna	Commercial	5960.24				136.32	10475.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Aetna	Medicare	3652.11				136.32	10475.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Aetna	Better Health	3356.69	30.44			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	First Health	First Health	7719.05	70			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	UHC	Medicare	3652.11				136.32	10475.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Amerihealth	Medicare	3652.11				136.32	10475.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Corrections	Corrections	8821.78	80			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Amerihealth	HMO/PPO	7167.69	65			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Americare	Americare	8270.42	75			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Horizon	Medicare Blue	3652.11				136.32	10475.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Consumer	Consumer	10475.86	95			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Horizon	MGD	7066.83				136.32	10475.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Wellcare	Medicaid	3356.69	30.44			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Multiplan	Multiplan	8821.78	80			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Horizon	PPO	7066.83				136.32	10475.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Quakcare	Qualcare	8270.42	75			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	First Trenton	First Trenton	9924.5	90			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	UHC	Medicaid	3356.69	30.44			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Wellcare	Medicare	3652.11				136.32	10475.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Horizon	Indemnity	7066.83				136.32	10475.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	WellPoint	WellPoint	3422.85	31.04			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Horizon	NJ Health	136.32				136.32	10475.86	fee schedule	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Managed Care Inc	Managed Care Inc	9924.5	90			136.32	10475.86	percent of total billed charges	
ANGIOGRAPHY INTERNAL MAMMARY RS&I	75756	CPT				inpatient			11027.22	4199.93	Three Rivers	Three Rivers	10475.86	95			136.32	10475.86	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Corrections	Corrections	5580.62	80			356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Amerihealth	HMO/PPO	4534.26	65		1057.09	356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Americare	Americare	5231.84	75			356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Aetna	Commercial	2650.8	38		2339.21	356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Aetna	Better Health	2123.43	30.44			356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		First Health	First Health	4883.05	70			356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Horizon	Indemnity	2670.33	38.28		3094.69	356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Aetna	Medicare	2148.54	30.8		1648.35	356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		WellPoint	WellPoint	2165.28	31.04		1967.61	356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Multiplan	Multiplan	5580.62	80			356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Horizon	MGD	2670.33	38.28			356.72	6626.99	percent of total billed charges	
ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	75774	CPT				both			6975.78		Horizon	Medicare Blue	2092.73	30	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Americare	Americare	3560.38	75			213.44	4509.81	percent of total billed charges	
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Horizon	PPO	3487.82				213.44	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Amerihealth	Medicare	1802.49				213.44	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	WellPoint	WellPoint	1473.52	31.04			213.44	4509.81	percent of total billed charges	
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Horizon	NJ Health	213.44				213.44	4509.81	fee schedule	
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Wellcare	Medicaid	1445.04	30.44			213.44	4509.81	percent of total billed charges	
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Horizon	Indemnity	3487.82				213.44	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	UHC	Medicaid	1445.04	30.44			213.44	4509.81	percent of total billed charges	
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Horizon	MGD	3487.82				213.44	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Wellcare	Medicare	1802.49				213.44	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	UHC	Medicare	1802.49				213.44	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Multiplan	Multiplan	3797.74	80			213.44	4509.81	percent of total billed charges	
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Managed Care Inc	Managed Care Inc	4272.45	90			213.44	4509.81	percent of total billed charges	
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Qualcare	Qualcare	3560.38	75			213.44	4509.81	percent of total billed charges	
LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	75803	CPT				inpatient			4747.17	2072.86	Three Rivers	Three Rivers	4509.81	95			213.44	4509.81	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Amerihealth	HMO/PPO	397.8	65			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Aetna	Better Health	186.29	30.44			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Consumer	Consumer	581.4	95			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Three Rivers	Three Rivers	581.4	95			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	First Trenton	First Trenton	550.8	90			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Amerihealth	Medicare	123.39				68.99	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Aetna	Commercial	201.37				68.99	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	First Health	First Health	428.4	70			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Corrections	Corrections	489.6	80			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Horizon	Medicare Blue	123.39				68.99	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Aetna	Medicare	123.39				68.99	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	UHC	Medicaid	186.29	30.44			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Horizon	Indemnity	238.76				68.99	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	UHC	Medicare	123.39				68.99	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Americare	Americare	459	75			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Wellcare	Medicaid	186.29	30.44			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	WellPoint	WellPoint	189.96	31.04			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Wellcare	Medicare	123.39				68.99	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Horizon	MGD	238.76				68.99	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Horizon	NJ Health	68.99				68.99	581.4	fee schedule	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Multiplan	Multiplan	489.6	80			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Horizon	PPO	238.76				68.99	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Qualcare	Qualcare	459	75			68.99	581.4	percent of total billed charges	
SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	75809	CPT				outpatient			612	141.9	Managed Care Inc	Managed Care Inc	550.8	90			68.99	581.4	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Aetna	Commercial	2941.66				122.77	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Corrections	Corrections	3797.74	80			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Aetna	Better Health	1445.04	30.44			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Amerihealth	Medicare	1802.49				122.77	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Three Rivers	Three Rivers	4509.81	95			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Aetna	Medicare	1462.13	30.8			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	UHC	Medicare	1802.49				122.77	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Consumer	Consumer	4509.81	95			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Americare	Americare	3560.38	75			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	First Trenton	First Trenton	4272.45	90			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Horizon	MGD	3487.82				122.77	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	First Health	First Health	3323.02	70			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Horizon	Indemnity	3487.82				122.77	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Amerihealth	HMO/PPO	3085.66	65			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Horizon	PPO	3487.82				122.77	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Horizon	Medicare Blue	1802.49				122.77	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	WellPoint	WellPoint	1473.52	31.04			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Horizon	NJ Health	122.77				122.77	4509.81	fee schedule	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Multiplan	Multiplan	3797.74	80			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Qualcare	Qualcare	3560.38	75			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Wellcare	Medicaid	1445.04	30.44			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Managed Care Inc	Managed Care Inc	4272.45	90			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	UHC	Medicaid	1445.04	30.44			122.77	4509.81	percent of total billed charges	
VENOGRAPHY EXTREMITY UNILATERAL RS&I	75820	CPT				both			4747.17	2072.86	Wellcare	Medicare	1802.49				122.77	4509.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Aetna	Better Health	1220.22	30.44			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Aetna	Medicare	1802.49				154.84	3808.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	UHC	Medicaid	1220.22	30.44			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Amerihealth	HMO/PPO	2605.59	65			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Wellcare	Medicare	1802.49				154.84	3808.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	First Trenton	First Trenton	3607.74	90			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Amerihealth	Medicare	1802.49				154.84	3808.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Aetna	Commercial	2941.66				154.84	3808.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Consumer	Consumer	3808.17	95			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Horizon	MGD	3487.82				154.84	3808.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	First Health	First Health	2806.02	70			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Qualcare	Qualcare	3006.45	75			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Corrections	Corrections	3206.88	80			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Horizon	PPO	3487.82				154.84	3808.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Horizon	Indemnity	3487.82				154.84	3808.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Americare	Americare	3006.45	75			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Horizon	Medicare Blue	1802.49				154.84	3808.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Managed Care Inc	Managed Care Inc	3607.74	90			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Wellcare	Medicaid	1220.22	30.44			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	UHC	Medicare	1802.49				154.84	3808.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Horizon	NJ Health	154.84				154.84	3808.17	fee schedule	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	WellPoint	WellPoint	1244.27	31.04			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Multiplan	Multiplan	3206.88	80			154.84	3808.17	percent of total billed charges	
VENOGRAPHY EXTREMITY BILATERAL RS&I	75822	CPT				inpatient			4008.6	2072.86	Three Rivers	Three Rivers	3808.17	95			154.84	3808.17	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Amerihealth	HMO/PPO	7445.49	65			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	First Health	First Health	8018.22	70			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Aetna	Better Health	3486.78	30.44			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	UHC	Medicaid	3486.78	30.44			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Aetna	Commercial	5960.24				230.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Corrections	Corrections	9163.68	80			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Aetna	Medicare	3652.11				230.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Amerihealth	Medicare	3652.11				230.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Qualcare	Qualcare	8590.95	75			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Three Rivers	Three Rivers	10881.87	95			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Americare	Americare	8590.95	75			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	WellPoint	WellPoint	3555.51	31.04			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Multiplan	Multiplan	9163.68	80			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	First Trenton	First Trenton	10309.14	90			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Consumer	Consumer	10881.87	95			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Horizon	Indemnity	7066.83				230.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Wellcare	Medicare	3652.11				230.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Horizon	Medicare Blue	3652.11				230.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Horizon	MGD	7066.83				230.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	UHC	Medicare	3652.11				230.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Horizon	NJ Health	230.5				230.5	10881.87	fee schedule	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Wellcare	Medicaid	3486.78	30.44			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Horizon	PPO	7066.83				230.5	10881.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	75825	CPT				both			11454.6	4199.93	Managed Care Inc	Managed Care Inc	10309.14	90			230.5	10881.87	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Amerihealth	HMO/PPO	4534.26	65			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	UHC	Medicaid	2123.43	30.44			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Aetna	Better Health	2123.43	30.44			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Aetna	Medicare	1802.49				407.68	6626.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Aetna	Commercial	2941.66				407.68	6626.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Amerihealth	Medicare	1802.49				407.68	6626.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Consumer	Consumer	6626.99	95			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	First Trenton	First Trenton	6278.2	90			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Qualcare	Qualcare	5231.84	75			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	First Health	First Health	4883.05	70			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Wellcare	Medicare	1802.49				407.68	6626.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Horizon	MGD	3487.82				407.68	6626.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Americare	Americare	5231.84	75			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Horizon	Indemnity	3487.82				407.68	6626.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Corrections	Corrections	5580.62	80			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Horizon	PPO	3487.82				407.68	6626.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Multiplan	Multiplan	5580.62	80			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Wellcare	Medicaid	2123.43	30.44			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Horizon	Medicare Blue	1802.49				407.68	6626.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Managed Care Inc	Managed Care Inc	6278.2	90			407.68	6626.99	percent of total billed charges	
VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	75827	CPT				both			6975.78	2072.86	Three Rivers

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	Horizon	NJ Health	320.17				320.17	8975.73	fee schedule	
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	First Health	First Health	6613.7	70			320.17	8975.73	percent of total billed charges	
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	Horizon	Indemnity	7066.83				320.17	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	Wellcare	Medicaid	2876.01	30.44			320.17	8975.73	percent of total billed charges	
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	Managed Care Inc	Managed Care Inc	8923.33	90			320.17	8975.73	percent of total billed charges	
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	Horizon	Medicare Blue	3652.11				320.17	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	UHC	Medicaid	2876.01	30.44			320.17	8975.73	percent of total billed charges	
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	Multiplan	Multiplan	7558.51	80			320.17	8975.73	percent of total billed charges	
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	Three Rivers	Three Rivers	8975.73	95			320.17	8975.73	percent of total billed charges	
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	Qualcare	Qualcare	7086.11	75			320.17	8975.73	percent of total billed charges	
VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	75831	CPT				outpatient			9448.14	4199.93	Wellcare	Medicare	3652.11				320.17	8975.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Horizon	Medicare Blue	3652.11				411.6	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Consumer	Consumer	5376.98	95			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Amerihealth	Medicare	3652.11				411.6	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Aetna	Medicare	3652.11				411.6	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Aetna	Commercial	5960.24				411.6	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	First Health	First Health	3961.99	70			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Americare	Americare	4244.99	75			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Aetna	Better Health	1722.9	30.44			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	UHC	Medicare	3652.11				411.6	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Corrections	Corrections	4527.98	80			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Horizon	MGD	7066.83				411.6	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Amerihealth	HMO/PPO	3678.99	65			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Wellcare	Medicare	3652.11				411.6	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	First Trenton	First Trenton	5093.98	90			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	UHC	Medicaid	1722.9	30.44			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Multiplan	Multiplan	4527.98	80			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Wellcare	Medicaid	1722.9	30.44			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Horizon	Indemnity	7066.83				411.6	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Qualcare	Qualcare	4244.99	75			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Managed Care Inc	Managed Care Inc	5093.98	90			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Horizon	NJ Health	411.6				411.6	7066.83	fee schedule	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Three Rivers	Three Rivers	5376.98	95			411.6	7066.83	percent of total billed charges	
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	Horizon	PPO	7066.83				411.6	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	75833	CPT				outpatient			5659.98	4199.93	WellPoint	WellPoint	1756.86	31.04			411.6	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Aetna	Commercial	5960.24				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Aetna	Better Health	2123.43	30.44			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	First Trenton	First Trenton	6278.2	90			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Amerihealth	HMO/PPO	4534.26	65			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Horizon	Indemnity	7066.83				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Aetna	Medicare	3652.11				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	UHC	Medicaid	2123.43	30.44		1948.02	370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	UHC	Medicare	3652.11				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Horizon	Medicare Blue	3652.11				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Americare	Americare	5231.84	75			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Horizon	PPO	7066.83				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Amerihealth	Medicare	3652.11				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Wellcare	Medicaid	2123.43	30.44			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Corrections	Corrections	5580.62	80			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Managed Care Inc	Managed Care Inc	6278.2	90			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	First Health	First Health	4883.05	70			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Wellcare	Medicare	3652.11				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Consumer	Consumer	6626.99	95			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	WellPoint	WellPoint	2165.28	31.04			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Multiplan	Multiplan	5580.62	80			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Horizon	MGD	7066.83				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Qualcare	Qualcare	5231.84	75			370.44	7066.83	percent of total billed charges	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Horizon	NJ Health	370.44				370.44	7066.83	fee schedule	
VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	75860	CPT				both			6975.78	4199.93	Three Rivers	Three Rivers	6626.99	95			370.44	7066.83	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Horizon	MGD	7066.83				320.17	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Amerihealth	HMO/PPO	7429.58	65			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	First Health	First Health	8001.08	70			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Aetna	Medicare	3652.11				320.17	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Amerihealth	Medicare	3652.11				320.17	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Aetna	Commercial	5960.24				320.17	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Horizon	PPO	7066.83				320.17	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Aetna	Better Health	3479.33	30.44			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	UHC	Medicare	3652.11				320.17	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Multiplan	Multiplan	9144.1	80			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Horizon	Medicare Blue	3652.11				320.17	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Consumer	Consumer	10858.61	95			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	UHC	Medicaid	3479.33	30.44			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Horizon	Indemnity	7066.83				320.17	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Wellcare	Medicare	3652.11				320.17	10858.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Americare	Americare	8572.59	75			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	WellPoint	WellPoint	3547.91	31.04			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Qualcare	Qualcare	8572.59	75			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Corrections	Corrections	9144.1	80			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Wellcare	Medicaid	3479.33	30.44			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	First Trenton	First Trenton	10287.11	90			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Horizon	NJ Health	320.17				320.17	10858.61	fee schedule	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Managed Care Inc	Managed Care Inc	10287.11	90			320.17	10858.61	percent of total billed charges	
VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	75870	CPT				both			11430.12	4199.93	Three Rivers	Three Rivers	10858.61	95			320.17	10858.61	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Horizon	Medicare Blue	3652.11				279.89	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Corrections	Corrections	5580.62	80			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	First Health	First Health	4883.05	70			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Americare	Americare	5231.84	75			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Amerihealth	Medicare	3652.11				279.89	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Aetna	Better Health	2123.43	30.44			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Aetna	Medicare	2148.54	30.8			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Aetna	Commercial	5960.24				279.89	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	UHC	Medicare	3652.11				279.89	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Horizon	Indemnity	7066.83				279.89	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Wellcare	Medicare	3652.11				279.89	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Consumer	Consumer	6626.99	95			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Horizon	MGD	7066.83				279.89	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Amerihealth	HMO/PPO	4534.26	65			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	UHC	Medicaid	2123.43	30.44			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Wellcare	Medicaid	2123.43	30.44			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Horizon	PPO	7066.83				279.89	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	First Trenton	First Trenton	6278.2	90			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Multiplan	Multiplan	5580.62	80			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Horizon	NJ Health	279.89				279.89	7066.83	fee schedule	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	WellPoint	WellPoint	2165.28	31.04			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Managed Care Inc	Managed Care Inc	6278.2	90			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Qualcare	Qualcare	5231.84	75			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	75885	CPT				both			6975.78	4199.93	Three Rivers	Three Rivers	6626.99	95			279.89	7066.83	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Aetna	Commercial	5960.24				355.74	8283.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	First Health	First Health	6103.81	70			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	First Trenton	First Trenton	7847.76	90			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Amerihealth	Medicare	3652.11				355.74	8283.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Aetna	Medicare	3652.11				355.74	8283.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Consumer	Consumer	8283.74	95			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Amerihealth	HMO/PPO	5667.82	65			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Aetna	Better Health	2654.29	30.44			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Americare	Americare	6539.8	75			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Multiplan	Multiplan	6975.78	80			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Managed Care Inc	Managed Care Inc	7847.76	90			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Corrections	Corrections	6975.78	80			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Horizon	MGD	7066.83				355.74	8283.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Horizon	NJ Health	355.74				355.74	8283.74	fee schedule	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	UHC	Medicare	3652.11				355.74	8283.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	WellPoint	WellPoint	2706.6	31.04			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Qualcare	Qualcare	6539.8	75			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Horizon	Indemnity	7066.83				355.74	8283.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	UHC	Medicaid	2654.29	30.44			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Horizon	Medicare Blue	3652.11				355.74	8283.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Three Rivers	Three Rivers	8283.74	95			355.74	8283.74	percent of total billed charges	
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Horizon	PPO	7066.83				355.74	8283.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	75887	CPT				both			8719.73	4199.93	Wellcare	Medicaid	2654.29	30.44			355.74	8283.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPATIC VNGRPH WDG/FR HEMODYN EVAL RS&I	75889	CPT				both			6975.78	4199.93	Corrections	Corrections	5580.62	80			370.44	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR HEMODYN EVAL RS&I	75889	CPT				both			6975.78	4199.93	Wellcare	Medicare	3652.11				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR HEMODYN EVAL RS&I	75889	CPT				both			6975.78	4199.93	Horizon	Indemnity	7066.83				370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR HEMODYN EVAL RS&I	75889	CPT				both			6975.78	4199.93	Horizon	Medicare Blue	3652.11			680.7	370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR HEMODYN EVAL RS&I	75889	CPT				both			6975.78	4199.93	Horizon	MGD	7066.83			3030.74	370.44	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR HEMODYN EVAL RS&I	75889	CPT				both			6975.78	4199.93	Managed Care Inc	Managed Care Inc	6278.2	90			370.44	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR HEMODYN EVAL RS&I	75889	CPT				both			6975.78	4199.93	UHC	Medicaid	2123.43	30.44		2054.57	370.44	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Amerihealth	HMO/PPO	4534.26	65			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	UHC	Medicare	3652.11				320.17	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	First Health	First Health	4883.05	70			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Aetna	Medicare	3652.11				320.17	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Aetna	Commercial	5960.24				320.17	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Amerihealth	Medicare	3652.11				320.17	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	First Trenton	First Trenton	6278.2	90			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Aetna	Better Health	2123.43	30.44			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Multiplan	Multiplan	5380.62	80			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Qualcare	Qualcare	5231.84	75			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Wellcare	Medicaid	2123.43	30.44			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.76	4199.93	Consumer	Consumer	6626.99	95			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Horizon	Indemnity	7066.83				320.17	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Americare	Americare	5231.84	75			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.76	4199.93	Horizon	PPO	7066.83				320.17	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Corrections	Corrections	5580.62	80			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Horizon	Medicare Blue	3652.11				320.17	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Horizon	MGD	7066.83				320.17	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Wellcare	Medicare	3652.11				320.17	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Horizon	NJ Health	320.17				320.17	7066.83	fee schedule	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	UHC	Medicaid	2123.43	30.44			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Managed Care Inc	Managed Care Inc	6278.2	90			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	WellPoint	WellPoint	2165.28	31.04			320.17	7066.83	percent of total billed charges	
HEPATIC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	75891	CPT				inpatient			6975.78	4199.93	Three Rivers	Three Rivers	6626.99	95			320.17	7066.83	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Amerihealth	HMO/PPO	4534.26	65			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	First Trenton	First Trenton	6278.2	90			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	First Health	First Health	4883.05	70			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Amerihealth	Medicare	6272.34				205.8	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Aetna	Medicare	2148.54	30.8			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	UHC	Medicaid	2123.43	30.44			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Aetna	Better Health	2123.43	30.44			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Aetna	Commercial	10296.46				205.8	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Horizon	Medicare Blue	6272.34				205.8	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	UHC	Medicare	6272.34			2202.2	205.8	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Horizon	MGD	12136.98				205.8	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Horizon	Indemnity	12136.98				205.8	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.76	7213.19	Consumer	Consumer	6626.99	95			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.76	7213.19	Americare	Americare	5231.84	75			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Multiplan	Multiplan	5380.62	80			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Three Rivers	Three Rivers	6626.99	95			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Qualcare	Qualcare	5231.84	75			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.76	7213.19	Wellcare	Medicare	6272.34				205.8	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Wellcare	Medicaid	2123.43	30.44			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Corrections	Corrections	5580.62	80			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.76	7213.19	WellPoint	WellPoint	2165.28	31.04			205.8	12136.98	percent of total billed charges	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Horizon	NJ Health	205.8				205.8	12136.98	fee schedule	
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Horizon	PPO	12136.98				205.8	12136.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	75893	CPT				both			6975.78	7213.19	Managed Care Inc	Managed Care Inc	6278.2	90			205.8	12136.98	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		First Trenton	First Trenton	2024.19	90			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Amerihealth	HMO/PPO	1461.92	65			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		First Health	First Health	1574.37	70			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Aetna	Better Health	684.63	30.44			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Americare	Americare	1686.83	75			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Corrections	Corrections	1799.28	80			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Aetna	Commercial	854.66	38			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Consumer	Consumer	2136.65	95			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Horizon	NJ Health	493.92				493.92	2136.65	fee schedule	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Horizon	Indemnity	860.96	38.28			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Aetna	Medicare	692.72	30.8			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Horizon	Medicare Blue	674.73	30			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Horizon	PPO	860.96	38.28			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Multiplan	Multiplan	1799.28	80			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Horizon	MGD	860.96	38.28			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Wellcare	Medicaid	684.63	30.44			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Managed Care Inc	Managed Care Inc	2024.19	90			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Qualcare	Qualcare	1686.83	75			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		UHC	Medicaid	684.63	30.44			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		Three Rivers	Three Rivers	2136.65	95			493.92	2136.65	percent of total billed charges	
TRANSCATHETER EMBOLIZATION ANY METH RS&I	75894	CPT				both			2249.1		WellPoint	WellPoint	698.12	31.04			493.92	2136.65	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Aetna	Commercial	5960.24				84.94	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Aetna	Better Health	1280.45	30.44			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Multiplan	Multiplan	3365.18	80			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Wellcare	Medicare	3652.11				84.94	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Amerihealth	Medicare	3652.11				84.94	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	First Health	First Health	2944.54	70			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Aetna	Medicare	3652.11				84.94	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Amerihealth	HMO/PPO	84.94				84.94	7066.83	fee schedule	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Americare	Americare	3154.86	75			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Consumer	Consumer	3996.16	95			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Qualcare	Qualcare	3154.86	75			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	WellPoint	WellPoint	1305.69	31.04			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Horizon	Medicare Blue	3652.11				84.94	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Three Rivers	Three Rivers	3996.16	95			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Horizon	MGD	7066.83				84.94	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Corrections	Corrections	3365.18	80			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	UHC	Medicaid	1280.45	30.44			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	First Trenton	First Trenton	3785.83	90			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	UHC	Medicare	3652.11				84.94	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Horizon	Indemnity	7066.83				84.94	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Wellcare	Medicaid	1280.45	30.44			84.94	7066.83	percent of total billed charges	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Horizon	NJ Health	215.6				84.94	7066.83	fee schedule	
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Horizon	PPO	7066.83				84.94	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	75898	CPT				both			4206.48	4199.93	Managed Care Inc	Managed Care Inc	3785.83	90			84.94	7066.83	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Consumer	Consumer	4923.49	95			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		WellPoint	WellPoint	1608.69	31.04			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Aetna	Medicare	1596.25	30.8			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		First Health	First Health	3627.83	70			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Aetna	Better Health	1577.59	30.44			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Horizon	MGD	1983.91	38.28		2110.25	294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Wellcare	Medicaid	1577.59	30.44			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		First Trenton	First Trenton	4664.36	90			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Corrections	Corrections	4146.1	80			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Horizon	PPO	1983.91	38.28			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Americare	Americare	3886.97	75			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Three Rivers	Three Rivers	4923.49	95			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Aetna	Commercial	1969.4	38			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		UHC	Medicaid	1577.59	30.44		1534.02	294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Horizon	Medicare Blue	1554.79	30		599.59	294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Horizon	NJ Health	294			638.8	294	4923.49	fee schedule	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Amerihealth	HMO/PPO	3368.7	65			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Managed Care Inc	Managed Care Inc	4664.36	90			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Horizon	Indemnity	1983.91	38.28			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Multiplan	Multiplan	4146.1	80			294	4923.49	percent of total billed charges	
TRANSCATHETER BIOPSY RS&I	75970	CPT				both			5182.62		Qualcare	Qualcare	3886.97	75			294	4923.49	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Corrections	Corrections	874.75	80			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Horizon	Indemnity	418.57	38.28			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Aetna	Better Health	332.84	30.44			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Aetna	Medicare	336.78	30.8			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Aetna	Commercial	415.51	38			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Americare	Americare	820.08	75			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Amerihealth	HMO/PPO	710.74	65			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		First Trenton	First Trenton	984.1	90			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		WellPoint	WellPoint	339.4	31.04			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Horizon	NJ Health	100.84			65.17	100.84	1038.77	fee schedule	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Consumer	Consumer	1093.44	95			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Horizon	MGD	418.57	38.28			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		First Health	First Health	765.41	70			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Horizon	PPO	418.57	38.28			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Horizon	Medicare Blue	328.03	30			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		UHC	Medicaid	332.84	30.44			100.84	1038.77	percent of total billed charges	
CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	75984	CPT				both			1093.44		Multiplan	Multiplan	874.75	80			100.84	1038.77	percent of total billed charges	
CHANGE PRQ

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Aetna	Commercial	457.73				34.72	947.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Aetna	Better Health	303.66	30.44			34.72	947.68	percent of total billed charges	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Horizon	Medicare Blue	280.47				34.72	947.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Horizon	MGD	542.71			186.46	34.72	947.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Consumer	Consumer	947.68	95			34.72	947.68	percent of total billed charges	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	UHC	Medicare	280.47				34.72	947.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Horizon	NJ Health	97.02			91.06	34.72	947.68	fee schedule	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Wellcare	Medicare	280.47				34.72	947.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Americare	Americare	748.17	75			34.72	947.68	percent of total billed charges	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Multiplan	Multiplan	798.05	80			34.72	947.68	percent of total billed charges	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Corrections	Corrections	798.05	80			34.72	947.68	percent of total billed charges	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Qualcare	Qualcare	748.17	75			34.72	947.68	percent of total billed charges	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Horizon	PPO	542.71			283.92	34.72	947.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	UHC	Medicaid	303.66	30.44		301.95	34.72	947.68	percent of total billed charges	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	First Trenton	First Trenton	897.8	90			34.72	947.68	percent of total billed charges	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Three Rivers	Three Rivers	947.68	95			34.72	947.68	percent of total billed charges	
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Horizon	Indemnity	542.71				34.72	947.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	76000	CPT				both			997.56	322.54	Managed Care Inc	Managed Care Inc	897.8	90			34.72	947.68	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Amerihealth	Medicare	636.2				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Aetna	Commercial	1038.28				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	First Health	First Health	1455.85	70			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Consumer	Consumer	1975.79	95			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Americare	Americare	1559.84	75			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Aetna	Medicare	636.2				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Aetna	Better Health	633.09	30.44			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Horizon	PPO	1231.05				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	First Trenton	First Trenton	1871.8	90			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Horizon	MGD	1231.05				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Multiplan	Multiplan	1663.82	80			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	UHC	Medicare	636.2				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Three Rivers	Three Rivers	1975.79	95			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Amerihealth	HMO/PPO	1351.86	65			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Horizon	Indemnity	1231.05				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Qualcare	Qualcare	1559.84	75			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	UHC	Medicaid	633.09	30.44			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Corrections	Corrections	1663.82	80			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Horizon	Medicare Blue	636.2				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Wellcare	Medicaid	633.09	30.44			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Horizon	NJ Health	41.16				41.16	1975.79	fee schedule	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	WellPoint	WellPoint	645.56	31.04			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Managed Care Inc	Managed Care Inc	1871.8	90			41.16	1975.79	percent of total billed charges	
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Wellcare	Medicare	636.2				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	76080	CPT				both			2079.78	731.63	Horizon	Medicare Blue	636.2				41.16	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Horizon	Medicare Blue	636.2				14.26	2407.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Aetna	Commercial	1038.28				14.26	2407.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Americare	Americare	1901.03	75			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Aetna	Medicare	636.2				14.26	2407.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Amerihealth	Medicare	636.2				14.26	2407.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Corrections	Corrections	2027.76	80			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Aetna	Better Health	771.56	30.44			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Amerihealth	HMO/PPO	14.26				14.26	2407.97	fee schedule	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Horizon	Indemnity	1231.05				14.26	2407.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Multiplan	Multiplan	2027.76	80			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Consumer	Consumer	2407.97	95			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	First Trenton	First Trenton	2281.23	90			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	First Health	First Health	1774.29	70			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Qualcare	Qualcare	1901.03	75			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Horizon	PPO	1231.05			662.05	14.26	2407.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Horizon	MGD	1231.05			705.54	14.26	2407.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Wellcare	Medicare	636.2				14.26	2407.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	UHC	Medicare	636.2			341.77	14.26	2407.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Managed Care Inc	Managed Care Inc	2281.23	90			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Wellcare	Medicaid	771.56	30.44		833.95	14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Horizon	NJ Health	29.4			158.62	14.26	2407.97	fee schedule	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	WellPoint	WellPoint	786.77	31.04		706.01	14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	Three Rivers	Three Rivers	2407.97	95			14.26	2407.97	percent of total billed charges	
RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	76098	CPT				both			2534.7	731.63	UHC	Medicaid	771.56	30.44		742.14	14.26	2407.97	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Aetna	Commercial	201.37				47.74	547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Aetna	Better Health	175.43	30.44			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Horizon	MGD	238.76				47.74	547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Aetna	Medicare	177.5	30.8			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Consumer	Consumer	547.49	95			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Amerihealth	HMO/PPO	47.74				47.74	547.49	fee schedule	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Multiplan	Multiplan	461.04	80			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Qualcare	Qualcare	432.23	75			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	First Health	First Health	403.41	70			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Americare	Americare	432.23	75			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Corrections	Corrections	461.04	80			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Amerihealth	Medicare	123.39				47.74	547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	UHC	Medicaid	175.43	30.44			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Three Rivers	Three Rivers	547.49	95			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	First Trenton	First Trenton	518.67	90			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Horizon	Indemnity	238.76				47.74	547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	WellPoint	WellPoint	178.88	31.04			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Wellcare	Medicare	123.39				47.74	547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Horizon	NJ Health	68.6				47.74	547.49	fee schedule	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Horizon	Medicare Blue	123.39				47.74	547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Horizon	PPO	238.76				47.74	547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	UHC	Medicare	123.39				47.74	547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Managed Care Inc	Managed Care Inc	518.67	90			47.74	547.49	percent of total billed charges	
RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	76100	CPT				outpatient			576.3	141.9	Wellcare	Medicaid	175.43	30.44			47.74	547.49	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Aetna	Medicare	88.59	30.8		20.62	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Aetna	Better Health	87.56	30.44		80.22	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Aetna	Commercial	109.3	38		35.69	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		First Trenton	First Trenton	258.88	90			86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Horizon	NJ Health	124.81			16.33	86.29	273.26	fee schedule	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Horizon	Medicare Blue	86.29	30		21.75	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Amerihealth	HMO/PPO	186.97	65		30.08	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Horizon	Indemnity	110.11	38.28		33.63	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		First Health	First Health	201.35	70			86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Horizon	MGD	110.11	38.28		39.59	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Americare	Americare	215.73	75			86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Managed Care Inc	Managed Care Inc	258.88	90			86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Multiplan	Multiplan	230.11	80			86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		UHC	Medicaid	87.56	30.44		64.95	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Corrections	Corrections	230.11	80			86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		WellPoint	WellPoint	89.28	31.04		52.65	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Qualcare	Qualcare	215.73	75			86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Consumer	Consumer	273.26	95			86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Wellcare	Medicaid	87.56	30.44		50.51	86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Horizon	PPO	110.11	38.28		133.28	86.29	273.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	76376	CPT				both			287.64		Three Rivers	Three Rivers	273.26	95			86.29	273.26	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		First Health	First Health	512.65	70			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Aetna	Commercial	278.3	38			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Consumer	Consumer	695.74	95			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Corrections	Corrections	585.89	80			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Aetna	Better Health	222.93	30.44			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Americare	Americare	549.27	75			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Horizon	Medicare Blue	219.71	30		31.58	157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Aetna	Medicare	225.57	30.8			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Qualcare	Qualcare	549.27	75			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Horizon	Indemnity	280.35	38.28			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Multiplan	Multiplan	585.89	80			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		First Trenton	First Trenton	669.12	90			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		UHC	Medicaid	222.93	30.44		205.81	157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Horizon	NJ Health	157.04			40.78	157.04	695.74	fee schedule	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		WellPoint	WellPoint	227.32	31.04		102.98	157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Amerihealth	HMO/PPO	476.03	65		46.49	157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Managed Care Inc	Managed Care Inc	669.12	90			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Horizon	MGD	280.35	38.28			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Wellcare	Medicaid	222.93	30.44		204.25	157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Horizon	PPO	280.35	38.28			157.04	695.74	percent of total billed charges	
3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	76377	CPT				both			732.36		Three Rivers	Three Rivers	695.74	95			157.04	695.74	percent of total billed charges	
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28	117.5	First Trenton	First Trenton	334.15	90			102.17	352.72	percent of total billed charges	
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28	117.5	Aetna	Commercial	166.74				102.17	352.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28	117.5	First Health	First Health	259.9	70			102.17	352.72	percent of total billed charges	
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28	117.5	Amerihealth	Medicare	102.17				102.17	352.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28	117.5	Amerihealth	HMO/PPO	116.56				102.17	352.72	fee schedule	
CT LIMITED/LOCAL

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28		117.5 Horizon	PPO	197.7				102.17	352.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28		117.5 Managed Care Inc	Managed Care Inc	334.15	90			102.17	352.72	percent of total billed charges	
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28		117.5 Qualcare	Qualcare	278.46	75			102.17	352.72	percent of total billed charges	
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28		117.5 Horizon	Indemnity	197.7				102.17	352.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28		117.5 Wellcare	Medicaid	113.02	30.44			102.17	352.72	percent of total billed charges	
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28		117.5 Three Rivers	Three Rivers	352.72	95			102.17	352.72	percent of total billed charges	
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28		117.5 Wellcare	Medicare	102.17				102.17	352.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT LIMITED/LOCALIZED FOLLOW UP STUDY	76380	CPT				outpatient			371.28		117.5 WellPoint	WellPoint	115.25	31.04			102.17	352.72	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				outpatient			6203.64		117.5 Aetna	Better Health	1888.39	30.44			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Amerihealth	Medicare	102.17				102.17	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Aetna	Commercial	166.74				102.17	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Amerihealth	HMO/PPO	294.5				102.17	5893.46	fee schedule	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Corrections	Corrections	4962.91	80			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Horizon	Medicare Blue	102.17				102.17	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Americare	Americare	4652.73	75			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 First Health	First Health	4342.55	70			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Multiplan	Multiplan	4962.91	80			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 UHC	Medicare	102.17				102.17	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Aetna	Medicare	102.17				102.17	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Horizon	MGD	197.7				102.17	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Horizon	Indemnity	197.7				102.17	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Wellcare	Medicare	102.17				102.17	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Consumer	Consumer	5893.46	95			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 UHC	Medicaid	1888.39	30.44			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Qualcare	Qualcare	4652.73	75			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Wellcare	Medicaid	1888.39	30.44			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Horizon	PPO	197.7				102.17	5893.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 First Trenton	First Trenton	5583.28	90			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 WellPoint	WellPoint	1925.61	31.04			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Horizon	NJ Health	548.8				102.17	5893.46	fee schedule	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Managed Care Inc	Managed Care Inc	5583.28	90			102.17	5893.46	percent of total billed charges	
MRI SPECTROSCOPY	76390	CPT				inpatient			6203.64		117.5 Three Rivers	Three Rivers	5893.46	95			102.17	5893.46	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Americare	Americare	494.19	75			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Amerihealth	Medicare	102.17				54.2	625.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Aetna	Commercial	166.74				54.2	625.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Aetna	Medicare	102.17				54.2	625.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Amerihealth	HMO/PPO	54.2				54.2	625.97	fee schedule	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Consumer	Consumer	625.97	95			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 First Trenton	First Trenton	593.03	90			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Aetna	Better Health	200.58	30.44			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Horizon	Indemnity	197.7				54.2	625.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 First Health	First Health	461.24	70			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Multiplan	Multiplan	527.14	80			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Horizon	MGD	197.7				54.2	625.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Managed Care Inc	Managed Care Inc	593.03	90			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Corrections	Corrections	527.14	80			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Qualcare	Qualcare	494.19	75			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Horizon	PPO	197.7				54.2	625.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 UHC	Medicare	102.17				54.2	625.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Three Rivers	Three Rivers	625.97	95			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 UHC	Medicaid	200.58	30.44			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 WellPoint	WellPoint	204.53	31.04			54.2	625.97	percent of total billed charges	
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Wellcare	Medicare	102.17				54.2	625.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Horizon	Medicare Blue	102.17				54.2	625.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	76497	CPT				outpatient			658.92		117.5 Wellcare	Medicaid	200.58	30.44			54.2	625.97	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Aetna	Better Health	745.17	30.44			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Horizon	Indemnity	197.7				102.17	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 UHC	Medicare	102.17				102.17	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Amerihealth	HMO/PPO	203.65				102.17	2325.6	fee schedule	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Corrections	Corrections	1958.4	80			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Amerihealth	Medicare	102.17				102.17	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Aetna	Commercial	166.74				102.17	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Aetna	Medicare	102.17				102.17	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Consumer	Consumer	2325.6	95			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Horizon	PPO	197.7				102.17	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Americare	Americare	1836	75			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 First Trenton	First Trenton	2203.2	90			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Wellcare	Medicare	102.17				102.17	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 First Health	First Health	1713.6	70			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Multiplan	Multiplan	1958.4	80			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Horizon	MGD	197.7				102.17	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Three Rivers	Three Rivers	2325.6	95			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 UHC	Medicaid	745.17	30.44			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Qualcare	Qualcare	1836	75			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Managed Care Inc	Managed Care Inc	2203.2	90			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Wellcare	Medicaid	745.17	30.44			102.17	2325.6	percent of total billed charges	
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 Horizon	Medicare Blue	102.17				102.17	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MAGNETIC RESONANCE PROCEDURE	76498	CPT				both			2448		117.5 WellPoint	WellPoint	759.86	31.04			102.17	2325.6	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Amerihealth	Medicare	102.17				102.17	7732.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 First Health	First Health	5697.72	70			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Aetna	Medicare	2507	30.8			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Aetna	Commercial	166.74				102.17	7732.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Horizon	Medicare Blue	102.17				102.17	7732.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 First Trenton	First Trenton	7325.64	90			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Aetna	Better Health	2477.69	30.44			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Corrections	Corrections	6511.68	80			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Horizon	Indemnity	197.7				102.17	7732.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Wellcare	Medicare	102.17				102.17	7732.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Americare	Americare	6104.7	75			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Amerihealth	HMO/PPO	5290.74	65			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 UHC	Medicare	102.17				102.17	7732.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Horizon	MGD	197.7				102.17	7732.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Consumer	Consumer	7732.62	95			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Multiplan	Multiplan	6511.68	80			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Horizon	PPO	197.7				102.17	7732.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Managed Care Inc	Managed Care Inc	7325.64	90			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Wellcare	Medicaid	2477.69	30.44			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Qualcare	Qualcare	6104.7	75			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 WellPoint	WellPoint	2526.53	31.04			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 Three Rivers	Three Rivers	7732.62	95			102.17	7732.62	percent of total billed charges	
UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	76499	CPT				both			8139.6		117.5 UHC	Medicaid	2477.69	30.44			102.17	7732.62	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Aetna	Commercial	201.37				52.7	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 First Trenton	First Trenton	587.52	90			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Americare	Americare	489.6	75			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Multiplan	Multiplan	522.24	80			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Aetna	Medicare	123.39				52.7	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Amerihealth	HMO/PPO	52.7				52.7	620.16	fee schedule	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Consumer	Consumer	620.16	95			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Aetna	Better Health	198.71	30.44			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Horizon	MGD	238.76				52.7	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Horizon	Medicare Blue	123.39				52.7	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 WellPoint	WellPoint	202.63	31.04		224.33	52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Qualcare	Qualcare	489.6	75			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 UHC	Medicare	123.39				52.7	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Amerihealth	Medicare	123.39				52.7	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Corrections	Corrections	522.24	80			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Horizon	PPO	238.76				52.7	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Horizon	NJ Health	82.32			105.91	52.7	620.16	fee schedule	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 UHC	Medicaid	198.71	30.44		247.67	52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 First Health	First Health	456.96	70			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Wellcare	Medicare	123.39				52.7	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Managed Care Inc	Managed Care Inc	587.52	90			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Horizon	Indemnity	238.76				52.7	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Three Rivers	Three Rivers	620.16	95			52.7	620.16	percent of total billed charges	
ECHOENCEPHALOGRAPHY REAL TIME IMAGING	76506	CPT				both			652.8		141.9 Wellcare	Medicaid	198.71	30.44			52.7	620.16	percent of total billed charges	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Americare	Americare	384.03	75			46.5	486.44	percent of total billed charges	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Multiplan	Multiplan	409.63	80			46.5	486.44	percent of total billed charges	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 UHC	Medicare	123.39				46.5	486.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Consumer	Consumer	486.44	95			46.5	486.44	percent of total billed charges	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Aetna	Commercial	201.37				46.5	486.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 First Health	First Health	358.43	70			46.5	486.44	percent of total billed charges	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 First Trenton	First Trenton	460.84	90			46.5	486.44	percent of total billed charges	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Aetna	Better Health	155.86	30.44			46.5	486.44	percent of total billed charges	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Amerihealth	HMO/PPO	46.5				46.5	486.44	fee schedule	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Qualcare	Qualcare	384.03	75			46.5	486.44	percent of total billed charges	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Wellcare	Medicare	123.39				46.5	486.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Corrections	Corrections	409.63	80			46.5	486.44	percent of total billed charges	
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Aetna	Medicare	123.39				46.5	486.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Horizon	Indemnity	238.76				46.5	486.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04		141.9 Managed Care Inc	Managed Care Inc	460.84	90			46.5	486.44	percent of total billed charges	
OPHTHAL

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPHTHALMIC US DX QUANTITATIVE A-SCAN ONLY	76511	CPT				outpatient			512.04	141.9	WellPoint	WellPoint	158.94	31.04			46.5	488.44	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Aetna	Commercial	201.37			88.22	56.42	382.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	First Health	First Health	282.03	70			56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Aetna	Medicare	123.39			47.92	56.42	382.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Aetna	Better Health	122.64	30.44		78.97	56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Horizon	NJ Health	117.6			52.91	56.42	382.76	fee schedule	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Consumer	Consumer	382.76	95			56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Corrections	Corrections	322.32	80		123.05	56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Horizon	Indemnity	238.76			110	56.42	382.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Multiplan	Multiplan	322.32	80			56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Three Rivers	Three Rivers	382.76	95			56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Americare	Americare	302.18	75			56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Amerihealth	Medicare	123.39				56.42	382.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Quelcare	Quelcare	302.18	75			56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Horizon	MGD	238.76			117.2	56.42	382.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	First Trenton	First Trenton	362.61	90			56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Horizon	Medicare Blue	123.39			50.1	56.42	382.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Wellcare	Medicare	123.39			51.34	56.42	382.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	UHC	Medicaid	122.64	30.44		114.05	56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Amerihealth	HMO/PPO	56.42				56.42	382.76	fee schedule	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Wellcare	Medicaid	122.64	30.44		81.16	56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Managed Care Inc	Managed Care Inc	362.61	90			56.42	382.76	percent of total billed charges	
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	UHC	Medicare	123.39			62.88	56.42	382.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	Horizon	PPO	238.76			89.26	56.42	382.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX B-SCAN W/WO NON-QUAN A-SCAN	76512	CPT				both			402.9	141.9	WellPoint	WellPoint	125.06	31.04		86.89	56.42	382.76	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Consumer	Consumer	693.8	95			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	UHC	Medicare	123.39				58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	First Health	First Health	511.22	70			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Corrections	Corrections	584.26	80			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Aetna	Better Health	222.31	30.44			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Aetna	Commercial	201.37				58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Multiplan	Multiplan	584.26	80			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Three Rivers	Three Rivers	693.8	95			58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Horizon	Medicare Blue	123.39				58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Wellcare	Medicare	123.39			39.13	58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Horizon	Indemnity	238.76				58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	First Trenton	First Trenton	657.29	90			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Aetna	Medicare	123.39				58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Americare	Americare	547.74	75			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Quelcare	Quelcare	547.74	75			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Wellcare	Medicaid	222.31	30.44		84.9	58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Horizon	NJ Health	129.36				58.9	693.8	fee schedule	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Amerihealth	HMO/PPO	58.9				58.9	693.8	fee schedule	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	UHC	Medicaid	222.31	30.44			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Horizon	PPO	238.76			62.9	58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Horizon	MGD	238.76				58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Amerihealth	Medicare	123.39				58.9	693.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	WellPoint	WellPoint	226.69	31.04			58.9	693.8	percent of total billed charges	
DX OPHTHALMIC US ANT SEGMENT IMMERSION UNI/BI	76513	CPT				both			730.32	141.9	Managed Care Inc	Managed Care Inc	657.29	90			58.9	693.8	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Aetna	Commercial	46.38				18.6	97.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Corrections	Corrections	81.95	80			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Aetna	Better Health	31.18	30.44			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Amerihealth	HMO/PPO	18.6				18.6	97.32	fee schedule	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Amerihealth	Medicare	28.42				18.6	97.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Multiplan	Multiplan	81.95	80			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Aetna	Medicare	28.42				18.6	97.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	First Trenton	First Trenton	92.2	90			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Horizon	Medicare Blue	28.42				18.6	97.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Horizon	Indemnity	54.99				18.6	97.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Americare	Americare	76.83	75			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	First Health	First Health	71.71	70			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Horizon	PPO	54.99			31.13	18.6	97.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Quelcare	Quelcare	76.83	75			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Consumer	Consumer	97.32	95			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Managed Care Inc	Managed Care Inc	92.2	90			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	UHC	Medicare	28.42				18.6	97.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Horizon	NJ Health	21.56			10.42	18.6	97.32	fee schedule	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Horizon	MGD	54.99				18.6	97.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Wellcare	Medicaid	31.18	30.44			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Three Rivers	Three Rivers	97.32	95			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	Wellcare	Medicare	28.42				18.6	97.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	UHC	Medicaid	31.18	30.44			18.6	97.32	percent of total billed charges	
OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	76514	CPT				outpatient			102.44	32.68	WellPoint	WellPoint	31.8	31.04		30.76	18.6	97.32	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Aetna	Better Health	121.09	30.44			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Aetna	Commercial	201.37				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Horizon	PPO	238.76				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	First Trenton	First Trenton	358.02	90			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Horizon	Medicare Blue	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Americare	Americare	298.35	75			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Consumer	Consumer	377.91	95			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Aetna	Medicare	122.52	30.8			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	First Health	First Health	278.46	70			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	UHC	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	WellPoint	WellPoint	123.48	31.04			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Horizon	NJ Health	78.4			37.06	46.5	377.91	fee schedule	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Multiplan	Multiplan	318.24	80			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Amerihealth	HMO/PPO	46.5				46.5	377.91	fee schedule	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Corrections	Corrections	318.24	80			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Amerihealth	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Wellcare	Medicaid	121.09	30.44			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Horizon	MGD	238.76				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Quelcare	Quelcare	298.35	75			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Managed Care Inc	Managed Care Inc	358.02	90			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Wellcare	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Horizon	Indemnity	238.76				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	Three Rivers	Three Rivers	377.91	95			46.5	377.91	percent of total billed charges	
OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	76516	CPT				outpatient			397.8	141.9	UHC	Medicaid	121.09	30.44			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Amerihealth	HMO/PPO	46.5				46.5	377.91	fee schedule	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Aetna	Commercial	201.37			106.55	46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Aetna	Medicare	122.52	30.8		52.18	46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Aetna	Better Health	121.09	30.44			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	First Trenton	First Trenton	358.02	90			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Amerihealth	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Corrections	Corrections	318.24	80			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Consumer	Consumer	377.91	95			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	First Health	First Health	278.46	70			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Horizon	PPO	238.76			85.58	46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Horizon	MGD	238.76			102.69	46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Americare	Americare	298.35	75			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Horizon	Medicare Blue	123.39			49.03	46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Wellcare	Medicaid	121.09	30.44		117.12	46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Horizon	Indemnity	238.76				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	UHC	Medicaid	121.09	30.44		119.86	46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Wellcare	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Multiplan	Multiplan	318.24	80			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Horizon	NJ Health	86.24			59.88	46.5	377.91	fee schedule	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	UHC	Medicare	123.39			47.26	46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Managed Care Inc	Managed Care Inc	358.02	90			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Quelcare	Quelcare	298.35	75			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	Three Rivers	Three Rivers	377.91	95			46.5	377.91	percent of total billed charges	
OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	76519	CPT				outpatient			397.8	141.9	WellPoint	WellPoint	123.48	31.04		88.09	46.5	377.91	percent of total billed charges	
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	Aetna	Commercial	166.74				52.08	296.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	Aetna	Better Health	95.16	30.44			52.08	296.99	percent of total billed charges	
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	First Trenton	First Trenton	281.36	90			52.08	296.99	percent of total billed charges	
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	Quelcare	Quelcare	234.47	75			52.08	296.99	percent of total billed charges	
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	Americare	Americare	234.47	75			52.08	296.99	percent of total billed charges	
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	Aetna	Medicare	102.17				52.08	296.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	Managed Care Inc	Managed Care Inc	281.36	90			52.08	296.99	percent of total billed charges	
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	First Health	First Health	218.83	70			52.08	296.99	percent of total billed charges	
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	Amerihealth	HMO/PPO	52.08				52.08	296.99	fee schedule	
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	Consumer	Consumer	296.99	95			52.08	296.99	percent of total billed charges	
OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	76529	CPT				outpatient			312.62	117.5	Wellcare	Medicare	102.17				52.08	296.99

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Wellcare	Medicaid	198.71	30.44		194.5	50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Multiplan	Multiplan	522.24	80			50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Aetna	Better Health	198.71	30.44		172.27	50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Aetna	Medicare	123.39			120.92	50.84	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Aetna	Commercial	201.37			169.95	50.84	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	UHC	Medicaid	198.71	30.44		188.25	50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Horizon	MGD	238.76			200.04	50.84	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	First Trenton	First Trenton	587.52	90			50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Americare	Americare	489.6	75			50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Qualcare	Qualcare	489.6	75			50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Amerihealth	Medicare	123.39				50.84	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Horizon	Indemnity	238.76			202.82	50.84	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Amerihealth	HMO/PPO	50.84			157.76	50.84	620.16	fee schedule	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	WellPoint	WellPoint	202.63	31.04		168.11	50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	UHC	Medicare	123.39			106.47	50.84	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Horizon	Medicare Blue	123.39			78.97	50.84	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Consumer	Consumer	620.16	95			50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Horizon	NJ Health	80.24			70.14	50.84	620.16	fee schedule	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Managed Care Inc	Managed Care Inc	587.52	90			50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Three Rivers	Three Rivers	620.16	95			50.84	620.16	percent of total billed charges	
US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	76536	CPT				both			652.8	141.9	Wellcare	Medicare	123.39			178.98	50.84	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Amerihealth	HMO/PPO	48.36				48.36	702.53	fee schedule	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Corrections	Corrections	591.6	80			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Aetna	Commercial	201.37			185.49	48.36	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Aetna	Medicare	123.39			79.67	48.36	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Horizon	PPO	238.76				48.36	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Consumer	Consumer	702.53	95			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Aetna	Better Health	225.1	30.44			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Amerihealth	Medicare	123.39				48.36	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Horizon	MGD	238.76				48.36	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	UHC	Medicare	123.39			94.17	48.36	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	First Health	First Health	517.65	70			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Americare	Americare	554.63	75			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Horizon	Indemnity	238.76				48.36	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	First Trenton	First Trenton	665.55	90			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Horizon	NJ Health	68.6			25.87	48.36	702.53	fee schedule	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Horizon	Medicare Blue	123.39				48.36	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Wellcare	Medicare	123.39				48.36	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Managed Care Inc	Managed Care Inc	665.55	90			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Multiplan	Multiplan	591.6	80			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Three Rivers	Three Rivers	702.53	95			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Qualcare	Qualcare	554.63	75			48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	UHC	Medicaid	225.1	30.44		216.52	48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	Wellcare	Medicaid	225.1	30.44		214.62	48.36	702.53	percent of total billed charges	
US CHEST REAL TIME W/IMAGE DOCUMENTATION	76604	CPT				both			739.5	141.9	WellPoint	WellPoint	229.54	31.04		131.55	48.36	702.53	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Amerihealth	HMO/PPO	42.16			149.35	42.16	421.52	fee schedule	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Aetna	Commercial	201.37			189.86	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Aetna	Better Health	135.06	30.44		186.32	42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Horizon	Indemnity	238.76			171.7	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Horizon	MGD	238.76			222.33	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Americare	Americare	332.78	75			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	First Health	First Health	310.59	70			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Amerihealth	Medicare	123.39				42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Horizon	NJ Health	94.39			73.76	42.16	421.52	fee schedule	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Consumer	Consumer	421.52	95			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Aetna	Medicare	136.66	30.8		102.03	42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	UHC	Medicare	123.39			108.02	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Wellcare	Medicare	123.39			80	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Wellcare	Medicaid	135.06	30.44		172.13	42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	First Trenton	First Trenton	399.33	90			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Horizon	Medicare Blue	123.39			110.94	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Horizon	PPO	238.76			225.59	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Corrections	Corrections	354.96	80			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Multiplan	Multiplan	354.96	80			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Managed Care Inc	Managed Care Inc	399.33	90			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Qualcare	Qualcare	332.78	75			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	UHC	Medicaid	135.06	30.44		187.55	42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	WellPoint	WellPoint	137.72	31.04		179.21	42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE COMPLETE	76641	CPT				both			443.7	141.9	Three Rivers	Three Rivers	421.52	95			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Amerihealth	HMO/PPO	42.16			55.7	42.16	421.52	fee schedule	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Horizon	MGD	197.7			149.17	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Corrections	Corrections	354.96	80			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Aetna	Commercial	166.74			124.69	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	First Health	First Health	310.59	70			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Amerihealth	Medicare	102.17				42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Aetna	Better Health	135.06	30.44		99.49	42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Horizon	PPO	197.7			139.73	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Horizon	Indemnity	197.7			152.34	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Wellcare	Medicare	102.17				42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	First Trenton	First Trenton	399.33	90			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Americare	Americare	332.78	75			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Horizon	NJ Health	77.5			66.08	42.16	421.52	fee schedule	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Wellcare	Medicaid	135.06	30.44		128.88	42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Aetna	Medicare	102.17			89.52	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Multiplan	Multiplan	354.96	80			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Three Rivers	Three Rivers	421.52	95			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	WellPoint	WellPoint	137.72	31.04		103.95	42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Managed Care Inc	Managed Care Inc	399.33	90			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Consumer	Consumer	421.52	95			42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Horizon	Medicare Blue	102.17			67.02	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	UHC	Medicare	102.17			83.35	42.16	421.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	UHC	Medicaid	135.06	30.44		129.65	42.16	421.52	percent of total billed charges	
US BREAST UNI REAL TIME WITH IMAGE LIMITED	76642	CPT				both			443.7	117.5	Qualcare	Qualcare	332.78	75			42.16	421.52	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Horizon	Indemnity	238.76			224.66	70.68	1050.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Aetna	Commercial	201.37			208.5	70.68	1050.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Aetna	Better Health	336.57	30.44		280.09	70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Aetna	Medicare	340.55	30.8		103.67	70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Americare	Americare	829.26	75			70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Corrections	Corrections	884.54	80			70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Consumer	Consumer	1050.4	95			70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Amerihealth	Medicare	123.39				70.68	1050.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Horizon	NJ Health	129.36			96.17	70.68	1050.4	fee schedule	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Horizon	MGD	238.76			283.73	70.68	1050.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	UHC	Medicaid	336.57	30.44		304.19	70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Amerihealth	HMO/PPO	70.68			190.09	70.68	1050.4	fee schedule	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Horizon	Medicare Blue	123.39			141.9	70.68	1050.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	First Trenton	First Trenton	995.11	90			70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Qualcare	Qualcare	829.26	75			70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	First Health	First Health	773.98	70			70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Multiplan	Multiplan	884.54	80			70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Horizon	PPO	238.76			199.97	70.68	1050.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Wellcare	Medicare	123.39			131.58	70.68	1050.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Wellcare	Medicaid	336.57	30.44		333.67	70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Managed Care Inc	Managed Care Inc	995.11	90			70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	Three Rivers	Three Rivers	1050.4	95			70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	UHC	Medicare	123.39			121.59	70.68	1050.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	76700	CPT				both			1105.68	141.9	WellPoint	WellPoint	343.2	31.04		225.58	70.68	1050.4	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Aetna	Medicare	123.39			103.51	51.46	760.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Americare	Americare	600.53	75			51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Horizon	NJ Health	86.24			46.2	51.46	760.67	fee schedule	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	UHC	Medicaid	243.73	30.44		210.44	51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Aetna	Commercial	201.37			154.01	51.46	760.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Amerihealth	Medicare	123.39				51.46	760.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Consumer	Consumer	760.67	95			51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Aetna	Better Health	243.73	30.44		213.26	51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Amerihealth	HMO/PPO	51.46			132.55	51.46	760.67	fee schedule	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	First Trenton	First Trenton	720.63	90			51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	First Health	First Health	560.49	70			51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Multiplan	Multiplan	640.56	80			51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Horizon	Indemnity	238.76			265.03	51.46	760.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Corrections	Corrections	640.56	80		62.04	51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Horizon	MGD	238.76			217.05	51.46	760.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Qualcare	Qualcare	600.53	75			51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Horizon	PPO	238.76			217.13	51.46	760.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Managed Care Inc	Managed Care Inc	720.63	90			51.46	760.67	percent of total billed charges	
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	UHC	Medicare	123.39			103.62	51.46	760.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76705	CPT				both			800.7	141.9	Wellcare	Medicare	123.39			124.57	51.46	760.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL REAL TIME W/IMAGE LIMITED	76

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Aetna	Better Health	152.45	30.44			58.9	475.78	percent of total billed charges	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 First Trenton	First Trenton	450.74	90			58.9	475.78	percent of total billed charges	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Consumer	Consumer	475.78	95			58.9	475.78	percent of total billed charges	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Three Rivers	Three Rivers	475.78	95			58.9	475.78	percent of total billed charges	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Horizon	Indemnity	238.76				58.9	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Horizon	NJ Health	88.24			96.74	58.9	475.78	fee schedule	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Horizon	MGD	238.76			238.76	58.9	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Aetna	Medicare	123.39				58.9	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Horizon	PPO	238.76				58.9	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Managed Care Inc	Managed Care Inc	450.74	90			58.9	475.78	percent of total billed charges	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 UHC	Medicaid	152.45	30.44			58.9	475.78	percent of total billed charges	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Amerihealth	HMO/PPO	68.9				58.9	475.78	fee schedule	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Multiplan	Multiplan	400.66	80			58.9	475.78	percent of total billed charges	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 UHC	Medicare	123.39			126.28	58.9	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Wellcare	Medicaid	152.45	30.44			58.9	475.78	percent of total billed charges	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 WellPoint	WellPoint	155.45	31.04		150.4	58.9	475.78	percent of total billed charges	
US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	76706	CPT				both			500.82		141.9 Wellcare	Medicare	123.39				58.9	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 First Health	First Health	369.14	70			68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Aetna	Better Health	156.18	30.44		166.43	68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 First Trenton	First Trenton	461.75	90			68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Amerihealth	HMO/PPO	68.82			139.64	68.82	487.41	fee schedule	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Corrections	Corrections	410.45	80			68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Consumer	Consumer	487.41	95			68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Aetna	Commercial	201.37			178.27	68.82	487.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Wellcare	Medicaid	156.18	30.44		201.71	68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Multiplan	Multiplan	410.45	80			68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 UHC	Medicaid	156.18	30.44		192.87	68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Managed Care Inc	Managed Care Inc	461.75	90			68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Amerihealth	Medicare	123.39				68.82	487.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Horizon	Indemnity	238.76				68.82	487.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 WellPoint	WellPoint	159.25	31.04		168.87	68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Aetna	Medicare	123.39				68.82	487.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 UHC	Medicare	123.39			74.15	68.82	487.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Qualcare	Qualcare	384.8	75			68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Three Rivers	Three Rivers	487.41	95			68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Horizon	Medicare Blue	123.39			124.31	68.82	487.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Americare	Americare	384.8	75			68.82	487.41	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Horizon	MGD	238.76			234	68.82	487.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Wellcare	Medicare	123.39				68.82	487.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Horizon	PPO	238.76				68.82	487.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	76770	CPT				both			513.06		141.9 Horizon	NJ Health	129.36			43.91	68.82	487.41	fee schedule	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Aetna	Commercial	201.37			198.15	51.46	852.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Corrections	Corrections	718.08	80		158.7	51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Horizon	NJ Health	129.36			108.15	51.46	852.72	fee schedule	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Aetna	Better Health	273.23	30.44		192.49	51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 First Trenton	First Trenton	807.84	90			51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Aetna	Medicare	123.39			122.31	51.46	852.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Horizon	PPO	238.76			198.56	51.46	852.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Amerihealth	Medicare	123.39				51.46	852.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Amerihealth	HMO/PPO	51.46				51.46	852.72	fee schedule	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Horizon	Medicare Blue	123.39			122.81	51.46	852.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Multiplan	Multiplan	718.08	80			51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Americare	Americare	673.2	75			51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Horizon	Indemnity	238.76			86.95	51.46	852.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Horizon	MGD	238.76				51.46	852.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Wellcare	Medicare	123.39			125.74	51.46	852.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Consumer	Consumer	852.72	95			51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 First Health	First Health	626.32	70			51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 UHC	Medicaid	273.23	30.44		310.23	51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Qualcare	Qualcare	673.2	75			51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Three Rivers	Three Rivers	852.72	95			51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Managed Care Inc	Managed Care Inc	807.84	90			51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 Wellcare	Medicaid	273.23	30.44		334.22	51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 WellPoint	WellPoint	278.62	31.04		223.2	51.46	852.72	percent of total billed charges	
US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	76775	CPT				both			897.6		141.9 UHC	Medicare	123.39			102.63	51.46	852.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 First Health	First Health	407.69	70			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Aetna	Commercial	201.37				71.92	553.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Corrections	Corrections	466.94	80			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Aetna	Better Health	177.29	30.44			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Qualcare	Qualcare	436.82	75			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Amerihealth	HMO/PPO	71.92				71.92	553.3	fee schedule	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Americare	Americare	436.82	75			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Aetna	Medicare	123.39				71.92	553.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Horizon	Indemnity	238.76				71.92	553.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Amerihealth	Medicare	123.39				71.92	553.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 First Trenton	First Trenton	524.18	90			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Consumer	Consumer	553.3	95			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 UHC	Medicaid	177.29	30.44			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 UHC	Medicare	123.39				71.92	553.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Three Rivers	Three Rivers	553.3	95			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Horizon	MGD	238.76				71.92	553.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Multiplan	Multiplan	465.94	80			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Horizon	Medicare Blue	123.39				71.92	553.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Horizon	NJ Health	77.07				71.92	553.3	fee schedule	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Horizon	PPO	238.76				71.92	553.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 WellPoint	WellPoint	180.78	31.04			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Managed Care Inc	Managed Care Inc	524.18	90			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Wellcare	Medicaid	177.29	30.44			71.92	553.3	percent of total billed charges	
US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	76776	CPT				both			582.42		141.9 Wellcare	Medicare	123.39				71.92	553.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Aetna	Commercial	201.37				72.54	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 First Health	First Health	456.96	70			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Horizon	PPO	238.76				72.54	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Amerihealth	Medicare	123.39				72.54	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Aetna	Medicare	123.39				72.54	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Aetna	Better Health	198.71	30.44			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Consumer	Consumer	620.16	95			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Americare	Americare	489.6	75			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Amerihealth	HMO/PPO	72.54				72.54	620.16	fee schedule	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Multiplan	Multiplan	522.24	80			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Horizon	MGD	238.76				72.54	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 First Trenton	First Trenton	587.52	90			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 UHC	Medicare	123.39				72.54	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Corrections	Corrections	522.24	80			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Three Rivers	Three Rivers	620.16	95			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Qualcare	Qualcare	489.6	75			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Horizon	Indemnity	238.76				72.54	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 WellPoint	WellPoint	202.63	31.04			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 UHC	Medicaid	198.71	30.44			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Wellcare	Medicaid	198.71	30.44			72.54	620.16	percent of total billed charges	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Horizon	Medicare Blue	123.39				72.54	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Wellcare	Medicare	123.39				72.54	620.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Horizon	NJ Health	127.4				72.54	620.16	fee schedule	
ULTRASOUND SPINAL CANAL & CONTENTS	76800	CPT				inpatient			652.8		141.9 Managed Care Inc	Managed Care Inc	587.52	90			72.54	620.16	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Horizon	PPO	238.76			162.25	62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Horizon	NJ Health	107.8			40.47	62	472.39	fee schedule	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 First Health	First Health	348.08	70			62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Aetna	Better Health	151.36	30.44		123.05	62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Aetna	Commercial	201.37			204.4	62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 UHC	Medicare	123.39			108.08	62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Amerihealth	HMO/PPO	62			61.41	62	472.39	fee schedule	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Amerihealth	Medicare	123.39				62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Aetna	Medicare	123.39				62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Americare	Americare	372.94	75			62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Horizon	Medicare Blue	123.39				62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Corrections	Corrections	397.8	80			62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Consumer	Consumer	472.39	95			62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 First Trenton	First Trenton	447.53	90			62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Multiplan	Multiplan	397.8	80			62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Horizon	MGD	238.76			99.92	62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Horizon	Indemnity	238.76			237.17	62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Managed Care Inc	Managed Care Inc	447.53	90			62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Qualcare	Qualcare	372.94	75			62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Three Rivers	Three Rivers	472.39	95			62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 Wellcare	Medicaid	151.36	30.44		112.71	62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 UHC	Medicaid	151.36	30.44		82.08	62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	76801	CPT				outpatient			497.25		141.9 WellPoint	WellPoint	154.35	31.04		109.56	62	472.39	percent of total billed charges	
US PREGNANT UTERUS 14 WK

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		First Health	First Health	182.65	70			62	62	247.88 percent of total billed charges	
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		Horizon	MGD	99.88	38.28			62	62	247.88 percent of total billed charges	
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		Horizon	NJ Health	84.28			70.76	62	62	247.88 fee schedule	
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		Aetna	Medicare	80.37	30.8			62	62	247.88 percent of total billed charges	
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		Managed Care Inc	Managed Care Inc	234.84	90			62	62	247.88 percent of total billed charges	
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		Horizon	Medicare Blue	78.28	30			62	62	247.88 percent of total billed charges	
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		Horizon	PPO	99.88	38.28			62	62	247.88 percent of total billed charges	
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		Multiplan	Multiplan	208.74	80			62	62	247.88 percent of total billed charges	
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		Three Rivers	Three Rivers	247.88	95			62	62	247.88 percent of total billed charges	
US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	76802	CPT				outpatient			260.93		Wellcare	Medicaid	79.43	30.44			62	62	247.88 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Aetna	Commercial	201.37			72.62	62	62	472.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Corrections	Corrections	398.21	80			62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Amerihealth	Medicare	123.39				62	62	472.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Aetna	Medicare	123.39				62	62	472.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Consumer	Consumer	472.87	95			62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Multiplan	Multiplan	398.21	80			62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	First Health	First Health	348.43	70			62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Aetna	Better Health	151.52	30.44		70.47	62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Wellcare	Medicare	123.39				62	62	472.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Horizon	MGD	238.76			233.98	62	62	472.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Horizon	Indemnity	238.76				62	62	472.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	First Trenton	First Trenton	447.98	90			62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Horizon	Medicare Blue	123.39				62	62	472.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Qualcare	Qualcare	373.32	75			62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Horizon	NJ Health	126.62			68.81	62	62	472.87 fee schedule	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Americare	Americare	373.32	75			62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	UHC	Medicare	123.39				62	62	472.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	UHC	Medicaid	151.52	30.44		121.19	62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Horizon	PPO	238.76			180.44	62	62	472.87 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Managed Care Inc	Managed Care Inc	447.98	90			62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	WellPoint	WellPoint	154.5	31.04		139.59	62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Amerihealth	HMO/PPO	62				62	62	472.87 fee schedule	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Three Rivers	Three Rivers	472.87	95			62	62	472.87 percent of total billed charges	
US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	76805	CPT				both			497.76	141.9	Wellcare	Medicaid	151.52	30.44		153.68	62	62	472.87 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		UHC	Medicaid	577.82	30.44			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Aetna	Better Health	577.82	30.44			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Americare	Americare	1423.67	75			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Corrections	Corrections	1518.58	80			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		First Trenton	First Trenton	1708.4	90			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Amerihealth	HMO/PPO	62				62	62	1803.31 fee schedule	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Consumer	Consumer	1803.31	95			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Aetna	Commercial	721.32	38			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		WellPoint	WellPoint	589.21	31.04			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		First Health	First Health	1328.75	70			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Horizon	NJ Health	252.31			194.27	62	62	1803.31 fee schedule	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Aetna	Medicare	584.65	30.8			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Horizon	PPO	726.64	38.28			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Wellcare	Medicaid	577.82	30.44			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Horizon	Indemnity	726.64	38.28			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Horizon	MGD	726.64	38.28			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Managed Care Inc	Managed Care Inc	1708.4	90			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Multiplan	Multiplan	1518.58	80			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Horizon	Medicare Blue	569.47	30			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Qualcare	Qualcare	1423.67	75			62	62	1803.31 percent of total billed charges	
US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	76810	CPT				outpatient			1898.22		Three Rivers	Three Rivers	1803.31	95			62	62	1803.31 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Horizon	MGD	542.71			359.33	78.95	78.95	826.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Corrections	Corrections	696.05	80			78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Americare	Americare	652.55	75			78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	WellPoint	WellPoint	270.07	31.04		267.99	78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Aetna	Commercial	457.73			391.37	78.95	78.95	826.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Amerihealth	Medicare	280.47				78.95	78.95	826.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Aetna	Better Health	264.85	30.44		258.24	78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Aetna	Medicare	280.47				78.95	78.95	826.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Multiplan	Multiplan	696.05	80			78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Horizon	Indemnity	542.71			131.89	78.95	78.95	826.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Amerihealth	HMO/PPO	78.95				78.95	78.95	826.56 fee schedule	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	First Health	First Health	609.04	70			78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Horizon	PPO	542.71			400.48	78.95	78.95	826.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Consumer	Consumer	826.56	95			78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	First Trenton	First Trenton	783.05	90			78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Horizon	Medicare Blue	280.47				78.95	78.95	826.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Qualcare	Qualcare	652.55	75			78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Horizon	NJ Health	399.84			302.8	78.95	78.95	826.56 fee schedule	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	UHC	Medicaid	264.85	30.44		240.8	78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Three Rivers	Three Rivers	826.56	95			78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	UHC	Medicare	280.47			258.16	78.95	78.95	826.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Managed Care Inc	Managed Care Inc	783.05	90			78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Wellcare	Medicaid	264.85	30.44		252.54	78.95	78.95	826.56 percent of total billed charges	
US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	76811	CPT				both			870.06	322.54	Wellcare	Medicare	280.47				78.95	78.95	826.56 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Consumer	Consumer	643.25	95			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Horizon	Indemnity	259.19	38.28			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Aetna	Better Health	206.11	30.44			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		First Trenton	First Trenton	609.39	90			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Corrections	Corrections	541.68	80			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Americare	Americare	507.83	75			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Qualcare	Qualcare	507.83	75			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Aetna	Medicare	208.55	30.8			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Aetna	Commercial	257.3	38		200.08	78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Amerihealth	HMO/PPO	78.95				78.95	78.95	643.25 fee schedule	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		First Health	First Health	473.97	70			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Managed Care Inc	Managed Care Inc	609.39	90			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Horizon	Medicare Blue	203.13	30			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		UHC	Medicaid	206.11	30.44		199.35	78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Multiplan	Multiplan	541.68	80			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Horizon	MGD	259.19	38.28			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Three Rivers	Three Rivers	643.25	95			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Horizon	NJ Health	238.12			279.63	78.95	78.95	643.25 fee schedule	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Wellcare	Medicaid	206.11	30.44			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		Horizon	PPO	259.19	38.28			78.95	78.95	643.25 percent of total billed charges	
US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	76812	CPT				outpatient			677.1		WellPoint	WellPoint	210.17	31.04		203.34	78.95	78.95	643.25 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Consumer	Consumer	377.91	95			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	First Trenton	First Trenton	358.02	90			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Aetna	Medicare	123.39				96.1	96.1	377.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Aetna	Better Health	121.09	30.44			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Aetna	Commercial	201.37				96.1	96.1	377.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Corrections	Corrections	318.24	80			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Horizon	MGD	238.76				96.1	96.1	377.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Amerihealth	HMO/PPO	96.1				96.1	96.1	377.91 fee schedule	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Multiplan	Multiplan	318.24	80			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Horizon	PPO	238.76				96.1	96.1	377.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Horizon	NJ Health	130.83			130.83	96.1	96.1	377.91 fee schedule	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Americare	Americare	298.35	75			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Qualcare	Qualcare	298.35	75			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	UHC	Medicaid	121.09	30.44			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Amerihealth	Medicare	123.39				96.1	96.1	377.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Managed Care Inc	Managed Care Inc	358.02	90			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Three Rivers	Three Rivers	377.91	95			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	WellPoint	WellPoint	123.48	31.04			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	First Health	First Health	278.46	70			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Wellcare	Medicare	123.39				96.1	96.1	377.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Horizon	Indemnity	238.76				96.1	96.1	377.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Horizon	Medicare Blue	123.39				96.1	96.1	377.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	UHC	Medicare	123.39				96.1	96.1	377.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	76813	CPT				outpatient			397.8	141.9	Wellcare	Medicaid	121.09	30.44			96.1	96.1	377.91 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		Horizon	Medicare Blue	33.14	30			23.09	23.09	104.94 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		Amerihealth	HMO/PPO	23.09				23.09	23.09	104.94 fee schedule	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		Corrections	Corrections	88.37	80			23.09	23.09	104.94 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		WellPoint	WellPoint	34.29	31.04			23.09	23.09	104.94 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		Aetna	Commercial	41.97	38			23.09	23.09	104.94 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		Aetna	Better Health	33.62	30.44			23.09	23.09	104.94 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		Americare	Americare	82.85	75			23.09	23.09	104.94 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		Aetna	Medicare	34.02	30.8			23.09	23.09	104.94 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		Wellcare	Medicaid	33.62	30.44			23.09	23.09	104.94 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT				outpatient			110.46		First Health	First Health	77.32	70			23.09	23.09	104.94 percent of total billed charges	
US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	76814	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	UHC	Medicare	123.39				53.32	518.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Consumer	Consumer	518.42	95			53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Aetna	Better Health	166.11	30.44		126.17	53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Amerihealth	HMO/PPO	53.32			40.18	53.32	518.42	fee schedule	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Americare	Americare	409.28	75			53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Qualcare	Qualcare	409.28	75			53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Horizon	Medicare Blue	123.39				53.32	518.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	First Trenton	First Trenton	491.13	90			53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Three Rivers	Three Rivers	518.42	95			53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	First Health	First Health	381.99	70			53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Aetna	Medicare	123.39				53.32	518.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Corrections	Corrections	436.56	80			53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	UHC	Medicaid	166.11	30.44		111.22	53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Wellcare	Medicaid	166.11	30.44		120.26	53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Horizon	Indemnity	238.76			112.37	53.32	518.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Horizon	MCD	238.76			136.63	53.32	518.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Wellcare	Medicare	123.39				53.32	518.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Horizon	NJ Health	68.6			56.27	53.32	518.42	fee schedule	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Horizon	PPO	238.76			114.59	53.32	518.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	WellPoint	WellPoint	169.39	31.04		113.49	53.32	518.42	percent of total billed charges	
US PREGNANT UTERUS LIMITED 1/> FETUSES	76815	CPT				both			545.7	141.9	Managed Care Inc	Managed Care Inc	491.13	90			53.32	518.42	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Amerihealth	Medicare	123.39				44.02	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Aetna	Better Health	156.8	30.44		151.73	44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Aetna	Medicare	123.39				44.02	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Aetna	Commercial	201.37			192.75	44.02	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Americare	Americare	386.33	75			44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Corrections	Corrections	412.08	80			44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Amerihealth	HMO/PPO	44.02			70.7	44.02	489.35	fee schedule	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	First Trenton	First Trenton	463.59	90			44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Horizon	Medicare Blue	123.39				44.02	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Multiplan	Multiplan	412.08	80			44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	First Health	First Health	360.57	70			44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Three Rivers	Three Rivers	489.35	95			44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Consumer	Consumer	489.35	95			44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Qualcare	Qualcare	386.33	75			44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Horizon	NJ Health	68.6			68.7	44.02	489.35	fee schedule	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Horizon	Indemnity	238.76				44.02	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Wellcare	Medicaid	156.8	30.44		145.05	44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Wellcare	Medicare	123.39				44.02	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Horizon	MGD	238.76			164.23	44.02	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	UHC	Medicaid	156.8	30.44		137.75	44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	UHC	Medicare	123.39			121.42	44.02	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Managed Care Inc	Managed Care Inc	463.59	90			44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	Horizon	PPO	238.76			173.66	44.02	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	76816	CPT				both			515.1	141.9	WellPoint	WellPoint	159.89	31.04		136.79	44.02	489.35	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Amerihealth	HMO/PPO	62				62	472.39	fee schedule	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	First Health	First Health	348.08	70			62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Aetna	Commercial	201.37			22.49	62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Americare	Americare	372.94	75			62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	First Trenton	First Trenton	447.53	90			62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	UHC	Medicare	123.39				62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Aetna	Better Health	151.36	30.44		118.21	62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Corrections	Corrections	397.8	80			62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Amerihealth	Medicare	123.39				62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Multiplan	Multiplan	397.8	80			62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Horizon	PPO	238.76			154.31	62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Consumer	Consumer	472.39	95			62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Horizon	Medicare Blue	123.39				62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Qualcare	Qualcare	372.94	75			62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Aetna	Medicare	123.39				62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Horizon	NJ Health	158.76			102.9	62	472.39	fee schedule	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	WellPoint	WellPoint	154.35	31.04		122.49	62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Wellcare	Medicare	123.39				62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Managed Care Inc	Managed Care Inc	447.53	90			62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Horizon	Indemnity	238.76			97.69	62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	UHC	Medicaid	151.36	30.44		96.72	62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Horizon	MGD	238.76			111.51	62	472.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Three Rivers	Three Rivers	472.39	95			62	472.39	percent of total billed charges	
US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	76817	CPT				both			497.25	141.9	Wellcare	Medicaid	151.36	30.44		121.63	62	472.39	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Aetna	Medicare	162.42	30.8			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Consumer	Consumer	500.97	95			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Horizon	Medicare Blue	123.39				86.8	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Corrections	Corrections	421.87	80			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Wellcare	Medicaid	160.52	30.44		79.15	86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Aetna	Commercial	201.37			243.87	86.8	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Amerihealth	Medicare	123.39				86.8	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Aetna	Better Health	160.52	30.44			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Americare	Americare	395.51	75			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	First Trenton	First Trenton	474.61	90			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Horizon	NJ Health	118.58			65.87	86.8	500.97	fee schedule	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Horizon	PPO	238.76			266.37	86.8	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Amerihealth	HMO/PPO	86.8				86.8	500.97	fee schedule	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	First Health	First Health	369.14	70			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	WellPoint	WellPoint	163.69	31.04		91.61	86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Multiplan	Multiplan	421.87	80			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Horizon	Indemnity	238.76			233.95	86.8	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Horizon	MCD	238.76				86.8	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	UHC	Medicaid	160.52	30.44		114.19	86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Qualcare	Qualcare	395.51	75			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	UHC	Medicare	123.39				86.8	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Wellcare	Medicare	123.39				86.8	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Managed Care Inc	Managed Care Inc	474.61	90			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	76818	CPT				both			527.34	141.9	Three Rivers	Three Rivers	500.97	95			86.8	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Multiplan	Multiplan	421.87	80			77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Amerihealth	HMO/PPO	77.5				77.5	500.97	fee schedule	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Aetna	Better Health	160.52	30.44			77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Horizon	Indemnity	238.76			110.79	77.5	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Horizon	MCD	238.76			73.95	77.5	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Horizon	PPO	238.76				77.5	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Aetna	Medicare	123.39				77.5	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Amerihealth	Medicare	123.39				77.5	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Qualcare	Qualcare	395.51	75			77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	First Health	First Health	369.14	70			77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Aetna	Commercial	201.37			73.14	77.5	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	UHC	Medicare	123.39				77.5	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	WellPoint	WellPoint	163.69	31.04		94.12	77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	UHC	Medicaid	160.52	30.44		124.52	77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Consumer	Consumer	500.97	95			77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Horizon	NJ Health	107.8			65.31	77.5	500.97	fee schedule	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Americare	Americare	395.51	75			77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Horizon	Medicare Blue	123.39				77.5	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Corrections	Corrections	421.87	80			77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Wellcare	Medicaid	160.52	30.44		123.34	77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	First Trenton	First Trenton	474.61	90			77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Wellcare	Medicare	123.39				77.5	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Managed Care Inc	Managed Care Inc	474.61	90			77.5	500.97	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	76819	CPT				both			527.34	141.9	Three Rivers	Three Rivers	500.97	95			77.5	500.97	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Amerihealth	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	First Trenton	First Trenton	358.02	90			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Horizon	Medicare Blue	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Aetna	Commercial	201.37				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Americare	Americare	298.35	75			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Corrections	Corrections	318.24	80			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Aetna	Better Health	121.09	30.44			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Aetna	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Consumer	Consumer	377.91	95			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Three Rivers	Three Rivers	377.91	95			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	UHC	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Horizon	Indemnity	238.76			110.79	46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Amerihealth	HMO/PPO	46.5				46.5	377.91	fee schedule	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Horizon	PPO	238.76				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	WellPoint	WellPoint	123.48	31.04		97.61	46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Horizon	NJ Health	50.98			59.36	46.5	377.91	fee schedule	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	First Health	First Health	278.46	70			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Managed Care Inc	Managed Care Inc	358.02	90			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Horizon	MGD	238.76				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	76820	CPT				both			397.8	141.9	Multipl

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Aetna	Medicare	122.52	30.8			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Wellcare	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Multiplan	Multiplan	318.24	80			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Consumer	Consumer	377.91	95			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	UHC	Medicaid	121.09	30.44		116.41	46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	UHC	Medicare	123.39				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Wellcare	Medicaid	121.09	30.44			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Corrections	Corrections	318.24	80			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Amerihealth	HMO/PPO	46.5				46.5	377.91	fee schedule	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	First Trenton	First Trenton	358.02	90			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Qualcare	Qualcare	298.35	75			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Horizon	Indemnity	238.76				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	WellPoint	WellPoint	123.48	31.04			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Managed Care Inc	Managed Care Inc	358.02	90			46.5	377.91	percent of total billed charges	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Horizon	MGD	238.76				46.5	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Horizon	NJ Health	110.21			153.46	46.5	377.91	fee schedule	
DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	76821	CPT				outpatient			397.8	141.9	Three Rivers	Three Rivers	377.91	95			46.5	377.91	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Consumer	Consumer	2882.78	95			69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Amerihealth	Medicare	636.2				69.44	2882.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Aetna	Better Health	923.7	30.44		908.46	69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	UHC	Medicare	636.2				69.44	2882.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Aetna	Commercial	1038.28			1037.95	69.44	2882.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Aetna	Medicare	636.2				69.44	2882.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Amerihealth	HMO/PPO	69.44			709.54	69.44	2882.78	fee schedule	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Americare	Americare	2275.88	75			69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	First Trenton	First Trenton	2731.05	90			69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Horizon	Medicare Blue	636.2				69.44	2882.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Horizon	PPO	1231.05			1259.87	69.44	2882.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Horizon	MGD	1231.05			1091.96	69.44	2882.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Corrections	Corrections	2427.6	80			69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Horizon	NJ Health	118.58			158.14	69.44	2882.78	fee schedule	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	First Health	First Health	2124.15	70			69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Three Rivers	Three Rivers	2882.78	95			69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Horizon	Indemnity	1231.05				69.44	2882.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Wellcare	Medicaid	923.7	30.44		913.59	69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Multiplan	Multiplan	2427.6	80			69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	WellPoint	WellPoint	941.91	31.04		934.32	69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Qualcare	Qualcare	2275.88	75			69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	UHC	Medicaid	923.7	30.44		876.3	69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Managed Care Inc	Managed Care Inc	2731.05	90			69.44	2882.78	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	76825	CPT				both			3034.5	731.63	Wellcare	Medicare	636.2				69.44	2882.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	First Health	First Health	1292.34	70			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Amerihealth	Medicare	280.47				50.84	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Horizon	PPO	542.71				50.84	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Americare	Americare	1384.65	75			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Aetna	Better Health	561.98	30.44			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	First Trenton	First Trenton	1661.58	90			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Aetna	Medicare	280.47				50.84	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Aetna	Commercial	457.73				50.84	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Horizon	Medicare Blue	280.47				50.84	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Corrections	Corrections	1476.96	80			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	WellPoint	WellPoint	573.06	31.04			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Amerihealth	HMO/PPO	50.84				50.84	1753.89	fee schedule	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Consumer	Consumer	1753.89	95			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Managed Care Inc	Managed Care Inc	1661.58	90			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Horizon	MGD	542.71				50.84	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	UHC	Medicare	280.47				50.84	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Multiplan	Multiplan	1476.96	80			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Horizon	Indemnity	542.71				50.84	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Horizon	NJ Health	104.86				50.84	1753.89	fee schedule	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Three Rivers	Three Rivers	1753.89	95			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Qualcare	Qualcare	1384.65	75			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	UHC	Medicaid	561.98	30.44			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Wellcare	Medicaid	561.98	30.44			50.84	1753.89	percent of total billed charges	
ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	76826	CPT				outpatient			1846.2	322.54	Wellcare	Medicare	280.47				50.84	1753.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Corrections	Corrections	629.14	80			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Aetna	Commercial	201.37				69.44	747.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Consumer	Consumer	747.1	95			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Amerihealth	Medicare	123.39				69.44	747.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Aetna	Better Health	239.39	30.44			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Aetna	Medicare	242.22	30.8			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	First Health	First Health	550.49	70			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Horizon	NJ Health	129.36			36.85	69.44	747.1	fee schedule	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Horizon	Medicare Blue	123.39				69.44	747.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Horizon	MGD	238.76				69.44	747.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Managed Care Inc	Managed Care Inc	707.78	90			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	First Trenton	First Trenton	707.78	90			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Multiplan	Multiplan	629.14	80			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Americare	Americare	589.82	75			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Three Rivers	Three Rivers	747.1	95			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	UHC	Medicare	123.39				69.44	747.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Qualcare	Qualcare	589.82	75			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Amerihealth	HMO/PPO	69.44				69.44	747.1	fee schedule	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Wellcare	Medicaid	239.39	30.44			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Horizon	Indemnity	238.76				69.44	747.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Wellcare	Medicare	123.39				69.44	747.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	UHC	Medicaid	239.39	30.44		231.53	69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	Horizon	PPO	238.76				69.44	747.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	76827	CPT				both			786.42	141.9	WellPoint	WellPoint	244.1	31.04			69.44	747.1	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Americare	Americare	340.43	75			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Aetna	Commercial	201.37				21.08	431.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Aetna	Better Health	138.17	30.44			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Amerihealth	HMO/PPO	21.08				21.08	431.21	fee schedule	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Consumer	Consumer	431.21	95			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Aetna	Medicare	123.39				21.08	431.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Multiplan	Multiplan	363.12	80			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	First Trenton	First Trenton	408.51	90			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Corrections	Corrections	363.12	80			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Horizon	MGD	238.76				21.08	431.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Qualcare	Qualcare	340.43	75			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Amerihealth	Medicare	123.39				21.08	431.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Horizon	PPO	238.76				21.08	431.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	UHC	Medicare	123.39				21.08	431.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	UHC	Medicaid	138.17	30.44			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Horizon	Medicare Blue	123.39				21.08	431.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Wellcare	Medicare	123.39				21.08	431.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	First Health	First Health	317.73	70			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	WellPoint	WellPoint	140.89	31.04			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Horizon	NJ Health	106.72			84.64	21.08	431.21	fee schedule	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Horizon	Indemnity	238.76				21.08	431.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Managed Care Inc	Managed Care Inc	408.51	90			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Wellcare	Medicaid	138.17	30.44			21.08	431.21	percent of total billed charges	
DOPPLER ECHO FETAL PULS SPECTRAL FI/UREPEAT	76828	CPT				outpatient			453.9	141.9	Three Rivers	Three Rivers	431.21	95			21.08	431.21	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Aetna	Medicare	123.39			155.93	57.66	594.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Corrections	Corrections	500.82	80			57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Amerihealth	HMO/PPO	57.66			57.02	57.66	594.73	fee schedule	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Aetna	Better Health	190.56	30.44		127.12	57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Wellcare	Medicaid	190.56	30.44		121.36	57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Aetna	Commercial	201.37			146.7	57.66	594.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	First Trenton	First Trenton	563.43	90			57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Americare	Americare	469.52	75			57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	First Health	First Health	438.22	70			57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Horizon	Indemnity	238.76			156.2	57.66	594.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Managed Care Inc	Managed Care Inc	563.43	90			57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Multiplan	Multiplan	500.82	80			57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	WellPoint	WellPoint	194.32	31.04		137.46	57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Amerihealth	Medicare	123.39				57.66	594.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Three Rivers	Three Rivers	594.73	95			57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Consumer	Consumer	594.73	95			57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	UHC	Medicare	123.39			74.48	57.66	594.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	UHC	Medicaid	190.56	30.44		124.68	57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Qualcare	Qualcare	469.52	75			57.66	594.73	percent of total billed charges	
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Horizon	Medicare Blue	123.39			106.08	57.66	594.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Horizon	MGD	238.76			164.53	57.66	594.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Horizon	PPO	238.76			142.37	57.66	594.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Wellcare	Medicare	123.39			96.05	57.66	594.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSVAGINAL	76830	CPT				both			626.03	141.9	Horizon	NJ Health	144.45			53.31	57.66	594.73	fee schedule	
SALINE INFUS SONOHYSTEROGR

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	First Health	First Health	761.31	70			131.32	1033.2	percent of total billed charges	
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	Qualcare	Qualcare	815.69	75			131.32	1033.2	percent of total billed charges	
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	UHC	Medicaid	331.06	30.44		217.97	131.32	1033.2	percent of total billed charges	
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	Three Rivers	Three Rivers	1033.2	95			131.32	1033.2	percent of total billed charges	
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	Horizon	MGD	542.71				131.32	1033.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	Multiplan	Multiplan	870.06	80			131.32	1033.2	percent of total billed charges	
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	UHC	Medicare	280.47				131.32	1033.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	Horizon	Indemnity	542.71				131.32	1033.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	Wellcare	Medicaid	331.06	30.44			131.32	1033.2	percent of total billed charges	
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	Wellcare	Medicare	280.47				131.32	1033.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	Horizon	PPO	542.71				131.32	1033.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	Managed Care Inc	Managed Care Inc	976.82	90			131.32	1033.2	percent of total billed charges	
SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	76831	CPT				outpatient			1087.58	322.54	WellPoint	WellPoint	337.58	31.04			131.32	1033.2	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Aetna	Better Health	190.95	30.44		129.09	57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	First Health	First Health	439.11	70			57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Amerihealth	Medicare	123.39				57.66	595.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Aetna	Medicare	123.39			155.93	57.66	595.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Consumer	Consumer	595.94	95			57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Horizon	MGD	238.76			153.76	57.66	595.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Wellcare	Medicaid	190.95	30.44		115.61	57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Americare	Americare	470.48	75			57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Aetna	Commercial	201.37			133.64	57.66	595.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Horizon	Indemnity	238.76			164.39	57.66	595.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	WellPoint	WellPoint	194.71	31.04		143.26	57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Amerihealth	HMO/PPO	57.66			61.75	57.66	595.94	fee schedule	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	First Trenton	First Trenton	564.57	90			57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Multiplan	Multiplan	501.84	80			57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Corrections	Corrections	501.84	80			57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Horizon	Medicare Blue	123.39			123.63	57.66	595.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Horizon	PPO	238.76			167.72	57.66	595.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Qualcare	Qualcare	470.48	75			57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Horizon	NJ Health	129.36			60.67	57.66	595.94	fee schedule	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	UHC	Medicaid	190.95	30.44		129.05	57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Managed Care Inc	Managed Care Inc	564.57	90			57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Wellcare	Medicare	123.39			96.05	57.66	595.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	Three Rivers	Three Rivers	595.94	95			57.66	595.94	percent of total billed charges	
US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	76856	CPT				both			627.3	141.9	UHC	Medicare	123.39			67.69	57.66	595.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Aetna	Medicare	122.52	30.8			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Aetna	Better Health	121.09	30.44			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Horizon	Indemnity	238.76			230.1	35.96	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Americare	Americare	298.35	75			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Corrections	Corrections	318.24	80			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	First Health	First Health	278.46	70			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Aetna	Commercial	201.37				35.96	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Amerihealth	Medicare	123.39				35.96	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Consumer	Consumer	377.91	95			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Horizon	MGD	238.76				35.96	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	UHC	Medicare	123.39				35.96	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Amerihealth	HMO/PPO	35.96				35.96	377.91	fee schedule	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Horizon	Medicare Blue	123.39				35.96	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	First Trenton	First Trenton	358.02	90			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Multiplan	Multiplan	318.24	80			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Horizon	PPO	238.76			212.3	35.96	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Horizon	NJ Health	86.24			39.77	35.96	377.91	fee schedule	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Managed Care Inc	Managed Care Inc	358.02	90			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Qualcare	Qualcare	298.35	75			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Wellcare	Medicare	123.39			63.58	35.96	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Three Rivers	Three Rivers	377.91	95			35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	UHC	Medicaid	121.09	30.44		85.52	35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	Wellcare	Medicaid	121.09	30.44		73.93	35.96	377.91	percent of total billed charges	
US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	76857	CPT				both			397.8	141.9	WellPoint	WellPoint	123.48	31.04		119.46	35.96	377.91	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Americare	Americare	524.79	75			55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Aetna	Commercial	201.37			94.76	55.8	664.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Multiplan	Multiplan	559.78	80			55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Aetna	Better Health	212.99	30.44		202.07	55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Consumer	Consumer	664.73	95			55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	First Health	First Health	489.8	70			55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Aetna	Medicare	123.39			225.57	55.8	664.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	WellPoint	WellPoint	217.19	31.04		198.88	55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	First Trenton	First Trenton	629.75	90			55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Horizon	NJ Health	101.33			74.44	55.8	664.73	fee schedule	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Qualcare	Qualcare	524.79	75			55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Amerihealth	HMO/PPO	55.8			115.86	55.8	664.73	fee schedule	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Horizon	PPO	238.76			142.98	55.8	664.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	UHC	Medicaid	212.99	30.44		212.86	55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Corrections	Corrections	559.78	80			55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Amerihealth	Medicare	123.39				55.8	664.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Managed Care Inc	Managed Care Inc	629.75	90			55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Horizon	Medicare Blue	123.39			91.46	55.8	664.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Wellcare	Medicare	123.39			125.74	55.8	664.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Horizon	MGD	238.76			238.66	55.8	664.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Three Rivers	Three Rivers	664.73	95			55.8	664.73	percent of total billed charges	
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	UHC	Medicare	123.39			88.75	55.8	664.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Horizon	Indemnity	238.76				55.8	664.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCROTUM & CONTENTS	76870	CPT				both			699.72	141.9	Wellcare	Medicaid	212.99	30.44		206.01	55.8	664.73	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Horizon	Indemnity	238.76				60.14	830.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Aetna	Commercial	201.37			189.71	60.14	830.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Amerihealth	Medicare	123.39				60.14	830.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	First Health	First Health	612.26	70			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	First Trenton	First Trenton	787.19	90			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Horizon	PPO	238.76				60.14	830.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Americare	Americare	655.99	75			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Aetna	Better Health	266.24	30.44			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Horizon	MGD	238.76			248.8	60.14	830.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Aetna	Medicare	123.39				60.14	830.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Amerihealth	HMO/PPO	60.14				60.14	830.92	fee schedule	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Multiplan	Multiplan	699.72	80			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Horizon	NJ Health	158.76			28.81	60.14	830.92	fee schedule	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Corrections	Corrections	699.72	80			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	UHC	Medicaid	266.24	30.44		47.23	60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Consumer	Consumer	830.92	95			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Managed Care Inc	Managed Care Inc	767.19	90			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Qualcare	Qualcare	655.99	75			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	UHC	Medicare	123.39			146.14	60.14	830.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Horizon	Medicare Blue	123.39			83.62	60.14	830.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Wellcare	Medicare	123.39				60.14	830.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Three Rivers	Three Rivers	830.92	95			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	WellPoint	WellPoint	271.49	31.04			60.14	830.92	percent of total billed charges	
US TRANSRECTAL	76872	CPT				outpatient			874.65	141.9	Wellcare	Medicaid	266.24	30.44			60.14	830.92	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	First Trenton	First Trenton	358.02	90			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Aetna	Better Health	121.09	30.44			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Americare	Americare	298.35	75			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Aetna	Medicare	123.39				100.44	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Horizon	Indemnity	238.76				100.44	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Horizon	Medicare Blue	123.39				100.44	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Aetna	Commercial	201.37				100.44	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Amerihealth	Medicare	123.39				100.44	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Managed Care Inc	Managed Care Inc	358.02	90			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Amerihealth	HMO/PPO	100.44				100.44	377.91	fee schedule	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Horizon	NJ Health	199.92				100.44	377.91	fee schedule	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Consumer	Consumer	377.91	95			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Horizon	PPO	238.76				100.44	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	First Health	First Health	278.46	70			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Multiplan	Multiplan	318.24	80			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Corrections	Corrections	318.24	80			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	UHC	Medicaid	121.09	30.44			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Wellcare	Medicaid	121.09	30.44			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Three Rivers	Three Rivers	377.91	95			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Horizon	MGD	238.76				100.44	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	UHC	Medicare	123.39				100.44	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Qualcare	Qualcare	298.35	75			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	WellPoint	WellPoint	123.48	31.04			100.44	377.91	percent of total billed charges	
US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	76873	CPT				outpatient			397.8	141.9	Wellcare	Medicare	123.39				100.44	377.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Aetna	Better Health	200.65	30.44			51.46	626.22	percent of total billed charges	
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Americare	Americare	494.39	75			51.46	626.22	percent of total billed charges	
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Amerihealth	HMO/PPO	51.46				51.46	626.22	fee schedule	
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Horizon	Medicare Blue	123.39				51.46	626.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Corrections	Corrections	527.34	80			51.46	626.22	percent of total billed charges	
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Aetna	Medicare	123.39				51.46	626.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	First Trenton	First Trenton	593.26	90			51.46	626.22	percent of total billed charges	
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Horizon	Indemnity	238.76				51.46	626.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Multiplan	Multiplan	527.34	80				626.22	percent of total billed charges	
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	UHC	Medicaid	200.65	30.44			163.11	51.46	626.22	percent of total billed charges
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Wellcare	Medicare	123.39					51.46	626.22	other
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Horizon	PPO	238.76					51.46	626.22	other
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Qualcare	Qualcare	494.39	75				51.46	626.22	percent of total billed charges
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	WellPoint	WellPoint	204.61	31.04				51.46	626.22	percent of total billed charges
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Three Rivers	Three Rivers	626.22	95				51.46	626.22	percent of total billed charges
US COMPL JOINT R-T W/IMAGE DOCUMENTATION	76881	CPT				both			659.18	141.9	Wellcare	Medicaid	200.65	30.44			163.11	51.46	626.22	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Horizon	NJ Health	25.6				23.21	25.6	486.92	fee schedule
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Aetna	Commercial	201.37				102.48	25.6	486.92	other
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	First Trenton	First Trenton	461.3	90				25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Americare	Americare	384.41	75				25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	WellPoint	WellPoint	159.1	31.04			76.96	25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Amerihealth	Medicare	123.39					25.6	486.92	other
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	First Health	First Health	368.79	70				25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Aetna	Better Health	156.02	30.44			43.28	25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	UHC	Medicare	123.39				44.67	25.6	486.92	other
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Horizon	Medicare Blue	123.39				88.22	25.6	486.92	other
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Managed Care Inc	Managed Care Inc	461.3	90				25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Horizon	Indemnity	238.76				234	25.6	486.92	other
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Horizon	PPO	238.76				130.66	25.6	486.92	other
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Multiplan	Multiplan	410.04	80				25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Wellcare	Medicaid	156.02	30.44			66.56	25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Aetna	Medicare	123.39					25.6	486.92	other
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Wellcare	Medicare	123.39					25.6	486.92	other
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Qualcare	Qualcare	384.41	75				25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Horizon	MGD	238.76				235.18	25.6	486.92	other
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Amerihealth	HMO/PPO	51.46				49.5	25.6	486.92	fee schedule
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Three Rivers	Three Rivers	486.92	95				25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Consumer	Consumer	486.92	95				25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	UHC	Medicaid	156.02	30.44			116.13	25.6	486.92	percent of total billed charges
US LMTD JT/FCL EVAL NONVASC XTR STRUX R-T W/IMG	76882	CPT				both			512.55	141.9	Corrections	Corrections	410.04	80				25.6	486.92	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Americare	Americare	524.79	75				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Aetna	Better Health	212.99	30.44				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	First Health	First Health	489.8	70				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	UHC	Medicare	102.17					63.86	664.73	other
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	First Trenton	First Trenton	629.75	90				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Corrections	Corrections	559.78	80				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Aetna	Medicare	215.51	30.8				63.86	664.73	other
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Aetna	Commercial	166.74					63.86	664.73	other
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Amerihealth	HMO/PPO	63.86					63.86	664.73	fee schedule
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Consumer	Consumer	664.73	95				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Horizon	Medicare Blue	102.17					63.86	664.73	other
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Amerihealth	Medicare	102.17					63.86	664.73	other
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Horizon	MGD	197.7					63.86	664.73	other
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Horizon	PPO	197.7					63.86	664.73	other
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	UHC	Medicaid	212.99	30.44				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Horizon	Indemnity	197.7					63.86	664.73	other
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Horizon	NJ Health	72.52					63.86	664.73	fee schedule
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Multiplan	Multiplan	559.78	80				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	WellPoint	WellPoint	217.19	31.04				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Qualcare	Qualcare	524.79	75				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Managed Care Inc	Managed Care Inc	629.75	90				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Three Rivers	Three Rivers	664.73	95				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Wellcare	Medicaid	212.99	30.44				63.86	664.73	percent of total billed charges
US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	76885	CPT				outpatient			699.72	117.5	Wellcare	Medicare	102.17					63.86	664.73	other
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Aetna	Commercial	166.74					57.04	620.16	other
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Horizon	PPO	197.7					57.04	620.16	other
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Americare	Americare	489.6	75				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Aetna	Better Health	198.71	30.44				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Horizon	Medicare Blue	102.17					57.04	620.16	other
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Aetna	Medicare	201.06	30.8				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Amerihealth	Medicare	102.17					57.04	620.16	other
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Amerihealth	HMO/PPO	57.04					57.04	620.16	fee schedule
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Wellcare	Medicaid	198.71	30.44				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	WellPoint	WellPoint	202.63	31.04				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Consumer	Consumer	620.16	95				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	UHC	Medicare	102.17					57.04	620.16	other
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Multiplan	Multiplan	522.24	80				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Horizon	MGD	197.7					57.04	620.16	other
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Corrections	Corrections	522.24	80				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	First Health	First Health	456.96	70				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Qualcare	Qualcare	489.6	75				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	UHC	Medicaid	198.71	30.44				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	First Trenton	First Trenton	587.52	90				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Wellcare	Medicare	102.17					57.04	620.16	other
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Horizon	Indemnity	197.7					57.04	620.16	other
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Horizon	NJ Health	78.83					57.04	620.16	fee schedule
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Managed Care Inc	Managed Care Inc	587.52	90				57.04	620.16	percent of total billed charges
US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	76886	CPT				both			652.8	117.5	Three Rivers	Three Rivers	620.16	95				57.04	620.16	percent of total billed charges
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Aetna	Better Health	142.44	30.44			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Qualcare	Qualcare	350.95	75			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Aetna	Commercial	589.67				142.44	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Three Rivers	Three Rivers	444.53	95			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Aetna	Medicare	361.32				142.44	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	First Health	First Health	327.55	70			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Americare	Americare	350.95	75			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Corrections	Corrections	374.34	80			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Consumer	Consumer	444.53	95			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	UHC	Medicaid	142.44	30.44			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Amerihealth	HMO/PPO	186				142.44	699.15	fee schedule	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	First Trenton	First Trenton	421.14	90			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Horizon	MGD	699.15				142.44	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Horizon	Indemnity	699.15				142.44	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Amerihealth	Medicare	361.32				142.44	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Horizon	NJ Health	341.96				142.44	699.15	fee schedule	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Horizon	Medicare Blue	361.32				142.44	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	WellPoint	WellPoint	145.25	31.04			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	UHC	Medicare	361.32				142.44	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Managed Care Inc	Managed Care Inc	421.14	90			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Horizon	PPO	699.15				142.44	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Multiplan	Multiplan	374.34	80			142.44	699.15	percent of total billed charges	
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Wellcare	Medicare	361.32				142.44	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	76936	CPT				outpatient			467.93	415.52	Wellcare	Medicaid	142.44	30.44			142.44	699.15	percent of total billed charges	
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		First Health	First Health	423.4	70			56.84	574.62	percent of total billed charges	
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Aetna	Medicare	186.3	30.8			147.55	56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Corrections	Corrections	483.89	80				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Aetna	Better Health	184.12	30.44				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		First Trenton	First Trenton	544.37	90				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Horizon	MGD	231.54	38.28				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Aetna	Commercial	229.85	38			190.08	56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Americare	Americare	453.65	75				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		UHC	Medicaid	184.12	30.44			136.72	56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Amerihealth	HMO/PPO	393.16	65			180.7	56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		WellPoint	WellPoint	187.75	31.04			149.59	56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Consumer	Consumer	574.62	95				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Managed Care Inc	Managed Care Inc	544.37	90				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Horizon	Indemnity	231.54	38.28				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Three Rivers	Three Rivers	574.62	95				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Horizon	Medicare Blue	181.46	30			147.44	56.84	574.62	other
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Horizon	NJ Health	56.84				155.62	56.84	574.62	fee schedule
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Horizon	PPO	231.54	38.28			272.61	56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Multiplan	Multiplan	483.89	80				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Qualcare	Qualcare	453.65	75				56.84	574.62	percent of total billed charges
US VASC ACCESS SITS VSL PATENCY NDL ENTRY	76937	CPT				both			604.86		Wellcare	Medicaid	184.12	30.44			61.15	56.84	574.62	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Corrections	Corrections	863.94	80				72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Aetna	Better Health	328.73	30.44			106.95	72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Aetna	Commercial	410.37	38			218.15	72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Aetna	Medicare	332.62	30.8			169.05	72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Amerihealth	HMO/PPO	701.95	65			300.97	72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Americare	Americare	809.95	75				72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		First Health	First Health	755.95	70				72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Horizon	Medicare Blue	323.98	30			140.67	72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		First Trenton	First Trenton	971.94	90				72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		WellPoint	WellPoint	335.21	31.04			227.89	72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Consumer	Consumer	1025.93	95				72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Horizon	Indemnity	413.4	38.28			283.91	72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Horizon	MGD	413.4	38.28			364.1	72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Managed Care Inc	Managed Care Inc	971.94	90				72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Horizon	NJ Health	72.52				117.68	72.52	1025.93	fee schedule
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Three Rivers	Three Rivers	1025.93	95				72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both			1079.93		Multiplan	Multiplan	863.94	80				72.52	1025.93	percent of total billed charges
US GUIDANCE NEEDLE PLACEMENT IMG S&I	76942	CPT				both

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Wellcare	Medicaid	28.83	30.44			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Aetna	Medicare	29.17	30.8			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Americare	Americare	71.03	75			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Aetna	Better Health	28.83	30.44			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Horizon	MGD	36.25	38.28			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Corrections	Corrections	75.76	80			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		UHC	Medicaid	28.83	30.44			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		First Health	First Health	66.29	70			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		First Trenton	First Trenton	85.23	90			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Aetna	Commercial	35.99	38			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		WellPoint	WellPoint	29.39	31.04			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Horizon	Medicare Blue	28.41	30			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Horizon	NJ Health	78.4				28.41		89.97 fee schedule	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Amerihealth	HMO/PPO	61.56	65			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Horizon	PPO	36.25	38.28			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Horizon	Indemnity	36.25	38.28			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Managed Care Inc	Managed Care Inc	85.23	90			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Multiplan	Multiplan	75.76	80			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Three Rivers	Three Rivers	89.97	95			28.41		89.97 percent of total billed charges	
US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	76945	CPT				outpatient			94.7		Qualcare	Qualcare	71.03	75			28.41		89.97 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Americare	Americare	87.62	75			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Aetna	Better Health	35.56	30.44			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Horizon	Indemnity	44.72	38.28			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Aetna	Commercial	44.4	38			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Amerihealth	HMO/PPO	75.94	65			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Horizon	Medicare Blue	35.05	30			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Corrections	Corrections	93.46	80			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		First Health	First Health	81.78	70			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Multiplan	Multiplan	93.46	80			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Consumer	Consumer	110.99	95			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Horizon	PPO	44.72	38.28			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Aetna	Medicare	35.98	30.8			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Qualcare	Qualcare	87.62	75			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Wellcare	Medicaid	35.56	30.44			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		First Trenton	First Trenton	105.15	90			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Horizon	MGD	44.72	38.28			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Three Rivers	Three Rivers	110.99	95			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		UHC	Medicaid	35.56	30.44			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Horizon	NJ Health	60.76				35.05		110.99 fee schedule	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		WellPoint	WellPoint	36.26	31.04			35.05		110.99 percent of total billed charges	
US GUIDANCE AMNIOCENTESIS IMG S&I	76946	CPT				outpatient			116.83		Managed Care Inc	Managed Care Inc	105.15	90			35.05		110.99 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Aetna	Commercial	124.49	38			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Consumer	Consumer	311.23	95			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Aetna	Medicare	100.9	30.8			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		First Health	First Health	229.33	70			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Americare	Americare	245.71	75			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Horizon	MGD	125.41	38.28			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		WellPoint	WellPoint	101.69	31.04			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Aetna	Better Health	99.72	30.44			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Multiplan	Multiplan	262.09	80			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Corrections	Corrections	262.09	80			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		UHC	Medicaid	99.72	30.44			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Horizon	Indemnity	125.41	38.28			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Wellcare	Medicaid	99.72	30.44			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Qualcare	Qualcare	245.71	75			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Amerihealth	HMO/PPO	207.7				98.28		337.12 fee schedule	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		First Trenton	First Trenton	294.85	90			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Horizon	PPO	125.41	38.28			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Horizon	Medicare Blue	98.28	30			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Three Rivers	Three Rivers	311.23	95			98.28		337.12 percent of total billed charges	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Horizon	NJ Health	337.12				98.28		337.12 fee schedule	
US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	76965	CPT				both			327.61		Managed Care Inc	Managed Care Inc	294.85	90			98.28		337.12 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	First Health	First Health	591.91	70			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Aetna	Medicare	260.44	30.8			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Horizon	MGD	399.69				206.56		803.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Aetna	Commercial	337.11				206.56		803.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Aetna	Better Health	257.39	30.44			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Amerihealth	HMO/PPO	549.63	65			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	UHC	Medicaid	257.39	30.44			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Amerihealth	Medicare	206.56				206.56		803.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Multiplan	Multiplan	676.46	80			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Consumer	Consumer	803.3	95			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Americare	Americare	634.19	75			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Qualcare	Qualcare	634.19	75			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Horizon	Indemnity	399.69				206.56		803.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Corrections	Corrections	676.46	80			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Three Rivers	Three Rivers	803.3	95			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	WellPoint	WellPoint	262.47	31.04			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Horizon	Medicare Blue	206.56				206.56		803.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	First Trenton	First Trenton	761.02	90			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Wellcare	Medicare	206.56				206.56		803.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Horizon	NJ Health	286.18				206.56		803.3 fee schedule	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	UHC	Medicare	206.56				206.56		803.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Horizon	PPO	399.69				206.56		803.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Wellcare	Medicaid	257.39	30.44			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	76978	CPT				outpatient			845.58	237.54	Managed Care Inc	Managed Care Inc	761.02	90			206.56		803.3 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		First Trenton	First Trenton	255.2	90			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		First Health	First Health	198.49	70			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Aetna	Better Health	86.32	30.44			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Aetna	Commercial	107.75	38			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Amerihealth	HMO/PPO	184.31	65			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Aetna	Medicare	87.34	30.8			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Consumer	Consumer	269.38	95			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Horizon	Medicare Blue	85.07	30			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Managed Care Inc	Managed Care Inc	255.2	90			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Horizon	MGD	108.55	38.28			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Americare	Americare	212.67	75			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Wellcare	Medicaid	86.32	30.44			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Horizon	Indemnity	108.55	38.28			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Horizon	PPO	108.55	38.28			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Corrections	Corrections	226.85	80			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		UHC	Medicaid	86.32	30.44			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Multiplan	Multiplan	226.85	80			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		WellPoint	WellPoint	88.02	31.04			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Three Rivers	Three Rivers	269.38	95			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Qualcare	Qualcare	212.67	75			85.07		269.38 percent of total billed charges	
ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	76979	CPT				outpatient			283.56		Horizon	NJ Health	195.04				85.07		269.38 fee schedule	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	UHC	Medicaid	144.07	30.44		98.75	94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Aetna	Commercial	201.37			201.13	94.55		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Aetna	Medicare	145.77	30.8		107.34	94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Consumer	Consumer	449.62	95			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Horizon	Medicare Blue	123.39			98.49	94.55		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Aetna	Better Health	144.07	30.44			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Amerihealth	Medicare	123.39				94.55		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	First Health	First Health	331.3	70			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Horizon	NJ Health	94.55			94.83	94.55		449.62 fee schedule	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Amerihealth	HMO/PPO	307.63	65			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Americare	Americare	354.96	75			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Corrections	Corrections	378.62	80			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	UHC	Medicare	123.39			60.45	94.55		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Horizon	PPO	238.76			236.36	94.55		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Wellcare	Medicaid	144.07	30.44			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	First Trenton	First Trenton	425.95	90			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	WellPoint	WellPoint	146.91	31.04		104.04	94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Multiplan	Multiplan	378.62	80			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Horizon	Indemnity	238.76			92.88	94.55		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Horizon	MGD	238.76			192.67	94.55		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Three Rivers	Three Rivers	449.62	95			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Qualcare	Qualcare	354.96	75			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Wellcare	Medicare	123.39				94.55		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY PARENCHYMA	76981	CPT				both			473.28	141.9	Managed Care Inc	Managed Care Inc	425.95	90			94.55		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Horizon	Indemnity	238.76				84.4		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	First Health	First Health	331.3	70			84.4		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Aetna	Commercial	201.37				84.4		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Aetna	Medicare	123.39				84.4		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	First Trenton	First Trenton	425.95	90			84.4		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Aetna	Better Health	144.07	30.44			84.4		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Americare	Americare	354.96	75			84.4		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Corrections	Corrections	378.62	80			84.4		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	UHC	Medicaid	144.07	30.44			84.4		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Horizon	Medicare Blue	123.39				84.4		449.62 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Amerihealth	HMO/PPO	307.63	65			84.4		449.62 percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Horizon	MGD	238.76		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Horizon	PPO	238.76				84.4	449.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Amerihealth	Medicare	123.39				84.4	449.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	WellPoint	WellPoint	146.91	31.04			84.4	449.62	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Wellcare	Medicare	123.39				84.4	449.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Three Rivers	Three Rivers	449.62	95			84.4	449.62	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Multiplan	Multiplan	378.62	80			84.4	449.62	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	76982	CPT				outpatient			473.28	141.9	Qualcare	Qualcare	354.96	75			84.4	449.62	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Corrections	Corrections	128.11	80			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Aetna	Medicare	49.32	30.8			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Horizon	MGD	61.3	38.28			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Aetna	Better Health	48.75	30.44			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		First Trenton	First Trenton	144.13	90			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Americare	Americare	120.11	75			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Horizon	Indemnity	61.3	38.28			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Aetna	Commercial	60.85	38			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Horizon	NJ Health	51.43				48.04	152.13	fee schedule	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Amerihealth	HMO/PPO	104.09	65			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Horizon	Medicare Blue	48.04	30			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		WellPoint	WellPoint	49.71	31.04			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Horizon	PPO	61.3	38.28			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Consumer	Consumer	152.13	95			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Managed Care Inc	Managed Care Inc	144.13	90			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		First Health	First Health	112.1	70			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Three Rivers	Three Rivers	152.13	95			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		UHC	Medicaid	48.75	30.44			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Multiplan	Multiplan	128.11	80			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Qualcare	Qualcare	120.11	75			48.04	152.13	percent of total billed charges	
ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	76983	CPT				outpatient			160.14		Wellcare	Medicaid	48.75	30.44			48.04	152.13	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		UHC	Medicaid	177.29	30.44			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Aetna	Better Health	177.29	30.44			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Horizon	MGD	222.95	38.28			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Corrections	Corrections	465.94	80			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Americare	Americare	436.82	75			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		First Health	First Health	407.69	70			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Wellcare	Medicaid	177.29	30.44			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Aetna	Commercial	221.32	38			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Consumer	Consumer	553.3	95			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Amerihealth	HMO/PPO	99.2				99.2	553.3	fee schedule	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		First Trenton	First Trenton	524.18	90			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Horizon	Medicare Blue	174.73	30			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Horizon	NJ Health	138.89				99.2	553.3	fee schedule	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Horizon	Indemnity	222.95	38.28			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Horizon	PPO	222.95	38.28			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Aetna	Medicare	179.39	30.8			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Managed Care Inc	Managed Care Inc	524.18	90			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		WellPoint	WellPoint	180.78	31.04			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Three Rivers	Three Rivers	553.3	95			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Multiplan	Multiplan	465.94	80			99.2	553.3	percent of total billed charges	
ULTRASONIC GUIDANCE INTRAOPERATIVE	76998	CPT				outpatient			582.42		Qualcare	Qualcare	436.82	75			99.2	553.3	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Aetna	Medicare	102.17				102.17	641.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Aetna	Better Health	205.54	30.44		73.27	102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Aetna	Commercial	166.74				102.17	641.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Consumer	Consumer	641.48	95			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Americare	Americare	506.43	75			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Amerihealth	HMO/PPO	438.91	65			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	UHC	Medicare	102.17				102.17	641.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	First Health	First Health	472.67	70			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Horizon	Medicare Blue	102.17				102.17	641.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Horizon	Indemnity	197.7			66.4	102.17	641.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Amerihealth	Medicare	102.17				102.17	641.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Corrections	Corrections	540.19	80			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	UHC	Medicaid	205.54	30.44		132.64	102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Multiplan	Multiplan	540.19	80			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Wellcare	Medicaid	205.54	30.44			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Three Rivers	Three Rivers	641.48	95			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	WellPoint	WellPoint	209.59	31.04		193.31	102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Qualcare	Qualcare	506.43	75			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	First Trenton	First Trenton	607.72	90			102.17	641.48	percent of total billed charges	
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Wellcare	Medicare	102.17				102.17	641.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Horizon	MGD	197.7				102.17	641.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Horizon	PPO	197.7				102.17	641.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED US PROCEDURE	76999	CPT				both			675.24	117.5	Managed Care Inc	Managed Care Inc	607.72	90			102.17	641.48	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Corrections	Corrections	394.13	80			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Aetna	Commercial	187.21	38		149.78	56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Amerihealth	HMO/PPO	320.23	65		147.18	56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		First Health	First Health	344.86	70			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		First Trenton	First Trenton	443.39	90			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Horizon	PPO	188.59	38.28		201.54	56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Americare	Americare	369.5	75			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Aetna	Better Health	149.97	30.44			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Managed Care Inc	Managed Care Inc	443.39	90			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Horizon	Medicare Blue	147.8	30		103.58	56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Horizon	NJ Health	56.13			80.44	56.13	468.03	fee schedule	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		WellPoint	WellPoint	152.92	31.04		122.27	56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Three Rivers	Three Rivers	468.03	95			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Horizon	MGD	188.59	38.28		234.04	56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Consumer	Consumer	468.03	95			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Aetna	Medicare	151.74	30.8		115.61	56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Multiplan	Multiplan	394.13	80			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Horizon	Indemnity	188.59	38.28		123.16	56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Qualcare	Qualcare	369.5	75			56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		Wellcare	Medicaid	149.97	30.44		59.62	56.13	468.03	percent of total billed charges	
FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	77001	CPT				both			492.66		UHC	Medicaid	149.97	30.44		109.12	56.13	468.03	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Consumer	Consumer	1087.7	95			56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Horizon	Medicare Blue	343.49	30		121.49	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Aetna	Better Health	348.52	30.44		251.35	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Aetna	Medicare	352.64	30.8		206.02	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Horizon	Indemnity	438.29	38.28		261.51	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Aetna	Commercial	435.08	38		210.51	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Americare	Americare	858.71	75			56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		First Health	First Health	801.47	70			56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Corrections	Corrections	915.96	80			56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Wellcare	Medicaid	348.52	30.44		230.18	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Multiplan	Multiplan	915.96	80			56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Three Rivers	Three Rivers	1087.7	95			56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Horizon	PPO	438.29	38.28		283.02	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Amerihealth	HMO/PPO	744.22	65		217.26	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		WellPoint	WellPoint	355.39	31.04		278.11	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Horizon	NJ Health	56.13			139.47	56.13	1087.7	fee schedule	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		First Trenton	First Trenton	1030.46	90			56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Qualcare	Qualcare	858.71	75			56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Horizon	MGD	438.29	38.28		269.59	56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		Managed Care Inc	Managed Care Inc	1030.46	90			56.13	1087.7	percent of total billed charges	
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	77002	CPT				both			1144.95		UHC	Medicaid	348.52	30.44		299.59	56.13	1087.7	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Aetna	Better Health	285.34	30.44			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Americare	Americare	703.04	75			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Aetna	Medicare	288.71	30.8			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Corrections	Corrections	749.9	80			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		First Health	First Health	656.17	70			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Horizon	Indemnity	358.83	38.28			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		First Trenton	First Trenton	843.64	90			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Aetna	Commercial	356.2	38			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Consumer	Consumer	890.51	95			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Horizon	PPO	358.83	38.28			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Amerihealth	HMO/PPO	609.3	65			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		WellPoint	WellPoint	290.96	31.04			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Multiplan	Multiplan	749.9	80			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Managed Care Inc	Managed Care Inc	843.64	90			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Horizon	Medicare Blue	281.21	30			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Horizon	MGD	358.83	38.28			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Qualcare	Qualcare	703.04	75			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Horizon	NJ Health	39.63				39.63	890.51	fee schedule	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Three Rivers	Three Rivers	890.51	95			39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		UHC	Medicaid	285.34	30.44		112.66	39.63	890.51	percent of total billed charges	
FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	77003	CPT				both			937.38		Wellcare	Medicaid	285.34	30.44			39.63	890.51	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Aetna	Medicare	464.64	30.8			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Amerihealth	HMO/PPO	980.58	65			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		First Health	First Health	1056.01	70			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		First Trenton	First Trenton	1357.72	90			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Aetna	Better Health	459.21	30.44			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Corrections	Corrections	1206.86	80			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Aetna	Commercial	573.26	38			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Horizon	NJ Health	219.28				219.28	1433.15	fee schedule	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Americare	Americare	1131.44	75			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Horizon	Indemnity	577.48	38.28			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Horizon	MGD	577.48	38.28			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Horizon	PPO	577.48	38.28			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Consumer	Consumer	1433.15	95			219.28	1433.15	percent of total

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Multiplan	Multiplan	1206.86	80			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		UHC	Medicaid	459.21	30.44			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Managed Care Inc	Managed Care Inc	1357.72	90			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Horizon	Medicare Blue	452.57	30			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Qualcare	Qualcare	1131.44	75			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		WellPoint	WellPoint	468.26	31.04			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Three Rivers	Three Rivers	1433.15	95			219.28	1433.15	percent of total billed charges	
CT GUIDANCE STEREOTACTIC LOCALIZATION	77011	CPT				outpatient			1508.58		Wellcare	Medicaid	459.21	30.44			219.28	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		First Trenton	First Trenton	1357.72	90			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Aetna	Commercial	573.26	38		351.38	225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Americare	Americare	1131.44	75			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Amerihealth	HMO/PPO	980.58	65			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Horizon	MGD	577.48	38.28		382.5	225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Corrections	Corrections	1206.86	80			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Aetna	Medicare	464.64	30.8		301.93	225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Aetna	Better Health	459.21	30.44			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Horizon	NJ Health	225.65			283.14	225.65	1433.15	fee schedule	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		First Health	First Health	1056.01	70			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Horizon	Indemnity	577.48	38.28		464.63	225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Consumer	Consumer	1433.15	95			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Managed Care Inc	Managed Care Inc	1357.72	90			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Multiplan	Multiplan	1206.86	80			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		WellPoint	WellPoint	468.26	31.04		453.02	225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Horizon	Medicare Blue	452.57	30			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Qualcare	Qualcare	1131.44	75			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Horizon	PPO	577.48	38.28		915.89	225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		UHC	Medicaid	459.21	30.44		369.15	225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Three Rivers	Three Rivers	1433.15	95			225.65	1433.15	percent of total billed charges	
CT GUIDANCE NEEDLE PLACEMENT	77012	CPT				both			1508.58		Wellcare	Medicaid	459.21	30.44			225.65	1433.15	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Horizon	MGD	683.69	38.28			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		First Health	First Health	1250.21	70			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Wellcare	Medicaid	543.66	30.44			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Aetna	Medicare	550.09	30.8			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Americare	Americare	1339.52	75			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Aetna	Better Health	543.66	30.44			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Horizon	NJ Health	84.38			152.79	84.38	1696.72	fee schedule	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Corrections	Corrections	1428.82	80			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Horizon	PPO	683.69	38.28		636.16	84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Horizon	Medicare Blue	535.81	30		453.3	84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		WellPoint	WellPoint	554.38	31.04		499.86	84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Consumer	Consumer	1696.72	95			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Aetna	Commercial	678.69	38			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		First Trenton	First Trenton	1607.42	90			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Amerihealth	HMO/PPO	1160.91	65		321.9	84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Managed Care Inc	Managed Care Inc	1607.42	90			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Horizon	Indemnity	683.69	38.28			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Three Rivers	Three Rivers	1696.72	95			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Multiplan	Multiplan	1428.82	80			84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		UHC	Medicaid	543.66	30.44		524.85	84.38	1696.72	percent of total billed charges	
CT GUIDANCE &MONITORING VISC TISS ABLATION	77013	CPT				both			1786.02		Qualcare	Qualcare	1339.52	75			84.38	1696.72	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Horizon	Indemnity	162.87	38.28			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Aetna	Better Health	129.52	30.44			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		First Trenton	First Trenton	382.93	90			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Aetna	Commercial	161.68	38			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Multiplan	Multiplan	340.38	80			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Corrections	Corrections	340.38	80			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Americare	Americare	319.11	75			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		First Health	First Health	297.84	70			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Qualcare	Qualcare	319.11	75			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Consumer	Consumer	404.21	95			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Horizon	PPO	162.87	38.28			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Aetna	Medicare	131.05	30.8			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Amerihealth	HMO/PPO	94.86				82.4	404.21	fee schedule	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Horizon	Medicare Blue	127.64	30			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Managed Care Inc	Managed Care Inc	382.93	90			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Horizon	MGD	162.87	38.28			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Horizon	NJ Health	82.4				82.4	404.21	fee schedule	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		UHC	Medicaid	129.52	30.44			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Three Rivers	Three Rivers	404.21	95			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		WellPoint	WellPoint	132.07	31.04			82.4	404.21	percent of total billed charges	
CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	77014	CPT				both			425.48		Wellcare	Medicaid	129.52	30.44			82.4	404.21	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Aetna	Commercial	631.79	38			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		WellPoint	WellPoint	516.07	31.04			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Aetna	Better Health	506.1	30.44			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Americare	Americare	1246.95	75			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Corrections	Corrections	1330.08	80			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Aetna	Medicare	512.08	30.8			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		First Health	First Health	1163.82	70			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Amerihealth	HMO/PPO	124				124	1579.47	fee schedule	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Multiplan	Multiplan	1330.08	80			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		UHC	Medicaid	506.1	30.44			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Consumer	Consumer	1579.47	95			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Horizon	MGD	636.44	38.28			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Horizon	Indemnity	636.44	38.28			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Wellcare	Medicaid	506.1	30.44			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		First Trenton	First Trenton	1496.34	90			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Qualcare	Qualcare	1246.95	75			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Horizon	NJ Health	219.28				124	1579.47	fee schedule	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Horizon	Medicare Blue	498.78	30			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Horizon	PPO	636.44	38.28			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Managed Care Inc	Managed Care Inc	1496.34	90			124	1579.47	percent of total billed charges	
MRI GUIDANCE NEEDLE PLACEMENT RS&I	77021	CPT				outpatient			1662.6		Three Rivers	Three Rivers	1579.47	95			124	1579.47	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Corrections	Corrections	1346.4	80			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Consumer	Consumer	1598.85	95			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Horizon	MGD	644.25	38.28			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Wellcare	Medicaid	512.31	30.44			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Americare	Americare	1262.25	75			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Aetna	Better Health	512.31	30.44			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Horizon	Medicare Blue	504.9	30			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Aetna	Medicare	518.36	30.8			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		First Trenton	First Trenton	1514.7	90			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		First Health	First Health	1178.1	70			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Horizon	NJ Health	218.6				218.6	1598.85	fee schedule	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Amerihealth	HMO/PPO	1093.95	65			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Horizon	Indemnity	644.25	38.28			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Aetna	Commercial	639.54	38			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Managed Care Inc	Managed Care Inc	1514.7	90			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Multiplan	Multiplan	1346.4	80			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Horizon	PPO	644.25	38.28			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		UHC	Medicaid	512.31	30.44			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Three Rivers	Three Rivers	1598.85	95			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		Qualcare	Qualcare	1262.25	75			218.6	1598.85	percent of total billed charges	
MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	77022	CPT				outpatient			1683		WellPoint	WellPoint	522.4	31.04			218.6	1598.85	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Horizon	PPO	542.71				218.23	889.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Aetna	Better Health	285.03	30.44			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Amerihealth	Medicare	280.47				218.23	889.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Aetna	Commercial	457.73				218.23	889.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	First Trenton	First Trenton	842.72	90			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Consumer	Consumer	889.54	95			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	UHC	Medicaid	285.03	30.44			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Americare	Americare	702.27	75			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	UHC	Medicare	280.47				218.23	889.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Wellcare	Medicare	280.47				218.23	889.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	First Health	First Health	655.45	70			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Aetna	Medicare	280.47				218.23	889.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Managed Care Inc	Managed Care Inc	842.72	90			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Corrections	Corrections	749.09	80			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Horizon	Indemnity	542.71				218.23	889.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Horizon	NJ Health	218.23				218.23	889.54	fee schedule	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	WellPoint	WellPoint	290.65	31.04			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Horizon	Medicare Blue	280.47				218.23	889.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Wellcare	Medicaid	285.03	30.44			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Amerihealth	HMO/PPO	608.63	65			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Three Rivers	Three Rivers	889.54	95			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Horizon	MGD	542.71				218.23	889.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Multiplan	Multiplan	749.09	80			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	77046	CPT				outpatient			936.36	322.54	Qualcare	Qualcare	702.27	75			218.23	889.54	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	First Trenton	First Trenton	868.43	90			223.77	916.67	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Amerihealth	Medicare	280.47				223.77	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Multiplan	Multiplan	771.94	80			223.77	916.67	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Aetna	Better Health	293.72	30.44			223.77	916.67	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Americare	Americare	723.69	75			223.77	916.67	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Corrections	Corrections	771.94	80			223.77	916.67	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Qualcare	Qualcare	723.69	75			223.77	916.67	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Aetna	Medicare	280.47				223.77	916.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Managed Care Inc	Managed Care Inc	868.43	90			223.77	916.67	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Consumer	Consumer	916.67	95			223.77	916.67	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	WellPoint	WellPoint

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Aetna	Commercial	457.73				298.03	223.77	916.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Amerihealth	HMO/PPO	627.2	65			228.8	223.77	916.67 percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Horizon	Medicare Blue	280.47				177.98	223.77	916.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Wellcare	Medicare	280.47				280.24	223.77	916.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	First Health	First Health	675.44	70				223.77	916.67 percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Horizon	Indemnity	542.71					223.77	916.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Three Rivers	Three Rivers	916.67	95				223.77	916.67 percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Horizon	NJ Health	223.77				188.61	223.77	916.67 fee schedule	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Horizon	PPO	542.71					223.77	916.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	UHC	Medicaid	293.72	30.44			193.03	223.77	916.67 percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Horizon	MGD	542.71				305.09	223.77	916.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	Wellcare	Medicaid	293.72	30.44			235.78	223.77	916.67 percent of total billed charges	
MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	77047	CPT				outpatient			964.92	322.54	UHC	Medicare	280.47				217.83	223.77	916.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		First Health	First Health	655.45	70				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Horizon	Indemnity	358.44	38.28				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Aetna	Better Health	285.03	30.44				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Americare	Americare	702.27	75				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Aetna	Commercial	355.82	38				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		First Trenton	First Trenton	842.72	90				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Corrections	Corrections	749.09	80				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Amerihealth	HMO/PPO	608.63	65				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Wellcare	Medicaid	285.03	30.44				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Managed Care Inc	Managed Care Inc	842.72	90				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Consumer	Consumer	889.54	95				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Multiplan	Multiplan	749.09	80				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Aetna	Medicare	288.4	30.8				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Qualcare	Qualcare	702.27	75				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		WellPoint	WellPoint	290.65	31.04				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Horizon	MGD	358.44	38.28				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Horizon	Medicare Blue	280.91	30				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		UHC	Medicaid	285.03	30.44				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Horizon	NJ Health	347.19					280.91	889.54 fee schedule	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Horizon	PPO	358.44	38.28				280.91	889.54 percent of total billed charges	
MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	77048	CPT				outpatient			936.36		Three Rivers	Three Rivers	889.54	95				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Consumer	Consumer	889.54	95				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		First Health	First Health	655.45	70				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Horizon	Medicare Blue	280.91	30				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Aetna	Commercial	355.82	38				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Aetna	Better Health	285.03	30.44				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Aetna	Medicare	288.4	30.8				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Americare	Americare	702.27	75				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Multiplan	Multiplan	749.09	80				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Corrections	Corrections	749.09	80				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		UHC	Medicaid	285.03	30.44				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Wellcare	Medicaid	285.03	30.44				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Amerihealth	HMO/PPO	608.63	65				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Horizon	MGD	358.44	38.28				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		First Trenton	First Trenton	842.72	90				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Horizon	PPO	358.44	38.28				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Horizon	Indemnity	358.44	38.28				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Three Rivers	Three Rivers	889.54	95				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Horizon	NJ Health	354.19					280.91	889.54 fee schedule	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Qualcare	Qualcare	702.27	75				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		Managed Care Inc	Managed Care Inc	842.72	90				280.91	889.54 percent of total billed charges	
MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	77049	CPT				outpatient			936.36		WellPoint	WellPoint	290.65	31.04				280.91	889.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Horizon	MGD	174.92	38.28			95.12	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Aetna	Medicare	140.74	30.8			49.24	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Consumer	Consumer	434.11	95				32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Aetna	Commercial	173.64	38			161.51	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Corrections	Corrections	365.57	80				32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Americare	Americare	342.72	75				32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Amerihealth	HMO/PPO	32.24				42.92	32.24	434.11 fee schedule	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Aetna	Better Health	139.1	30.44			105.88	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Qualcare	Qualcare	342.72	75				32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Three Rivers	Three Rivers	434.11	95				32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		First Health	First Health	319.87	70				32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Horizon	Indemnity	174.92	38.28			108.38	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		First Trenton	First Trenton	411.26	90				32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		UHC	Medicaid	139.1	30.44			133.68	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Multiplan	Multiplan	365.57	80				32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Horizon	PPO	174.92	38.28			114.89	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		WellPoint	WellPoint	141.84	31.04			134.77	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Wellcare	Medicaid	139.1	30.44			116.76	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Horizon	Medicare Blue	137.09	30			53.23	32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	77061	CPT				both			456.96		Managed Care Inc	Managed Care Inc	411.26	90				32.24	434.11 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Aetna	Better Health	164.87	30.44				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Horizon	MGD	207.33	38.28			73.4	42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		First Health	First Health	379.13	70				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Americare	Americare	406.22	75				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Corrections	Corrections	433.3	80				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Horizon	Indemnity	207.33	38.28			83	42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Aetna	Commercial	205.82	38			167.28	42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Aetna	Medicare	166.82	30.8				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Consumer	Consumer	514.54	95				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Horizon	Medicare Blue	162.49	30			74.71	42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		First Trenton	First Trenton	487.46	90				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Amerihealth	HMO/PPO	42.78				93.71	42.78	514.54 fee schedule	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Horizon	PPO	207.33	38.28				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Wellcare	Medicaid	164.87	30.44				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Managed Care Inc	Managed Care Inc	487.46	90				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Multiplan	Multiplan	433.3	80				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Three Rivers	Three Rivers	514.54	95				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		Qualcare	Qualcare	406.22	75				42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		WellPoint	WellPoint	168.12	31.04			115.53	42.78	514.54 percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS BILATERAL	77062	CPT				both			541.62		UHC	Medicaid	164.87	30.44			144.35	42.78	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Aetna	Medicare	166.82	30.8			71.66	6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		First Trenton	First Trenton	487.46	90				6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Aetna	Commercial	205.82	38			104.93	6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Aetna	Better Health	164.87	30.44			147.93	6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Americare	Americare	406.22	75				6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Corrections	Corrections	433.3	80				6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Multiplan	Multiplan	433.3	80				6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Amerihealth	HMO/PPO	6.2				72.17	6.2	514.54 fee schedule	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Consumer	Consumer	514.54	95				6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Horizon	PPO	207.33	38.28			197.57	6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Qualcare	Qualcare	406.22	75				6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Horizon	MGD	207.33	38.28			198.73	6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Horizon	Indemnity	207.33	38.28			203.37	6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Horizon	NJ Health	59.45				83.17	6.2	514.54 fee schedule	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Wellcare	Medicaid	164.87	30.44			137.55	6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		First Health	First Health	379.13	70				6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Horizon	Medicare Blue	162.49	30			70.35	6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Managed Care Inc	Managed Care Inc	487.46	90				6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		UHC	Medicaid	164.87	30.44			152.76	6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		Three Rivers	Three Rivers	514.54	95				6.2	514.54 percent of total billed charges	
SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	77063	CPT				both			541.62		WellPoint	WellPoint	168.12	31.04			110.06	6.2	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Horizon	PPO	207.33	38.28			125.14	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		First Health	First Health	379.13	70				38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Americare	Americare	406.22	75				38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Aetna	Better Health	164.87	30.44			159.46	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Aetna	Commercial	205.82	38			173.97	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		First Trenton	First Trenton	487.46	90				38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Horizon	MGD	207.33	38.28			126.83	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Horizon	NJ Health	126.34				65.87	38.44	514.54 fee schedule	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Multiplan	Multiplan	433.3	80				38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Horizon	Indemnity	207.33	38.28			125.14	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Amerihealth	HMO/PPO	38.44				60.74	38.44	514.54 fee schedule	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Aetna	Medicare	166.82	30.8			52.2	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Qualcare	Qualcare	406.22	75				38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Managed Care Inc	Managed Care Inc	487.46	90				38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Consumer	Consumer	514.54	95				38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Wellcare	Medicaid	164.87	30.44			134.82	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Corrections	Corrections	433.3	80				38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Three Rivers	Three Rivers	514.54	95				38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		Horizon	Medicare Blue	162.49	30			69.93	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		UHC	Medicaid	164.87	30.44			161.56	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ UNI	77065	CPT				outpatient			541.62		WellPoint	WellPoint	168.12	31.04			145.82	38.44	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ BI	77066	CPT				both			541.62		Horizon	NJ Health	160.27				76.27	48.98	514.54 fee schedule	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ BI	77066	CPT				both			541.62		First Health	First Health	379.13	70				48.98	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ BI	77066	CPT				both			541.62		Aetna	Commercial	205.82	38			172.35	48.98	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ BI	77066	CPT				both			541.62		Aetna	Better Health	164.87	30.44			164.87	48.98	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ BI	77066	CPT				both			541.62		Corrections	Corrections	433.3	80				48.98	514.54 percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCTJ BI	77066	CPT				both			541.62		Consumer	Consumer	514.54	95				48

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		Amerihealth	HMO/PPO	48.98			113.82	48.98	514.54	fee schedule	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		Horizon	PPO	207.33	38.28		162.77	48.98	514.54	percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		Horizon	Medicare Blue	162.49	30		108.09	48.98	514.54	percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		Wellcare	Medicaid	164.87	30.44		145.53	48.98	514.54	percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		First Trenton	First Trenton	487.46	90			48.98	514.54	percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		Qualcare	Qualcare	406.22	75			48.98	514.54	percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		Managed Care Inc	Managed Care Inc	487.46	90			48.98	514.54	percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		Horizon	MGD	207.33	38.28		173.73	48.98	514.54	percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		Three Rivers	Three Rivers	514.54	95			48.98	514.54	percent of total billed charges	
DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETC,I BI	77066	CPT				both			541.62		UHC	Medicaid	164.87	30.44		154.65	48.98	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		UHC	Medicaid	164.87	30.44		153.65	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Aetna	Commercial	205.82	38		105.63	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Aetna	Medicare	166.82	30.8		72.03	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Amerihealth	HMO/PPO	37.2			72.76	37.2	514.54	fee schedule	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		First Health	First Health	379.13	70			37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Multiplan	Multiplan	433.3	80			37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Aetna	Better Health	164.87	30.44		148.98	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		First Trenton	First Trenton	487.46	90			37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Wellcare	Medicaid	164.87	30.44		137.91	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Americare	Americare	406.22	75			37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Consumer	Consumer	514.54	95			37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Horizon	NJ Health	129.36			83.64	37.2	514.54	fee schedule	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Horizon	Indemnity	207.33	38.28		204.71	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Qualcare	Qualcare	406.22	75			37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Corrections	Corrections	433.3	80			37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Three Rivers	Three Rivers	514.54	95			37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Horizon	MGD	207.33	38.28		199.63	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		WellPoint	WellPoint	168.12	31.04		110.64	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Horizon	Medicare Blue	162.49	30		70.76	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Horizon	PPO	207.33	38.28		198.32	37.2	514.54	percent of total billed charges	
SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	77067	CPT				both			541.62		Managed Care Inc	Managed Care Inc	487.46	90			37.2	514.54	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Consumer	Consumer	255.82	95			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Aetna	Better Health	81.97	30.44			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Horizon	Medicare Blue	102.17				12.4	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Amerihealth	Medicare	102.17				12.4	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Aetna	Medicare	82.94	30.8			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	First Health	First Health	188.5	70			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Aetna	Commercial	166.74				12.4	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Americare	Americare	201.96	75			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Corrections	Corrections	215.42	80			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Multiplan	Multiplan	215.42	80			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	UHC	Medicare	102.17				12.4	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Horizon	NJ Health	24.17			24.29	12.4	255.82	fee schedule	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	First Trenton	First Trenton	242.35	90			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Qualcare	Qualcare	201.96	75			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Amerihealth	HMO/PPO	12.4				12.4	255.82	fee schedule	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Horizon	MGD	197.7				12.4	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Horizon	Indemnity	197.7				12.4	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	UHC	Medicaid	81.97	30.44			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Wellcare	Medicare	102.17				12.4	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Managed Care Inc	Managed Care Inc	242.35	90			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Wellcare	Medicaid	81.97	30.44			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Horizon	PPO	197.7				12.4	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	Three Rivers	Three Rivers	255.82	95			12.4	255.82	percent of total billed charges	
MANUAL APPL STRESS PHYS/QHP JOINT RADIOGRAPHY	77071	CPT				outpatient			269.28	117.5	WellPoint	WellPoint	83.58	31.04			12.4	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Multiplan	Multiplan	215.42	80			17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Amerihealth	HMO/PPO	17.98				17.98	255.82	fee schedule	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Aetna	Better Health	81.97	30.44		80.23	17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Consumer	Consumer	255.82	95			17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Qualcare	Qualcare	201.96	75			17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Horizon	Indemnity	238.76			76.32	17.98	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Aetna	Commercial	201.37			71.62	17.98	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	First Health	First Health	188.5	70			17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Americare	Americare	201.96	75			17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Amerihealth	Medicare	123.39				17.98	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Aetna	Medicare	123.39				17.98	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Corrections	Corrections	215.42	80			17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Horizon	Medicare Blue	123.39				17.98	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Horizon	PPO	238.76			62.57	17.98	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	First Trenton	First Trenton	242.35	90			17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Horizon	MGD	238.76			82.64	17.98	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Horizon	NJ Health	31.46			31.8	17.98	255.82	fee schedule	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	UHC	Medicare	123.39				17.98	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Managed Care Inc	Managed Care Inc	242.35	90			17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Wellcare	Medicaid	81.97	30.44		83.1	17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	UHC	Medicaid	81.97	30.44		78.19	17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Three Rivers	Three Rivers	255.82	95			17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	WellPoint	WellPoint	83.58	31.04		79.91	17.98	255.82	percent of total billed charges	
BONE AGE STUDIES	77072	CPT				both			269.28	141.9	Wellcare	Medicare	123.39				17.98	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Aetna	Better Health	99.2	30.44		40.29	25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Horizon	NJ Health	25.4			19.62	25.4	309.59	fee schedule	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Amerihealth	HMO/PPO	26.66			59.08	25.4	309.59	fee schedule	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Qualcare	Qualcare	244.41	75			25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Amerihealth	Medicare	123.39				25.4	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Aetna	Commercial	201.37			73.44	25.4	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	WellPoint	WellPoint	101.15	31.04		58.94	25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Aetna	Medicare	123.39			50.37	25.4	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Americare	Americare	244.41	75			25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Consumer	Consumer	309.59	95			25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Corrections	Corrections	260.7	80			25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Horizon	Medicare Blue	123.39			35.4	25.4	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Three Rivers	Three Rivers	309.59	95			25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	First Health	First Health	228.12	70			25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	First Trenton	First Trenton	293.29	90			25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Horizon	MGD	238.76			117.65	25.4	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	UHC	Medicaid	99.2	30.44		84.39	25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Horizon	Indemnity	238.76			85.01	25.4	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Horizon	PPO	238.76			99.58	25.4	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Multiplan	Multiplan	260.7	80			25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Managed Care Inc	Managed Care Inc	293.29	90			25.4	309.59	percent of total billed charges	
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Wellcare	Medicare	123.39			41	25.4	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	UHC	Medicare	123.39			40.17	25.4	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE LENGTH STUDIES	77073	CPT				both			325.88	141.9	Wellcare	Medicaid	99.2	30.44		77.25	25.4	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	First Health	First Health	322.01	70			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Aetna	Commercial	201.37				36.69	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Aetna	Better Health	140.03	30.44			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	First Trenton	First Trenton	414.02	90			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Horizon	Indemnity	238.76				36.69	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Amerihealth	Medicare	123.39				36.69	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Aetna	Medicare	123.39				36.69	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Amerihealth	HMO/PPO	37.2				36.69	437.02	fee schedule	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Multiplan	Multiplan	368.02	80			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Horizon	Medicare Blue	123.39				36.69	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Americare	Americare	345.02	75			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Managed Care Inc	Managed Care Inc	414.02	90			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Horizon	PPO	238.76				36.69	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Wellcare	Medicaid	140.03	30.44			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Corrections	Corrections	368.02	80			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Wellcare	Medicare	123.39				36.69	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Qualcare	Qualcare	345.02	75			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Consumer	Consumer	437.02	95			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	UHC	Medicaid	140.03	30.44			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Horizon	MGD	238.76				36.69	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	UHC	Medicare	123.39				36.69	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Horizon	NJ Health	36.69				36.69	437.02	fee schedule	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	WellPoint	WellPoint	142.79	31.04			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	77074	CPT				both			460.02	141.9	Three Rivers	Three Rivers	437.02	95			36.69	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Aetna	Commercial	201.37				50.84	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Horizon	Indemnity	238.76				50.84	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Consumer	Consumer	437.02	95			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Corrections	Corrections	368.02	80			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Amerihealth	HMO/PPO	50.84				50.84	437.02	fee schedule	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Aetna	Medicare	141.69	30.8			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Aetna	Better Health	140.03	30.44			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Americare	Americare	345.02	75			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	UHC	Medicaid	140.03	30.44		142.29	50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Wellcare	Medicaid	140.03	30.44			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	First Health	First Health	322.01	70			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	First Trenton	First Trenton	414.02	90			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Amerihealth	Medicare	123.39				50.84	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Multiplan	Multiplan	368.02	80			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Horizon	MGD	238.76				50.84	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Managed Care Inc	Managed Care Inc	414.02	90			50.84	437.02	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	UHC	Medicare	123.39				50.84	437.02	other

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Horizon	NJ Health	54.9			34.05	50.84	437.02	fee schedule	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Horizon	PPO	238.76			142.42	50.84	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPLETE	77075	CPT				both			460.02	141.9	Wellcare	Medicare	123.39				50.84	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Qualcare	Qualcare	244.41	75			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Aetna	Better Health	99.2	30.44			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Consumer	Consumer	309.59	95			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Americare	Americare	244.41	75			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Corrections	Corrections	260.7	80			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Amerihealth	Medicare	123.39				26.66	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Aetna	Commercial	201.37				26.66	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Amerihealth	HMO/PPO	26.66				26.66	309.59	fee schedule	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Wellcare	Medicare	123.39				26.66	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Horizon	Medicare Blue	123.39				26.66	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	First Health	First Health	228.12	70			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Three Rivers	Three Rivers	309.59	95			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	First Trenton	First Trenton	293.29	90			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	UHC	Medicare	123.39				26.66	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Aetna	Medicare	100.37	30.8			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Wellcare	Medicaid	99.2	30.44			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	WellPoint	WellPoint	101.15	31.04			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Horizon	NJ Health	34.06			33.67	26.66	309.59	fee schedule	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Horizon	Indemnity	238.76				26.66	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Horizon	MGD	238.76				26.66	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Horizon	PPO	238.76				26.66	309.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	UHC	Medicaid	99.2	30.44		88.2	26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Managed Care Inc	Managed Care Inc	293.29	90			26.66	309.59	percent of total billed charges	
RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	77076	CPT				both			325.88	141.9	Multiplan	Multiplan	260.7	80			26.66	309.59	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Corrections	Corrections	215.42	80			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Horizon	MGD	238.76				34.03	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Aetna	Commercial	201.37				34.03	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Amerihealth	HMO/PPO	47.74				34.03	255.82	fee schedule	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	First Trenton	First Trenton	242.35	90			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Aetna	Medicare	82.94	30.8			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Consumer	Consumer	255.82	95			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Aetna	Better Health	81.97	30.44			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	UHC	Medicaid	81.97	30.44			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Amerihealth	Medicare	123.39				34.03	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Americare	Americare	201.96	75			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Three Rivers	Three Rivers	255.82	95			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Horizon	NJ Health	34.03				34.03	255.82	fee schedule	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	First Health	First Health	188.5	70			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Multiplan	Multiplan	215.42	80			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Horizon	Indemnity	238.76				34.03	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	WellPoint	WellPoint	83.58	31.04			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Horizon	Medicare Blue	123.39				34.03	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Qualcare	Qualcare	201.96	75			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	UHC	Medicare	123.39				34.03	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Horizon	PPO	238.76				34.03	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Wellcare	Medicaid	81.97	30.44			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Managed Care Inc	Managed Care Inc	242.35	90			34.03	255.82	percent of total billed charges	
JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	77077	CPT				outpatient			269.28	141.9	Wellcare	Medicare	123.39				34.03	255.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Horizon	Medicare Blue	102.17				72.87	419.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Aetna	Commercial	166.74				72.87	419.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	First Health	First Health	309.16	70			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Corrections	Corrections	353.33	80			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Amerihealth	Medicare	102.17				72.87	419.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Americare	Americare	331.25	75			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Amerihealth	HMO/PPO	78.12				72.87	419.58	fee schedule	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Aetna	Better Health	134.44	30.44			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	UHC	Medicare	102.17				72.87	419.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Aetna	Medicare	102.17				72.87	419.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Horizon	MGD	197.7				72.87	419.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Horizon	Indemnity	197.7				72.87	419.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	UHC	Medicaid	134.44	30.44			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Consumer	Consumer	419.58	95			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Multiplan	Multiplan	353.33	80			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Wellcare	Medicaid	134.44	30.44			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Horizon	PPO	197.7				72.87	419.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	First Trenton	First Trenton	397.49	90			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Qualcare	Qualcare	331.25	75			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Horizon	NJ Health	72.87				72.87	419.58	fee schedule	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	WellPoint	WellPoint	137.09	31.04			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Managed Care Inc	Managed Care Inc	397.49	90			72.87	419.58	percent of total billed charges	
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Wellcare	Medicare	102.17				72.87	419.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	77078	CPT				outpatient			441.66	117.5	Three Rivers	Three Rivers	419.58	95			72.87	419.58	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Aetna	Commercial	201.37				47.74	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Aetna	Better Health	633.09	30.44			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Qualcare	Qualcare	1559.84	75			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	UHC	Medicare	123.39				47.74	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Amerihealth	Medicare	123.39				47.74	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Amerihealth	HMO/PPO	47.74				47.74	1975.79	fee schedule	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Corrections	Corrections	1663.82	80			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Horizon	MGD	238.76				47.74	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Aetna	Medicare	123.39				47.74	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	First Health	First Health	1455.85	70			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	First Trenton	First Trenton	1871.8	90			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Horizon	PPO	238.76				47.74	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Multiplan	Multiplan	1663.82	80			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Horizon	Indemnity	238.76				47.74	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Horizon	NJ Health	127.4				47.74	1975.79	fee schedule	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	UHC	Medicaid	633.09	30.44			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Americare	Americare	1559.84	75			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Three Rivers	Three Rivers	1975.79	95			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Managed Care Inc	Managed Care Inc	1871.8	90			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	WellPoint	WellPoint	645.96	31.04			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Wellcare	Medicaid	633.09	30.44			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Wellcare	Medicare	123.39				47.74	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Consumer	Consumer	1975.79	95			47.74	1975.79	percent of total billed charges	
DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	77080	CPT				outpatient			2079.78	141.9	Horizon	Medicare Blue	123.39				47.74	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Amerihealth	Medicare	102.17				34.33	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Horizon	PPO	197.7				34.33	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Aetna	Better Health	34.33	30.44			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Horizon	Medicare Blue	102.17				34.33	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Americare	Americare	84.58	75			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Amerihealth	HMO/PPO	46.5				34.33	197.7	fee schedule	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Horizon	MGD	197.7				34.33	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Aetna	Commercial	166.74				34.33	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Consumer	Consumer	107.13	95			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	WellPoint	WellPoint	35	31.04			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	UHC	Medicare	102.17				34.33	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Multiplan	Multiplan	90.22	80			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	First Trenton	First Trenton	101.49	90			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	First Health	First Health	78.94	70			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	UHC	Medicaid	34.33	30.44			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Aetna	Medicare	102.17				34.33	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Corrections	Corrections	90.22	80			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Qualcare	Qualcare	84.58	75			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Wellcare	Medicare	102.17				34.33	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Wellcare	Medicaid	34.33	30.44			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Three Rivers	Three Rivers	107.13	95			34.33	197.7	percent of total billed charges	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Horizon	Indemnity	197.7				34.33	197.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Horizon	NJ Health	88.2				34.33	197.7	fee schedule	
DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	77081	CPT				outpatient			112.77	117.5	Managed Care Inc	Managed Care Inc	101.49	90			34.33	197.7	percent of total billed charges	
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	WellPoint	WellPoint	522.4	31.04			244.1	1598.85	percent of total billed charges	
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	Three Rivers	Three Rivers	1598.85	95			244.1	1598.85	percent of total billed charges	
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	Amerihealth	Medicare	280.47				244.1	1598.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	First Trenton	First Trenton	1514.7	90			244.1	1598.85	percent of total billed charges	
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	Aetna	Medicare	280.47				244.1	1598.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	Aetna	Commercial	457.73				244.1	1598.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	Aetna	Better Health	512.31	30.44			244.1	1598.85	percent of total billed charges	
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	UHC	Medicaid	512.31	30.44			244.1	1598.85	percent of total billed charges	
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	Corrections	Corrections	1346.4	80			244.1	1598.85	percent of total billed charges	
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	Americare	Americare	1262.25	75			244.1	1598.85	percent of total billed charges	
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	First Health	First Health	1178.1	70			244.1	1598.85	percent of total billed charges	
MRI BONE MARROW BLOOD SUPPLY	77084	CPT				outpatient			1683	322.54	Managed

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Consumer		95				48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Aetna	Medicare	123.39			68.93	48.96		423.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Horizon	NJ Health	48.96			51.51	48.96		423.45 fee schedule	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Aetna	Commercial	201.37			119.76	48.96		423.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Aetna	Better Health	135.68	30.44		133.77	48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Corrections	Corrections	356.59	80			48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	UHC	Medicare	123.39			111.7	48.96		423.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Multiplan	Multiplan	356.59	80			48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Amerihealth	Medicare	123.39				48.96		423.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Americare	Americare	334.31	75			48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Horizon	MGD	238.76			158.62	48.96		423.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	First Health	First Health	312.02	70			48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	WellPoint	WellPoint	138.36	31.04		72.33	48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Horizon	Medicare Blue	123.39			70.87	48.96		423.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Qualcare	Qualcare	334.31	75			48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	First Trenton	First Trenton	401.17	90			48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Horizon	Indemnity	238.76				48.96		423.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Wellcare	Medicare	123.39				48.96		423.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	UHC	Medicaid	135.68	30.44		100.33	48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Horizon	PPO	238.76			133.11	48.96		423.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Wellcare	Medicaid	135.68	30.44			48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Managed Care Inc	Managed Care Inc	401.17	90			48.96		423.45 percent of total billed charges	
DXA BONE DENSITY STD 1/> AXL SKEL W/VRT FX ASSMT	77085	CPT				both			445.74	141.9	Three Rivers	Three Rivers	423.45	95			48.96		423.45 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Wellcare	Medicaid	81.99	30.44		61.75	31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Horizon	Medicare Blue	102.17			52.34	31.05		255.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Aetna	Better Health	81.99	30.44		70.62	31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Corrections	Corrections	215.48	80			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Consumer	Consumer	255.88	95			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Amerihealth	Medicare	102.17				31.05		255.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Horizon	NJ Health	31.05			26.98	31.05		255.88 fee schedule	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Aetna	Commercial	166.74			110.14	31.05		255.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	First Health	First Health	188.55	70			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Horizon	Indemnity	197.7			147.19	31.05		255.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Amerihealth	HMO/PPO	175.08	65			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	UHC	Medicare	102.17			50.49	31.05		255.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Wellcare	Medicare	102.17			55.24	31.05		255.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Horizon	MGD	197.7			134.89	31.05		255.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Multiplan	Multiplan	215.48	80			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Aetna	Medicare	102.17			50.28	31.05		255.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Qualcare	Qualcare	202.01	75			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Americare	Americare	202.01	75			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	WellPoint	WellPoint	83.61	31.04		55.5	31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	First Trenton	First Trenton	242.42	90			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Horizon	PPO	197.7			118.73	31.05		255.88 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Managed Care Inc	Managed Care Inc	242.42	90			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	Three Rivers	Three Rivers	255.88	95			31.05		255.88 percent of total billed charges	
VERTEBRAL FRACTURE ASSESSMENT VIA DXA	77086	CPT				outpatient			269.35	117.5	UHC	Medicaid	81.99	30.44		74.24	31.05		255.88 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Americare	Americare	108.14	75			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Aetna	Commercial	54.79	38			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Aetna	Better Health	43.89	30.44			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Aetna	Medicare	44.41	30.8			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Horizon	Indemnity	55.2	38.28			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		First Trenton	First Trenton	129.77	90			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Amerihealth	HMO/PPO	93.72	65			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Horizon	MGD	55.2	38.28			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Consumer	Consumer	136.98	95			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Horizon	NJ Health	36.43				36.43		136.98 fee schedule	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Corrections	Corrections	115.35	80			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		UHC	Medicaid	43.89	30.44			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		First Health	First Health	100.93	70			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Horizon	PPO	55.2	38.28			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Horizon	Medicare Blue	43.26	30			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Wellcare	Medicaid	43.89	30.44			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Multiplan	Multiplan	115.35	80			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Managed Care Inc	Managed Care Inc	129.77	90			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		WellPoint	WellPoint	44.76	31.04			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Three Rivers	Three Rivers	136.98	95			36.43		136.98 percent of total billed charges	
TBS DXA/OTHER IMG CALCULATION W/I&R FX RISK	77089	CPT				outpatient			144.19		Qualcare	Qualcare	108.14	75			36.43		136.98 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Amerihealth	HMO/PPO	214.15	65			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Amerihealth	Medicare	102.17				2.12		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	First Health	First Health	230.62	70			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	First Trenton	First Trenton	296.51	90			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Aetna	Medicare	102.17				2.12		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Aetna	Commercial	166.74				2.12		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Aetna	Better Health	100.29	30.44			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	UHC	Medicaid	100.29	30.44			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Multiplan	Multiplan	263.57	80			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Consumer	Consumer	312.99	95			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Wellcare	Medicaid	100.29	30.44			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Wellcare	Medicare	102.17				2.12		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Corrections	Corrections	263.57	80			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Americare	Americare	247.1	75			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Qualcare	Qualcare	247.1	75			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	UHC	Medicare	102.17				2.12		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Horizon	MGD	197.7				2.12		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Horizon	Medicare Blue	102.17				2.12		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Horizon	PPO	197.7				2.12		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Horizon	Indemnity	197.7				2.12		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	WellPoint	WellPoint	102.26	31.04			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Horizon	NJ Health	2.12				2.12		312.99 fee schedule	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Managed Care Inc	Managed Care Inc	296.51	90			2.12		312.99 percent of total billed charges	
TBS TECHL PREP&TRANSMIS DATA ALYS PFRMD ELSEWHR	77090	CPT				outpatient			329.46	117.5	Three Rivers	Three Rivers	312.99	95			2.12		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Aetna	Better Health	100.29	30.44			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Americare	Americare	247.1	75			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	UHC	Medicaid	100.29	30.44			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Horizon	Medicare Blue	102.17				25.64		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Corrections	Corrections	263.57	80			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Aetna	Medicare	102.17				25.64		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	First Health	First Health	230.62	70			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Amerihealth	Medicare	102.17				25.64		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Aetna	Commercial	166.74				25.64		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Consumer	Consumer	312.99	95			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	First Trenton	First Trenton	296.51	90			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	UHC	Medicare	102.17				25.64		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Amerihealth	HMO/PPO	214.15	65			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Wellcare	Medicaid	100.29	30.44			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Horizon	MGD	197.7				25.64		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Horizon	Indemnity	197.7				25.64		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Multiplan	Multiplan	263.57	80			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Wellcare	Medicare	102.17				25.64		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Horizon	NJ Health	25.64				25.64		312.99 fee schedule	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Horizon	PPO	197.7				25.64		312.99 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Qualcare	Qualcare	247.1	75			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	WellPoint	WellPoint	102.26	31.04			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Managed Care Inc	Managed Care Inc	296.51	90			25.64		312.99 percent of total billed charges	
TBS TECHNICAL CALCULATION ONLY	77091	CPT				outpatient			329.46	117.5	Three Rivers	Three Rivers	312.99	95			25.64		312.99 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Aetna	Medicare	74.04	30.8			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Amerihealth	HMO/PPO	70				60.37		228.37 fee schedule	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Americare	Americare	180.29	75			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		First Trenton	First Trenton	216.35	90			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Qualcare	Qualcare	180.29	75			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Aetna	Better Health	73.17	30.44			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Horizon	Medicare Blue	72.12	30			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		UHC	Medicaid	73.17	30.44			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Consumer	Consumer	228.37	95			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		First Health	First Health	168.27	70			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Horizon	PPO	92.02	38.28			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Aetna	Commercial	91.35	38		104.56	60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		WellPoint	WellPoint	74.62	31.04			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Horizon	Indemnity	92.02	38.28			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Three Rivers	Three Rivers	228.37	95			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Multiplan	Multiplan	192.31	80			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Corrections	Corrections	192.31	80			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Wellcare	Medicaid	73.17	30.44			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Horizon	MGD	92.02	38.28			60.37		228.37 percent of total billed charges	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Horizon	NJ Health	60.37				60.37		228.37 fee schedule	
THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	77261	CPT				outpatient			240.39		Managed Care Inc	Managed Care Inc	216.35	90			60.37		228.37 percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52	177.17	Aetna	Medicare	154.06				120		703.49 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52	177.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Multiplan	Multiplan	592.42	80			120	703.49	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 WellPoint	WellPoint	229.86	31.04		172.69	120	703.49	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Managed Care Inc	Managed Care Inc	666.47	90			120	703.49	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Consumer	Consumer	703.49	95			120	703.49	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Wellcare	Medicare	154.06				120	703.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Three Rivers	Three Rivers	703.49	95			120	703.49	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 UHC	Medicaid	225.41	30.44		218.87	120	703.49	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Corrections	Corrections	592.42	80			120	703.49	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Qualcare	Qualcare	555.39	75			120	703.49	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Horizon	Indemnity	298.11			356.41	120	703.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Wellcare	Medicaid	225.41	30.44			120	703.49	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 Horizon	PPO	298.11			411.63	120	703.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	77280	CPT				both			740.52		177.17 UHC	Medicare	154.06			209.55	120	703.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Multiplan	Multiplan	1711.97	80			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Horizon	Medicare Blue	424.76				194	2032.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Aetna	Commercial	693.21				194	2032.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Horizon	MGD	821.91				194	2032.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Aetna	Better Health	651.4	30.44			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Amerihealth	HMO/PPO	194				194	2032.96	fee schedule	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Consumer	Consumer	2032.96	95			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Aetna	Medicare	424.76				194	2032.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Qualcare	Qualcare	1604.97	75			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 WellPoint	WellPoint	664.24	31.04			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Americare	Americare	1604.97	75			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Amerihealth	Medicare	424.76				194	2032.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 First Trenton	First Trenton	1925.96	90			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 First Health	First Health	1497.97	70			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Corrections	Corrections	1711.97	80			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Horizon	Indemnity	821.91				194	2032.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 UHC	Medicaid	651.4	30.44			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Wellcare	Medicaid	651.4	30.44			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Three Rivers	Three Rivers	2032.96	95			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Horizon	PPO	821.91				194	2032.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Horizon	NJ Health	262.64				194	2032.96	fee schedule	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Managed Care Inc	Managed Care Inc	1925.96	90			194	2032.96	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 UHC	Medicare	424.76				194	2032.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	77285	CPT				outpatient			2139.96		488.47 Wellcare	Medicare	424.76				194	2032.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 UHC	Medicare	424.76			526.64	223	2494.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Consumer	Consumer	2494.21	95			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Amerihealth	Medicare	424.76				223	2494.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 First Health	First Health	1837.84	70			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Amerihealth	HMO/PPO	223				223	2494.21	fee schedule	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 UHC	Medicaid	799.2	30.44		669.5	223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Americare	Americare	1969.11	75			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Aetna	Better Health	799.2	30.44			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Horizon	Medicare Blue	424.76			538.54	223	2494.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Multiplan	Multiplan	2100.38	80			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Corrections	Corrections	2100.38	80			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Aetna	Commercial	693.21			914.18	223	2494.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Horizon	MGD	821.91				223	2494.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Wellcare	Medicaid	799.2	30.44			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Horizon	NJ Health	331.24			404.33	223	2494.21	fee schedule	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Aetna	Medicare	424.76				223	2494.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Wellcare	Medicare	424.76			696.24	223	2494.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Horizon	PPO	821.91			1077.73	223	2494.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 First Trenton	First Trenton	2362.93	90			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Qualcare	Qualcare	1969.11	75			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Three Rivers	Three Rivers	2494.21	95			223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 WellPoint	WellPoint	814.95	31.04		489.57	223	2494.21	percent of total billed charges	
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Horizon	Indemnity	821.91				223	2494.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	77290	CPT				both			2625.48		488.47 Managed Care Inc	Managed Care Inc	2362.93	90			223	2494.21	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Corrections	Corrections	408	80			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Aetna	Commercial	193.8	38			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		UHC	Medicaid	155.24	30.44			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		First Trenton	First Trenton	459	90			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Aetna	Better Health	155.24	30.44			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Aetna	Medicare	157.08	30.8			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		First Health	First Health	357	70			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Horizon	Medicare Blue	153	30			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Americare	Americare	382.5	75			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Amerihealth	HMO/PPO	331.5	65			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Consumer	Consumer	484.5	95			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Horizon	NJ Health	375.73			86.24	153	484.5	fee schedule	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Horizon	Indemnity	195.23	38.28			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Horizon	MGD	195.23	38.28			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Horizon	PPO	195.23	38.28			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Wellcare	Medicaid	155.24	30.44			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Managed Care Inc	Managed Care Inc	459	90			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Multiplan	Multiplan	408	80			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Three Rivers	Three Rivers	484.5	95			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		WellPoint	WellPoint	158.3	31.04			153	484.5	percent of total billed charges	
RESPIRATORY MOTION MANAGEMENT SIMULATION	77293	CPT				both			510		Qualcare	Qualcare	382.5	75			153	484.5	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 First Trenton	First Trenton	4616.7	90			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Aetna	Commercial	2591				1085	4872.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Aetna	Better Health	1561.13	30.44			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Americare	Americare	3846.42	75			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Horizon	PPO	3072.04			2850.8	1085	4872.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Corrections	Corrections	4102.85	80			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Aetna	Medicare	1587.62				1085	4872.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Amerihealth	Medicare	1587.62				1085	4872.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Horizon	Indemnity	3072.04				1085	4872.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Multiplan	Multiplan	4102.85	80			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Horizon	NJ Health	1238.72			865.75	1085	4872.13	fee schedule	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Consumer	Consumer	4872.13	95			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Three Rivers	Three Rivers	4872.13	95			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Wellcare	Medicare	1587.62			1360.03	1085	4872.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Amerihealth	HMO/PPO	1085				1085	4872.13	fee schedule	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Qualcare	Qualcare	3846.42	75			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Horizon	Medicare Blue	1587.62			1186.92	1085	4872.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 UHC	Medicaid	1561.13	30.44		1509.9	1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Managed Care Inc	Managed Care Inc	4615.7	90			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 First Health	First Health	3589.99	70			1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 UHC	Medicare	1587.62			1112.17	1085	4872.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Horizon	MGD	3072.04				1085	4872.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 WellPoint	WellPoint	1591.91	31.04		1400.84	1085	4872.13	percent of total billed charges	
3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	77295	CPT				both			5128.56		1825.76 Wellcare	Medicaid	1561.13	30.44			1085	4872.13	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Americare	Americare	504.14	75			43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Aetna	Medicare	154.06			101.12	43	638.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Horizon	Medicare Blue	154.06			119.44	43	638.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Aetna	Better Health	204.61	30.44			43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Aetna	Commercial	251.43			233.24	43	638.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 First Health	First Health	470.53	70			43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 First Trenton	First Trenton	604.96	90			43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Amerihealth	Medicare	154.06				43	638.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Amerihealth	HMO/PPO	43				43	638.57	fee schedule	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Consumer	Consumer	638.57	95			43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Qualcare	Qualcare	504.14	75			43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 WellPoint	WellPoint	208.64	31.04		176.55	43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Three Rivers	Three Rivers	638.57	95			43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Multiplan	Multiplan	537.74	80			43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Horizon	MGD	298.11			291.38	43	638.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Corrections	Corrections	537.74	80		207.14	43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 UHC	Medicare	154.06			148.03	43	638.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Horizon	Indemnity	298.11			252.12	43	638.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Horizon	PPO	298.11			298.19	43	638.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 UHC	Medicaid	204.61	30.44		198.62	43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Wellcare	Medicaid	204.61	30.44		197.78	43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Horizon	NJ Health	101.92			94.55	43	638.57	fee schedule	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Managed Care Inc	Managed Care Inc	604.96	90			43	638.57	percent of total billed charges	
BASIC RADIATION DOSIMETRY CALCULATION	77300	CPT				both			672.18		177.17 Wellcare	Medicare	154.06			131.37	43	638.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 Aetna	Better Health	2154.17	30.44			1085	6722.92	percent of total billed charges	
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 Amerihealth	Medicare	1587.62				1085	6722.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 Corrections	Corrections	5661.41	80		2180.75	1085	6722.92	percent of total billed charges	
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 Aetna	Medicare	1587.62			1064.59	1085	6722.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 Aetna	Commercial	2591			2307.64	1085	6722.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 Americare	Americare	5307.57	75			1085	6722.92	percent of total billed charges	
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 UHC	Medicare	1587.62			1404.85	1085	6722.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 Horizon	NJ Health	1475.88			991.21	1085	6722.92	fee schedule	
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 Consumer	Consumer	6722.92	95			1085	6722.92	percent of total billed charges	
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76		1825.76 Amer

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76	1825.76	Qualcare	Qualcare	5307.57	75			1085	6722.92	percent of total billed charges	
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76	1825.76	Wellcare	Medicare	1587.62			1087.13	1085	6722.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76	1825.76	Three Rivers	Three Rivers	6722.92	95			1085	6722.92	percent of total billed charges	
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76	1825.76	Horizon	Medicare Blue	1587.62			1126.48	1085	6722.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76	1825.76	Horizon	MGD	3072.04			3043.27	1085	6722.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	77301	CPT				both			7076.76	1825.76	Managed Care Inc	Managed Care Inc	6369.08	90			1085	6722.92	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Amerihealth	Medicare	424.76				61	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Aetna	Better Health	166.42	30.44			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Amerihealth	HMO/PPO	61				61	821.91	fee schedule	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Horizon	PPO	821.91				61	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Americare	Americare	410.04	75			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Horizon	Medicare Blue	424.76				61	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Aetna	Commercial	693.21				61	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Consumer	Consumer	519.38	95			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Corrections	Corrections	437.38	80			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Aetna	Medicare	424.76				61	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	UHC	Medicaid	166.42	30.44			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	WellPoint	WellPoint	169.7	31.04			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	First Trenton	First Trenton	492.05	90			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Multiplan	Multiplan	437.38	80			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	UHC	Medicare	424.76				61	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	First Health	First Health	382.7	70			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Horizon	Indemnity	821.91				61	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Wellcare	Medicaid	166.42	30.44			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Wellcare	Medicare	424.76				61	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Horizon	MGD	821.91				61	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Managed Care Inc	Managed Care Inc	492.05	90			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Qualcare	Qualcare	410.04	75			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Horizon	NJ Health	124.36				61	821.91	fee schedule	
TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	77306	CPT				outpatient			546.72	488.47	Three Rivers	Three Rivers	519.38	95			61	821.91	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Consumer	Consumer	1228.69	95			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Horizon	MGD	821.91			633.34	83	1228.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Aetna	Medicare	424.76				83	1228.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Aetna	Better Health	393.7	30.44			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Aetna	Commercial	693.21				83	1228.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	First Trenton	First Trenton	1164.02	90			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Horizon	NJ Health	243.04			144.87	83	1228.69	fee schedule	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Amerihealth	HMO/PPO	83				83	1228.69	fee schedule	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Corrections	Corrections	1034.69	80			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Qualcare	Qualcare	970.02	75			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Americare	Americare	970.02	75			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Horizon	Medicare Blue	424.76				83	1228.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Multiplan	Multiplan	1034.69	80			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Horizon	PPO	821.91				83	1228.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Three Rivers	Three Rivers	1228.69	95			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Amerihealth	Medicare	424.76				83	1228.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	UHC	Medicare	424.76				83	1228.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	First Health	First Health	905.35	70			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Managed Care Inc	Managed Care Inc	1164.02	90			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Horizon	Indemnity	821.91				83	1228.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	WellPoint	WellPoint	401.46	31.04			83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	UHC	Medicaid	393.7	30.44		386.21	83	1228.69	percent of total billed charges	
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Wellcare	Medicare	424.76				83	1228.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	77307	CPT				both			1293.36	488.47	Wellcare	Medicaid	393.7	30.44			83	1228.69	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	First Trenton	First Trenton	492.05	90			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Aetna	Commercial	693.21			190.36	90	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Americare	Americare	410.04	75			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Amerihealth	HMO/PPO	90				90	821.91	fee schedule	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Horizon	PPO	821.91				90	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Aetna	Better Health	166.42	30.44			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Consumer	Consumer	519.38	95			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Aetna	Medicare	168.39	30.8			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Horizon	Indemnity	821.91				90	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Amerihealth	Medicare	424.76				90	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Horizon	MGD	821.91				90	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	First Health	First Health	382.7	70			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	UHC	Medicare	424.76				90	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Corrections	Corrections	437.38	80			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Horizon	NJ Health	160.6			94.54	90	821.91	fee schedule	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	UHC	Medicaid	166.42	30.44		139.41	90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Managed Care Inc	Managed Care Inc	492.05	90			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Horizon	Medicare Blue	424.76				90	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Multiplan	Multiplan	437.38	80			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Wellcare	Medicaid	166.42	30.44			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Qualcare	Qualcare	410.04	75			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	WellPoint	WellPoint	169.7	31.04		101.94	90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Three Rivers	Three Rivers	519.38	95			90	821.91	percent of total billed charges	
BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	77316	CPT				outpatient			546.72	488.47	Wellcare	Medicare	424.76				90	821.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Consumer	Consumer	1434.12	95			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Americare	Americare	1132.2	75			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Aetna	Better Health	459.52	30.44			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	First Trenton	First Trenton	1358.64	90			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	First Health	First Health	1056.72	70			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Aetna	Commercial	693.21				132	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Corrections	Corrections	1207.68	80			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Managed Care Inc	Managed Care Inc	1358.64	90			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Horizon	Indemnity	821.91				132	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Amerihealth	HMO/PPO	132				132	1434.12	fee schedule	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Horizon	PPO	821.91				132	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Three Rivers	Three Rivers	1434.12	95			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Multiplan	Multiplan	1207.68	80			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Aetna	Medicare	424.76				132	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Horizon	Medicare Blue	424.76				132	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Amerihealth	Medicare	424.76				132	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Horizon	NJ Health	210.13				132	1434.12	fee schedule	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Horizon	MGD	821.91				132	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	WellPoint	WellPoint	468.58	31.04			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	UHC	Medicare	424.76				132	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Qualcare	Qualcare	1132.2	75			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	UHC	Medicaid	459.52	30.44			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Wellcare	Medicare	424.76				132	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	77317	CPT				outpatient			1509.6	488.47	Wellcare	Medicaid	459.52	30.44			132	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Aetna	Medicare	424.76				161	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	First Trenton	First Trenton	1358.64	90			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	First Health	First Health	1056.72	70			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Aetna	Commercial	693.21				161	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Aetna	Better Health	459.52	30.44			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Horizon	NJ Health	302.94				161	1434.12	fee schedule	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Corrections	Corrections	1207.68	80			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Americare	Americare	1132.2	75			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Horizon	MGD	821.91				161	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Managed Care Inc	Managed Care Inc	1358.64	90			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Horizon	Indemnity	821.91				161	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Amerihealth	HMO/PPO	161				161	1434.12	fee schedule	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Consumer	Consumer	1434.12	95			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Three Rivers	Three Rivers	1434.12	95			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Horizon	PPO	821.91				161	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Amerihealth	Medicare	424.76				161	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Multiplan	Multiplan	1207.68	80			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Wellcare	Medicare	424.76				161	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	UHC	Medicaid	459.52	30.44			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Horizon	Medicare Blue	424.76				161	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Qualcare	Qualcare	1132.2	75			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	UHC	Medicare	424.76				161	1434.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	WellPoint	WellPoint	468.58	31.04			161	1434.12	percent of total billed charges	
BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	77318	CPT				both			1509.6	488.47	Wellcare	Medicaid	459.52	30.44			161	1434.12	percent of total billed charges	
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				outpatient			2069.58	821.91	Horizon	PPO	821.91				138	1966.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				outpatient			2069.58	488.47	First Trenton	First Trenton	1862.62	90			138	1966.1	percent of total billed charges	
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				outpatient			2069.58	488.47	Aetna	Better Health	629.98	30.44			138	1966.1	percent of total billed charges	
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				outpatient			2069.58	488.47	Americare	Americare	1552.19	75			138	1966.1	percent of total billed charges	
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				outpatient			2069.58	488.47	Aetna	Medicare	424.76				138	1966.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				outpatient			2069.58	488.47	Amerihealth	Medicare	424.76				138	1966.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				outpatient			2069.58	488.47	First Health	First Health	1448.71	70			138	1966.1	percent of total billed charges	
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				out

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				outpatient			2069.58	488.47	Qualcare		1552.19	75			138		1986.1 percent of total billed charges	
SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	77321	CPT				outpatient			2069.58	488.47	UHC	Medicare	424.76			458.05	138		1966.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Aetna	Commercial	251.43				14		526.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Aetna	Medicare	170.59	30.8			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Corrections	Corrections	443.09	80			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Aetna	Better Health	168.59	30.44			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Americare	Americare	415.4	75			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	First Trenton	First Trenton	498.47	90			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Horizon	MGD	298.11				14		526.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	First Health	First Health	387.7	70			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Amerihealth	Medicare	154.06				14		526.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Horizon	Indemnity	298.11				14		526.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Amerihealth	HMO/PPO	14				14		526.17 fee schedule	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Consumer	Consumer	526.17	95			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Horizon	PPO	298.11				14		526.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Horizon	Medicare Blue	154.06				14		526.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	UHC	Medicaid	168.59	30.44			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Horizon	NJ Health	54.88				14		526.17 fee schedule	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Managed Care Inc	Managed Care Inc	498.47	90			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Multiplan	Multiplan	443.09	80			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	UHC	Medicare	154.06				14		526.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Three Rivers	Three Rivers	526.17	95			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Wellcare	Medicare	154.06				14		526.17 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Qualcare	Qualcare	415.4	75			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	WellPoint	WellPoint	171.92	31.04			14		526.17 percent of total billed charges	
SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	77331	CPT				outpatient			553.86	177.17	Wellcare	Medicaid	168.59	30.44			14		526.17 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Consumer	Consumer	617.25	95			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	First Trenton	First Trenton	584.77	90			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Americare	Americare	487.31	75			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	First Health	First Health	454.82	70			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Aetna	Better Health	197.78	30.44			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Corrections	Corrections	519.79	80			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Aetna	Medicare	154.06				43		617.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Aetna	Commercial	251.43			224.22	43		617.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Horizon	Medicare Blue	154.06				43		617.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Managed Care Inc	Managed Care Inc	584.77	90			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Amerihealth	HMO/PPO	43				43		617.25 fee schedule	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	WellPoint	WellPoint	201.68	31.04		144.74	43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Horizon	MGD	298.11				43		617.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	UHC	Medicaid	197.78	30.44		172	43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Horizon	Indemnity	298.11			312.71	43		617.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Multiplan	Multiplan	519.79	80			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Horizon	PPO	298.11			361.16	43		617.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Three Rivers	Three Rivers	617.25	95			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Amerihealth	Medicare	154.06				43		617.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Qualcare	Qualcare	487.31	75			43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	UHC	Medicare	154.06			120.1	43		617.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Wellcare	Medicare	154.06				43		617.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Horizon	NJ Health	103.88			104.72	43		617.25 fee schedule	
TX DEVICES DESIGN & CONSTRUCTION SIMPLE	77332	CPT				both			649.74	177.17	Wellcare	Medicaid	197.78	30.44		195.74	43		617.25 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Consumer	Consumer	717.06	95			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Americare	Americare	566.1	75			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Aetna	Better Health	229.76	30.44			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Horizon	Indemnity	298.11				62		717.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Aetna	Medicare	232.48	30.8			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Aetna	Commercial	251.43				62		717.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Horizon	Medicare Blue	154.06				62		717.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	First Trenton	First Trenton	679.32	90			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Corrections	Corrections	603.84	80			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Horizon	NJ Health	178.36				62		717.06 fee schedule	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Amerihealth	HMO/PPO	62				62		717.06 fee schedule	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Horizon	PPO	298.11				62		717.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Amerihealth	Medicare	154.06				62		717.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Multiplan	Multiplan	603.84	80			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	First Health	First Health	528.36	70			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Managed Care Inc	Managed Care Inc	679.32	90			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Horizon	MGD	298.11				62		717.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Three Rivers	Three Rivers	717.06	95			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Wellcare	Medicaid	229.76	30.44			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	UHC	Medicaid	229.76	30.44			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Qualcare	Qualcare	566.1	75			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	UHC	Medicare	154.06				62		717.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	Wellcare	Medicare	154.06				62		717.06 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	77333	CPT				both			754.8	177.17	WellPoint	WellPoint	234.29	31.04			62		717.06 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Horizon	PPO	821.91			668.47	106		1426.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Amerihealth	HMO/PPO	106				106		1426.37 fee schedule	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Americare	Americare	1126.08	75			106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Aetna	Commercial	693.21			430.96	106		1426.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Aetna	Medicare	424.76			230.44	106		1426.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Aetna	Better Health	457.04	30.44			106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Amerihealth	Medicare	424.76				106		1426.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Horizon	Medicare Blue	424.76			305.73	106		1426.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	First Trenton	First Trenton	1351.3	90			106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	First Health	First Health	1051.01	70			106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Horizon	MGD	821.91			638.52	106		1426.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Wellcare	Medicaid	457.04	30.44		386.92	106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Horizon	NJ Health	286.16			210.57	106		1426.37 fee schedule	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Horizon	Indemnity	821.91			786.42	106		1426.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Consumer	Consumer	1426.37	95			106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Managed Care Inc	Managed Care Inc	1351.3	90			106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Multiplan	Multiplan	1201.15	80			106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	UHC	Medicare	424.76			327.18	106		1426.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Corrections	Corrections	1201.15	80		462.07	106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Qualcare	Qualcare	1126.08	75			106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Wellcare	Medicare	424.76			398.16	106		1426.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	Three Rivers	Three Rivers	1426.37	95			106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	UHC	Medicaid	457.04	30.44		424.88	106		1426.37 percent of total billed charges	
TX DEVICES DESIGN & CONSTRUCTION COMPLEX	77334	CPT				both			1501.44	488.47	WellPoint	WellPoint	466.05	31.04		351.37	106		1426.37 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	First Health	First Health	1043.87	70			21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Aetna	Medicare	154.06			355.65	21		1416.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	First Trenton	First Trenton	1342.12	90			21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Horizon	MGD	298.11			688.12	21		1416.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Aetna	Better Health	453.93	30.44			21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Aetna	Commercial	251.43			553.67	21		1416.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Wellcare	Medicaid	453.93	30.44		453.55	21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Corrections	Corrections	1192.99	80		460.24	21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Horizon	Medicare Blue	154.06			308.99	21		1416.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Amerihealth	Medicare	154.06				21		1416.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Managed Care Inc	Managed Care Inc	1342.12	90			21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Horizon	PPO	298.11			668.37	21		1416.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Consumer	Consumer	1416.68	95			21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Americare	Americare	1118.43	75			21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	UHC	Medicare	154.06			340.83	21		1416.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Horizon	NJ Health	103.21			198.84	21		1416.68 fee schedule	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Multiplan	Multiplan	1192.99	80			21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Horizon	Indemnity	298.11			707.71	21		1416.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Wellcare	Medicare	154.06			260.9	21		1416.68 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Amerihealth	HMO/PPO	21				21		1416.68 fee schedule	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Qualcare	Qualcare	1118.43	75			21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	UHC	Medicaid	453.93	30.44		450.91	21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	WellPoint	WellPoint	462.88	31.04		411.25	21		1416.68 percent of total billed charges	
CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	77336	CPT				both			1491.24	177.17	Three Rivers	Three Rivers	1416.68	95			21		1416.68 percent of total billed charges	
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Aetna	Better Health	1521.08	30.44			48.05		4747.13 percent of total billed charges	
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Consumer	Consumer	4747.13	95			48.05		4747.13 percent of total billed charges	
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Amerihealth	Medicare	424.76				48.05		4747.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	First Trenton	First Trenton	4497.28	90			48.05		4747.13 percent of total billed charges	
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Aetna	Medicare	424.76			751.72	48.05		4747.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Horizon	Medicare Blue	424.76			795.42	48.05		4747.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Aetna	Commercial	693.21			1732.45	48.05		4747.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Horizon	Indemnity	821.91			1874.23	48.05		4747.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Amerihealth	HMO/PPO	48.05				48.05		4747.13 fee schedule	
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	First Health	First Health	3487.89	70			48.05		4747.13 percent of total billed charges	
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Horizon	MGD	821.91			2166.13	48.05		4747.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Managed Care Inc	Managed Care Inc	4497.28	90			48.05		4747.13 percent of total billed charges	
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Corrections	Corrections	3997.58	80		1539.85	48.05		4747.13 percent of total billed charges	
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Horizon	PPO	821.91			2189.21	48.05		4747.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Americare	Americare	3747.74	75			48.05		4747.13 percent of total billed charges	
MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	77338	CPT				both			4996.98	488.47	Three Rivers	Three Rivers	4747.13	95			48.05		4747.13 percent of total billed charges	
MLC IMRT DESIGN & CONSTRUCTION PER I

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																			
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	UHC	Medicaid	529.38	30.44		443.47	115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	First Trenton	First Trenton	1565.19	90			115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Aetna	Commercial	251.43			605.54	115.25	1652.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Aetna	Better Health	529.38	30.44			115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Horizon	MGD	298.11				115.25	1652.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Aetna	Medicare	535.64	30.8			115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	WellPoint	WellPoint	539.82	31.04		324.29	115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Multiplan	Multiplan	1391.28	80			115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Horizon	NJ Health	115.25			256.42	115.25	1652.15	fee schedule	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Horizon	Medicare Blue	154.06				115.25	1652.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Americare	Americare	1304.33	75			115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Horizon	PPO	298.11				115.25	1652.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Consumer	Consumer	1652.15	95			115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Amerihealth	HMO/PPO	150				115.25	1652.15	fee schedule	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Qualcare	Qualcare	1304.33	75			115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Managed Care Inc	Managed Care Inc	1565.19	90			115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	UHC	Medicare	154.08			289.44	115.25	1652.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Amerihealth	Medicare	154.06				115.25	1652.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Wellcare	Medicare	154.06				115.25	1652.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Three Rivers	Three Rivers	1652.15	95			115.25	1652.15	percent of total billed charges	
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Horizon	Indemnity	298.11				115.25	1652.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEC MEDICAL RADJ PHYSICS CONSLTJ	77370	CPT				both			1739.1	177.17	Wellcare	Medicaid	529.38	30.44			115.25	1652.15	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Aetna	Commercial	14475.92				767.42	26822.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	First Health	First Health	19816.86	70			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Aetna	Better Health	8530.53	30.44			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Amerihealth	Medicare	8870.05				767.42	26822.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Multiplan	Multiplan	22419.27	80			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Horizon	MGD	17163.55				767.42	26822.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Aetna	Medicare	8870.05				767.42	26822.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Horizon	PPO	17163.55				767.42	26822.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Americare	Americare	21018.07	75			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	UHC	Medicaid	8530.53	30.44			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Consumer	Consumer	26622.89	95			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Horizon	Indemnity	17163.55				767.42	26822.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Qualcare	Qualcare	21018.07	75			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	UHC	Medicare	8870.05				767.42	26822.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Corrections	Corrections	22419.27	80			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Wellcare	Medicare	8870.05				767.42	26822.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Amerihealth	HMO/PPO	1200				767.42	26822.89	fee schedule	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Horizon	Medicare Blue	8870.05				767.42	26822.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	First Trenton	First Trenton	25221.68	90			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	WellPoint	WellPoint	8698.68	31.04			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Wellcare	Medicaid	8530.53	30.44			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Horizon	NJ Health	767.42				767.42	26822.89	fee schedule	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Managed Care Inc	Managed Care Inc	25221.68	90			767.42	26822.89	percent of total billed charges	
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				both			28024.09	10200.56	Three Rivers	Three Rivers	26622.89	95			767.42	26822.89	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Horizon	Medicare Blue	2037.42				1200	8731.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Aetna	Commercial	3325.07				1200	8731.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Amerihealth	Medicare	2037.42				1200	8731.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Aetna	Medicare	2037.42				1200	8731.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Aetna	Better Health	2797.81	30.44			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Amerihealth	HMO/PPO	1200				1200	8731.66	fee schedule	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Americare	Americare	6893.42	75			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	WellPoint	WellPoint	2852.95	31.04			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Horizon	PPO	3942.41			3703.87	1200	8731.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	UHC	Medicaid	2797.81	30.44		2842.97	1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Corrections	Corrections	7352.98	80			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Consumer	Consumer	8731.66	95			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	First Health	First Health	6433.85	70			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Horizon	MGD	3942.41				1200	8731.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	First Trenton	First Trenton	8272.1	90			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Multiplan	Multiplan	7352.98	80			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Horizon	Indemnity	3942.41				1200	8731.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Wellcare	Medicaid	2797.81	30.44			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Horizon	NJ Health	1431.56			1411.94	1200	8731.66	fee schedule	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Qualcare	Qualcare	6893.42	75			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Managed Care Inc	Managed Care Inc	8272.1	90			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Three Rivers	Three Rivers	8731.66	95			1200	8731.66	percent of total billed charges	
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	UHC	Medicare	2037.42			1937.06	1200	8731.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				both			9191.22	2343.03	Wellcare	Medicare	2037.42			1527.67	1200	8731.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	UHC	Medicaid	740.82	30.44		752.78	351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Amerihealth	Medicare	671.21				351.94	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Aetna	Better Health	740.82	30.44			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Aetna	Medicare	749.59	30.8			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Aetna	Commercial	1095.41				351.94	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	WellPoint	WellPoint	755.43	31.04		701.17	351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Consumer	Consumer	2312.03	95			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Amerihealth	HMO/PPO	424				351.94	2312.03	fee schedule	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Americare	Americare	1825.29	75			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Corrections	Corrections	1946.98	80		751.11	351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Multiplan	Multiplan	1946.98	80			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	First Health	First Health	1703.6	70			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Three Rivers	Three Rivers	2312.03	95			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Horizon	Indemnity	1298.79			1010.84	351.94	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	First Trenton	First Trenton	2190.35	90			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Horizon	Medicare Blue	671.21			457	351.94	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	UHC	Medicare	671.21			595.96	351.94	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Horizon	MGD	1298.79			1118.69	351.94	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Qualcare	Qualcare	1825.29	75			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Horizon	NJ Health	351.94			332.06	351.94	2312.03	fee schedule	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Wellcare	Medicaid	740.82	30.44		736.85	351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Horizon	PPO	1298.79				351.94	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Wellcare	Medicare	671.21				351.94	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR SIMPLE	77385	CPT				both			2433.72	771.89	Managed Care Inc	Managed Care Inc	2190.35	90			351.94	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Americare	Americare	1825.29	75			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Aetna	Better Health	740.82	30.44			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Amerihealth	Medicare	671.21				352.84	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	First Health	First Health	1703.6	70			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Horizon	PPO	1298.79			1112.3	352.84	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Aetna	Commercial	1095.41			893.34	352.84	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Aetna	Medicare	671.21			551.84	352.84	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Horizon	Medicare Blue	671.21			603.51	352.84	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Amerihealth	HMO/PPO	424				352.84	2312.03	fee schedule	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Consumer	Consumer	2312.03	95			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Horizon	Indemnity	1298.79				352.84	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Horizon	MGD	1298.79			1119.66	352.84	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Horizon	NJ Health	352.84			325.42	352.84	2312.03	fee schedule	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Corrections	Corrections	1946.98	80			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	First Trenton	First Trenton	2190.35	90			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Multiplan	Multiplan	1946.98	80			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	UHC	Medicaid	740.82	30.44		719.73	352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Qualcare	Qualcare	1825.29	75			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Managed Care Inc	Managed Care Inc	2190.35	90			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Three Rivers	Three Rivers	2312.03	95			352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	WellPoint	WellPoint	755.43	31.04		646.51	352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Wellcare	Medicaid	740.82	30.44		725.61	352.84	2312.03	percent of total billed charges	
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	UHC	Medicare	671.21			531.25	352.84	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTENSITY MODULATED RADIATION TX DLVR COMPLEX	77386	CPT				both			2433.72	771.89	Wellcare	Medicare	671.21				352.84	2312.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Corrections	Corrections	93.02	80			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Amerihealth	HMO/PPO	75				34.88	110.47	fee schedule	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Horizon	NJ Health	54.41			14.6	34.88	110.47	fee schedule	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Aetna	Commercial	44.19	38		38.89	34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Americare	Americare	87.21	75			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Aetna	Better Health	35.4	30.44			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Multiplan	Multiplan	93.02	80			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Aetna	Medicare	35.81	30.8			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Horizon	Medicare Blue	34.88	30		24.89	34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		First Health	First Health	81.4	70			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Qualcare	Qualcare	87.21	75			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Horizon	MGD	44.51	38.28		56.48	34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Consumer	Consumer	110.47	95			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Horizon	Indemnity	44.51	38.28			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		UHC	Medicaid	35.4	30.44		33.02	34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Horizon	PPO	44.51	38.28		64.63	34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		First Trenton	First Trenton	104.65	90			34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both			116.28		Wellcare	Medicaid	35.4	30.44		35.97	34.88	110.47	percent of total billed charges	
GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	77387	CPT				both	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Corrections	Corrections	399.84				14		474.81 percent of total billed charges	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	UHC	Medicare	154.06			96.87	14		474.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Amerihealth	HMO/PPO	14				14		474.81 fee schedule	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Three Rivers	Three Rivers	474.81	95			14		474.81 percent of total billed charges	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Aetna	Medicare	154.06			76.71	14		474.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	First Health	First Health	349.86	70			14		474.81 percent of total billed charges	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	First Trenton	First Trenton	449.82	90			14		474.81 percent of total billed charges	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Wellcare	Medicaid	152.14	30.44		146.39	14		474.81 percent of total billed charges	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Horizon	MGD	298.11			209.96	14		474.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Managed Care Inc	Managed Care Inc	449.82	90			14		474.81 percent of total billed charges	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Multiplan	Multiplan	399.84	80			14		474.81 percent of total billed charges	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	WellPoint	WellPoint	155.14	31.04		150.09	14		474.81 percent of total billed charges	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Qualcare	Qualcare	374.85	75			14		474.81 percent of total billed charges	
UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC	77399	CPT				both			499.8		177.17	Wellcare	Medicare	154.06				14		474.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Aetna	Medicare	151.74	30.8			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Corrections	Corrections	394.13	80			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Amerihealth	Medicare	127.06				65.33		468.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Amerihealth	HMO/PPO	100				65.33		468.03 fee schedule	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Aetna	Better Health	149.97	30.44			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Aetna	Commercial	207.36				65.33		468.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Horizon	Medicare Blue	127.06				65.33		468.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	First Trenton	First Trenton	443.39	90			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Americare	Americare	369.5	75			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Multiplan	Multiplan	394.13	80			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Horizon	Indemnity	245.86				65.33		468.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	First Health	First Health	344.86	70			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Consumer	Consumer	468.03	95			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Qualcare	Qualcare	369.5	75			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	UHC	Medicare	127.06				65.33		468.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Horizon	MGD	245.86				65.33		468.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Wellcare	Medicaid	149.97	30.44			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Wellcare	Medicare	127.06				65.33		468.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Horizon	PPO	245.86				65.33		468.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Horizon	NJ Health	65.33				65.33		468.03 fee schedule	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	WellPoint	WellPoint	152.92	31.04			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Managed Care Inc	Managed Care Inc	443.39	90			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	Three Rivers	Three Rivers	468.03	95			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV SIMPLE	77402	CPT				both			492.66		146.12	UHC	Medicaid	149.97	30.44			65.33		468.03 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Aetna	Medicare	305.14				80.36		884.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Multiplan	Multiplan	745.01	80			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Amerihealth	Medicare	305.14				80.36		884.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Aetna	Better Health	283.48	30.44			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Americare	Americare	698.45	75			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Horizon	Medicare Blue	305.14			195.52	80.36		884.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Horizon	Indemnity	590.45				80.36		884.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Aetna	Commercial	497.99			357.77	80.36		884.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Horizon	PPO	590.45			517.66	80.36		884.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Qualcare	Qualcare	698.45	75			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	WellPoint	WellPoint	289.06	31.04		257.04	80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	First Health	First Health	651.88	70			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Amerihealth	HMO/PPO	135				80.36		884.7 fee schedule	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Horizon	MGD	590.45			456.03	80.36		884.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Consumer	Consumer	884.7	95			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	UHC	Medicaid	283.48	30.44		276.03	80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	First Trenton	First Trenton	838.13	90			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Corrections	Corrections	745.01	80			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Managed Care Inc	Managed Care Inc	838.13	90			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Horizon	NJ Health	80.36			110.15	80.36		884.7 fee schedule	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Three Rivers	Three Rivers	884.7	95			80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	UHC	Medicare	305.14			246.21	80.36		884.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Wellcare	Medicaid	283.48	30.44		288.05	80.36		884.7 percent of total billed charges	
RADIATION TREATMENT DELIVERY >=1 MEV COMPLEX	77412	CPT				both			931.26		350.91	Wellcare	Medicare	305.14			177.81	80.36		884.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Aetna	Better Health	118.92	30.44			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Consumer	Consumer	371.13	95			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			First Health	First Health	273.46	70			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Aetna	Medicare	120.32	30.8			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Aetna	Commercial	148.45	38		148.72	4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Americare	Americare	293	75			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			UHC	Medicaid	118.92	30.44		116.29	4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Corrections	Corrections	312.53	80			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Amerihealth	HMO/PPO	4				4		371.13 fee schedule	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			First Trenton	First Trenton	351.59	90			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Horizon	Indemnity	149.54	38.28			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Horizon	MGD	149.54	38.28		191.3	4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Horizon	Medicare Blue	117.2	30		77.16	4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Horizon	NJ Health	21.56			45.54	4		371.13 fee schedule	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			WellPoint	WellPoint	121.26	31.04			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Horizon	PPO	149.54	38.28			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Multiplan	Multiplan	312.53	80			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Wellcare	Medicaid	118.92	30.44			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Qualcare	Qualcare	293	75			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Managed Care Inc	Managed Care Inc	351.59	90			4		371.13 percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT				both			390.66			Three Rivers	Three Rivers	371.13	95			4		371.13 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Horizon	NJ Health	989.8			1014.16	424		7405.1 fee schedule	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	First Trenton	First Trenton	7015.36	90			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Aetna	Medicare	671.21			1196.37	424		7405.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	First Health	First Health	5456.39	70			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Aetna	Commercial	1095.41			1892.7	424		7405.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Corrections	Corrections	6235.87	80			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Americare	Americare	5846.13	75			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Aetna	Better Health	2372.75	30.44			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	WellPoint	WellPoint	2419.52	31.04		1725.64	424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Managed Care Inc	Managed Care Inc	7015.36	90			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Multiplan	Multiplan	6235.87	80			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Amerihealth	HMO/PPO	424				424		7405.1 fee schedule	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Amerihealth	Medicare	671.21				424		7405.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Horizon	Indemnity	1298.79				424		7405.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Consumer	Consumer	7405.1	95			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Horizon	MGD	1298.79			1252.88	424		7405.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Horizon	Medicare Blue	671.21			906.78	424		7405.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Three Rivers	Three Rivers	7405.1	95			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Qualcare	Qualcare	5846.13	75			424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	UHC	Medicaid	2372.75	30.44		2006.65	424		7405.1 percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	UHC	Medicare	671.21			1156.39	424		7405.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Horizon	PPO	1298.79				424		7405.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Wellcare	Medicare	671.21				424		7405.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT				both			7794.84		771.89	Wellcare	Medicaid	2372.75	30.44		2387.93	424		7405.1 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Aetna	Commercial	1313.83			1102.18	350.64		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	First Trenton	First Trenton	2886.19	90			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Aetna	Medicare	805.04				350.64		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Horizon	Medicare Blue	805.04				350.64		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Horizon	Indemnity	1557.75				350.64		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Amerihealth	HMO/PPO	773				350.64		3046.54 fee schedule	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Aetna	Better Health	976.17	30.44			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Amerihealth	Medicare	805.04				350.64		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Multiplan	Multiplan	2565.5	80			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Managed Care Inc	Managed Care Inc	2886.19	90			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Consumer	Consumer	3046.54	95			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	First Health	First Health	2244.82	70			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Horizon	PPO	1557.75				350.64		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Wellcare	Medicaid	976.17	30.44			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Americare	Americare	2405.16	75			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Wellcare	Medicare	805.04				350.64		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Qualcare	Qualcare	2405.16	75			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Corrections	Corrections	2565.5	80			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	UHC	Medicaid	976.17	30.44		873.08	350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Three Rivers	Three Rivers	3046.54	95			350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	UHC	Medicare	805.04				350.64		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Horizon	MGD	1557.75				350.64		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	Horizon	NJ Health	350.64			491.22	350.64		3046.54 fee schedule	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 1 CHANNEL	77770	CPT				outpatient			3206.88		925.8	WellPoint	WellPoint	995.42	31.04		597.99	350.64		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8	Amerihealth	Medicare	805.04				651.92		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8	Aetna	Commercial	1313.83				651.92		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8	Horizon	MGD	1557.75				651.92		3046.54 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8	Corrections	Corrections	2565.5	80			651.92		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8	Aetna	Better Health	976.17	30.44			651.92		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI/NTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8	First Health	First Health	2244.82	70			651.92		3046.54 percent of total billed charges	
HDR RDNCL NTRSTLI

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8 Horizon	Indemnity	1557.75				651.92		3046.54	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8 Americare	Americare	2405.16	75			651.92		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8 UHC	Medicare	805.04			568.63	651.92		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8 Qualcare	Qualcare	2405.16	75			651.92		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8 Wellcare	Medicare	805.04				651.92		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8 Consumer	Consumer	3046.54	95			651.92		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	77771	CPT				both			3206.88		925.8 Wellcare	Medicaid	976.17	30.44			651.92		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Aetna	Commercial	1313.83				773		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 UHC	Medicaid	976.17	30.44			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Corrections	Corrections	2565.5	80			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Amerihealth	Medicare	805.04				773		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Consumer	Consumer	3046.54	95			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Amerihealth	HMO/PPO	773				773		3046.54	fee schedule
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 First Trenton	First Trenton	2886.19	90			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Aetna	Better Health	976.17	30.44			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Aetna	Medicare	805.04				773		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 First Health	First Health	2244.82	70			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Horizon	PPO	1557.75				773		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Horizon	Medicare Blue	805.04				773		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Americare	Americare	2405.16	75			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 UHC	Medicare	805.04				773		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Horizon	Indemnity	1557.75				773		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Wellcare	Medicaid	976.17	30.44			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Horizon	MGD	1557.75				773		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Wellcare	Medicare	805.04				773		3046.54	other
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 WellPoint	WellPoint	995.42	31.04			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Multiplan	Multiplan	2565.5	80			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Horizon	NJ Health	997.48				773		3046.54	fee schedule
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Qualcare	Qualcare	2405.16	75			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Managed Care Inc	Managed Care Inc	2886.19	90			773		3046.54	percent of total billed charges
HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	77772	CPT				both			3206.88		925.8 Three Rivers	Three Rivers	3046.54	95			773		3046.54	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Aetna	Better Health	3007.08	30.44			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 UHC	Medicaid	3007.08	30.44			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Consumer	Consumer	9384.77	95			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 UHC	Medicare	805.04				162		9384.77	other
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Amerihealth	Medicare	805.04				162		9384.77	other
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Amerihealth	HMO/PPO	162				162		9384.77	fee schedule
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Aetna	Commercial	1313.83				162		9384.77	other
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 First Trenton	First Trenton	8890.83	90			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Corrections	Corrections	7902.96	80			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 First Health	First Health	6915.09	70			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Horizon	NJ Health	374.22				162		9384.77	fee schedule
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Horizon	Indemnity	1557.75				162		9384.77	other
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Horizon	Medicare Blue	805.04				162		9384.77	other
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Wellcare	Medicaid	3007.08	30.44			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Aetna	Medicare	805.04				162		9384.77	other
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Horizon	PPO	1557.75				162		9384.77	other
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 WellPoint	WellPoint	3066.35	31.04			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Wellcare	Medicare	805.04				162		9384.77	other
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Americare	Americare	7409.03	75			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Managed Care Inc	Managed Care Inc	8890.83	90			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Horizon	MGD	1557.75				162		9384.77	other
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Multiplan	Multiplan	7902.96	80			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Qualcare	Qualcare	7409.03	75			162		9384.77	percent of total billed charges
INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	77778	CPT				inpatient			9878.7		925.8 Three Rivers	Three Rivers	9384.77	95			162		9384.77	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Aetna	Better Health	173.56	30.44			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Horizon	MGD	902.19				34.92		902.19	other
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Consumer	Consumer	541.67	95			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Amerihealth	HMO/PPO	34.92				34.92		902.19	fee schedule
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Aetna	Medicare	466.25				34.92		902.19	other
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 UHC	Medicare	466.25				34.92		902.19	other
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Multiplan	Multiplan	456.14	80			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Aetna	Commercial	760.92				34.92		902.19	other
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 First Health	First Health	399.13	70			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 UHC	Medicaid	173.56	30.44			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Corrections	Corrections	456.14	80			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Amerihealth	Medicare	466.25				34.92		902.19	other
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Qualcare	Qualcare	427.64	75			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Americare	Americare	427.64	75			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 First Trenton	First Trenton	513.16	90			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Horizon	Indemnity	902.19				34.92		902.19	other
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Horizon	NJ Health	72.72				34.92		902.19	fee schedule
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Horizon	Medicare Blue	466.25				34.92		902.19	other
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Horizon	PPO	902.19				34.92		902.19	other
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Wellcare	Medicaid	173.56	30.44			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Managed Care Inc	Managed Care Inc	513.16	90			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Three Rivers	Three Rivers	541.67	95			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 WellPoint	WellPoint	176.98	31.04			34.92		902.19	percent of total billed charges
THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	78012	CPT				outpatient			570.18		536.19 Wellcare	Medicare	466.25				34.92		902.19	other
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Aetna	Better Health	458.9	30.44			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 First Trenton	First Trenton	1356.8	90			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Americare	Americare	1130.67	75			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Aetna	Medicare	466.25				61.69		1432.18	other
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 First Health	First Health	1055.29	70			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Amerihealth	HMO/PPO	61.69				61.69		1432.18	fee schedule
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Amerihealth	Medicare	466.25				61.69		1432.18	other
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Aetna	Commercial	760.92				61.69		1432.18	other
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Horizon	PPO	902.19				61.69		1432.18	other
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Horizon	NJ Health	184.2				61.69		1432.18	fee schedule
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Horizon	Medicare Blue	466.25				61.69		1432.18	other
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Corrections	Corrections	1206.05	80			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Horizon	MGD	902.19				61.69		1432.18	other
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 UHC	Medicaid	458.9	30.44			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Consumer	Consumer	1432.18	95			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Horizon	Indemnity	902.19			735	61.69		1432.18	other
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 WellPoint	WellPoint	467.95	31.04			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Managed Care Inc	Managed Care Inc	1356.8	90			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Wellcare	Medicaid	458.9	30.44			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Multiplan	Multiplan	1206.05	80			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 UHC	Medicare	466.25				61.69		1432.18	other
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Three Rivers	Three Rivers	1432.18	95			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Qualcare	Qualcare	1130.67	75			61.69		1432.18	percent of total billed charges
THYROID IMAGING WITH VASCULAR FLOW	78013	CPT				both			1507.56		536.19 Wellcare	Medicare	466.25				61.69		1432.18	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 UHC	Medicare	466.25				85.02		1102.72	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Aetna	Better Health	353.34	30.44		341.74	85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Horizon	MGD	902.19				85.02		1102.72	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Aetna	Medicare	466.25				85.02		1102.72	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Amerihealth	HMO/PPO	85.02				85.02		1102.72	fee schedule
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Multiplan	Multiplan	928.61	80			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 First Health	First Health	812.53	70			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Aetna	Commercial	760.92				85.02		1102.72	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Amerihealth	Medicare	466.25				85.02		1102.72	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Horizon	Indemnity	902.19				85.02		1102.72	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Horizon	PPO	902.19				85.02		1102.72	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Consumer	Consumer	1102.72	95			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Horizon	NJ Health	212.62			80.74	85.02		1102.72	fee schedule
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Qualcare	Qualcare	870.57	75			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Horizon	Medicare Blue	466.25				85.02		1102.72	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Americare	Americare	870.57	75			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 UHC	Medicaid	353.34	30.44		359.04	85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Wellcare	Medicaid	353.34	30.44			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Wellcare	Medicare	466.25				85.02		1102.72	other
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Corrections	Corrections	928.61	80			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 WellPoint	WellPoint	360.3	31.04			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Three Rivers	Three Rivers	1102.72	95			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 First Trenton	First Trenton	1044.68	90			85.02		1102.72	percent of total billed charges
THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	78014	CPT				both			1160.76		536.19 Managed Care Inc	Managed Care Inc	1044.68	90			85.02		1102.72	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Aetna	Medicare	466.25				106.02		902.19	other
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Corrections	Corrections	491.9	80			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Consumer	Consumer	584.13	95			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Aetna	Better Health	187.17	30.44			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Horizon	MGD	902.19				106.02		902.19	other
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 First Trenton	First Trenton	553.38	90			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Aetna	Commercial	760.92				106.02		902.19	other
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Amerihealth	HMO/PPO	106.02				106.02		902.19	fee schedule
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Multiplan	Multiplan	491.9	80			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Horizon	PPO	902.19				106.02		902.19	other
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Qualcare	Qualcare	461.15	75			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Americare	Americare	461.15	75			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Horizon	NJ Health	120.74				106.02		902.19	fee schedule
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Amerihealth	Medicare	466.25				106.02		902.19	other
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 UHC	Medicaid	187.17	30.44			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 First Health	First Health	430.41	70			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Managed Care Inc	Managed Care Inc	553.38	90			106.02		902.19	percent of total billed charges
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 Horizon	Indemnity	902.19				106.02		902.19	other
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87		536.19 WellPo

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				106.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				106.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG ADDL STUDY	78016	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			106.02	902.19	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Aetna	Commercial	1019.3				153.76	2288.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	First Health	First Health	1686.47	70			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Horizon	Medicare Blue	624.57				153.76	2288.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Americare	Americare	1806.93	75			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Amerihealth	HMO/PPO	153.76				153.76	2288.78	fee schedule	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Consumer	Consumer	2288.78	95			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Aetna	Better Health	733.37	30.44			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Corrections	Corrections	1927.39	80			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Aetna	Medicare	624.57				153.76	2288.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Horizon	PPO	1208.54			610.9	153.76	2288.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	WellPoint	WellPoint	747.83	31.04			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	First Trenton	First Trenton	2168.32	90			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Amerihealth	Medicare	624.57				153.76	2288.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Multiplan	Multiplan	1927.39	80			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	UHC	Medicare	624.57				153.76	2288.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Horizon	Indemnity	1208.54			1150.4	153.76	2288.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Horizon	NJ Health	192.08			57.74	153.76	2288.78	fee schedule	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Qualcare	Qualcare	1806.93	75			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Wellcare	Medicaid	733.37	30.44		729.3	153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Managed Care Inc	Managed Care Inc	2168.32	90			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	UHC	Medicaid	733.37	30.44		608.86	153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Horizon	MGD	1208.54			1167.29	153.76	2288.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Wellcare	Medicare	624.57				153.76	2288.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASES IMG WHOLE BODY	78018	CPT				outpatient			2409.24	718.26	Three Rivers	Three Rivers	2288.78	95			153.76	2288.78	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Americare	Americare	207.54	75			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Consumer	Consumer	262.88	95			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Corrections	Corrections	221.38	80			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Aetna	Better Health	84.23	30.44			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Horizon	Indemnity	105.93	38.28			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Aetna	Commercial	105.15	38			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Aetna	Medicare	85.23	30.8			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Amerihealth	HMO/PPO	19.22				19.22	262.88	fee schedule	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Horizon	Medicare Blue	83.02	30			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Horizon	MGD	105.93	38.28			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		WellPoint	WellPoint	85.89	31.04			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		First Health	First Health	193.7	70			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Multiplan	Multiplan	221.38	80			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Horizon	NJ Health	47.04			6.63	19.22	262.88	fee schedule	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		First Trenton	First Trenton	249.05	90			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Horizon	PPO	105.93	38.28		47.76	19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		UHC	Medicaid	84.23	30.44		69.93	19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Managed Care Inc	Managed Care Inc	249.05	90			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Qualcare	Qualcare	207.54	75			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Three Rivers	Three Rivers	262.88	95			19.22	262.88	percent of total billed charges	
THYROID CARCINOMA METASTASES UPTAKE	78020	CPT				outpatient			276.72		Wellcare	Medicaid	84.23	30.44		83.61	19.22	262.88	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Consumer	Consumer	584.13	95			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Aetna	Better Health	187.17	30.44			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Amerihealth	HMO/PPO	60.76				60.76	902.19	fee schedule	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Aetna	Commercial	760.92				60.76	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Amerihealth	Medicare	466.25				60.76	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Horizon	Medicare Blue	466.25				60.76	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Horizon	PPO	902.19				60.76	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Corrections	Corrections	491.9	80			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Managed Care Inc	Managed Care Inc	553.38	90			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Horizon	Indemnity	902.19				60.76	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	First Health	First Health	430.41	70			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Aetna	Medicare	466.25				60.76	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Qualcare	Qualcare	461.15	75			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	WellPoint	WellPoint	190.86	31.04			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	UHC	Medicaid	187.17	30.44			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Horizon	NJ Health	72.52				60.76	902.19	fee schedule	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				60.76	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Americare	Americare	461.15	75			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Horizon	MGD	902.19				60.76	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				60.76	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING	78070	CPT				outpatient			614.87	536.19	Three Rivers	Three Rivers	584.13	95			60.76	902.19	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Corrections	Corrections	1277.86	80			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Amerihealth	Medicare	466.25				156.86	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Amerihealth	HMO/PPO	156.86				156.86	1517.45	fee schedule	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Americare	Americare	1197.99	75			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Aetna	Better Health	486.22	30.44			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	First Trenton	First Trenton	1437.59	90			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	First Health	First Health	1118.12	70			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Aetna	Commercial	760.92				156.86	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Horizon	Medicare Blue	466.25				156.86	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Managed Care Inc	Managed Care Inc	1437.59	90			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Horizon	Indemnity	902.19				156.86	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Consumer	Consumer	1517.45	95			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Horizon	NJ Health	315.72			183.77	156.86	1517.45	fee schedule	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Aetna	Medicare	466.25				156.86	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Wellcare	Medicare	466.25				156.86	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Three Rivers	Three Rivers	1517.45	95			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Horizon	PPO	902.19				156.86	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Horizon	MGD	902.19				156.86	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Wellcare	Medicaid	486.22	30.44			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	UHC	Medicaid	486.22	30.44		462.25	156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	UHC	Medicare	466.25			290.28	156.86	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Multiplan	Multiplan	1277.86	80			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	WellPoint	WellPoint	495.81	31.04			156.86	1517.45	percent of total billed charges	
PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	78071	CPT				both			1597.32	536.19	Qualcare	Qualcare	1197.99	75			156.86	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	UHC	Medicaid	486.22	30.44		8.54	64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Amerihealth	Medicare	624.57				64.48	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Aetna	Commercial	1019.3				64.48	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Aetna	Medicare	624.57				64.48	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	First Trenton	First Trenton	1437.59	90			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Aetna	Better Health	486.22	30.44			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Horizon	MGD	1208.54			491.11	64.48	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Horizon	PPO	1208.54				64.48	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	UHC	Medicare	624.57				64.48	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	First Health	First Health	1118.12	70			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Americare	Americare	1197.99	75			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Corrections	Corrections	1277.86	80			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Managed Care Inc	Managed Care Inc	1437.59	90			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Consumer	Consumer	1517.45	95			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Amerihealth	HMO/PPO	156.86				64.48	1517.45	fee schedule	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	WellPoint	WellPoint	495.81	31.04			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Wellcare	Medicare	624.57				64.48	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Horizon	Medicare Blue	624.57				64.48	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Horizon	Indemnity	1208.54				64.48	1517.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Horizon	NJ Health	64.48				64.48	1517.45	fee schedule	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Multiplan	Multiplan	1277.86	80			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Three Rivers	Three Rivers	1517.45	95			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Qualcare	Qualcare	1197.99	75			64.48	1517.45	percent of total billed charges	
PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	78072	CPT				both			1597.32	718.26	Wellcare	Medicaid	486.22	30.44			64.48	1517.45	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Amerihealth	HMO/PPO	153.76				107.8	2931.08	fee schedule	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Consumer	Consumer	2011.06	95			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Horizon	Medicare Blue	1514.77				107.8	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	First Trenton	First Trenton	1905.21	90			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Horizon	PPO	2931.08				107.8	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Aetna	Better Health	644.38	30.44			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	First Health	First Health	1481.83	70			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Amerihealth	Medicare	1514.77				107.8	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	UHC	Medicaid	644.38	30.44			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Corrections	Corrections	1693.52	80			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Wellcare	Medicaid	644.38	30.44			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Horizon	Indemnity	2931.08				107.8	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	WellPoint	WellPoint	657.09	31.04			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Aetna	Commercial	2472.1				107.8	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Wellcare	Medicare	1514.77				107.8	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Multiplan	Multiplan	1693.52	80			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Horizon	NJ Health	107.8				107.8	2931.08	fee schedule	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Managed Care Inc	Managed Care Inc	1905.21	90			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Aetna	Medicare	1514.77				107.8	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Qualcare	Qualcare	1587.68	75			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99	Americare	Americare	1587.68	75			107.8	2931.08	percent of total billed charges	
ADRENAL IMAGING CORTEX &/MEDULLA	78075	CPT				outpatient			2116.9	1741.99

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Aetna	Commercial	760.92				67.58	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Aetna	Better Health	282.23	30.44			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Aetna	Medicare	285.57	30.8			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	WellPoint	WellPoint	287.8	31.04			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Americare	Americare	695.39	75			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	First Health	First Health	649.03	70			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	First Trenton	First Trenton	834.46	90			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Horizon	PPO	902.19				67.58	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Amerihealth	HMO/PPO	67.58				67.58	902.19	fee schedule	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Consumer	Consumer	880.82	95			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Qualcare	Qualcare	695.39	75			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Horizon	Medicare Blue	466.25				67.58	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Horizon	Indemnity	902.19				67.58	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Multiplan	Multiplan	741.74	80			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Horizon	NJ Health	129.36				67.58	902.19	fee schedule	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Wellcare	Medicaid	282.23	30.44			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	UHC	Medicare	466.25				67.58	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	UHC	Medicaid	282.23	30.44			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Managed Care Inc	Managed Care Inc	834.46	90			67.58	902.19	percent of total billed charges	
BONE MARROW IMAGING LIMITED AREA	78102	CPT				both			927.18	536.19	Wellcare	Medicare	466.25				67.58	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Amerihealth	Medicare	466.25				100.44	1675.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Aetna	Medicare	466.25				100.44	1675.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Amerihealth	HMO/PPO	100.44				100.44	1675.4	fee schedule	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Horizon	PPO	902.19				100.44	1675.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Americare	Americare	1322.69	75			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Horizon	Medicare Blue	466.25				100.44	1675.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Aetna	Better Health	536.83	30.44			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Consumer	Consumer	1675.4	95			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Corrections	Corrections	1410.86	80			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Wellcare	Medicaid	536.83	30.44			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Horizon	MGD	902.19				100.44	1675.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	WellPoint	WellPoint	547.42	31.04			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	First Trenton	First Trenton	1587.22	90			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Multiplan	Multiplan	1410.86	80			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Aetna	Commercial	760.92				100.44	1675.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	First Health	First Health	1234.51	70			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Horizon	Indemnity	902.19				100.44	1675.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Qualcare	Qualcare	1322.69	75			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	UHC	Medicaid	536.83	30.44			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Managed Care Inc	Managed Care Inc	1587.22	90			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	UHC	Medicare	466.25				100.44	1675.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Horizon	NJ Health	181.7				100.44	1675.4	fee schedule	
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Wellcare	Medicare	466.25				100.44	1675.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING MULTIPLE AREAS	78103	CPT				inpatient			1763.58	536.19	Three Rivers	Three Rivers	1675.4	95			100.44	1675.4	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Qualcare	Qualcare	2387.57	75			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Aetna	Commercial	760.92				123.38	3024.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	First Health	First Health	2228.39	70			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	WellPoint	WellPoint	988.13	31.04			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Consumer	Consumer	3024.25	95			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Amerihealth	Medicare	466.25				123.38	3024.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Aetna	Better Health	969.03	30.44			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Horizon	MGD	902.19				123.38	3024.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Corrections	Corrections	2546.74	80			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Aetna	Medicare	466.25				123.38	3024.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Three Rivers	Three Rivers	3024.25	95			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Horizon	PPO	902.19				123.38	3024.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	First Trenton	First Trenton	2865.08	90			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Multiplan	Multiplan	2546.74	80			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Amerihealth	HMO/PPO	123.38				123.38	3024.25	fee schedule	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	UHC	Medicaid	969.03	30.44			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Horizon	NJ Health	183.34				123.38	3024.25	fee schedule	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Americare	Americare	2387.57	75			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Wellcare	Medicare	466.25				123.38	3024.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Wellcare	Medicaid	969.03	30.44			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Managed Care Inc	Managed Care Inc	2865.08	90			123.38	3024.25	percent of total billed charges	
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Horizon	Medicare Blue	466.25				123.38	3024.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	Horizon	Indemnity	902.19				123.38	3024.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW IMAGING WHOLE BODY	78104	CPT				outpatient			3183.42	536.19	UHC	Medicare	466.25				123.38	3024.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Aetna	Better Health	245.28	30.44			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Aetna	Medicare	624.57				79.36	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	First Trenton	First Trenton	725.21	90			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Amerihealth	Medicare	624.57				79.36	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	First Health	First Health	564.05	70			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Aetna	Commercial	1019.3				79.36	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Corrections	Corrections	644.63	80			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Americare	Americare	604.34	75			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Amerihealth	HMO/PPO	79.36				79.36	1208.54	fee schedule	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Consumer	Consumer	765.5	95			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Horizon	NJ Health	86.24				79.36	1208.54	fee schedule	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Horizon	MGD	1208.54				79.36	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Horizon	Medicare Blue	624.57				79.36	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Multiplan	Multiplan	644.63	80			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Horizon	Indemnity	1208.54				79.36	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Qualcare	Qualcare	604.34	75			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Wellcare	Medicaid	245.28	30.44			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Managed Care Inc	Managed Care Inc	725.21	90			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	UHC	Medicare	624.57				79.36	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Horizon	PPO	1208.54				79.36	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Three Rivers	Three Rivers	765.5	95			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	UHC	Medicaid	245.28	30.44			79.36	1208.54	percent of total billed charges	
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	Wellcare	Medicare	624.57				79.36	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	78121	CPT				outpatient			805.79	718.26	WellPoint	WellPoint	250.12	31.04			79.36	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Americare	Americare	876.69	75			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Multiplan	Multiplan	935.14	80			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Aetna	Medicare	360.03	30.8			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	First Health	First Health	818.24	70			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Aetna	Commercial	1019.3				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Corrections	Corrections	935.14	80			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Horizon	PPO	1208.54				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Aetna	Better Health	355.82	30.44			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Amerihealth	HMO/PPO	124				124	1208.54	fee schedule	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Qualcare	Qualcare	876.69	75			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	UHC	Medicaid	355.82	30.44			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Horizon	Indemnity	1208.54				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Amerihealth	Medicare	624.57				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Horizon	MGD	1208.54				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Wellcare	Medicare	624.57				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Consumer	Consumer	1110.47	95			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Horizon	Medicare Blue	624.57				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	First Trenton	First Trenton	1052.03	90			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	UHC	Medicare	624.57				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Horizon	NJ Health	182.73				124	1208.54	fee schedule	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	WellPoint	WellPoint	362.83	31.04			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Managed Care Inc	Managed Care Inc	1052.03	90			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Three Rivers	Three Rivers	1110.47	95			124	1208.54	percent of total billed charges	
WHOLE BLOOD VOLUME DETERMINATION	78122	CPT				outpatient			1168.92	718.26	Wellcare	Medicaid	355.82	30.44			124	1208.54	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Aetna	Commercial	760.92				59.29	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Aetna	Medicare	466.25				59.29	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				59.29	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Horizon	Indemnity	902.19				59.29	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Americare	Americare	461.15	75			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Consumer	Consumer	584.13	95			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Aetna	Better Health	187.17	30.44			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Amerihealth	Medicare	466.25				59.29	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Corrections	Corrections	491.9	80			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Horizon	PPO	902.19				59.29	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Horizon	Medicare Blue	466.25				59.29	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Amerihealth	HMO/PPO	88.66				59.29	902.19	fee schedule	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Horizon	MGD	902.19				59.29	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	UHC	Medicaid	187.17	30.44			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	First Health	First Health	430.41	70			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	WellPoint	WellPoint	190.86	31.04			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Horizon	NJ Health	59.29				59.29	902.19	fee schedule	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Managed Care Inc	Managed Care Inc	553.38	90			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Qualcare	Qualcare	461.15	75			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Three Rivers	Three Rivers	584.13	95			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			59.29	902.19	percent of total billed charges	
RED CELL SURVIVAL STUDY	78130	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				59.29	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Aetna	Commercial	760.92				74.4	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Aetna	Medicare	466.25				74.4	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Aetna	Better Health	187.17	30.44			74.4	902.19	percent of total billed charges	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			74.4	902.19	percent of total billed charges	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Amerihealth	Medicare	466

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Horizon	Medicare Blue	466.25				74.4	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Amerihealth	HMO/PPO	74.4				74.4	902.19	fee schedule	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Horizon	MGD	902.19				74.4	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Qualcare	Qualcare	461.15	75			74.4	902.19	percent of total billed charges	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				74.4	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			74.4	902.19	percent of total billed charges	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	First Health	First Health	430.41	70			74.4	902.19	percent of total billed charges	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Horizon	Indemnity	902.19				74.4	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	UHC	Medicaid	187.17	30.44			74.4	902.19	percent of total billed charges	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			74.4	902.19	percent of total billed charges	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				74.4	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Managed Care Inc	Managed Care Inc	553.38	90			74.4	902.19	percent of total billed charges	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Horizon	NJ Health	107.8				74.4	902.19	fee schedule	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Three Rivers	Three Rivers	584.13	95			74.4	902.19	percent of total billed charges	
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	Horizon	PPO	902.19				74.4	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	78185	CPT				outpatient			614.87	536.19	WellPoint	WellPoint	190.86	31.04			74.4	902.19	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Amerihealth	Medicare	624.57				120.28	2148.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Aetna	Commercial	1019.3			643.91	120.28	2148.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Horizon	MGD	1208.54			578.79	120.28	2148.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Aetna	Better Health	689.35	30.44			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	UHC	Medicare	624.57			557.71	120.28	2148.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Americare	Americare	1696.01	75			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Consumer	Consumer	2148.27	95			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Corrections	Corrections	1809.07	80			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	First Health	First Health	1582.94	70			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Aetna	Medicare	624.57				120.28	2148.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Wellcare	Medicaid	688.35	30.44		662.1	120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Multiplan	Multiplan	1809.07	80			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Wellcare	Medicare	624.57				120.28	2148.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	First Trenton	First Trenton	2035.21	90			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Horizon	Indemnity	1208.54				120.28	2148.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Amerihealth	HMO/PPO	120.28				120.28	2148.27	fee schedule	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Qualcare	Qualcare	1696.01	75			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Managed Care Inc	Managed Care Inc	2035.21	90			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Horizon	PPO	1208.54				120.28	2148.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Horizon	Medicare Blue	624.57			287.73	120.28	2148.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	WellPoint	WellPoint	701.92	31.04			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Three Rivers	Three Rivers	2148.27	95			120.28	2148.27	percent of total billed charges	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	Horizon	NJ Health	161.7			140.04	120.28	2148.27	fee schedule	
LYMPHATICS & LYMPH NODES IMAGING	78195	CPT				both			2261.34	718.26	UHC	Medicaid	688.35	30.44		665.77	120.28	2148.27	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Consumer	Consumer	4887.64	95			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Amerihealth	HMO/PPO	71.92				71.92	4887.64	fee schedule	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Aetna	Better Health	1566.1	30.44			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Amerihealth	Medicare	624.57				71.92	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	First Health	First Health	3601.42	70			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Aetna	Commercial	1019.3				71.92	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Corrections	Corrections	4115.9	80			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Horizon	PPO	1208.54				71.92	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	First Trenton	First Trenton	4630.39	90			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Aetna	Medicare	624.57				71.92	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Multiplan	Multiplan	4115.9	80			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Horizon	Indemnity	1208.54				71.92	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Wellcare	Medicare	624.57				71.92	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Americare	Americare	3858.66	75			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Qualcare	Qualcare	3858.66	75			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	WellPoint	WellPoint	1596.97	31.04			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Horizon	MGD	1208.54				71.92	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Wellcare	Medicaid	1566.1	30.44			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Horizon	NJ Health	104.17				71.92	4887.64	fee schedule	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Horizon	Medicare Blue	624.57				71.92	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Managed Care Inc	Managed Care Inc	4630.39	90			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	UHC	Medicare	624.57				71.92	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	Three Rivers	Three Rivers	4887.64	95			71.92	4887.64	percent of total billed charges	
LIVER IMAGING STATIC ONLY	78201	CPT				outpatient			5144.88	718.26	UHC	Medicaid	1566.1	30.44			71.92	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Horizon	Medicare Blue	624.57				129.36	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Amerihealth	Medicare	624.57				129.36	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Horizon	PPO	1208.54				129.36	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	UHC	Medicaid	1566.1	30.44			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Aetna	Commercial	1019.3				129.36	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Americare	Americare	3858.66	75			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Aetna	Medicare	1584.62	30.8			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Aetna	Better Health	1566.1	30.44			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Horizon	MGD	1208.54				129.36	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Consumer	Consumer	4887.64	95			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	WellPoint	WellPoint	1596.97	31.04			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	UHC	Medicare	624.57				129.36	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Multiplan	Multiplan	4115.9	80			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Three Rivers	Three Rivers	4887.64	95			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Amerihealth	HMO/PPO	137.64				129.36	4887.64	fee schedule	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Wellcare	Medicare	624.57				129.36	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Qualcare	Qualcare	3858.66	75			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Corrections	Corrections	4115.9	80			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	First Health	First Health	3601.42	70			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	First Trenton	First Trenton	4630.39	90			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Wellcare	Medicaid	1566.1	30.44			129.36	4887.64	percent of total billed charges	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Horizon	Indemnity	1208.54				129.36	4887.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Horizon	NJ Health	129.36				129.36	4887.64	fee schedule	
LIVER IMAGING W/VASCULAR FLOW	78202	CPT				inpatient			5144.88	718.26	Managed Care Inc	Managed Care Inc	4630.39	90			129.36	4887.64	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Americare	Americare	1109.25	75			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Aetna	Better Health	450.21	30.44			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Multiplan	Multiplan	1183.2	80			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Horizon	PPO	902.19				78.4	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Aetna	Commercial	760.92				78.4	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Horizon	Indemnity	902.19				78.4	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Aetna	Medicare	466.25				78.4	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Horizon	MGD	902.19				78.4	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Amerihealth	HMO/PPO	82.46				78.4	1405.05	fee schedule	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	First Health	First Health	1035.3	70			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Qualcare	Qualcare	1109.25	75			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	UHC	Medicaid	450.21	30.44			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Amerihealth	Medicare	466.25				78.4	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	First Trenton	First Trenton	1331.1	90			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Consumer	Consumer	1405.05	95			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	UHC	Medicare	466.25				78.4	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Horizon	Medicare Blue	466.25				78.4	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Managed Care Inc	Managed Care Inc	1331.1	90			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Corrections	Corrections	1183.2	80			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	WellPoint	WellPoint	459.08	31.04			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Wellcare	Medicaid	450.21	30.44			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Three Rivers	Three Rivers	1405.05	95			78.4	1405.05	percent of total billed charges	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Horizon	NJ Health	78.4				78.4	1405.05	fee schedule	
LIVER & SPLEEN IMAGING STATIC ONLY	78215	CPT				outpatient			1479	536.19	Wellcare	Medicare	466.25				78.4	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Aetna	Commercial	760.92				97.96	1499.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Amerihealth	Medicare	466.25				97.96	1499.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Corrections	Corrections	1262.35	80			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Consumer	Consumer	1499.04	95			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Three Rivers	Three Rivers	1499.04	95			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Aetna	Better Health	480.32	30.44			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Qualcare	Qualcare	1183.46	75			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	First Health	First Health	1104.56	70			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Aetna	Medicare	466.25				97.96	1499.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Horizon	Indemnity	902.19				97.96	1499.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	First Trenton	First Trenton	1420.15	90			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Horizon	NJ Health	150.69				97.96	1499.04	fee schedule	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Americare	Americare	1183.46	75			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Horizon	Medicare Blue	466.25				97.96	1499.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Managed Care Inc	Managed Care Inc	1420.15	90			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Multiplan	Multiplan	1262.35	80			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Amerihealth	HMO/PPO	97.96				97.96	1499.04	fee schedule	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Horizon	PPO	902.19				97.96	1499.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Horizon	MGD	902.19				97.96	1499.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	UHC	Medicaid	480.32	30.44			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	UHC	Medicare	466.25				97.96	1499.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	WellPoint	WellPoint	489.79	31.04			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Wellcare	Medicaid	480.32	30.44			97.96	1499.04	percent of total billed charges	
LIVER & SPLEEN IMAGING W/VASCULAR FLOW	78216	CPT				outpatient			1577.94	536.19	Wellcare	Medicare	466.25				97.96	1499.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Amerihealth	Medicare	466.25				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Horizon	Indemnity	902.19			594.92	110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Aetna	Commercial	760.92			417	110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Corrections	Corrections	1233.79	80			110.36	1465.13	percent of total billed charges	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	UHC	Medicare	466.25				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Qualcare		1156.68	75			110.36	1465.13	percent of total billed charges	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Horizon	Medicare Blue	466.25				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Amerihealth	HMO/PPO	110.36				110.36	1465.13	fee schedule	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Consumer	Consumer	1465.13	95			110.36	1465.13	percent of total billed charges	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	First Trenton	First Trenton	1388.02	90			110.36	1465.13	percent of total billed charges	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	WellPoint	WellPoint	478.71	31.04		388.18	110.36	1465.13	percent of total billed charges	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	UHC	Medicaid	469.46	30.44		440.01	110.36	1465.13	percent of total billed charges	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Three Rivers	Three Rivers	1465.13	95			110.36	1465.13	percent of total billed charges	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Horizon	MGD	902.19			508.12	110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Horizon	NJ Health	287.73			34.85	110.36	1465.13	fee schedule	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Managed Care Inc	Managed Care Inc	1388.02	90			110.36	1465.13	percent of total billed charges	
HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	78226	CPT				both			1542.24	536.19	Wellcare	Medicaid	469.46	30.44			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Corrections	Corrections	1233.79	80			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	First Trenton	First Trenton	1388.02	90			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Aetna	Commercial	1019.3				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Consumer	Consumer	1465.13	95			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Aetna	Better Health	469.46	30.44			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Amerihealth	Medicare	624.57				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	WellPoint	WellPoint	478.71	31.04		478.84	110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	First Health	First Health	1079.57	70			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Horizon	Medicare Blue	624.57				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Horizon	Indemnity	1208.54				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Aetna	Medicare	624.57				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Horizon	PPO	1208.54				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Multiplan	Multiplan	1233.79	80			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Three Rivers	Three Rivers	1465.13	95			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Americare	Americare	1156.68	75			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Managed Care Inc	Managed Care Inc	1388.02	90			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Horizon	NJ Health	394.23			323.48	110.36	1465.13	fee schedule	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Wellcare	Medicaid	469.46	30.44			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Amerihealth	HMO/PPO	110.36				110.36	1465.13	fee schedule	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	UHC	Medicaid	469.46	30.44			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Qualcare	Qualcare	1156.68	75			110.36	1465.13	percent of total billed charges	
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Wellcare	Medicare	624.57				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	Horizon	MGD	1208.54				110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	78227	CPT				both			1542.24	718.26	UHC	Medicare	624.57			377.89	110.36	1465.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Consumer	Consumer	806.21	95			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Aetna	Better Health	256.33	30.44			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Aetna	Commercial	760.92				66.96	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Amerihealth	HMO/PPO	66.96				66.96	902.19	fee schedule	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	First Health	First Health	594.05	70			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Multiplan	Multiplan	678.91	80			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Horizon	MGD	902.19				66.96	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Americare	Americare	636.48	75			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	UHC	Medicaid	258.33	30.44			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Aetna	Medicare	466.25				66.96	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	UHC	Medicare	466.25				66.96	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Amerihealth	Medicare	466.25				66.96	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Qualcare	Qualcare	636.48	75			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	First Trenton	First Trenton	763.78	90			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Corrections	Corrections	678.91	80			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Horizon	Indemnity	902.19				66.96	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Horizon	PPO	902.19				66.96	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Horizon	Medicare Blue	466.25				66.96	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	WellPoint	WellPoint	263.42	31.04			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Wellcare	Medicaid	258.33	30.44			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Horizon	NJ Health	83.01				66.96	902.19	fee schedule	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Managed Care Inc	Managed Care Inc	763.78	90			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Three Rivers	Three Rivers	806.21	95			66.96	902.19	percent of total billed charges	
SALIVARY GLAND IMAGING	78230	CPT				outpatient			848.64	536.19	Wellcare	Medicare	466.25				66.96	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Consumer	Consumer	1119.2	95			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Aetna	Commercial	760.92				93	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Aetna	Better Health	358.61	30.44			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	UHC	Medicaid	358.61	30.44			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Corrections	Corrections	942.48	80			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Aetna	Medicare	466.25				93	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	First Health	First Health	824.67	70			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Amerihealth	Medicare	466.25				93	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Horizon	NJ Health	96.04				93	1119.2	fee schedule	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Americare	Americare	883.58	75			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	UHC	Medicare	466.25				93	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	First Trenton	First Trenton	1060.29	90			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Horizon	PPO	902.19				93	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Amerihealth	HMO/PPO	93				93	1119.2	fee schedule	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Multiplan	Multiplan	942.48	80			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Horizon	Indemnity	902.19				93	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	WellPoint	WellPoint	365.68	31.04			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Horizon	MGD	902.19				93	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Qualcare	Qualcare	883.58	75			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Horizon	Medicare Blue	466.25				93	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Three Rivers	Three Rivers	1119.2	95			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Managed Care Inc	Managed Care Inc	1060.29	90			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Wellcare	Medicaid	358.61	30.44			93	1119.2	percent of total billed charges	
SALIVARY GLAND IMAGING SERIAL IMAGES	78231	CPT				outpatient			1178.1	536.19	Wellcare	Medicare	466.25				93	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Americare	Americare	883.58	75			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Aetna	Better Health	358.61	30.44			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Horizon	Medicare Blue	466.25				96.04	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Consumer	Consumer	1119.2	95			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Amerihealth	Medicare	466.25				96.04	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Aetna	Medicare	466.25				96.04	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Aetna	Commercial	760.92				96.04	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Corrections	Corrections	942.48	80			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Amerihealth	HMO/PPO	99.82				96.04	1119.2	fee schedule	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Multiplan	Multiplan	942.48	80			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	UHC	Medicare	466.25				96.04	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	First Trenton	First Trenton	1060.29	90			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Horizon	MGD	902.19				96.04	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	First Health	First Health	824.67	70			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Wellcare	Medicaid	358.61	30.44			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Horizon	Indemnity	902.19				96.04	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	UHC	Medicaid	358.61	30.44			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Qualcare	Qualcare	883.58	75			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Wellcare	Medicare	466.25				96.04	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Horizon	NJ Health	96.04				96.04	1119.2	fee schedule	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Horizon	PPO	902.19				96.04	1119.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Managed Care Inc	Managed Care Inc	1060.29	90			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	WellPoint	WellPoint	365.68	31.04			96.04	1119.2	percent of total billed charges	
SALIVARY GLAND FUNCTION STUDY	78232	CPT				outpatient			1178.1	536.19	Three Rivers	Three Rivers	1119.2	95			96.04	1119.2	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Americare	Americare	1107.72	75			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Horizon	PPO	902.19				82.32	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	First Trenton	First Trenton	1329.26	90			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Amerihealth	HMO/PPO	94.86				82.32	1403.11	fee schedule	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Amerihealth	Medicare	466.25				82.32	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Aetna	Medicare	454.9	30.8			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Corrections	Corrections	1181.57	80			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Aetna	Better Health	449.59	30.44			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Consumer	Consumer	1403.11	95			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	WellPoint	WellPoint	458.45	31.04			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Horizon	NJ Health	82.32				82.32	1403.11	fee schedule	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	First Health	First Health	1033.87	70			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Horizon	Medicare Blue	466.25				82.32	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Horizon	MGD	902.19				82.32	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Horizon	Indemnity	902.19				82.32	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Aetna	Commercial	760.92				82.32	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Wellcare	Medicaid	449.59	30.44			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	UHC	Medicaid	449.59	30.44			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Managed Care Inc	Managed Care Inc	1329.26	90			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Wellcare	Medicare	466.25				82.32	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Multiplan	Multiplan	1181.57	80			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	UHC	Medicare	466.25				82.32	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Three Rivers	Three Rivers	1403.11	95			82.32	1403.11	percent of total billed charges	
ESOPHAGEAL MOTILITY	78258	CPT				outpatient			1476.96	536.19	Qualcare	Qualcare	1107.72	75			82.32	1403.11	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Aetna	Better Health	187.17	30.44			82.32	902.19	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Amerihealth	Medicare	466.25				82.32	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Aetna	Medicare	189.38	30.8			82.32	902.19	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	UHC	Medicaid	187.17	30.44			82.32	902.19	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Amerihealth	HMO/PPO	115.32				82.32	902.19	fee schedule	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Aetna	Commercial	760.92				82.32	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Corrections	Corrections	491.9	80			82.32	902.19	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			82.32	902.19	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Horizon	PPO	902.19				82.32	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Consumer	Consumer	584.13	95			82.32	902.19	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Horizon	MGD	902.19				82.32	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				82.32	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	First Health

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Horizon	Medicare Blue	466.25				82.32	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Horizon	Indemnity	902.19				82.32	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			82.32	902.19	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				82.32	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			82.32	902.19	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Horizon	NJ Health	82.32				82.32	902.19	fee schedule	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Qualcare	Qualcare	461.15	75			82.32	902.19	percent of total billed charges	
GASTRIC MUCOSA IMAGING	78261	CPT				outpatient			614.87	536.19	Three Rivers	Three Rivers	584.13	95			82.32	902.19	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	UHC	Medicaid	492.5	30.44			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Aetna	Commercial	760.92				62.72	1505.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Amerihealth	Medicare	466.25				62.72	1505.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Aetna	Better Health	492.5	30.44			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	First Health	First Health	1109.56	70			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Americare	Americare	1188.81	75			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	First Trenton	First Trenton	1426.57	90			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Aetna	Medicare	466.25				62.72	1505.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	UHC	Medicare	466.25				62.72	1505.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Amerihealth	HMO/PPO	77.5				62.72	1505.83	fee schedule	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Horizon	Indemnity	902.19				62.72	1505.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Consumer	Consumer	1505.83	95			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Multiplan	Multiplan	1268.06	80			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Horizon	Medicare Blue	466.25				62.72	1505.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Managed Care Inc	Managed Care Inc	1426.57	90			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Corrections	Corrections	1268.06	80			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Qualcare	Qualcare	1188.81	75			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Horizon	NJ Health	62.72				62.72	1505.83	fee schedule	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Horizon	PPO	902.19				62.72	1505.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Horizon	MGD	902.19				62.72	1505.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Three Rivers	Three Rivers	1505.83	95			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Wellcare	Medicare	466.25				62.72	1505.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	Wellcare	Medicaid	492.5	30.44			62.72	1505.83	percent of total billed charges	
GASTROESOPHAGEAL REFLUX STUDY	78262	CPT				both			1585.08	536.19	WellPoint	WellPoint	492.01	31.04			62.72	1505.83	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Amerihealth	Medicare	466.25				66.64	1438.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Aetna	Better Health	461.07	30.44			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Aetna	Medicare	466.25			181.46	66.64	1438.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	UHC	Medicaid	461.07	30.44		450.97	66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	First Trenton	First Trenton	1363.23	90			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Qualcare	Qualcare	1136.03	75			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Amerihealth	HMO/PPO	131.44				66.64	1438.97	fee schedule	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Aetna	Commercial	760.92			301.82	66.64	1438.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Horizon	MGD	902.19				66.64	1438.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Consumer	Consumer	1438.97	95			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Horizon	Medicare Blue	466.25			172.94	66.64	1438.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Americare	Americare	1136.03	75			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	First Health	First Health	1060.29	70			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	UHC	Medicare	466.25			162.86	66.64	1438.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Horizon	NJ Health	66.64			30.68	66.64	1438.97	fee schedule	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Three Rivers	Three Rivers	1438.97	95			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Wellcare	Medicaid	461.07	30.44			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Corrections	Corrections	1211.76	80			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Horizon	PPO	902.19			474.8	66.64	1438.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Wellcare	Medicare	466.25				66.64	1438.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Multiplan	Multiplan	1211.76	80			66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Horizon	Indemnity	902.19				66.64	1438.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	WellPoint	WellPoint	470.16	31.04		399.67	66.64	1438.97	percent of total billed charges	
GASTRIC EMPTYING IMAGING STUDY	78264	CPT				both			1514.7	536.19	Managed Care Inc	Managed Care Inc	1363.23	90			66.64	1438.97	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Aetna	Commercial	760.92				96.04	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	UHC	Medicare	466.25				96.04	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Multiplan	Multiplan	1181.57	80			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Consumer	Consumer	1403.11	95			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Aetna	Medicare	466.25				96.04	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Amerihealth	Medicare	466.25				96.04	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Qualcare	Qualcare	1107.72	75			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Aetna	Better Health	449.59	30.44			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Americare	Americare	1107.72	75			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Horizon	Indemnity	902.19				96.04	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Amerihealth	HMO/PPO	115.32				96.04	1403.11	fee schedule	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Corrections	Corrections	1181.57	80			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Horizon	Medicare Blue	466.25				96.04	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Wellcare	Medicaid	449.59	30.44			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	First Health	First Health	1033.87	70			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	First Trenton	First Trenton	1329.26	90			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Three Rivers	Three Rivers	1403.11	95			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Horizon	MGD	902.19				96.04	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Wellcare	Medicare	466.25				96.04	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Horizon	NJ Health	96.04				96.04	1403.11	fee schedule	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Horizon	PPO	902.19				96.04	1403.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	Managed Care Inc	Managed Care Inc	1329.26	90			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	UHC	Medicaid	449.59	30.44			96.04	1403.11	percent of total billed charges	
ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	78278	CPT				both			1476.96	536.19	WellPoint	WellPoint	458.45	31.04			96.04	1403.11	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Aetna	Medicare	466.25				44.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Amerihealth	HMO/PPO	44.02				44.02	902.19	fee schedule	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	First Health	First Health	430.41	70			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Amerihealth	Medicare	466.25				44.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Aetna	Commercial	760.92				44.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Aetna	Better Health	187.17	30.44			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Americare	Americare	461.15	75			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Corrections	Corrections	491.9	80			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Horizon	MGD	902.19				44.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Three Rivers	Three Rivers	584.13	95			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Horizon	Medicare Blue	466.25				44.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				44.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Horizon	Indemnity	902.19				44.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Consumer	Consumer	584.13	95			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Qualcare	Qualcare	461.15	75			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	UHC	Medicaid	187.17	30.44			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Horizon	NJ Health	71.15				44.02	902.19	fee schedule	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	WellPoint	WellPoint	190.86	31.04			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Horizon	PPO	902.19				44.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				44.02	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Managed Care Inc	Managed Care Inc	553.38	90			44.02	902.19	percent of total billed charges	
GASTROINTESTINAL PROTEIN LOSS	78282	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			44.02	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	First Trenton	First Trenton	850.99	90			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Three Rivers	Three Rivers	898.26	95			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Amerihealth	Medicare	466.25				91.14	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Aetna	Medicare	466.25				91.14	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Corrections	Corrections	756.43	80			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Aetna	Commercial	760.92				91.14	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Aetna	Better Health	287.82	30.44			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Horizon	Indemnity	902.19			765.52	91.14	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Horizon	NJ Health	140.53				91.14	902.19	fee schedule	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Amerihealth	HMO/PPO	91.14				91.14	902.19	fee schedule	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	First Health	First Health	661.88	70			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Horizon	MGD	902.19				91.14	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	UHC	Medicaid	287.82	30.44			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	UHC	Medicare	466.25				91.14	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Americare	Americare	709.16	75			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	WellPoint	WellPoint	293.5	31.04			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Managed Care Inc	Managed Care Inc	850.99	90			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Horizon	PPO	902.19				91.14	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Horizon	Medicare Blue	466.25				91.14	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Wellcare	Medicare	466.25				91.14	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Consumer	Consumer	898.26	95			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Multiplan	Multiplan	756.43	80			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Qualcare	Qualcare	709.16	75			91.14	902.19	percent of total billed charges	
INTESTINE IMAGING	78290	CPT				both			945.54	536.19	Wellcare	Medicaid	287.82	30.44			91.14	902.19	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Aetna	Commercial	760.92				63.11	1442.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Corrections	Corrections	1215.02	80			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Amerihealth	Medicare	466.25				63.11	1442.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	First Health	First Health	1063.15	70			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Aetna	Medicare	466.25				63.11	1442.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Consumer	Consumer	1442.84	95			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	UHC	Medicaid	462.32	30.44			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Aetna	Better Health	462.32	30.44			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Americare	Americare	1139.09	75			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Horizon	PPO	902.19				63.11	1442.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	First Trenton	First Trenton	1366.9	90			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Multiplan	Multiplan	1215.02	80			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Amerihealth	HMO/PPO	102.92				63.11	1442.84	fee schedule	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Horizon	NJ Health	63.11				63.11	1442.84	fee schedule	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Horizon	Indemnity	902.19				63.11	1442.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	UHC	Medicare	466.25				63.11	1442.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Horizon	MGD	902.19				63.11	1442.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Qualcare	Qualcare	1139.09	75			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Horizon	Medicare Blue	466.25				63

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Managed Care Inc	Managed Care Inc	1366.9	90			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Three Rivers	Three Rivers	1442.84	95			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Wellcare	Medicaid	462.32	30.44			63.11	1442.84	percent of total billed charges	
PERITONEAL-VENOUS SHUNT PATENCY TEST	78291	CPT				outpatient			1518.78	536.19	Wellcare	Medicare	466.25				63.11	1442.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Aetna	Medicare	466.25				76.88	1414.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Amerihealth	Medicare	466.25				76.88	1414.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Multiplan	Multiplan	1191.36	80			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Wellcare	Medicare	466.25				76.88	1414.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Americare	Americare	1116.9	75			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Aetna	Commercial	760.92			773.73	76.88	1414.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Corrections	Corrections	1191.36	80			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Aetna	Better Health	453.31	30.44			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	First Trenton	First Trenton	1340.28	90			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Horizon	Indemnity	902.19				76.88	1414.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Qualcare	Qualcare	1116.9	75			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Consumer	Consumer	1414.74	95			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Amerihealth	HMO/PPO	76.88				76.88	1414.74	fee schedule	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	First Health	First Health	1042.44	70			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Horizon	MGD	902.19				76.88	1414.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Wellcare	Medicaid	453.31	30.44			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Managed Care Inc	Managed Care Inc	1340.28	90			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Horizon	PPO	902.19				76.88	1414.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Three Rivers	Three Rivers	1414.74	95			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Horizon	Medicare Blue	466.25				76.88	1414.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	UHC	Medicaid	453.31	30.44			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	Horizon	NJ Health	117.6			117.6	76.88	1414.74	fee schedule	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	WellPoint	WellPoint	462.25	31.04			76.88	1414.74	percent of total billed charges	
BONE &/JOINT IMAGING LIMITED AREA	78300	CPT				both			1489.2	536.19	UHC	Medicare	466.25				76.88	1414.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Amerihealth	Medicare	466.25				110.36	1575.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Americare	Americare	1243.89	75			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Amerihealth	HMO/PPO	110.36				110.36	1575.59	fee schedule	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Corrections	Corrections	1326.82	80			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Horizon	Medicare Blue	466.25				110.36	1575.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Aetna	Commercial	760.92				110.36	1575.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Consumer	Consumer	1575.59	95			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Aetna	Better Health	504.85	30.44			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Horizon	Indemnity	902.19				110.36	1575.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Aetna	Medicare	466.25				110.36	1575.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	First Health	First Health	1160.96	70			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Multiplan	Multiplan	1326.82	80			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	UHC	Medicare	466.25				110.36	1575.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Wellcare	Medicaid	504.85	30.44			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	First Trenton	First Trenton	1492.67	90			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Qualcare	Qualcare	1243.89	75			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Horizon	PPO	902.19				110.36	1575.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Horizon	MGD	902.19				110.36	1575.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Wellcare	Medicare	466.25				110.36	1575.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Horizon	NJ Health	147				110.36	1575.59	fee schedule	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	WellPoint	WellPoint	514.8	31.04			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Managed Care Inc	Managed Care Inc	1492.67	90			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	Three Rivers	Three Rivers	1575.59	95			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING MULTIPLE AREAS	78305	CPT				outpatient			1658.52	536.19	UHC	Medicaid	504.85	30.44			110.36	1575.59	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	First Health	First Health	2287.66	70			125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Aetna	Medicare	466.25			438.68	125.24	3104.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Amerihealth	HMO/PPO	125.24			61.03	125.24	3104.68	fee schedule	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Horizon	NJ Health	147			128.95	125.24	3104.68	fee schedule	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Aetna	Better Health	994.8	30.44		1010.86	125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Aetna	Commercial	760.92			867.52	125.24	3104.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Corrections	Corrections	2614.46	80			125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Americare	Americare	2451.06	75			125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Multiplan	Multiplan	2614.46	80			125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	First Trenton	First Trenton	2941.27	90			125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Consumer	Consumer	3104.68	95			125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	UHC	Medicaid	994.8	30.44		922.2	125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Horizon	MGD	902.19			1149.2	125.24	3104.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Wellcare	Medicaid	994.8	30.44		282.76	125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Horizon	PPO	902.19			877.83	125.24	3104.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Amerihealth	Medicare	466.25				125.24	3104.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Three Rivers	Three Rivers	3104.68	95			125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Horizon	Indemnity	902.19			844.25	125.24	3104.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Qualcare	Qualcare	2451.06	75			125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	WellPoint	WellPoint	1014.41	31.04		570.57	125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	UHC	Medicare	466.25			569.34	125.24	3104.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Horizon	Medicare Blue	466.25			556.14	125.24	3104.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Managed Care Inc	Managed Care Inc	2941.27	90			125.24	3104.68	percent of total billed charges	
BONE &/JOINT IMAGING WHOLE BODY	78306	CPT				both			3268.08	536.19	Wellcare	Medicare	466.25				125.24	3104.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Multiplan	Multiplan	2126.5	80			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Aetna	Better Health	809.13	30.44			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Americare	Americare	1993.59	75			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Horizon	MGD	902.19				167.4	2525.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Aetna	Medicare	466.25				167.4	2525.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	First Health	First Health	1860.68	70			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Aetna	Commercial	760.92				167.4	2525.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Horizon	PPO	902.19				167.4	2525.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Qualcare	Qualcare	1993.59	75			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Consumer	Consumer	2525.21	95			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Amerihealth	HMO/PPO	167.4				167.4	2525.21	fee schedule	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	UHC	Medicaid	809.13	30.44			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Corrections	Corrections	2126.5	80			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Horizon	Indemnity	902.19				167.4	2525.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Amerihealth	Medicare	466.25				167.4	2525.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	WellPoint	WellPoint	825.08	31.04			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Horizon	Medicare Blue	466.25				167.4	2525.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	First Trenton	First Trenton	2392.31	90			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Wellcare	Medicaid	809.13	30.44			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	UHC	Medicare	466.25				167.4	2525.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Horizon	NJ Health	243.63				167.4	2525.21	fee schedule	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Managed Care Inc	Managed Care Inc	2392.31	90			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Three Rivers	Three Rivers	2525.21	95			167.4	2525.21	percent of total billed charges	
BONE &/JOINT IMAGING 3 PHASE STUDY	78315	CPT				both			2658.12	536.19	Wellcare	Medicare	466.25				167.4	2525.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Amerihealth	HMO/PPO	79.98				79.98	976.75	fee schedule	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Aetna	Medicare	466.25				79.98	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Corrections	Corrections	822.53	80			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Aetna	Commercial	760.92				79.98	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	First Trenton	First Trenton	925.34	90			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Aetna	Better Health	312.97	30.44			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	First Health	First Health	719.71	70			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Amerihealth	Medicare	466.25				79.98	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Wellcare	Medicaid	312.97	30.44			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Horizon	MGD	902.19				79.98	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Horizon	Indemnity	902.19				79.98	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Horizon	Medicare Blue	466.25				79.98	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Horizon	NJ Health	121.52				79.98	976.75	fee schedule	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Americare	Americare	771.12	75			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Multiplan	Multiplan	822.53	80			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	UHC	Medicare	466.25				79.98	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Managed Care Inc	Managed Care Inc	925.34	90			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Consumer	Consumer	976.75	95			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Horizon	PPO	902.19				79.98	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Three Rivers	Three Rivers	976.75	95			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Qualcare	Qualcare	771.12	75			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	Wellcare	Medicare	466.25				79.98	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	UHC	Medicaid	312.97	30.44			79.98	976.75	percent of total billed charges	
CARDIAC SHUNT DETECTION	78428	CPT				outpatient			1028.16	536.19	WellPoint	WellPoint	319.14	31.04			79.98	976.75	percent of total billed charges	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	UHC	Medicare	1514.77				235.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Aetna	Commercial	2472.1			2582.13	235.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Horizon	Medicare Blue	1514.77				235.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Aetna	Medicare	1514.77				235.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	First Trenton	First Trenton	3889.57	90			235.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Amerihealth	Medicare	1514.77				235.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Aetna	Better Health	1315.54	30.44			235.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Consumer	Consumer	4105.65	95			235.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Horizon	MGD	2931.08			1171.37	235.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Americare	Americare	3241.31	75			235.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Amerihealth	HMO/PPO	316.2				235.2	4105.65	fee schedule	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Corrections	Corrections	3457.39	80			235.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Managed Care Inc	Managed Care Inc	3889.57	90			235.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Horizon	Indemnity	2931.08				235.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	First Health	First Health	3025.22	70			235.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Horizon	PPO	2931.08				235.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	UHC	Medicaid	1315.54	30.44			235.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	78451	CPT				both			4321.74	1741.99	Horizon	NJ Health	235.2			127.07	235.2	4105.65	fee schedule	
MYOCARDIAL SPECT SINGLE STUD

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Aetna	Commercial	2472.1			1247	316.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Horizon	Indemnity	2931.08			4.06	316.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Amerihealth	HMO/PPO	316.2				316.2	4105.65	fee schedule	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Consumer	Consumer	4105.65	95			316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Wellcare	Medicare	1514.77				316.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Horizon	MGD	2931.08			985.86	316.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Americare	Americare	3241.31	75			316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Aetna	Better Health	1315.54	30.44			316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Aetna	Medicare	1514.77			1273.2	316.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Horizon	Medicare Blue	1514.77			1098.91	316.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Amerihealth	Medicare	1514.77				316.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	First Health	First Health	3025.22	70			316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Corrections	Corrections	3457.39	80		442.83	316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Multiplan	Multiplan	3457.39	80			316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	First Trenton	First Trenton	3889.57	90			316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Horizon	PPO	2931.08			660.45	316.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	UHC	Medicare	1514.77			675.77	316.2	4105.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Qualcare	Qualcare	3241.31	75			316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Horizon	NJ Health	329.28			252.45	316.2	4105.65	fee schedule	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	UHC	Medicaid	1315.54	30.44		1170.63	316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Managed Care Inc	Managed Care Inc	3889.57	90			316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Wellcare	Medicaid	1315.54	30.44		1240.86	316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	Three Rivers	Three Rivers	4105.65	95			316.2	4105.65	percent of total billed charges	
MYOCARDIAL SPECT MULTIPLE STUDIES	78452	CPT				both			4321.74	1741.99	WellPoint	WellPoint	1341.47	31.04		692.66	316.2	4105.65	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Aetna	Medicare	1514.77				137.76	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Consumer	Consumer	2011.06	95			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Horizon	Medicare Blue	1514.77				137.76	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Aetna	Commercial	2472.1				137.76	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Americare	Americare	1587.68	75			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Aetna	Better Health	644.38	30.44			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Amerihealth	Medicare	1514.77				137.76	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Managed Care Inc	Managed Care Inc	1905.21	90			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	First Trenton	First Trenton	1905.21	90			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Corrections	Corrections	1693.52	80			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Horizon	Indemnity	2931.08				137.76	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Multiplan	Multiplan	1693.52	80			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Amerihealth	HMO/PPO	137.76				137.76	2931.08	fee schedule	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	First Health	First Health	1481.83	70			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Horizon	PPO	2931.08				137.76	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	UHC	Medicare	1514.77				137.76	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Horizon	MGD	2931.08				137.76	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Horizon	NJ Health	203.84				137.76	2931.08	fee schedule	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	WellPoint	WellPoint	657.09	31.04			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Qualcare	Qualcare	1587.68	75			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Three Rivers	Three Rivers	2011.06	95			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	UHC	Medicaid	644.38	30.44			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Wellcare	Medicaid	644.38	30.44			137.76	2931.08	percent of total billed charges	
ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	78456	CPT				outpatient			2116.9	1741.99	Wellcare	Medicare	1514.77				137.76	2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Americare	Americare	604.34	75			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Aetna	Better Health	245.28	30.44			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Wellcare	Medicare	624.57				89.28	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	First Health	First Health	564.05	70			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Multiplan	Multiplan	644.63	80			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Aetna	Medicare	624.57				89.28	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Amerihealth	Medicare	624.57				89.28	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Aetna	Commercial	1019.3				89.28	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Consumer	Consumer	765.5	95			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	First Trenton	First Trenton	725.21	90			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	WellPoint	WellPoint	250.12	31.04			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Three Rivers	Three Rivers	765.5	95			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Qualcare	Qualcare	604.34	75			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Corrections	Corrections	644.63	80			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Horizon	Indemnity	1208.54				89.28	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Amerihealth	HMO/PPO	89.28				89.28	1208.54	fee schedule	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Wellcare	Medicaid	245.28	30.44			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Horizon	NJ Health	215.6				89.28	1208.54	fee schedule	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Horizon	Medicare Blue	624.57				89.28	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Horizon	MGD	1208.54				89.28	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Horizon	PPO	1208.54				89.28	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	Managed Care Inc	Managed Care Inc	725.21	90			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	UHC	Medicaid	245.28	30.44			89.28	1208.54	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	78457	CPT				outpatient			805.79	718.26	UHC	Medicare	624.57				89.28	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Aetna	Better Health	187.17	30.44			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Consumer	Consumer	584.13	95			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	UHC	Medicaid	187.17	30.44			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Qualcare	Qualcare	461.15	75			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Amerihealth	Medicare	466.25				125.86	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Aetna	Commercial	760.92				125.86	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Amerihealth	HMO/PPO	125.86				125.86	902.19	fee schedule	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Horizon	Medicare Blue	466.25				125.86	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Corrections	Corrections	491.9	80			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	WellPoint	WellPoint	190.86	31.04			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				125.86	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	First Health	First Health	430.41	70			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Aetna	Medicare	466.25				125.86	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Horizon	Indemnity	902.19				125.86	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				125.86	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Horizon	NJ Health	323.4				125.86	902.19	fee schedule	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Horizon	PPO	902.19				125.86	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Americare	Americare	461.15	75			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Managed Care Inc	Managed Care Inc	553.38	90			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Horizon	MGD	902.19				125.86	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			125.86	902.19	percent of total billed charges	
VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	78458	CPT				outpatient			614.87	536.19	Three Rivers	Three Rivers	584.13	95			125.86	902.19	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Multiplan	Multiplan	8534.54	80			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Amerihealth	HMO/PPO	359.6				238.61	10134.77	fee schedule	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Horizon	PPO	2931.08				238.61	10134.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Aetna	Medicare	1514.77				238.61	10134.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Aetna	Commercial	2472.1				238.61	10134.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Horizon	MGD	2931.08				238.61	10134.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Amerihealth	Medicare	1514.77				238.61	10134.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Aetna	Better Health	3247.39	30.44			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Qualcare	Qualcare	8001.14	75			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	First Health	First Health	7467.73	70			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Wellcare	Medicare	1514.77				238.61	10134.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Corrections	Corrections	8534.54	80			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Americare	Americare	8001.14	75			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	UHC	Medicaid	3247.39	30.44			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Horizon	Indemnity	2931.08				238.61	10134.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Consumer	Consumer	10134.77	95			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Wellcare	Medicaid	3247.39	30.44			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	UHC	Medicare	1514.77				238.61	10134.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	WellPoint	WellPoint	3311.4	31.04			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	First Trenton	First Trenton	9601.36	90			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Horizon	Medicare Blue	1514.77				238.61	10134.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Horizon	NJ Health	238.61				238.61	10134.77	fee schedule	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Managed Care Inc	Managed Care Inc	9601.36	90			238.61	10134.77	percent of total billed charges	
MYOCRD IMG PET METAB EVAL SINGLE STUDY	78459	CPT				outpatient			10668.18	1741.99	Three Rivers	Three Rivers	10134.77	95			238.61	10134.77	percent of total billed charges	
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	First Health	First Health	430.41	70			82.46	902.19	percent of total billed charges	
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Americare	Americare	461.15	75			82.46	902.19	percent of total billed charges	
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Horizon	Medicare Blue	466.25				82.46	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Aetna	Better Health	187.17	30.44			82.46	902.19	percent of total billed charges	
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Consumer	Consumer	584.13	95			82.46	902.19	percent of total billed charges	
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Aetna	Commercial	760.92				82.46	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Amerihealth	Medicare	466.25				82.46	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Corrections	Corrections	491.9	80			82.46	902.19	percent of total billed charges	
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				82.46	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Amerihealth	HMO/PPO	82.46				82.46	902.19	fee schedule	
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				82.46	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			82.46	902.19	percent of total billed charges	
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	78466	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			82.46	902.19	percent of total billed charges	
MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/Q

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119 true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Corrections	Corrections	644.63				113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Amerihealth	HMO/PPO	113.46				113.46	1208.54	fee schedule	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Aetna	Medicare	248.18	30.8			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	First Health	First Health	564.05	70			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Americare	Americare	604.34	75			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Managed Care Inc	Managed Care Inc	725.21	90			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Horizon	Medicare Blue	624.57				113.46	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Horizon	PPO	1208.54				113.46	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Horizon	MGD	1208.54				113.46	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Wellcare	Medicaid	245.28	30.44			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Amerihealth	Medicare	624.57				113.46	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Multiplan	Multiplan	644.63	80			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Consumer	Consumer	765.5	95			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Wellcare	Medicare	624.57				113.46	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Horizon	NJ Health	158.76				113.46	1208.54	fee schedule	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	UHC	Medicaid	245.28	30.44			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Three Rivers	Three Rivers	765.5	95			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	WellPoint	WellPoint	250.12	31.04			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	Quakcare	Quakcare	604.34	75			113.46	1208.54	percent of total billed charges	
MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	78468	CPT				outpatient			805.79	718.26	UHC	Medicare	624.57				113.46	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Aetna	Medicare	624.57				155	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Horizon	Indemnity	1208.54				155	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Aetna	Commercial	1019.3				155	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Wellcare	Medicare	624.57				155	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Amerihealth	HMO/PPO	155				155	1208.54	fee schedule	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Amerihealth	Medicare	624.57				155	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Corrections	Corrections	644.63	80			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Aetna	Better Health	245.28	30.44			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	First Trenton	First Trenton	725.21	90			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Horizon	PPO	1208.54				155	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Americare	Americare	604.34	75			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Consumer	Consumer	765.5	95			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Horizon	MGD	1208.54				155	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	First Health	First Health	564.05	70			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Multiplan	Multiplan	644.63	80			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Wellcare	Medicaid	245.28	30.44			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Horizon	NJ Health	228.81				155	1208.54	fee schedule	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	UHC	Medicaid	245.28	30.44			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Quakcare	Quakcare	604.34	75			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Horizon	Medicare Blue	624.57				155	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Managed Care Inc	Managed Care Inc	725.21	90			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	WellPoint	WellPoint	250.12	31.04			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	Three Rivers	Three Rivers	765.5	95			155	1208.54	percent of total billed charges	
MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	78469	CPT				outpatient			805.79	718.26	UHC	Medicare	624.57				155	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Aetna	Better Health	652.34	30.44			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Multiplan	Multiplan	1714.42	80			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Amerihealth	Medicare	466.25				156.86	2035.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Amerihealth	HMO/PPO	156.86				156.86	2035.87	fee schedule	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Aetna	Medicare	466.25				156.86	2035.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Horizon	Indemnity	902.19				156.86	2035.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Aetna	Commercial	760.92				156.86	2035.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	First Trenton	First Trenton	1928.72	90			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Americare	Americare	1607.27	75			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Quakcare	Quakcare	1607.27	75			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Horizon	Medicare Blue	466.25				156.86	2035.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	First Health	First Health	1500.11	70			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Consumer	Consumer	2035.87	95			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Horizon	PPO	902.19				156.86	2035.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Horizon	MGD	902.19				156.86	2035.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	UHC	Medicaid	652.34	30.44			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Corrections	Corrections	1714.42	80			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Managed Care Inc	Managed Care Inc	1928.72	90			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Three Rivers	Three Rivers	2035.87	95			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Wellcare	Medicaid	652.34	30.44			156.86	2035.87	percent of total billed charges	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Horizon	NJ Health	196				156.86	2035.87	fee schedule	
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	UHC	Medicare	466.25				156.86	2035.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	Wellcare	Medicare	466.25				156.86	2035.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	78472	CPT				outpatient			2143.02	536.19	WellPoint	WellPoint	665.19	31.04			156.86	2035.87	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Amerihealth	HMO/PPO	245.52				187.17	902.19	fee schedule	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Aetna	Medicare	189.38	30.8			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Amerihealth	Medicare	466.25				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Horizon	Medicare Blue	466.25				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Aetna	Commercial	760.92				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Horizon	PPO	902.19				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Americare	Americare	461.15	75			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Aetna	Better Health	187.17	30.44			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	First Health	First Health	430.41	70			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Horizon	MGD	902.19				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Corrections	Corrections	491.9	80			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	WellPoint	WellPoint	190.86	31.04			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Consumer	Consumer	584.13	95			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Quakcare	Quakcare	461.15	75			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Horizon	Indemnity	902.19				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Horizon	NJ Health	254.8				187.17	902.19	fee schedule	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	UHC	Medicaid	187.17	30.44			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Managed Care Inc	Managed Care Inc	553.38	90			187.17	902.19	percent of total billed charges	
CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	78473	CPT				outpatient			614.87	536.19	Three Rivers	Three Rivers	584.13	95			187.17	902.19	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Aetna	Better Health	825.9	30.44			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Amerihealth	HMO/PPO	150.66				150.66	2577.54	fee schedule	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Consumer	Consumer	2577.54	95			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Americare	Americare	2034.9	75			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Horizon	Medicare Blue	624.57				150.66	2577.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Aetna	Commercial	1019.3				150.66	2577.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Multiplan	Multiplan	2170.56	80			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Aetna	Medicare	624.57				150.66	2577.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Horizon	PPO	1208.54				150.66	2577.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Amerihealth	Medicare	624.57				150.66	2577.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Horizon	Indemnity	1208.54				150.66	2577.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	First Trenton	First Trenton	2441.88	90			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Wellcare	Medicare	624.57				150.66	2577.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Horizon	MGD	1208.54				150.66	2577.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Quakcare	Quakcare	2034.9	75			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Corrections	Corrections	2170.56	80			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	WellPoint	WellPoint	842.18	31.04			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	First Health	First Health	1899.24	70			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Wellcare	Medicaid	825.9	30.44			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Horizon	NJ Health	232.06				150.66	2577.54	fee schedule	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	UHC	Medicaid	825.9	30.44			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Managed Care Inc	Managed Care Inc	2441.88	90			150.66	2577.54	percent of total billed charges	
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	UHC	Medicare	624.57				150.66	2577.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	78481	CPT				outpatient			2713.2	718.26	Three Rivers	Three Rivers	2577.54	95			150.66	2577.54	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Consumer	Consumer	59.48	95			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		First Health	First Health	43.83	70			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Aetna	Commercial	23.79	38			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		First Trenton	First Trenton	56.35	90			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Aetna	Better Health	19.06	30.44			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Quakcare	Quakcare	46.96	75			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Americare	Americare	46.96	75			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Horizon	Indemnity	23.97	38.28			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Corrections	Corrections	50.09	80			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Multiplan	Multiplan	50.09	80			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Aetna	Medicare	19.28	30.8			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Horizon	Medicare Blue	18.78	30			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		WellPoint	WellPoint	19.43	31.04			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		UHC	Medicaid	19.06	30.44			18.78	61.38	percent of total billed charges	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	78496	CPT				outpatient			62.61		Amerihealth	HMO/PPO	61.38				18.78	61.38	fee schedule	
CARD BL POOL GATED 1 STDY REST RT VENT EJCT FR

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	Horizon	MCD	902.19				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			187.17	902.19	percent of total billed charges	
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	First Health	First Health	430.41	70			187.17	902.19	percent of total billed charges	
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			187.17	902.19	percent of total billed charges	
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	Qualcare	Qualcare	461.15	75			187.17	902.19	percent of total billed charges	
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	Horizon	PPO	902.19				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			187.17	902.19	percent of total billed charges	
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	Managed Care Inc	Managed Care Inc	553.38	90			187.17	902.19	percent of total billed charges	
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				187.17	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	WellPoint	WellPoint	190.86	31.04			187.17	902.19	percent of total billed charges	
UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	78499	CPT				outpatient			614.87	536.19	Three Rivers	Three Rivers	584.13	95			187.17	902.19	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Amerihealth	Medicare	466.25				75.02	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	First Health	First Health	746.13	70			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Aetna	Medicare	466.25				75.02	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Horizon	MCD	902.19				75.02	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Aetna	Commercial	760.92				75.02	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Aetna	Better Health	324.46	30.44			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Multiplan	Multiplan	852.72	80			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Wellcare	Medicare	466.25				75.02	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Consumer	Consumer	1012.61	95			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	UHC	Medicaid	324.46	30.44			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Corrections	Corrections	852.72	80			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	UHC	Medicare	466.25				75.02	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Americare	Americare	799.43	75			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Qualcare	Qualcare	799.43	75			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	First Trenton	First Trenton	959.31	90			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Horizon	PPO	902.19				75.02	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Amerihealth	HMO/PPO	75.02				75.02	1012.61	fee schedule	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	WellPoint	WellPoint	330.86	31.04			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Horizon	Medicare Blue	466.25				75.02	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Horizon	Indemnity	902.19				75.02	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Horizon	NJ Health	152.66				75.02	1012.61	fee schedule	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Wellcare	Medicaid	324.46	30.44			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Managed Care Inc	Managed Care Inc	959.31	90			75.02	1012.61	percent of total billed charges	
PULMONARY VENTILATION IMAGING	78579	CPT				inpatient			1065.9	536.19	Three Rivers	Three Rivers	1012.61	95			75.02	1012.61	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Aetna	Commercial	760.92				102.3	1823.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Amerihealth	HMO/PPO	102.3				102.3	1823.66	fee schedule	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Americare	Americare	1439.73	75			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Horizon	Medicare Blue	466.25				102.3	1823.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Corrections	Corrections	1535.71	80			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	First Health	First Health	1343.75	70			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Aetna	Better Health	584.34	30.44			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Amerihealth	Medicare	466.25				102.3	1823.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Multiplan	Multiplan	1535.71	80			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Horizon	MCD	902.19				102.3	1823.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Consumer	Consumer	1823.66	95			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	UHC	Medicare	466.25				102.3	1823.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Horizon	NJ Health	164.01				102.3	1823.66	fee schedule	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	First Trenton	First Trenton	1727.68	90			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Aetna	Medicare	466.25				102.3	1823.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Horizon	Indemnity	902.19				102.3	1823.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Qualcare	Qualcare	1439.73	75			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Managed Care Inc	Managed Care Inc	1727.68	90			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	UHC	Medicaid	584.34	30.44			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Horizon	PPO	902.19				102.3	1823.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Wellcare	Medicaid	584.34	30.44			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Three Rivers	Three Rivers	1823.66	95			102.3	1823.66	percent of total billed charges	
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	Wellcare	Medicare	466.25				102.3	1823.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY PERFUSION IMAGING PARTICULATE	78580	CPT				both			1919.64	536.19	WellPoint	WellPoint	595.86	31.04			102.3	1823.66	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Amerihealth	HMO/PPO	119.66				119.66	1576.56	fee schedule	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	UHC	Medicaid	505.16	30.44			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Aetna	Commercial	1019.3				119.66	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Aetna	Medicare	624.57				119.66	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Horizon	PPO	1208.54				119.66	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	First Health	First Health	1161.68	70			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Multiplan	Multiplan	1327.63	80			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Aetna	Better Health	505.16	30.44			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Amerihealth	Medicare	624.57				119.66	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	UHC	Medicare	624.57				119.66	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Americare	Americare	1244.66	75			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Corrections	Corrections	1327.63	80			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Wellcare	Medicare	624.57				119.66	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Consumer	Consumer	1576.56	95			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Qualcare	Qualcare	1244.66	75			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Horizon	MCD	1208.54				119.66	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Horizon	Medicare Blue	624.57				119.66	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	First Trenton	First Trenton	1493.59	90			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Horizon	Indemnity	1208.54				119.66	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Managed Care Inc	Managed Care Inc	1493.59	90			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	WellPoint	WellPoint	515.12	31.04			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Three Rivers	Three Rivers	1576.56	95			119.66	1576.56	percent of total billed charges	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Horizon	NJ Health	281.08			56.2	119.66	1576.56	fee schedule	
PULMONARY VENTILATION & PERFUSION IMAGING	78582	CPT				both			1659.54	718.26	Wellcare	Medicaid	505.16	30.44			119.66	1576.56	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Amerihealth	Medicare	466.25				171.5	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	First Trenton	First Trenton	959.31	90			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Aetna	Better Health	324.46	30.44			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Aetna	Medicare	466.25				171.5	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Americare	Americare	799.43	75			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Amerihealth	HMO/PPO	211.42				171.5	1012.61	fee schedule	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	First Health	First Health	746.13	70			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Aetna	Commercial	760.92				171.5	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Consumer	Consumer	1012.61	95			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Horizon	NJ Health	171.5				171.5	1012.61	fee schedule	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Horizon	PPO	902.19				171.5	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Corrections	Corrections	852.72	80			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Horizon	Medicare Blue	466.25				171.5	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Horizon	Indemnity	902.19				171.5	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Horizon	MCD	902.19				171.5	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Multiplan	Multiplan	852.72	80			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Wellcare	Medicaid	324.46	30.44			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Managed Care Inc	Managed Care Inc	959.31	90			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	WellPoint	WellPoint	330.86	31.04			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Qualcare	Qualcare	799.43	75			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	UHC	Medicare	466.25				171.5	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	UHC	Medicaid	324.46	30.44			171.5	1012.61	percent of total billed charges	
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Wellcare	Medicare	466.25				171.5	1012.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	78597	CPT				outpatient			1065.9	536.19	Three Rivers	Three Rivers	1012.61	95			171.5	1012.61	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Aetna	Commercial	1019.3				264.31	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Horizon	Medicare Blue	624.57				264.31	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Aetna	Better Health	505.16	30.44			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Consumer	Consumer	1576.56	95			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Americare	Americare	1244.66	75			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Amerihealth	Medicare	624.57				264.31	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Corrections	Corrections	1327.63	80			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	First Health	First Health	1161.68	70			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Aetna	Medicare	624.57				264.31	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	UHC	Medicare	624.57				264.31	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Multiplan	Multiplan	1327.63	80			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	First Trenton	First Trenton	1493.59	90			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Amerihealth	HMO/PPO	317.13				264.31	1576.56	fee schedule	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Horizon	Indemnity	1208.54				264.31	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Qualcare	Qualcare	1244.66	75			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Wellcare	Medicare	624.57				264.31	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Wellcare	Medicaid	505.16	30.44			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Horizon	PPO	1208.54				264.31	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Horizon	MCD	1208.54				264.31	1576.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	WellPoint	WellPoint	515.12	31.04			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Horizon	NJ Health	264.31				264.31	1576.56	fee schedule	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Managed Care Inc	Managed Care Inc	1493.59	90			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	Three Rivers	Three Rivers	1576.56	95			264.31	1576.56	percent of total billed charges	
QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	78598	CPT				outpatient			1659.54	718.26	UHC	Medicaid	505.16	30.44			264.31	1576.56	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Qualcare	Qualcare	1221.71	75			83.08	1547.49	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Amerihealth	Medicare	466.25				83.08	1547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Consumer	Consumer	1547.49	95			83.08	1547.49	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Aetna	Commercial	760.92				83.08	1547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Aetna	Better Health	495.85	30.44			83.08	1547.49	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	WellPoint	WellPoint	505.62	31.04			83.08	1547.49

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Wellcare	Medicare	466.25				83.08	1547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	UHC	Medicare	466.25				83.08	1547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Horizon	MGD	902.19				83.08	1547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Wellcare	Medicaid	495.85	30.44			83.08	1547.49	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Horizon	NJ Health	129.36				83.08	1547.49	fee schedule	
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Horizon	PPO	902.19				83.08	1547.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	Managed Care Inc	Managed Care Inc	1466.05	90			83.08	1547.49	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS	78600	CPT				outpatient			1628.94	536.19	UHC	Medicaid	495.85	30.44			83.08	1547.49	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Aetna	Better Health	968.41	30.44			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Amerihealth	Medicare	466.25				98.58	3022.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Horizon	PPO	902.19				98.58	3022.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Aetna	Commercial	760.92				98.58	3022.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	First Health	First Health	2226.97	70			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Three Rivers	Three Rivers	3022.31	95			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Consumer	Consumer	3022.31	95			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Aetna	Medicare	466.25				98.58	3022.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Corrections	Corrections	2545.1	80			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	First Trenton	First Trenton	2863.24	90			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Horizon	NJ Health	166.6				98.58	3022.31	fee schedule	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Americare	Americare	2386.04	75			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Multiplan	Multiplan	2545.1	80			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	UHC	Medicaid	968.41	30.44			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	WellPoint	WellPoint	987.5	31.04			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Amerihealth	HMO/PPO	98.58				98.58	3022.31	fee schedule	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Qualcare	Qualcare	2386.04	75			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Horizon	Indemnity	902.19				98.58	3022.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Wellcare	Medicaid	968.41	30.44			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Horizon	MGD	902.19				98.58	3022.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Wellcare	Medicare	466.25				98.58	3022.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Horizon	Medicare Blue	466.25				98.58	3022.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	UHC	Medicare	466.25				98.58	3022.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	78601	CPT				inpatient			3181.38	536.19	Managed Care Inc	Managed Care Inc	2863.24	90			98.58	3022.31	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Qualcare	Qualcare	1153.62	75			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Consumer	Consumer	1461.25	95			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Aetna	Commercial	1019.3				110.36	1461.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Amerihealth	Medicare	624.57				110.36	1461.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Aetna	Better Health	468.22	30.44			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	First Health	First Health	1076.71	70			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Aetna	Medicare	624.57				110.36	1461.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	WellPoint	WellPoint	477.44	31.04			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Multiplan	Multiplan	1230.53	80			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Corrections	Corrections	1230.53	80			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Americare	Americare	1153.62	75			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Horizon	Indemnity	1208.54				110.36	1461.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Amerihealth	HMO/PPO	110.36				110.36	1461.25	fee schedule	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Three Rivers	Three Rivers	1461.25	95			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Horizon	Medicare Blue	624.57				110.36	1461.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	UHC	Medicare	624.57				110.36	1461.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	First Trenton	First Trenton	1384.34	90			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Wellcare	Medicaid	468.22	30.44			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Wellcare	Medicare	624.57				110.36	1461.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Horizon	MGD	1208.54				110.36	1461.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Horizon	NJ Health	146.06				110.36	1461.25	fee schedule	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Horizon	PPO	1208.54				110.36	1461.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	Managed Care Inc	Managed Care Inc	1384.34	90			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MINIMUM 4 STATIC VIEWS	78605	CPT				outpatient			1538.16	718.26	UHC	Medicaid	468.22	30.44			110.36	1461.25	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	UHC	Medicaid	245.28	30.44			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Multiplan	Multiplan	644.63	80			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Aetna	Commercial	1019.3				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Aetna	Better Health	245.28	30.44			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	First Trenton	First Trenton	725.21	90			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Aetna	Medicare	624.57				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Amerihealth	Medicare	624.57				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	First Health	First Health	564.05	70			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	UHC	Medicare	624.57				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Qualcare	Qualcare	604.34	75			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Americare	Americare	604.34	75			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Consumer	Consumer	765.5	95			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Horizon	PPO	1208.54				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Corrections	Corrections	644.63	80			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Horizon	Medicare Blue	624.57				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Horizon	Indemnity	1208.54				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Wellcare	Medicare	624.57				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Horizon	MGD	1208.54				124	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Amerihealth	HMO/PPO	124				124	1208.54	fee schedule	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Horizon	NJ Health	183.26				124	1208.54	fee schedule	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	WellPoint	WellPoint	250.12	31.04			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Managed Care Inc	Managed Care Inc	725.21	90			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Three Rivers	Three Rivers	765.5	95			124	1208.54	percent of total billed charges	
BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	78606	CPT				outpatient			805.79	718.26	Medicaid	Medicaid	245.28	30.44			124	1208.54	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Aetna	Better Health	4001.57	30.44			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Horizon	PPO	3274.85				899	12488.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Amerihealth	Medicare	1692.43				899	12488.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Aetna	Commercial	2762.05				899	12488.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Horizon	Medicare Blue	1692.43				899	12488.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Aetna	Medicare	1692.43				899	12488.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	First Trenton	First Trenton	11831.18	90			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Americare	Americare	9859.32	75			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	First Health	First Health	9202.03	70			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	WellPoint	WellPoint	4080.44	31.04			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Corrections	Corrections	10516.61	80			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	UHC	Medicare	1692.43				899	12488.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Multiplan	Multiplan	10516.61	80			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Consumer	Consumer	12488.47	95			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Three Rivers	Three Rivers	12488.47	95			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Amerihealth	HMO/PPO	899				899	12488.47	fee schedule	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Wellcare	Medicaid	4001.57	30.44			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Horizon	MGD	3274.85				899	12488.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Horizon	Indemnity	3274.85				899	12488.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Qualcare	Qualcare	9859.32	75			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	UHC	Medicaid	4001.57	30.44			899	12488.47	percent of total billed charges	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Wellcare	Medicare	1692.43				899	12488.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Horizon	NJ Health	2116.8				899	12488.47	fee schedule	
BRAIN IMAGING PET METABOLIC EVALUATION	78608	CPT				outpatient			13145.76	1946.29	Managed Care Inc	Managed Care Inc	11831.18	90			899	12488.47	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Consumer	Consumer	1744.2	95			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Aetna	Better Health	558.88	30.44			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Horizon	MGD	1208.54				205.8	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Amerihealth	Medicare	624.57				205.8	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Americare	Americare	1377	75			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Amerihealth	HMO/PPO	1193.4	65			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Aetna	Commercial	1019.3				205.8	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	First Trenton	First Trenton	1652.4	90			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Corrections	Corrections	1468.8	80			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Horizon	PPO	1208.54				205.8	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Aetna	Medicare	624.57				205.8	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	First Health	First Health	1285.2	70			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Three Rivers	Three Rivers	1744.2	95			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Multiplan	Multiplan	1468.8	80			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Horizon	NJ Health	205.8				205.8	1744.2	fee schedule	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Horizon	Medicare Blue	624.57				205.8	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Managed Care Inc	Managed Care Inc	1652.4	90			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Horizon	Indemnity	1208.54				205.8	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Qualcare	Qualcare	1377	75			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Wellcare	Medicaid	558.88	30.44			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	UHC	Medicare	624.57				205.8	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	UHC	Medicaid	558.88	30.44			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	Wellcare	Medicare	624.57				205.8	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	78630	CPT				outpatient			1836	718.26	WellPoint	WellPoint	569.89	31.04			205.8	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	78635	CPT				outpatient			1836	718.26	Aetna	Medicare	565.49	30.8			183.26	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	78635	CPT				outpatient			1836	718.26	Aetna	Commercial	1019.3				183.26	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	78635	CPT				outpatient			1836	718.26	Aetna	Better Health	558.88	30.44			183.26	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	78635	CPT				outpatient			1836	718.26	First Trenton	First Trenton	1652.4	90			183.26	1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	78635	CPT				outpatient			1836

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	78635	CPT				outpatient			1838	718.26	Horizon	Medicare Blue	624.57				183.26		1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	78635	CPT				outpatient			1838	718.26	Qualcare	Qualcare	1377	75			183.26		1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	78635	CPT				outpatient			1836	718.26	Wellcare	Medicaid	558.88	30.44			183.26		1744.2	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	78635	CPT				outpatient			1836	718.26	Wellcare	Medicare	624.57				183.26		1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Managed Care Inc	Managed Care Inc	1433	90			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Consumer	Consumer	1512.61	95			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Americare	Americare	1194.17	75			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Horizon	Medicare Blue	624.57				234.77		1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Aetna	Commercial	1019.3				234.77		1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Aetna	Better Health	484.67	30.44			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Aetna	Medicare	624.57				234.77		1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Horizon	Indemnity	1208.54				234.77		1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	UHC	Medicare	624.57				234.77		1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Corrections	Corrections	1273.78	80			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Horizon	MGD	1208.54				234.77		1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	First Health	First Health	1114.55	70			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Amerihealth	HMO/PPO	1034.94	65			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Horizon	NJ Health	234.77				234.77		1512.61	fee schedule	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	First Trenton	First Trenton	1433	90			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Three Rivers	Three Rivers	1512.61	95			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Amerihealth	Medicare	624.57				234.77		1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Horizon	PPO	1208.54				234.77		1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Multiplan	Multiplan	1273.78	80			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Wellcare	Medicaid	484.67	30.44			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Qualcare	Qualcare	1194.17	75			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	UHC	Medicaid	484.67	30.44			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	Wellcare	Medicare	624.57				234.77		1512.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	78645	CPT				inpatient			1592.22	718.26	WellPoint	WellPoint	494.23	31.04			234.77		1512.61	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Amerihealth	Medicare	1514.77				161.7		2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Americare	Americare	1937.75	75			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	First Health	First Health	1808.56	70			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Corrections	Corrections	2066.93	80			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Horizon	Medicare Blue	1514.77				161.7		2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Aetna	Commercial	2472.1				161.7		2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Horizon	MGD	2931.08				161.7		2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Aetna	Better Health	786.47	30.44			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	UHC	Medicare	1514.77				161.7		2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Consumer	Consumer	2454.48	95			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Wellcare	Medicare	1514.77				161.7		2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Horizon	Indemnity	2931.08				161.7		2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	UHC	Medicaid	786.47	30.44			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Aetna	Medicare	1514.77				161.7		2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Amerihealth	HMO/PPO	1679.38	65			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	First Trenton	First Trenton	2325.29	90			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Horizon	PPO	2931.08				161.7		2931.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Wellcare	Medicaid	786.47	30.44			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Multiplan	Multiplan	2066.93	80			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Horizon	NJ Health	161.7				161.7		2931.08	fee schedule	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	WellPoint	WellPoint	801.97	31.04			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Managed Care Inc	Managed Care Inc	2325.29	90			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Qualcare	Qualcare	1937.75	75			161.7		2931.08	percent of total billed charges	
CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	78650	CPT				outpatient			2583.66	1741.99	Three Rivers	Three Rivers	2454.48	95			161.7		2931.08	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Aetna	Commercial	760.92				68.82		1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	First Health	First Health	885.36	70			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Horizon	Indemnity	902.19				68.82		1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Corrections	Corrections	1011.84	80			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Amerihealth	HMO/PPO	68.82				68.82		1201.56	fee schedule	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Consumer	Consumer	1201.56	95			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Amerihealth	Medicare	466.25				68.82		1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Aetna	Better Health	385.01	30.44			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Aetna	Medicare	466.25				68.82		1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Wellcare	Medicare	466.25				68.82		1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Horizon	PPO	902.19				68.82		1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Multiplan	Multiplan	1011.84	80			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Americare	Americare	948.6	75			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	First Trenton	First Trenton	1138.32	90			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Horizon	Medicare Blue	466.25				68.82		1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Qualcare	Qualcare	948.6	75			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Wellcare	Medicaid	385.01	30.44			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Horizon	MGD	902.19				68.82		1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	WellPoint	WellPoint	392.59	31.04			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Horizon	NJ Health	86.24				68.82		1201.56	fee schedule	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	UHC	Medicare	466.25				68.82		1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Managed Care Inc	Managed Care Inc	1138.32	90			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	Three Rivers	Three Rivers	1201.56	95			68.82		1201.56	percent of total billed charges	
RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	78660	CPT				outpatient			1264.8	536.19	UHC	Medicaid	385.01	30.44			68.82		1201.56	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Consumer	Consumer	1610.48	95			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Americare	Americare	1271.43	75			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Horizon	Medicare Blue	466.25				78.4		1610.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Aetna	Commercial	760.92				78.4		1610.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	First Health	First Health	1186.67	70			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Corrections	Corrections	1356.19	80			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Aetna	Better Health	516.03	30.44			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Amerihealth	HMO/PPO	83.08				78.4		1610.48	fee schedule	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Horizon	Indemnity	902.19				78.4		1610.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	First Trenton	First Trenton	1525.72	90			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Horizon	PPO	902.19				78.4		1610.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Aetna	Medicare	466.25				78.4		1610.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Multiplan	Multiplan	1356.19	80			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Wellcare	Medicare	466.25				78.4		1610.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	WellPoint	WellPoint	526.2	31.04			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Amerihealth	Medicare	466.25				78.4		1610.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	UHC	Medicaid	516.03	30.44			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Horizon	NJ Health	78.4				78.4		1610.48	fee schedule	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Qualcare	Qualcare	1271.43	75			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Horizon	MGD	902.19				78.4		1610.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Wellcare	Medicaid	516.03	30.44			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Managed Care Inc	Managed Care Inc	1525.72	90			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	UHC	Medicare	466.25				78.4		1610.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOLOGY	78700	CPT				outpatient			1695.24	536.19	Three Rivers	Three Rivers	1610.48	95			78.4		1610.48	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Aetna	Commercial	760.92				86.18		902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Consumer	Consumer	584.13	95			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Amerihealth	Medicare	466.25				86.18		902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Aetna	Better Health	187.17	30.44			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Horizon	Medicare Blue	466.25				86.18		902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Corrections	Corrections	491.9	80			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Amerihealth	HMO/PPO	86.18				86.18		902.19	fee schedule	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Aetna	Medicare	466.25				86.18		902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Americare	Americare	461.15	75			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	First Trenton	First Trenton	553.38	90			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Horizon	MGD	902.19				86.18		902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Multiplan	Multiplan	491.9	80			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	UHC	Medicare	466.25				86.18		902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Horizon	Indemnity	902.19				86.18		902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	UHC	Medicaid	187.17	30.44			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	First Health	First Health	430.41	70			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Wellcare	Medicaid	187.17	30.44			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Horizon	NJ Health	127.4				86.18		902.19	fee schedule	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Wellcare	Medicare	466.25				86.18		902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Qualcare	Qualcare	461.15	75			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Horizon	PPO	902.19				86.18		902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Managed Care Inc	Managed Care Inc	553.38	90			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	WellPoint	WellPoint	190.86	31.04			86.18		902.19	percent of total billed charges	
KIDNEY IMAGING MORPHOGGY W/VASCULAR FLOW	78701	CPT				outpatient			614.87	536.19	Three Rivers	Three Rivers	584.13	95			86.18		902.19	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT				both			2484.72	718.26	Multiplan	Multiplan	1987.78	80			109.74		2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT				both			2484.72	718.26	First Health	First Health	1739.3	70			109.74		2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT				both			2484.72	718.26	Aetna	Medicare	624.57				109.74		2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT				both			2484.72	718.26	UHC	Medicare	624.57				109.74		2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT				both			2484.72	718.26	Aetna	Commercial	1019.3				109.74		2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT				both			2484.72	718.26	Horizon	MGD	1208.54				109.74		2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	78707	CPT				both			2484.72	718.26	Aetna	Better Health	756.35	30.44			109.74		2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY V

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Amerihealth	Medicare	624.57				151.28	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 First Trenton	First Trenton	2236.25	90			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Amerihealth	HMO/PPO	151.28				151.28	2360.48	fee schedule	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Consumer	Consumer	2360.48	95			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Aetna	Better Health	756.35	30.44			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Horizon	PPO	1208.54				151.28	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Horizon	Indemnity	1208.54			796.21	151.28	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Aetna	Commercial	1019.3				151.28	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Corrections	Corrections	1987.78	80			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Managed Care Inc	Managed Care Inc	2236.25	90			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 First Health	First Health	1739.3	70			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Horizon	NJ Health	235.2			67.48	151.28	2360.48	fee schedule	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 UHC	Medicaid	756.35	30.44		671.38	151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Aetna	Medicare	624.57				151.28	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 WellPoint	WellPoint	771.26	31.04		741.89	151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Americare	Americare	1863.54	75			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Horizon	Medicare Blue	624.57				151.28	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Multiplan	Multiplan	1987.78	80			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Horizon	MGD	1208.54			788.38	151.28	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Qualcare	Qualcare	1863.54	75			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 UHC	Medicare	624.57			326.58	151.28	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Three Rivers	Three Rivers	2360.48	95			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Wellcare	Medicaid	756.35	30.44			151.28	2360.48	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 WRX	78708	CPT				both			2484.72		718.26 Wellcare	Medicare	624.57				151.28	2360.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Amerihealth	HMO/PPO	155.62				155.62	1208.54	fee schedule	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Consumer	Consumer	765.5	95			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Corrections	Corrections	644.63	80			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Aetna	Better Health	245.28	30.44			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Aetna	Commercial	1019.3				155.62	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 First Health	First Health	564.05	70			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 First Trenton	First Trenton	725.21	90			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Amerihealth	Medicare	624.57				155.62	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Aetna	Medicare	624.57				155.62	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Horizon	Indemnity	1208.54				155.62	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Horizon	NJ Health	282.24				155.62	1208.54	fee schedule	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Horizon	PPO	1208.54				155.62	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Americare	Americare	604.34	75			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Multiplan	Multiplan	644.63	80			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Managed Care Inc	Managed Care Inc	725.21	90			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Horizon	Medicare Blue	624.57				155.62	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Horizon	MGD	1208.54				155.62	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 UHC	Medicaid	245.28	30.44			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Three Rivers	Three Rivers	765.5	95			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 WellPoint	WellPoint	250.12	31.04			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 UHC	Medicare	624.57				155.62	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Qualcare	Qualcare	604.34	75			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Wellcare	Medicaid	245.28	30.44			155.62	1208.54	percent of total billed charges	
KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	78709	CPT				outpatient			805.79		718.26 Wellcare	Medicare	624.57				155.62	1208.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 UHC	Medicare	466.25				58.8	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Aetna	Medicare	466.25				58.8	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Americare	Americare	461.15	75			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Amerihealth	Medicare	466.25				58.8	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Aetna	Commercial	760.92				58.8	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Aetna	Better Health	187.17	30.44			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 First Trenton	First Trenton	553.38	90			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Corrections	Corrections	491.9	80			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Multiplan	Multiplan	491.9	80			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 First Health	First Health	430.41	70			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Amerihealth	HMO/PPO	85.56				58.8	902.19	fee schedule	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Consumer	Consumer	584.13	95			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Qualcare	Qualcare	461.15	75			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Horizon	PPO	902.19				58.8	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Managed Care Inc	Managed Care Inc	553.38	90			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Horizon	Medicare Blue	466.25				58.8	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Wellcare	Medicare	466.25				58.8	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Horizon	MGD	902.19				58.8	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Horizon	Indemnity	902.19				58.8	902.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Horizon	NJ Health	58.8				58.8	902.19	fee schedule	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 UHC	Medicaid	187.17	30.44			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 WellPoint	WellPoint	190.86	31.04			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Three Rivers	Three Rivers	584.13	95			58.8	902.19	percent of total billed charges	
KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	78725	CPT				outpatient			614.87		536.19 Wellcare	Medicaid	187.17	30.44			58.8	902.19	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		First Trenton	First Trenton	459	90			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Americare	Americare	382.5	75			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		First Health	First Health	357	70			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Corrections	Corrections	408	80			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Consumer	Consumer	484.5	95			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Aetna	Commercial	193.8	38			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Horizon	PPO	195.23	38.28			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Amerihealth	HMO/PPO	45.88				45.88	484.5	fee schedule	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Multiplan	Multiplan	408	80			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Horizon	Medicare Blue	153	30			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Horizon	MGD	195.23	38.28			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Horizon	NJ Health	68.48				45.88	484.5	fee schedule	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			45.88	484.5	percent of total billed charges	
URINARY BLADDER RESIDUAL STUDY	78730	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			45.88	484.5	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Horizon	PPO	902.19				98	1784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Americare	Americare	1409.13	75			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Aetna	Commercial	760.92				98	1784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 First Health	First Health	1315.19	70			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Amerihealth	HMO/PPO	109.74				98	1784.9	fee schedule	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Amerihealth	Medicare	466.25				98	1784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Horizon	Medicare Blue	466.25				98	1784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Aetna	Better Health	571.92	30.44			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 WellPoint	WellPoint	583.19	31.04			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Consumer	Consumer	1784.9	95			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Aetna	Medicare	466.25				98	1784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 UHC	Medicare	466.25				98	1784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Horizon	MGD	902.19				98	1784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Corrections	Corrections	1503.07	80			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Multiplan	Multiplan	1503.07	80			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Wellcare	Medicare	466.25				98	1784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 UHC	Medicaid	571.92	30.44			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 First Trenton	First Trenton	1690.96	90			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Wellcare	Medicaid	571.92	30.44			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Horizon	Indemnity	902.19				98	1784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Qualcare	Qualcare	1409.13	75			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Horizon	NJ Health	98				98	1784.9	fee schedule	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Managed Care Inc	Managed Care Inc	1690.96	90			98	1784.9	percent of total billed charges	
URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	78740	CPT				outpatient			1878.84		536.19 Three Rivers	Three Rivers	1784.9	95			98	1784.9	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Americare	Americare	948.6	75			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Corrections	Corrections	1011.84	80			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Amerihealth	Medicare	466.25				109.76	1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Aetna	Better Health	385.01	30.44			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Aetna	Commercial	760.92				109.76	1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 First Trenton	First Trenton	1138.32	90			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Aetna	Medicare	466.25				109.76	1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Horizon	Medicare Blue	466.25				109.76	1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Wellcare	Medicare	466.25				109.76	1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Horizon	Indemnity	902.19				109.76	1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Consumer	Consumer	1201.56	95			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Amerihealth	HMO/PPO	130.2				109.76	1201.56	fee schedule	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Multiplan	Multiplan	1011.84	80			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Three Rivers	Three Rivers	1201.56	95			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Qualcare	Qualcare	948.6	75			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 UHC	Medicare	466.25				109.76	1201.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 Horizon	NJ Health	109.76				109.76	1201.56	fee schedule	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 First Health	First Health	885.36	70			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8		536.19 UHC	Medicaid	385.01	30.44			109.76	1201.56	percent of total billed charges	
TESTICULAR IMAGING WITH VASCULAR FLOW	78761	CPT				outpatient			1264.8

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	First Trenton	First Trenton	1384.34	90			107.26		1461.25 percent of total billed charges	
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Aetna	Medicare	466.25				107.26		1461.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Three Rivers	Three Rivers	1461.25	95			107.26		1461.25 percent of total billed charges	
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Horizon	Medicare Blue	466.25			211.68	107.26		1461.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	UHC	Medicaid	468.22	30.44		203.44	107.26		1461.25 percent of total billed charges	
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	WellPoint	WellPoint	477.44	31.04		153.57	107.26		1461.25 percent of total billed charges	
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	First Health	First Health	1076.71	70			107.26		1461.25 percent of total billed charges	
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Horizon	MGD	902.19				107.26		1461.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Horizon	Indemnity	902.19				107.26		1461.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Multiplan	Multiplan	1230.53	80			107.26		1461.25 percent of total billed charges	
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	UHC	Medicare	466.25				107.26		1461.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Qualcare	Qualcare	1153.62	75			107.26		1461.25 percent of total billed charges	
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Horizon	NJ Health	268.52				107.26		1461.25 fee schedule	
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Wellcare	Medicaid	468.22	30.44			107.26		1461.25 percent of total billed charges	
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Horizon	PPO	902.19				107.26		1461.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Wellcare	Medicare	466.25				107.26		1461.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY IMAGING	78800	CPT				both			1538.16	536.19	Managed Care Inc	Managed Care Inc	1384.34	90			107.26		1461.25 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Horizon	Medicare Blue	466.25			438.66	174.22		1809.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Aetna	Commercial	760.92				174.22		1809.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Amerihealth	HMO/PPO	174.22				174.22		1809.12 fee schedule	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Aetna	Medicare	466.25			424.55	174.22		1809.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	First Trenton	First Trenton	1713.91	90			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Amerihealth	Medicare	466.25				174.22		1809.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Aetna	Better Health	579.68	30.44			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Corrections	Corrections	1523.47	80			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	UHC	Medicaid	579.68	30.44			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Americare	Americare	1428.26	75			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	First Health	First Health	1333.04	70			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Horizon	MGD	902.19				174.22		1809.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Horizon	NJ Health	295.37			139.76	174.22		1809.12 fee schedule	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Consumer	Consumer	1809.12	95			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Horizon	PPO	902.19			1050.4	174.22		1809.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	WellPoint	WellPoint	591.11	31.04		523.93	174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Wellcare	Medicare	466.25				174.22		1809.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Multiplan	Multiplan	1523.47	80			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Wellcare	Medicaid	579.68	30.44			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Horizon	Indemnity	902.19				174.22		1809.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Qualcare	Qualcare	1428.26	75			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Managed Care Inc	Managed Care Inc	1713.91	90			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	Three Rivers	Three Rivers	1809.12	95			174.22		1809.12 percent of total billed charges	
RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 AREA IMG/2+D	78801	CPT				both			1904.34	536.19	UHC	Medicare	466.25			316.84	174.22		1809.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Amerihealth	Medicare	1514.77				117.6		5023.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Aetna	Commercial	2472.1			2747.28	117.6		5023.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	First Health	First Health	3701.38	70			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Aetna	Medicare	1514.77				117.6		5023.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Horizon	Medicare Blue	1514.77				117.6		5023.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Aetna	Better Health	1609.57	30.44			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Amerihealth	HMO/PPO	186				117.6		5023.3 fee schedule	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Americare	Americare	3965.76	75			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	UHC	Medicare	1514.77				117.6		5023.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Corrections	Corrections	4230.14	80			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Wellcare	Medicare	1514.77				117.6		5023.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Wellcare	Medicaid	1609.57	30.44			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Horizon	MGD	2931.08				117.6		5023.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Multiplan	Multiplan	4230.14	80			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Horizon	NJ Health	117.6			55.49	117.6		5023.3 fee schedule	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Consumer	Consumer	5023.3	95			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Medicaid	Medicaid	1609.57	30.44			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Horizon	Indemnity	2931.08				117.6		5023.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	First Trenton	First Trenton	4758.91	90			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Qualcare	Qualcare	3965.76	75			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Managed Care Inc	Managed Care Inc	4758.91	90			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Horizon	PPO	2931.08				117.6		5023.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	Three Rivers	Three Rivers	5023.3	95			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY SINGLE DAY IMAGING	78802	CPT				both			5287.68	1741.99	WellPoint	WellPoint	1641.3	31.04			117.6		5023.3 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	First Trenton	First Trenton	3374.57	90			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Aetna	Commercial	2472.1			1344.17	183.52		3562.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	First Health	First Health	2624.66	70			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Aetna	Better Health	1141.35	30.44		1608.73	183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Amerihealth	Medicare	1514.77				183.52		3562.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Aetna	Medicare	1514.77			905.76	183.52		3562.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Amerihealth	HMO/PPO	183.52			730.32	183.52		3562.04 fee schedule	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Corrections	Corrections	2999.62	80			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Horizon	Indemnity	2931.08			1520.8	183.52		3562.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Americare	Americare	2812.14	75			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Wellcare	Medicare	1514.77				183.52		3562.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Consumer	Consumer	3562.04	95			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Horizon	Medicare Blue	1514.77			1187.88	183.52		3562.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Horizon	MGD	2931.08			2218.97	183.52		3562.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	UHC	Medicaid	1141.35	30.44			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	UHC	Medicare	1514.77			1121.95	183.52		3562.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Horizon	NJ Health	186.59			575.94	183.52		3562.04 fee schedule	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Multiplan	Multiplan	2999.62	80			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Horizon	PPO	2931.08				183.52		3562.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Qualcare	Qualcare	2812.14	75			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Managed Care Inc	Managed Care Inc	3374.57	90			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Three Rivers	Three Rivers	3562.04	95			183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	Wellcare	Medicaid	1141.35	30.44		22.02	183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM SPECT 1 AREA/ACQUIS/J 1 DAY IMG	78803	CPT				both			3749.52	1741.99	WellPoint	WellPoint	1163.85	31.04		1028.63	183.52		3562.04 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Aetna	Commercial	2472.1				186		4172.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Amerihealth	HMO/PPO	186				186		4172.51 fee schedule	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Consumer	Consumer	4172.51	95			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Aetna	Better Health	1336.96	30.44			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Amerihealth	Medicare	1514.77				186		4172.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	First Trenton	First Trenton	3952.91	90			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Corrections	Corrections	3513.7	80			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Aetna	Medicare	1514.77				186		4172.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Americare	Americare	3294.09	75			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	UHC	Medicaid	1336.96	30.44			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Horizon	NJ Health	385.53				186		4172.51 fee schedule	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	First Health	First Health	3074.48	70			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	UHC	Medicare	1514.77				186		4172.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Horizon	Indemnity	2931.08				186		4172.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Horizon	Medicare Blue	1514.77				186		4172.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Horizon	MGD	2931.08				186		4172.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Multiplan	Multiplan	3513.7	80			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Managed Care Inc	Managed Care Inc	3952.91	90			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Three Rivers	Three Rivers	4172.51	95			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Qualcare	Qualcare	3294.09	75			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Horizon	PPO	2931.08				186		4172.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Wellcare	Medicare	1514.77				186		4172.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	Wellcare	Medicaid	1336.96	30.44			186		4172.51 percent of total billed charges	
RP LOCLZJ TUM PLNR WHOLE BODY 2+ DAYS IMAGING	78804	CPT				outpatient			4392.12	1741.99	WellPoint	WellPoint	1363.31	31.04			186		4172.51 percent of total billed charges	
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Horizon	MGD	3274.85				1099.88		5731.64 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	First Trenton	First Trenton	5429.97	90			1099.88		5731.64 percent of total billed charges	
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Aetna	Commercial	2762.05				1099.88		5731.64 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	First Health	First Health	4223.31	70			1099.88		5731.64 percent of total billed charges	
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Horizon	NJ Health	2116.8			998.31	1099.88		5731.64 fee schedule	
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Aetna	Medicare	1692.43			1287.22	1099.88		5731.64 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Americare	Americare	4524.98	75			1099.88		5731.64 percent of total billed charges	
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Aetna	Better Health	1836.54	30.44			1099.88		5731.64 percent of total billed charges	
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Amerihealth	HMO/PPO	1099.88				1099.88		5731.64 fee schedule	
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Managed Care Inc	Managed Care Inc	5429.97	90			1099.88		5731.64 percent of total billed charges	
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Horizon	Medicare Blue	1692.43			1201.18	1099.88		5731.64 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Multiplan	Multiplan	4826.64	80			1099.88		5731.64 percent of total billed charges	
PET IMAGING CT FOR ATTENUATION LIMITED AREA	78814	CPT				both			6033.3	1946.29	Amerihealth

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 First Health	First Health	5363.57	70			1099.88		7279.13 percent of total billed charges	
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 First Trenton	First Trenton	6896.02	90			1099.88		7279.13 percent of total billed charges	
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Horizon	Indemnity	3274.85			2225.27	1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Horizon	PPO	3274.85			1807.61	1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Amerihealth	HMO/PPO	1099.88			866.83	1099.88		7279.13 fee schedule	
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Managed Care Inc	Managed Care Inc	6896.02	90			1099.88		7279.13 percent of total billed charges	
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 WellPoint	WellPoint	2378.36	31.04		1311.77	1099.88		7279.13 percent of total billed charges	
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Three Rivers	Three Rivers	7279.13	95			1099.88		7279.13 percent of total billed charges	
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Horizon	Medicare Blue	1692.43			941.82	1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Wellcare	Medicare	1692.43				1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Corrections	Corrections	6129.79	80		1030.98	1099.88		7279.13 percent of total billed charges	
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Multiplan	Multiplan	6129.79	80			1099.88		7279.13 percent of total billed charges	
PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	78815	CPT				both			7662.24		1946.29 Qualcare	Qualcare	5746.68	75			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Amerihealth	Medicare	1692.43				1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Qualcare	Qualcare	5746.68	75			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Aetna	Commercial	2762.05			2562.62	1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 First Health	First Health	5363.57	70			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Americare	Americare	5746.68	75			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Multiplan	Multiplan	6129.79	80			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Aetna	Better Health	2332.39	30.44		191.91	1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Horizon	Medicare Blue	1692.43			1516.92	1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Consumer	Consumer	7279.13	95			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Wellcare	Medicaid	2332.39	30.44			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Wellcare	Medicare	1692.43				1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Horizon	PPO	3274.85				1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Corrections	Corrections	6129.79	80		2336.2	1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Aetna	Medicare	1692.43			1233.72	1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 First Trenton	First Trenton	6896.02	90			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Amerihealth	HMO/PPO	1099.88				1099.88		7279.13 fee schedule	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Horizon	NJ Health	2116.8			1308.22	1099.88		7279.13 fee schedule	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Horizon	MCD	3274.85				1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Horizon	Indemnity	3274.85				1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 WellPoint	WellPoint	2378.36	31.04		2311.58	1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Three Rivers	Three Rivers	7279.13	95			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 Managed Care Inc	Managed Care Inc	6896.02	90			1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 UHC	Medicaid	2332.39	30.44		2362.06	1099.88		7279.13 percent of total billed charges	
PET IMAGING FOR CT ATTENUATION WHOLE BODY	78816	CPT				both			7662.24		1946.29 UHC	Medicare	1692.43			1466.28	1099.88		7279.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 First Trenton	First Trenton	4463.71	90			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Americare	Americare	3719.76	75			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Aetna	Better Health	1509.73	30.44			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Horizon	Medicare Blue	1514.77				445.78		4711.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Consumer	Consumer	4711.7	95			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Amerihealth	Medicare	1514.77				445.78		4711.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Aetna	Medicare	1514.77				445.78		4711.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Aetna	Commercial	2472.1				445.78		4711.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Horizon	NJ Health	445.78				445.78		4711.7 fee schedule	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Horizon	MGD	2931.08				445.78		4711.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Amerihealth	HMO/PPO	3223.79	65			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 UHC	Medicare	1514.77				445.78		4711.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Corrections	Corrections	3967.74	80			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 UHC	Medicaid	1509.73	30.44			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 First Health	First Health	3471.78	70			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Wellcare	Medicaid	1509.73	30.44			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Managed Care Inc	Managed Care Inc	4463.71	90			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Wellcare	Medicare	1514.77				445.78		4711.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Multiplan	Multiplan	3967.74	80			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Horizon	Indemnity	2931.08				445.78		4711.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Qualcare	Qualcare	3719.76	75			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Three Rivers	Three Rivers	4711.7	95			445.78		4711.7 percent of total billed charges	
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 Horizon	PPO	2931.08				445.78		4711.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCLZJ TUM SPECT W/CT 1 AREA/ACQUISJ 1DAY IMG	78830	CPT				outpatient			4959.68		1741.99 WellPoint	WellPoint	1539.48	31.04			445.78		4711.7 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Aetna	Commercial	78.3	38			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Americare	Americare	154.53	75			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Aetna	Better Health	62.72	30.44			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		First Trenton	First Trenton	185.44	90			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Consumer	Consumer	195.74	95			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Amerihealth	HMO/PPO	133.93	65			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		First Health	First Health	144.23	70			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Horizon	PPO	78.87	38.28			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Aetna	Medicare	63.46	30.8			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Horizon	Medicare Blue	61.81	30			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Wellcare	Medicaid	62.72	30.44			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Managed Care Inc	Managed Care Inc	185.44	90			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Corrections	Corrections	164.83	80			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Horizon	Indemnity	78.87	38.28			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Horizon	MGD	78.87	38.28			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		UHC	Medicaid	62.72	30.44			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		WellPoint	WellPoint	63.95	31.04			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Three Rivers	Three Rivers	195.74	95			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Multiplan	Multiplan	164.83	80			61.81		195.74 percent of total billed charges	
BKR CHG HIV GEENIUS II	78896	CPT				outpatient			206.04		Qualcare	Qualcare	154.53	75			61.81		195.74 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Aetna	Commercial	760.92				449.59		1403.11 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 First Trenton	First Trenton	1329.26	90			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Aetna	Better Health	449.59	30.44			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Horizon	PPO	902.19				449.59		1403.11 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Corrections	Corrections	1181.57	80			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Horizon	MGD	902.19				449.59		1403.11 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Aetna	Medicare	454.9	30.8			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Amerihealth	Medicare	466.25				449.59		1403.11 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Amerihealth	HMO/PPO	960.02	65			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Managed Care Inc	Managed Care Inc	1329.26	90			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Americare	Americare	1107.72	75			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 UHC	Medicaid	449.59	30.44			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Multiplan	Multiplan	1181.57	80			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Three Rivers	Three Rivers	1403.11	95			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Wellcare	Medicare	466.25				449.59		1403.11 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 First Health	First Health	1033.87	70			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Qualcare	Qualcare	1107.72	75			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 WellPoint	WellPoint	458.45	31.04			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Consumer	Consumer	1403.11	95			449.59		1403.11 percent of total billed charges	
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Horizon	Indemnity	902.19				449.59		1403.11 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Horizon	Medicare Blue	466.25				449.59		1403.11 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 UHC	Medicare	466.25				449.59		1403.11 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	78999	CPT				outpatient			1476.96		536.19 Wellcare	Medicaid	449.59	30.44			449.59		1403.11 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 First Trenton	First Trenton	1364.15	90			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Aetna	Commercial	424.42				136.4		1439.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 UHC	Medicare	260.06				136.4		1439.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Consumer	Consumer	1439.93	95			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Amerihealth	HMO/PPO	136.4				136.4		1439.93 fee schedule	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Horizon	NJ Health	210.56			33.9	136.4		1439.93 fee schedule	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Multiplan	Multiplan	1212.58	80			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Aetna	Better Health	461.39	30.44		158.42	136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Horizon	Medicare Blue	260.06				136.4		1439.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Aetna	Medicare	260.06				136.4		1439.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Wellcare	Medicare	260.06				136.4		1439.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Corrections	Corrections	1212.58	80			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Amerihealth	Medicare	260.06				136.4		1439.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Americare	Americare	1136.79	75			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Qualcare	Qualcare	1136.79	75			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Horizon	MGD	503.22			598.57	136.4		1439.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Managed Care Inc	Managed Care Inc	1364.15	90			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Horizon	PPO	503.22			36.74	136.4		1439.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 WellPoint	WellPoint	470.48	31.04			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Three Rivers	Three Rivers	1439.93	95			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 First Health	First Health	1061	70			136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Horizon	Indemnity	503.22			589.03	136.4		1439.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 UHC	Medicaid	461.39	30.44		430.2	136.4		1439.93 percent of total billed charges	
RP THERAPY ORAL ADMINISTRATION	79005	CPT				outpatient			1515.72		299.07 Wellcare	Medicaid	461.39	30.44		445.81	136.4		1439.93 percent of total billed charges	
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07 Amerihealth	Medicare	260.06				136.4		1755.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07 Americare	Americare	1386.18	75			136.4		1755.83 percent of total billed charges	
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07 WellPoint	WellPoint	573.69	31.04			136.4		1755.83 percent of total billed charges	
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07 Aetna	Commercial	424.42			804.3	136.4		1755.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07 Aetna	Better Health	562.6	30.44			136.4		1755.83 percent of total billed charges	
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07 Amerihealth	HMO/PPO	136.4				136.4		1755.83 fee schedule	
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07 Aetna	Medicare	260.06				136.4		1755.83 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07 First Trenton	First Trenton	1

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07	Horizon	NJ Health	219.62				136.4	1755.83	fee schedule	
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07	Multiplan	Multiplan	1478.59	80			136.4	1755.83	percent of total billed charges	
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07	Three Rivers	Three Rivers	1755.83	95			136.4	1755.83	percent of total billed charges	
RP THERAPY INTRAVENOUS ADMINISTRATION	79101	CPT				outpatient			1848.24		299.07	Wellcare	Medicaid	582.6	30.44			136.4	1755.83	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	First Trenton	First Trenton	3349.78	90			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Aetna	Better Health	1132.97	30.44			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Amerihealth	Medicare	260.06				130.2	3535.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Consumer	Consumer	3535.88	95			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	UHC	Medicaid	1132.97	30.44			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Horizon	Medicare Blue	260.06				130.2	3535.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Aetna	Commercial	424.42				130.2	3535.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Corrections	Corrections	2977.58	80			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Managed Care Inc	Managed Care Inc	3349.78	90			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Aetna	Medicare	260.06				130.2	3535.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Horizon	Indemnity	503.22				130.2	3535.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Horizon	NJ Health	485.69				130.2	3535.88	fee schedule	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	UHC	Medicare	260.06				130.2	3535.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Amerihealth	HMO/PPO	130.2				130.2	3535.88	fee schedule	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Americare	Americare	2791.49	75			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Horizon	PPO	503.22				130.2	3535.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Qualcare	Qualcare	2791.49	75			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	First Health	First Health	2605.39	70			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Multiplan	Multiplan	2977.58	80			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	WellPoint	WellPoint	1155.3	31.04			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Three Rivers	Three Rivers	3535.88	95			130.2	3535.88	percent of total billed charges	
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Horizon	MGD	503.22				130.2	3535.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Wellcare	Medicare	260.06				130.2	3535.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	79403	CPT				outpatient			3721.98		299.07	Wellcare	Medicaid	1132.97	30.44			130.2	3535.88	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Horizon	MGD	17.57	38.28			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Aetna	Medicare	13.73				10.98	43.61	fee schedule	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Aetna	Better Health	13.97	30.44			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Horizon	Indemnity	17.57	38.28			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Americare	Americare	34.43	75			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Consumer	Consumer	43.61	95			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Amerihealth	Medicare	13.73				10.98	43.61	fee schedule	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	First Trenton	First Trenton	41.31	90			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Horizon	PPO	17.57	38.28			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	First Health	First Health	32.13	70			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Aetna	Commercial	17.44	38			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Qualcare	Qualcare	34.43	75			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Amerihealth	HMO/PPO	11.7				10.98	43.61	fee schedule	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Corrections	Corrections	36.72	80			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	UHC	Medicare	13.73				10.98	43.61	fee schedule	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Managed Care Inc	Managed Care Inc	41.31	90			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Wellcare	Medicaid	10.98				10.98	43.61	fee schedule	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Horizon	Medicare Blue	13.77	30			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	UHC	Medicaid	10.98				10.98	43.61	fee schedule	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Horizon	NJ Health	17.54				10.98	43.61	fee schedule	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Wellcare	Medicare	13.73				10.98	43.61	fee schedule	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Multiplan	Multiplan	36.72	80			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	WellPoint	WellPoint	14.25	31.04			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM IONIZED	80047	CPT				outpatient			45.9		15.79	Three Rivers	Three Rivers	43.61	95			10.98	43.61	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Amerihealth	HMO/PPO	11.7			24.15	6.77	154.07	fee schedule	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Aetna	Medicare	8.46			21.27	6.77	154.07	fee schedule	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Multiplan	Multiplan	129.74	80			6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Aetna	Better Health	49.37	30.44		40.76	6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Horizon	MGD	62.08	38.28		41.67	6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Aetna	Commercial	61.63	38		37.5	6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Amerihealth	Medicare	8.46				6.77	154.07	fee schedule	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Wellcare	Medicaid	6.77			41.22	6.77	154.07	fee schedule	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	First Health	First Health	113.53	70			6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Americare	Americare	121.64	75			6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Qualcare	Qualcare	121.64	75			6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Horizon	Indemnity	62.08	38.28		40.27	6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Horizon	PPO	62.08	38.28		47.72	6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Consumer	Consumer	154.07	95			6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	UHC	Medicaid	6.77			42.32	6.77	154.07	fee schedule	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Horizon	NJ Health	18.23			12.8	6.77	154.07	fee schedule	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	UHC	Medicare	8.46			19.7	6.77	154.07	fee schedule	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Corrections	Corrections	129.74	80		25.58	6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	WellPoint	WellPoint	50.34	31.04		37.45	6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	First Trenton	First Trenton	145.96	90			6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Horizon	Medicare Blue	48.65	30		22.06	6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Managed Care Inc	Managed Care Inc	145.96	90			6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Three Rivers	Three Rivers	154.07	95			6.77	154.07	percent of total billed charges	
BASIC METABOLIC PANEL CALCIUM TOTAL	80048	CPT				both			162.18		9.73	Wellcare	Medicare	8.46			21.85	6.77	154.07	fee schedule	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	First Health	First Health	74.97	70			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Americare	Americare	80.33	75			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	UHC	Medicare	7.01				5.61	101.75	fee schedule	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Corrections	Corrections	85.68	80			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Aetna	Medicare	7.01				5.61	101.75	fee schedule	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Aetna	Better Health	32.6	30.44			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Aetna	Commercial	40.7	38			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Horizon	Indemnity	41	38.28			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Horizon	MGD	41	38.28			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Consumer	Consumer	101.75	95			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Wellcare	Medicare	7.01				5.61	101.75	fee schedule	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	First Trenton	First Trenton	96.39	90			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Amerihealth	HMO/PPO	9.7				5.61	101.75	fee schedule	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Multiplan	Multiplan	85.68	80			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Amerihealth	Medicare	7.01				5.61	101.75	fee schedule	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Horizon	NJ Health	13.72				5.61	101.75	fee schedule	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Horizon	PPO	41	38.28			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Qualcare	Qualcare	80.33	75			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	WellPoint	WellPoint	33.24	31.04			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Managed Care Inc	Managed Care Inc	96.39	90			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Horizon	Medicare Blue	32.13	30		5.33	5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	UHC	Medicaid	5.61				5.61	101.75	fee schedule	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Three Rivers	Three Rivers	101.75	95			5.61	101.75	percent of total billed charges	
ELECTROLYTE PANEL	80051	CPT				outpatient			107.1		8.06	Wellcare	Medicaid	5.61				5.61	101.75	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Aetna	Medicare	10.56			28.89	8.45	194.77	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Americare	Americare	153.77	75			8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Aetna	Commercial	77.91	38		53.66	8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Amerihealth	Medicare	10.56			25.48	8.45	194.77	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	First Health	First Health	143.51	70			8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Aetna	Better Health	62.41	30.44		39.65	8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Corrections	Corrections	164.02	80		37.82	8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Amerihealth	HMO/PPO	14.6			29.49	8.45	194.77	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	WellPoint	WellPoint	63.64	31.04		48.71	8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Horizon	PPO	78.48	38.28		61.87	8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Horizon	Medicare Blue	61.51	30		30.74	8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Multiplan	Multiplan	164.02	80			8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Consumer	Consumer	194.77	95			8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	First Trenton	First Trenton	184.52	90			8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Three Rivers	Three Rivers	194.77	95			8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Qualcare	Qualcare	153.77	75			8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Horizon	Indemnity	78.48	38.28		60.42	8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Horizon	MGD	78.48	38.28		53.51	8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	UHC	Medicaid	8.45			49.05	8.45	194.77	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Wellcare	Medicaid	8.45			49.79	8.45	194.77	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Horizon	NJ Health	28.22			19.77	8.45	194.77	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Wellcare	Medicare	10.56			32.14	8.45	194.77	fee schedule	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	Managed Care Inc	Managed Care Inc	184.52	90			8.45	194.77	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT				both			205.02		12.14	UHC	Medicare	10.56			30.07	8.45	194.77	fee schedule	
LIPID PANEL	80061	CPT				both			77.52		15.4	Horizon	NJ Health	29.4			3.06	10.71	73.64	fee schedule	
LIPID PANEL	80061	CPT				both			77.52		15.4	WellPoint	WellPoint	24.06	31.04		14.81	10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Corrections	Corrections	62.02	80		7.94	10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Aetna	Commercial	29.46	38		17.21	10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Consumer	Consumer	73.64	95			10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Amerihealth	Medicare	13.39				10.71	73.64	fee schedule	
LIPID PANEL	80061	CPT				both			77.52		15.4	Aetna	Better Health	23.6	30.44		20.19	10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Horizon	MGD	29.67	38.28		17.08	10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	First Trenton	First Trenton	69.77	90			10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Horizon	Medicare Blue	23.26	30		7.77	10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	First Health	First Health	54.26	70			10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Aetna	Medicare	13.39			8.06	10.71	73.64	fee schedule	
LIPID PANEL	80061	CPT				both			77.52		15.4	Managed Care Inc	Managed Care Inc	69.77	90			10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Horizon	PPO	29.67	38.28		14.67	10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Horizon	Indemnity	29.67	38.28		11.2	10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	UHC	Medicare	13.39			9.03	10.71	73.64	fee schedule	
LIPID PANEL	80061	CPT				both			77.52		15.4	Three Rivers	Three Rivers	73.64	95			10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Wellcare	Medicaid	10.71			15.95	10.71	73.64	fee schedule	
LIPID PANEL	80061	CPT				both			77.52		15.4	UHC	Medicaid	10.71			16.29	10.71	73.64	fee schedule	
LIPID PANEL	80061	CPT				both			77.52		15.4	Americare	Americare	58.14	75			10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Multiplan	Multiplan	62.02	80			10.71	73.64	percent of total billed charges	
LIPID PANEL	80061	CPT				both			77.52		15.4	Amerihealth	HMO/PPO	19			8.56	10.71	73.64	fee schedule	
LIPID PANEL	80061	CPT				both			77.52		15.4	Wellcare	Medicare	13.39			6.16	10.71	73.64	fee schedule	
LIPID PANEL	80061	CPT				both			77.52		15.4	Qualcare	Qualcare	58.14	75			10.71	73.64	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Aetna	Better Health	59.3	30.44			38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Consumer	Consumer	185.08	95			38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Amerihealth	HMO/PPO	65.9			20.83	38.1	185.08	fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Aetna	Medicare	47.63			14.76	38.1	185.08	fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Horizon	NJ Health	64.68			19.71	38.1	185.08	fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Horizon	Indemnity	74.58	38.28		39.68	38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Horizon	MGD	74.58	38.28		45.36	38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Aetna	Commercial	74.03	38		29.21	38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	First Health	First Health	136.37	70			38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Corrections	Corrections	155.86	80			38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	UHC	Medicaid	38.1			29.73	38.1	185.08	fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Amerihealth	Medicare	47.63			24.22	38.1	185.08	fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Wellcare	Medicaid	38.1			42.72	38.1	185.08	fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Multiplan	Multiplan	155.86	80			38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Wellcare	Medicare	47.63			19.27	38.1	185.08	fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Americare	Americare	146.12	75			38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	UHC	Medicare	47.63			14.22	38.1	185.08	fee schedule	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Horizon	Medicare Blue	58.45	30		18.15	38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Qualcare	Qualcare	146.12	75			38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	First Trenton	First Trenton	175.34	90			38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	WellPoint	WellPoint	60.47	31.04		48.95	38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Horizon	PPO	74.58	38.28		37.73	38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Managed Care Inc	Managed Care Inc	175.34	90			38.1	185.08	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT				both			194.82	54.77	Three Rivers	Three Rivers	185.08	95			38.1	185.08	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Aetna	Better Health	22.04	30.44		18.18	6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Amerihealth	HMO/PPO	11.3			10.6	6.54	68.8	fee schedule	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Horizon	Medicare Blue	21.73	30		7.98	6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Corrections	Corrections	57.94	80		7.62	6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	First Trenton	First Trenton	65.18	90			6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Consumer	Consumer	68.8	95			6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	First Health	First Health	50.69	70			6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Horizon	PPO	27.72	38.28		19.73	6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Aetna	Commercial	27.52	38		15.49	6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Horizon	Indemnity	27.72	38.28		16.09	6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Horizon	NJ Health	13.72	5.2		5.2	6.54	68.8	fee schedule	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Multiplan	Multiplan	57.94	80			6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Managed Care Inc	Managed Care Inc	65.18	90			6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Horizon	MGD	27.72	38.28		17.75	6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	UHC	Medicare	8.17			8.75	6.54	68.8	fee schedule	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Qualcare	Qualcare	54.32	75			6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Aetna	Medicare	8.17			8.61	6.54	68.8	fee schedule	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Three Rivers	Three Rivers	68.8	95			6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Americare	Americare	54.32	75			6.54	68.8	percent of total billed charges	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Wellcare	Medicaid	6.54			19.08	6.54	68.8	fee schedule	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Amerihealth	Medicare	8.17				6.54	68.8	fee schedule	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	UHC	Medicaid	6.54			18.45	6.54	68.8	fee schedule	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	Wellcare	Medicare	8.17			9.17	6.54	68.8	fee schedule	
HEPATIC FUNCTION PANEL	80076	CPT				both			72.42	9.4	WellPoint	WellPoint	22.48	31.04		16.63	6.54	68.8	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Aetna	Better Health	37.88	30.44		33.36	14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Consumer	Consumer	118.22	95			14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	First Trenton	First Trenton	112	90			14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	First Health	First Heath	87.11	70			14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Aetna	Commercial	47.29	38		19.68	14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	UHC	Medicaid	14.91			34.59	14.91	118.22	fee schedule	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Amerihealth	Medicare	18.64				14.91	118.22	fee schedule	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Amerihealth	HMO/PPO	80.89	65			14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Aetna	Medicare	18.64				14.91	118.22	fee schedule	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Corrections	Corrections	99.55	80		12.38	14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Horizon	Medicare Blue	37.33	30		12.68	14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Wellcare	Medicare	18.64			34.71	14.91	118.22	fee schedule	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Wellcare	Medicaid	14.91			33.28	14.91	118.22	fee schedule	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Multiplan	Multiplan	99.55	80			14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Horizon	Indemnity	47.64	38.28		26.89	14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	WellPoint	WellPoint	38.63	31.04		30.61	14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Americare	Americare	93.33	75			14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Qualcare	Qualcare	93.33	75			14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Horizon	MGD	47.64	38.28		33.76	14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	UHC	Medicare	18.64			15.18	14.91	118.22	fee schedule	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Horizon	PPO	47.64	38.28		31.51	14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Managed Care Inc	Managed Care Inc	112	90			14.91	118.22	percent of total billed charges	
DRUG ASSAY ACETAMINOPHEN	80143	CPT				both			124.44	21.44	Three Rivers	Three Rivers	118.22	95			14.91	118.22	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Amerihealth	HMO/PPO	23.5				15.08	265.51	fee schedule	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Americare	Americare	209.61	75			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Corrections	Corrections	223.58	80			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Consumer	Consumer	265.51	95			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Aetna	Medicare	86.08	30.8			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Horizon	Indemnity	106.98	38.28			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Aetna	Better Health	85.07	30.44			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	First Trenton	First Trenton	251.53	90			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	First Health	First Health	195.64	70			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Horizon	Medicare Blue	83.84	30			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	WellPoint	WellPoint	86.75	31.04			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Horizon	NJ Health	29.4				15.08	265.51	fee schedule	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Horizon	MGD	106.98	38.28			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Horizon	PPO	106.98	38.28			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Aetna	Commercial	106.2	38			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Managed Care Inc	Managed Care Inc	251.53	90			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Wellcare	Medicare	15.08				15.08	265.51	fee schedule	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Three Rivers	Three Rivers	265.51	95			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Amerihealth	Medicare	15.08				15.08	265.51	fee schedule	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	UHC	Medicaid	85.07	30.44			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Multiplan	Multiplan	223.58	80			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Qualcare	Qualcare	209.61	75			15.08	265.51	percent of total billed charges	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	UHC	Medicare	15.08				15.08	265.51	fee schedule	
DRUG SCREEN QUANTITATIVE AMIKACIN	80150	CPT				both			279.48	17.34	Wellcare	Medicaid	85.07	30.44			15.08	265.51	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Corrections	Corrections	36.72	80			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Americare	Americare	34.43	75			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		First Health	First Health	32.13	70			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		UHC	Medicaid	13.97	30.44			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Aetna	Commercial	17.44	38			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Amerihealth	HMO/PPO	29.84	65			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Aetna	Better Health	13.97	30.44			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		First Trenton	First Trenton	41.31	90			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		WellPoint	WellPoint	14.25	31.04			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Consumer	Consumer	43.61	95			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Wellcare	Medicaid	13.97	30.44			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Horizon	PPO	17.57	38.28			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Aetna	Medicare	14.14	30.8			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Horizon	Indemnity	17.57	38.28			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Horizon	MGD	17.57	38.28			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Managed Care Inc	Managed Care Inc	41.31	90			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Horizon	Medicare Blue	13.77	30			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Multiplan	Multiplan	36.72	80			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Three Rivers	Three Rivers	43.61	95			13.77	43.61	percent of total billed charges	
BKR CHG AMITRIPTYLINE (ELAVEL), SERUM	80152	CPT				outpatient			45.9		Qualcare	Qualcare	34.43	75			13.77	43.61	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Aetna	Medicare	38.57				10.5	83.33	fee schedule	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Qualcare	Qualcare	65.79	75			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Amerihealth	HMO/PPO	10.5				10.5	83.33	fee schedule	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Consumer	Consumer	83.33	95			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Aetna	Better Health	26.7	30.44			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Aetna	Commercial	33.33	38			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Horizon	MGD	33.58	38.28			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	WellPoint	WellPoint	27.23	31.04			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Corrections	Corrections	70.18	80			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	UHC	Medicare	38.57				10.5	83.33	fee schedule	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Americare	Americare	65.79	75			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	First Health	First Health	61.4	70			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	First Trenton	First Trenton	78.95	90			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Amerihealth	Medicare	38.57				10.5	83.33	fee schedule	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Horizon	Indemnity	33.58	38.28			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Wellcare	Medicare	38.57				10.5	83.33	fee schedule	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Horizon	Medicare Blue	26.32	30			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Multiplan	Multiplan	70.18	80			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Horizon	PPO	33.58	38.28			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Horizon	NJ Health	15.13				10.5	83.33	fee schedule	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Three Rivers	Three Rivers	83.33	95			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Managed Care Inc	Managed Care Inc	78.95	90			10.5	83.33	percent of total billed charges	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	UHC	Medicaid	30.86				10.5	83.33	fee schedule	
DRUG ASSAY CAFFEINE	80155	CPT				inpatient			87.72	44.36	Wellcare	Medicaid	30.86				10.5	83.33	fee schedule	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Aetna	Better Health	40.05	30.44		32.59	10.1	125	percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Consumer	Consumer	125	95			10.1	125	percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Americare	Americare	98.69	75			10.1	125	percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Amerihealth	Medicare	14.57				10.1	125	fee schedule	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	First Trenton	First Trenton	118.42	90			10.1	125	percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	First Health	First Health	92.11	70			10.1	125	percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Aetna	Medicare	40.53	30.8			10.1	125	percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Aetna	Commercial	50	38			10.1	125	percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Horizon	Indemnity	50.37	38.28		35.63	10.1	125	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Horizon	Medicare Blue	39.47	30			15.3	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Horizon	NJ Health	39.2			11.2	10.1	10.1	125 fee schedule	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Corrections	Corrections	105.26	80			10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Horizon	PPO	50.37	38.28			10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Multiplan	Multiplan	105.26	80			10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Amerihealth	HMO/PPO	22.7				10.1	10.1	125 fee schedule	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Three Rivers	Three Rivers	125	95			10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Managed Care Inc	Managed Care Inc	118.42	90			10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Qualcare	Qualcare	98.69	75			10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Wellcare	Medicare	14.57				10.1	10.1	125 fee schedule	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	UHC	Medicaid	40.05	30.44		32.11	10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	WellPoint	WellPoint	40.84	31.04		39.04	10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Wellcare	Medicaid	40.05	30.44			10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	Horizon	MGD	50.37	38.28			10.1	10.1	125 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE TOTAL	80156	CPT				both			131.58	16.76	UHC	Medicare	14.57			17.06	10.1	10.1	125 fee schedule	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Aetna	Better Health	47.5	30.44			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Aetna	Medicare	13.25				10.6	10.6	148.26 fee schedule	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	First Health	First Health	109.24	70			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Americare	Americare	117.05	75			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Amerihealth	Medicare	13.25				10.6	10.6	148.26 fee schedule	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Corrections	Corrections	124.85	80			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Consumer	Consumer	148.26	95			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Horizon	MGD	59.74	38.28			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Aetna	Commercial	59.3	38			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Horizon	Indemnity	59.74	38.28			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Multiplan	Multiplan	124.85	80			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Amerihealth	HMO/PPO	15.2				10.6	10.6	148.26 fee schedule	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Wellcare	Medicare	13.25				10.6	10.6	148.26 fee schedule	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	First Trenton	First Trenton	140.45	90			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	UHC	Medicare	13.25				10.6	10.6	148.26 fee schedule	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Horizon	PPO	59.74	38.28			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	WellPoint	WellPoint	48.44	31.04			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Horizon	Medicare Blue	46.82	30			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	UHC	Medicaid	10.6				10.6	10.6	148.26 fee schedule	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Horizon	NJ Health	14.72				10.6	10.6	148.26 fee schedule	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Three Rivers	Three Rivers	148.26	95			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Qualcare	Qualcare	117.05	75			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Wellcare	Medicaid	10.6				10.6	10.6	148.26 fee schedule	
DRUG ASSAY CARBAMAZEPINE FREE	80157	CPT				outpatient			156.06	15.24	Managed Care Inc	Managed Care Inc	140.45	90			10.6	10.6	148.26 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	UHC	Medicaid	33.22	30.44			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Horizon	MGD	41.78	38.28		8.52	12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Aetna	Better Health	33.22	30.44			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Aetna	Commercial	41.47	38		3.25	12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	UHC	Medicare	18.05			5.06	12.24	12.24	103.68 fee schedule	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Aetna	Medicare	33.62	30.8		3.71	12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	First Health	First Health	76.4	70			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Amerihealth	Medicare	18.05				12.24	12.24	103.68 fee schedule	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Horizon	NJ Health	39.2			2.26	12.24	12.24	103.68 fee schedule	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Multiplan	Multiplan	87.31	80			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Americare	Americare	81.86	75			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Corrections	Corrections	87.31	80			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Consumer	Consumer	103.68	95			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Qualcare	Qualcare	81.86	75			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Amerihealth	HMO/PPO	28.1				12.24	12.24	103.68 fee schedule	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Horizon	Indemnity	41.78	38.28		9.23	12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	First Trenton	First Trenton	98.23	90			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Horizon	Medicare Blue	32.74	30			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Wellcare	Medicaid	33.22	30.44			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Wellcare	Medicare	18.05				12.24	12.24	103.68 fee schedule	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Horizon	PPO	41.78	38.28			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	WellPoint	WellPoint	33.88	31.04		11.48	12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Managed Care Inc	Managed Care Inc	98.23	90			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CYCLOSPORINE	80158	CPT				both			109.14	20.76	Three Rivers	Three Rivers	103.68	95			12.24	12.24	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Americare	Americare	81.86	75			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Aetna	Medicare	20.15				13.72	13.72	103.68 fee schedule	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Aetna	Better Health	33.22	30.44			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	UHC	Medicare	20.15			7.54	13.72	13.72	103.68 fee schedule	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Consumer	Consumer	103.68	95			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	First Trenton	First Trenton	98.23	90			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Corrections	Corrections	87.31	80			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Amerihealth	Medicare	20.15				13.72	13.72	103.68 fee schedule	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Horizon	Medicare Blue	32.74	30			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Amerihealth	HMO/PPO	13.72				13.72	13.72	103.68 fee schedule	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Aetna	Commercial	41.47	38			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Horizon	MGD	41.78	38.28			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	UHC	Medicaid	16.12				13.72	13.72	103.68 fee schedule	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Horizon	NJ Health	19.78				13.72	13.72	103.68 fee schedule	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Horizon	Indemnity	41.78	38.28			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	WellPoint	WellPoint	33.88	31.04			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Wellcare	Medicare	20.15				13.72	13.72	103.68 fee schedule	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	First Health	First Health	76.4	70			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Multiplan	Multiplan	87.31	80			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Horizon	PPO	41.78	38.28			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Qualcare	Qualcare	81.86	75			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Managed Care Inc	Managed Care Inc	98.23	90			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Three Rivers	Three Rivers	103.68	95			13.72	13.72	103.68 percent of total billed charges	
DRUG ASSAY CLOZAPINE	80159	CPT				both			109.14	23.17	Wellcare	Medicaid	16.12				13.72	13.72	103.68 fee schedule	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Horizon	Indemnity	24.21	38.28			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Aetna	Medicare	18.64				14.91	14.91	60.08 fee schedule	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Amerihealth	Medicare	18.64				14.91	14.91	60.08 fee schedule	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Aetna	Better Health	19.25	30.44			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Americare	Americare	47.43	75			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Aetna	Commercial	24.03	38			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	First Trenton	First Trenton	56.92	90			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Amerihealth	HMO/PPO	41.11	65			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Horizon	MGD	24.21	38.28			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Corrections	Corrections	50.59	80			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Horizon	PPO	24.21	38.28			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Consumer	Consumer	60.08	95			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Managed Care Inc	Managed Care Inc	56.92	90			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	WellPoint	WellPoint	19.63	31.04			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Wellcare	Medicare	18.64				14.91	14.91	60.08 fee schedule	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	First Health	First Health	44.27	70			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	UHC	Medicaid	14.91				14.91	14.91	60.08 fee schedule	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Horizon	Medicare Blue	18.97	30			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Wellcare	Medicaid	14.91				14.91	14.91	60.08 fee schedule	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Multiplan	Multiplan	50.59	80			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Three Rivers	Three Rivers	60.08	95			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	Qualcare	Qualcare	47.43	75			14.91	14.91	60.08 percent of total billed charges	
DRUG ASSAY CARBAMAZEPINE -10,11-EPOXIDE	80161	CPT				outpatient			63.24	21.44	UHC	Medicare	18.64				14.91	14.91	60.08 fee schedule	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Americare	Americare	92.57	75			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Aetna	Better Health	37.57	30.44			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Horizon	Medicare Blue	37.03	30			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Qualcare	Qualcare	92.57	75			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Aetna	Commercial	46.9	38			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Aetna	Medicare	13.28				10.62	10.62	117.25 fee schedule	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	First Trenton	First Trenton	111.08	90			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Amerihealth	Medicare	13.28				10.62	10.62	117.25 fee schedule	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Amerihealth	HMO/PPO	20.7				10.62	10.62	117.25 fee schedule	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Consumer	Consumer	117.25	95			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Horizon	NJ Health	29.4			3.79	10.62	10.62	117.25 fee schedule	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	First Health	First Health	86.39	70			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Horizon	MGD	47.25	38.28			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Horizon	Indemnity	47.25	38.28			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Wellcare	Medicare	13.28				10.62	10.62	117.25 fee schedule	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Horizon	PPO	47.25	38.28			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Multiplan	Multiplan	98.74	80			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Corrections	Corrections	98.74	80			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	UHC	Medicare	13.28			17.39	10.62	10.62	117.25 fee schedule	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Three Rivers	Three Rivers	117.25	95			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	WellPoint	WellPoint	38.31	31.04			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	UHC	Medicaid	10.62				10.62	10.62	117.25 fee schedule	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Managed Care Inc	Managed Care Inc	111.08	90			10.62	10.62	117.25 percent of total billed charges	
DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	80162	CPT				both			123.42	15.27	Wellcare	Medicaid	10.62				10.62	10.62	117.25 fee schedule	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Amerihealth	Medicare	13.54				10.83	10.83	91.09 fee schedule	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Americare	Americare	71.91	75			10.83	10.83	91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Horizon	Medicare Blue	28.76	30		10.09	10.83	10.83	91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Horizon	Indemnity	36.7	38.28		45.08	10.83	10.83	91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Aetna	Commercial	36.43	38		22.19	10.83	10.83	91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Aetna	Better Health	29.19	30.44		27.39	10.83	10.83	91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Aetna	Medicare	13.54			8.85	10.83	10.83	91.09 fee schedule	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Amerihealth	HMO/PPO	19			6.2	10.83	10.83	91.09 fee schedule	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	First Health	First Health	67.12	70			10.83	10.83	91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Horizon	PPO	36.7	38.28		29.56	10.83	10.83	91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Multiplan	Multiplan	76.7	80			10.83	10.83	91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Consumer	Consumer	91.09	95			10.83	10.83	91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Corrections	Corrections	76.7	80			10.83		91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Wellcare	Medicare	13.54			13.93	10.83		91.09 fee schedule	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Three Rivers	Three Rivers	91.09	95			10.83		91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Quaicare	Qualcare	71.91	75			10.83		91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	UHC	Medicaid	10.83			25.38	10.83		91.09 fee schedule	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	First Trenton	First Trenton	86.29	90			10.83		91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Wellcare	Medicaid	10.83			25.59	10.83		91.09 fee schedule	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Horizon	MGD	36.7	38.28		29.29	10.83		91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	WellPoint	WellPoint	29.76	31.04		24.67	10.83		91.09 percent of total billed charges	
DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	80164	CPT				both			95.88	15.57	Managed Care Inc	Managed Care Inc	86.29	90			10.83		91.09 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Consumer	Consumer	42.64	95			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Amerihealth	Medicare	13.54				10.03		42.64 fee schedule	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Aetna	Commercial	17.05	38			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Americare	Americare	33.66	75			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Aetna	Better Health	13.66	30.44			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Multiplan	Multiplan	35.9	80			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Amerihealth	HMO/PPO	10.03				10.03		42.64 fee schedule	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Aetna	Medicare	13.54				10.03		42.64 fee schedule	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Wellcare	Medicaid	10.83				10.03		42.64 fee schedule	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	First Health	First Health	31.42	70			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Horizon	MGD	17.18	38.28			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Horizon	Indemnity	17.18	38.28			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	WellPoint	WellPoint	13.93	31.04			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Quaicare	Qualcare	33.66	75			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Wellcare	Medicare	13.54				10.03		42.64 fee schedule	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Corrections	Corrections	35.9	80			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	UHC	Medicare	13.54				10.03		42.64 fee schedule	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Horizon	PPO	17.18	38.28			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	First Trenton	First Trenton	40.39	90			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Three Rivers	Three Rivers	42.64	95			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Horizon	Medicare Blue	13.46	30			10.03		42.64 percent of total billed charges	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	UHC	Medicaid	10.83				10.03		42.64 fee schedule	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Horizon	NJ Health	10.43				10.03		42.64 fee schedule	
DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	80165	CPT				inpatient			44.88	15.57	Managed Care Inc	Managed Care Inc	40.39	90			10.03		42.64 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Horizon	Medicare Blue	139.84	30			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Consumer	Consumer	442.83	95			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Aetna	Better Health	141.89	30.44			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Horizon	MGD	178.44	38.28			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Americare	Americare	349.61	75			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Aetna	Medicare	18.64				14.91		442.83 fee schedule	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Amerihealth	HMO/PPO	302.99	65			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Amerihealth	Medicare	18.64				14.91		442.83 fee schedule	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Wellcare	Medicaid	14.91				14.91		442.83 fee schedule	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Corrections	Corrections	372.91	80			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Aetna	Commercial	177.13	38			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	WellPoint	WellPoint	144.69	31.04			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	UHC	Medicaid	14.91				14.91		442.83 fee schedule	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	First Health	First Health	326.3	70			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Quaicare	Qualcare	349.61	75			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	UHC	Medicare	18.64				14.91		442.83 fee schedule	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Wellcare	Medicare	18.64				14.91		442.83 fee schedule	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	First Trenton	First Trenton	419.53	90			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Multiplan	Multiplan	372.91	80			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Horizon	Indemnity	178.44	38.28			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Managed Care Inc	Managed Care Inc	419.53	90			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Horizon	PPO	178.44	38.28			14.91		442.83 percent of total billed charges	
DRUG ASSAY FELBAMATE	80167	CPT				both			466.14	21.44	Three Rivers	Three Rivers	442.83	95			14.91		442.83 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Aetna	Medicare	16.34				13.07		474.81 fee schedule	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	First Trenton	First Trenton	449.82	90			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Amerihealth	Medicare	16.34				13.07		474.81 fee schedule	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Horizon	MGD	191.32	38.28			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Aetna	Better Health	152.14	30.44			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Horizon	Indemnity	191.32	38.28			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Aetna	Commercial	189.92	38			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Americare	Americare	374.85	75			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Consumer	Consumer	474.81	95			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Managed Care Inc	Managed Care Inc	449.82	90			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	UHC	Medicare	16.34				13.07		474.81 fee schedule	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Horizon	PPO	191.32	38.28			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	First Health	First Health	349.86	70			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Multiplan	Multiplan	399.84	80			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Corrections	Corrections	399.84	80			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Amerihealth	HMO/PPO	25.5				13.07		474.81 fee schedule	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Horizon	Medicare Blue	149.94	30			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Quaicare	Qualcare	374.85	75			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Horizon	NJ Health	48.02			6.11	13.07		474.81 fee schedule	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	UHC	Medicaid	13.07				13.07		474.81 fee schedule	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Three Rivers	Three Rivers	474.81	95			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Wellcare	Medicare	16.34				13.07		474.81 fee schedule	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	WellPoint	WellPoint	155.14	31.04			13.07		474.81 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	80168	CPT				both			499.8	18.79	Wellcare	Medicaid	13.07			20.7	13.07		474.81 fee schedule	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	First Trenton	First Trenton	98.23	90			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Corrections	Corrections	87.31	80			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Aetna	Commercial	41.47	38		17.34	10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Amerihealth	Medicare	13.73				10.19		103.68 fee schedule	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Aetna	Medicare	13.73			8.88	10.19		103.68 fee schedule	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Aetna	Better Health	33.22	30.44			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Amerihealth	HMO/PPO	10.19			11.15	10.19		103.68 fee schedule	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	First Health	First Health	76.4	70			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Horizon	Indemnity	41.78	38.28			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Wellcare	Medicaid	10.98				10.19		103.68 fee schedule	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Americare	Americare	81.86	75			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Consumer	Consumer	103.68	95			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Horizon	NJ Health	14.68			2.66	10.19		103.68 fee schedule	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Horizon	MGD	41.78	38.28		26.8	10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	UHC	Medicaid	10.98				10.19		103.68 fee schedule	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Horizon	Medicare Blue	32.74	30		2.47	10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Managed Care Inc	Managed Care Inc	98.23	90			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Three Rivers	Three Rivers	103.68	95			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	UHC	Medicare	13.73			7.54	10.19		103.68 fee schedule	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Horizon	PPO	41.78	38.28		35.2	10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	WellPoint	WellPoint	33.88	31.04		32.08	10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Multiplan	Multiplan	87.31	80			10.19		103.68 percent of total billed charges	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Wellcare	Medicare	13.73				10.19		103.68 fee schedule	
DRUG ASSAY EVEROLIMUS	80169	CPT				both			109.14	15.79	Quaicare	Qualcare	81.86	75			10.19		103.68 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Horizon	PPO	116.75	38.28			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Consumer	Consumer	289.73	95			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Aetna	Commercial	115.89	38			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Aetna	Better Health	92.84	30.44			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Aetna	Medicare	93.93	30.8			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Americare	Americare	228.74	75			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Horizon	MGD	116.75	38.28			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Multiplan	Multiplan	243.98	80			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Amerihealth	HMO/PPO	26.6				16.38		289.73 fee schedule	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Corrections	Corrections	243.98	80			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Wellcare	Medicare	16.38				16.38		289.73 fee schedule	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	First Trenton	First Trenton	274.48	90			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Amerihealth	Medicare	16.38				16.38		289.73 fee schedule	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Three Rivers	Three Rivers	289.73	95			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	First Health	First Health	213.49	70			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Quaicare	Qualcare	228.74	75			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Wellcare	Medicaid	92.84	30.44			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Horizon	Indemnity	116.75	38.28			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Horizon	Medicare Blue	91.49	30			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Horizon	NJ Health	24.7				16.38		289.73 fee schedule	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	UHC	Medicaid	92.84	30.44			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	Managed Care Inc	Managed Care Inc	274.48	90			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	UHC	Medicare	16.38				16.38		289.73 fee schedule	
DRUG SCREEN QUANTITATIVE GENTAMICIN	80170	CPT				inpatient			304.98	18.84	WellPoint	WellPoint	94.67	31.04			16.38		289.73 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	First Health	First Health	46.41	70			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Aetna	Better Health	20.18	30.44			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Multiplan	Multiplan	53.04	80			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Americare	Americare	49.73	75			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Amerihealth	HMO/PPO	9.84				9.84		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	UHC	Medicare	21.67				9.84		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Aetna	Medicare	21.67				9.84		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Horizon	MGD	25.38	38.28			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	First Trenton	First Trenton	59.67	90			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Aetna	Commercial	25.19	38			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Quaicare	Qualcare	49.73	75			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Consumer	Consumer	62.99	95			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Amerihealth	Medicare	21.67				9.84		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	WellPoint	WellPoint	20.58	31.04			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Corrections	Corrections	53.04	80			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Wellcare	Medicare	21.67				9.84		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Horizon	Indemnity	25.38	38.28			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Horizon	Medicare Blue	19.89	30			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Horizon	PPO	25.38	38.28			9.84		62.99 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Horizon	NJ Health	14.18				9.84		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Managed Care Inc	Managed Care Inc	59.67	90			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	UHC	Medicaid	17.34				9.84		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Three Rivers	Three Rivers	62.99	95			9.84		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE GABAPENTIN	80171	CPT				both			66.3	24.92	Wellcare	Medicaid	17.34				9.84		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Americare	Americare	68.09	75			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Amerihealth	HMO/PPO	22.7				15.78		86.24 fee schedule	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	UHC	Medicaid	27.63	30.44			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Aetna	Medicare	27.96	30.8			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Corrections	Corrections	72.62	80			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Aetna	Better Health	27.63	30.44			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Amerihealth	Medicare	15.78				15.78		86.24 fee schedule	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Consumer	Consumer	86.24	95			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Multiplan	Multiplan	72.62	80			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	First Health	First Health	63.55	70			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	First Trenton	First Trenton	81.7	90			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Horizon	MGD	34.75	38.28			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Horizon	Indemnity	34.75	38.28			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Aetna	Commercial	34.5	38			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Horizon	NJ Health	16.17				15.78		86.24 fee schedule	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	UHC	Medicare	15.78				15.78		86.24 fee schedule	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Qualcare	Qualcare	68.09	75			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Wellcare	Medicare	15.78				15.78		86.24 fee schedule	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Horizon	PPO	34.75	38.28			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Wellcare	Medicaid	27.63	30.44			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Horizon	Medicare Blue	27.23	30			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	WellPoint	WellPoint	28.18	31.04			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Managed Care Inc	Managed Care Inc	81.7	90			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE HALOPRIDOL	80173	CPT				inpatient			90.78	18.15	Three Rivers	Three Rivers	86.24	95			15.78		86.24 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Aetna	Commercial	25.58	38		11.54	9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Multiplan	Multiplan	53.86	80			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	First Health	First Health	47.12	70			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	First Trenton	First Trenton	60.59	90			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Aetna	Medicare	13.25			7.84	9.84		63.95 fee schedule	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Aetna	Better Health	20.49	30.44		13.89	9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Amerihealth	HMO/PPO	9.84				9.84		63.95 fee schedule	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Horizon	Indemnity	25.77	38.28		24.46	9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Corrections	Corrections	53.86	80			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Qualcare	Qualcare	50.49	75			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Amerihealth	Medicare	13.25				9.84		63.95 fee schedule	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Horizon	MGD	25.77	38.28		23.49	9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Horizon	NJ Health	14.18			5.14	9.84		63.95 fee schedule	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Americare	Americare	50.49	75			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	UHC	Medicaid	10.6			18.36	9.84		63.95 fee schedule	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Horizon	PPO	25.77	38.28			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Wellcare	Medicaid	10.6			16.41	9.84		63.95 fee schedule	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Consumer	Consumer	63.95	95			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	WellPoint	WellPoint	20.9	31.04		14.82	9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Managed Care Inc	Managed Care Inc	60.59	90			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Horizon	Medicare Blue	20.2	30		10.35	9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	UHC	Medicare	13.25			10.52	9.84		63.95 fee schedule	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Three Rivers	Three Rivers	63.95	95			9.84		63.95 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LAMOTRIGINE	80175	CPT				both			67.32	15.24	Wellcare	Medicare	13.25			7.92	9.84		63.95 fee schedule	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Aetna	Better Health	24.22	30.44			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Amerihealth	Medicare	14.69				14.69		75.58 fee schedule	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Amerihealth	HMO/PPO	19.8				14.69		75.58 fee schedule	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Consumer	Consumer	75.58	95			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Corrections	Corrections	63.65	80			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Aetna	Commercial	30.23	38			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Horizon	MGD	30.46	38.28			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	UHC	Medicaid	24.22	30.44			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Americare	Americare	59.67	75			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Wellcare	Medicaid	24.22	30.44			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Horizon	Medicare Blue	23.87	30			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	First Health	First Health	55.69	70			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	First Trenton	First Trenton	71.6	90			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Aetna	Medicare	24.5	30.8			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Horizon	NJ Health	35.28				14.69		75.58 fee schedule	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	WellPoint	WellPoint	24.7	31.04			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Horizon	Indemnity	30.46	38.28			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Multiplan	Multiplan	63.65	80			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Managed Care Inc	Managed Care Inc	71.6	90			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Wellcare	Medicare	14.69				14.69		75.58 fee schedule	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Horizon	PPO	30.46	38.28			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Qualcare	Qualcare	59.67	75			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	Three Rivers	Three Rivers	75.58	95			14.69		75.58 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LIDOCAINE	80176	CPT				inpatient			79.56	16.89	UHC	Medicare	14.69				14.69		75.58 fee schedule	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Amerihealth	HMO/PPO	9.84			7.02	9.84		41.67 fee schedule	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Aetna	Medicare	13.25			4.92	9.84		41.67 fee schedule	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	First Trenton	First Trenton	39.47	90			9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Aetna	Better Health	13.35	30.44		11.96	9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Consumer	Consumer	41.67	95			9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	WellPoint	WellPoint	13.61	31.04		10.92	9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Aetna	Commercial	16.67	38		8.83	9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Americare	Americare	32.9	75			9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	First Health	First Health	30.7	70			9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Corrections	Corrections	35.09	80			9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Horizon	Indemnity	16.79	38.28		13.42	9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Horizon	Medicare Blue	13.16	30		4.58	9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Three Rivers	Three Rivers	41.67	95			9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Wellcare	Medicaid	10.6			11.3	9.84		41.67 fee schedule	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Amerihealth	Medicare	13.25				9.84		41.67 fee schedule	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Horizon	MGD	16.79	38.28		13.67	9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Horizon	NJ Health	14.18			4.16	9.84		41.67 fee schedule	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	UHC	Medicare	13.25			5.39	9.84		41.67 fee schedule	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Horizon	PPO	16.79	38.28		7.95	9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Multiplan	Multiplan	35.09	80			9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Managed Care Inc	Managed Care Inc	39.47	90			9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Qualcare	Qualcare	32.9	75			9.84		41.67 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	Wellcare	Medicare	13.25			6.34	9.84		41.67 fee schedule	
DRUG SCREEN QUANTITATIVE LEVETIRACETAM	80177	CPT				both			43.86	15.24	UHC	Medicaid	10.6			11.39	9.84		41.67 fee schedule	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Amerihealth	HMO/PPO	10.1			7.59	5.29		61.05 fee schedule	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Aetna	Commercial	24.42	38		8.17	5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Wellcare	Medicaid	5.29			14.03	5.29		61.05 fee schedule	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	First Trenton	First Trenton	57.83	90			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Aetna	Better Health	19.56	30.44		18.31	5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Aetna	Medicare	6.61			6.48	5.29		61.05 fee schedule	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Amerihealth	Medicare	6.61				5.29		61.05 fee schedule	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Managed Care Inc	Managed Care Inc	57.83	90			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Horizon	Medicare Blue	19.28	30			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Multiplan	Multiplan	51.41	80			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	First Health	First Health	44.98	70			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Horizon	Indemnity	24.6	38.28			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Consumer	Consumer	61.05	95			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Americare	Americare	48.2	75			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	WellPoint	WellPoint	19.95	31.04		18.65	5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Wellcare	Medicare	6.61				5.29		61.05 fee schedule	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Corrections	Corrections	51.41	80			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Qualcare	Qualcare	48.2	75			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Horizon	MGD	24.6	38.28		21.79	5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Horizon	PPO	24.6	38.28			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Horizon	NJ Health	17.64			7.11	5.29		61.05 fee schedule	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	Three Rivers	Three Rivers	61.05	95			5.29		61.05 percent of total billed charges	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	UHC	Medicaid	5.29			18.43	5.29		61.05 fee schedule	
DRUG SCREEN QUANTITATIVE LITHIUM	80178	CPT				both			64.26	7.6	UHC	Medicare	6.61			4.89	5.29		61.05 fee schedule	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Horizon	Indemnity	129.63	38.28			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Amerihealth	Medicare	18.05				13.4		321.71 fee schedule	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Americare	Americare	253.98	75			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Aetna	Better Health	103.08	30.44			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Aetna	Medicare	18.05				13.4		321.71 fee schedule	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Multiplan	Multiplan	270.91	80			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Horizon	MGD	129.63	38.28			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Consumer	Consumer	321.71	95			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Horizon	PPO	129.63	38.28			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	First Health	First Health	237.05	70			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Amerihealth	HMO/PPO	13.4				13.4		321.71 fee schedule	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Aetna	Commercial	128.68	38			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Corrections	Corrections	270.91	80			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Qualcare	Qualcare	253.98	75			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Three Rivers	Three Rivers	321.71	95			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Wellcare	Medicaid	14.44				13.4		321.71 fee schedule	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	First Trenton	First Trenton	304.78	90			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	UHC	Medicare	18.05				13.4		321.71 fee schedule	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Horizon	Medicare Blue	101.59	30			13.4		321.71 percent of total billed charges	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	UHC	Medicaid	14.44				13.4		321.71 fee schedule	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Horizon	NJ Health	19.31				13.4		321.71 fee schedule	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Wellcare	Medicare	18.05				13.4		321.71 fee schedule	
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	Managed Care Inc	Managed Care Inc	304.78	90			13.4		321.71 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	80180	CPT				inpatient			338.64	20.76	WellPoint	WellPoint	105.11	31.04			13.4	13.4	321.71	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Horizon	PPO	12.1	38.28		10.2	9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Aetna	Better Health	9.63	30.44			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Aetna	Commercial	12.02	38		7.21	9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Multiplan	Multiplan	25.3	80			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Wellcare	Medicaid	10.6			6.24	9.49	9.49	30.04	fee schedule
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Amerihealth	Medicare	13.25				9.49	9.49	30.04	fee schedule
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Americare	Americare	23.72	75			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Amerihealth	HMO/PPO	9.84				9.49	9.49	30.04	fee schedule
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Wellcare	Medicare	13.25				9.49	9.49	30.04	fee schedule
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Aetna	Medicare	13.25				9.49	9.49	30.04	fee schedule
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Horizon	Medicare Blue	9.49	30		5.23	9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	First Health	First Health	22.13	70			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Horizon	MGD	12.1	38.28			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Consumer	Consumer	30.04	95			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	UHC	Medicaid	10.6			8.54	9.49	9.49	30.04	fee schedule
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Horizon	Indemnity	12.1	38.28		9.87	9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Three Rivers	Three Rivers	30.04	95			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Horizon	NJ Health	14.18			2.47	9.49	9.49	30.04	fee schedule
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	UHC	Medicare	13.25			3.56	9.49	9.49	30.04	fee schedule
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Corrections	Corrections	25.3	80			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	WellPoint	WellPoint	9.81	31.04		6.1	9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Qualcare	Qualcare	23.72	75			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	First Trenton	First Trenton	28.46	90			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	80183	CPT				both			31.62	15.24	Managed Care Inc	Managed Care Inc	28.46	90			9.49	9.49	30.04	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Aetna	Commercial	74.81	38			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Amerihealth	Medicare	15.3				11.02	11.02	187.02	fee schedule
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	First Health	First Health	137.8	70			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Aetna	Better Health	59.92	30.44		21.55	11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Corrections	Corrections	157.49	80			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Americare	Americare	147.65	75			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Amerihealth	HMO/PPO	17.5				11.02	11.02	187.02	fee schedule
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Aetna	Medicare	15.3				11.02	11.02	187.02	fee schedule
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Horizon	MGD	75.36	38.28			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Consumer	Consumer	187.02	95			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Horizon	NJ Health	25.09			16.55	11.02	11.02	187.02	fee schedule
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	UHC	Medicaid	12.24			20.71	11.02	11.02	187.02	fee schedule
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Horizon	Medicare Blue	59.06	30			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	First Trenton	First Trenton	177.17	90			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Horizon	Indemnity	75.36	38.28			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Wellcare	Medicaid	12.24				11.02	11.02	187.02	fee schedule
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Multiplan	Multiplan	157.49	80			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Horizon	PPO	75.36	38.28			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Wellcare	Medicare	15.3				11.02	11.02	187.02	fee schedule
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	WellPoint	WellPoint	61.11	31.04		34.11	11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Qualcare	Qualcare	147.65	75			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Managed Care Inc	Managed Care Inc	177.17	90			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	Three Rivers	Three Rivers	187.02	95			11.02	11.02	187.02	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENOBARBITAL	80184	CPT				both			196.86	17.6	UHC	Medicare	15.3			13.96	11.02	11.02	187.02	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Consumer	Consumer	169.58	95			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Horizon	MGD	68.33	38.28			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Amerihealth	Medicare	13.25				10.6	10.6	169.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Aetna	Better Health	54.34	30.44		35.74	10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Corrections	Corrections	142.8	80		37	10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	UHC	Medicare	13.25			16.11	10.6	10.6	169.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Wellcare	Medicaid	10.6			34.88	10.6	10.6	169.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Aetna	Medicare	13.25				10.6	10.6	169.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Wellcare	Medicare	13.25				10.6	10.6	169.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	WellPoint	WellPoint	55.41	31.04		33.65	10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	First Health	First Health	124.95	70			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Aetna	Commercial	67.83	38		17.98	10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Horizon	Indemnity	68.33	38.28		30.96	10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Amerihealth	HMO/PPO	20.3				10.6	10.6	169.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Multiplan	Multiplan	142.8	80			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Americare	Americare	133.88	75			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Qualcare	Qualcare	133.88	75			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Horizon	Medicare Blue	53.55	30			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	UHC	Medicaid	10.6			28.98	10.6	10.6	169.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	First Trenton	First Trenton	160.65	90			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Horizon	NJ Health	37.24			8.57	10.6	10.6	169.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Horizon	PPO	68.33	38.28			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Managed Care Inc	Managed Care Inc	160.65	90			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	80185	CPT				both			178.5	15.24	Three Rivers	Three Rivers	169.58	95			10.6	10.6	169.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Horizon	Indemnity	30.46	38.28			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Amerihealth	HMO/PPO	20.3				13.76	13.76	75.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Aetna	Better Health	24.22	30.44			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Aetna	Commercial	30.23	38			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Corrections	Corrections	63.65	80			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	First Trenton	First Trenton	71.6	90			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Aetna	Medicare	24.5	30.8			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	First Health	First Health	55.69	70			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Multiplan	Multiplan	63.65	80			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Horizon	NJ Health	37.24				13.76	13.76	75.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Consumer	Consumer	75.58	95			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Amerihealth	Medicare	13.76				13.76	13.76	75.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Qualcare	Qualcare	59.67	75			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Horizon	PPO	30.46	38.28			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Americare	Americare	59.67	75			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	UHC	Medicare	13.76				13.76	13.76	75.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Horizon	Medicare Blue	23.87	30			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Managed Care Inc	Managed Care Inc	71.6	90			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Wellcare	Medicaid	24.22	30.44			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Horizon	MGD	30.46	38.28			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Wellcare	Medicare	13.76				13.76	13.76	75.58	fee schedule
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	Three Rivers	Three Rivers	75.58	95			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	UHC	Medicaid	24.22	30.44			13.76	13.76	75.58	percent of total billed charges
DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	80186	CPT				outpatient			79.56	15.82	WellPoint	WellPoint	24.7	31.04			13.76	13.76	75.58	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Wellcare	Medicare	27.11				21.25	21.25	830.43	fee schedule
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Corrections	Corrections	699.31	80			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Americare	Americare	655.61	75			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Aetna	Better Health	266.09	30.44			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Amerihealth	Medicare	27.11				21.25	21.25	830.43	fee schedule
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Consumer	Consumer	830.43	95			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Horizon	MGD	334.62	38.28			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Aetna	Medicare	27.11				21.25	21.25	830.43	fee schedule
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	UHC	Medicare	27.11				21.25	21.25	830.43	fee schedule
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	WellPoint	WellPoint	271.33	31.04			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Wellcare	Medicaid	21.69				21.25	21.25	830.43	fee schedule
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Aetna	Commercial	332.17	38			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	First Trenton	First Trenton	786.73	90			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	First Health	First Health	611.9	70			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Horizon	NJ Health	21.25				21.25	21.25	830.43	fee schedule
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Amerihealth	HMO/PPO	568.19	65			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Horizon	PPO	334.62	38.28			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Horizon	Medicare Blue	262.24	30			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Managed Care Inc	Managed Care Inc	786.73	90			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Horizon	Indemnity	334.62	38.28			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Three Rivers	Three Rivers	830.43	95			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	UHC	Medicaid	21.69				21.25	21.25	830.43	fee schedule
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Multiplan	Multiplan	699.31	80			21.25	21.25	830.43	percent of total billed charges
DRUG ASSAY POSACONAZOLE	80187	CPT				outpatient			874.14	31.18	Qualcare	Qualcare	655.61	75			21.25	21.25	830.43	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Aetna	Better Health	12.42	30.44			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Corrections	Corrections	32.64	80			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Americare	Americare	30.6	75			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Aetna	Medicare	16.59				12.24	12.24	39.2	fee schedule
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	UHC	Medicaid	13.27				12.24	12.24	39.2	fee schedule
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Amerihealth	Medicare	16.59				12.24	12.24	39.2	fee schedule
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Aetna	Commercial	15.5	38			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	First Trenton	First Trenton	36.72	90			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Consumer	Consumer	38.76	95			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	WellPoint	WellPoint	12.66	31.04			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Amerihealth	HMO/PPO	26.3				12.24	12.24	39.2	fee schedule
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Horizon	Indemnity	15.62	38.28			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Wellcare	Medicaid	13.27				12.24	12.24	39.2	fee schedule
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	First Health	First Health	28.56	70			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Horizon	MGD	15.62	38.28			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Horizon	NJ Health	39.2				12.24	12.24	39.2	fee schedule
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Wellcare	Medicare	16.59				12.24	12.24	39.2	fee schedule
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Multiplan	Multiplan	32.64	80			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Horizon	Medicare Blue	12.24	30			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Qualcare	Qualcare	30.6	75			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Managed Care Inc	Managed Care Inc	36.72	90			12.24	12.24	39.2	percent of total billed charges
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	UHC	Medicare	16.59				12.24	12.24	39.2	fee schedule
DRUG SCREEN QUANTITATIVE PRIMIDONE	80188	CPT				both			40.8	19.08	Horizon	PPO	15.62

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Amerihealth	HMO/PPO	1143.01	65			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Amerihealth	Medicare	27.11				21.69	1670.56	fee schedule	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Americare	Americare	1318.86	75			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Aetna	Better Health	535.28	30.44			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Aetna	Medicare	27.11				21.69	1670.56	fee schedule	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Horizon	PPO	673.15	38.28			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Horizon	MGD	673.15	38.28			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	UHC	Medicare	27.11				21.69	1670.56	fee schedule	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Horizon	Indemnity	673.15	38.28			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Corrections	Corrections	1406.78	80			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Consumer	Consumer	1670.56	95			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Wellcare	Medicare	27.11				21.69	1670.56	fee schedule	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Multiplan	Multiplan	1406.78	80			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Managed Care Inc	Managed Care Inc	1582.63	90			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Horizon	Medicare Blue	527.54	30			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	WellPoint	WellPoint	545.83	31.04			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Qualcare	Qualcare	1318.86	75			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Three Rivers	Three Rivers	1670.56	95			21.69	1670.56	percent of total billed charges	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	UHC	Medicaid	21.69				21.69	1670.56	fee schedule	
DRUG ASSAY ITRACONAZOLE	80189	CPT				outpatient			1758.48	31.18	Wellcare	Medicaid	21.69				21.69	1670.56	fee schedule	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Americare	Americare	229.5	75			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	First Trenton	First Trenton	275.4	90			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	UHC	Medicaid	48				26	290.7	fee schedule	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Corrections	Corrections	244.8	80			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Aetna	Commercial	116.28	38			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Aetna	Medicare	60				26	290.7	fee schedule	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Aetna	Better Health	93.15	30.44			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Amerihealth	Medicare	60				26	290.7	fee schedule	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Amerihealth	HMO/PPO	26				26	290.7	fee schedule	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Horizon	NJ Health	29.4				26	290.7	fee schedule	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Consumer	Consumer	290.7	95			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	WellPoint	WellPoint	94.98	31.04			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Horizon	MGD	117.14	38.28			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Horizon	Indemnity	117.14	38.28			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Wellcare	Medicaid	48				26	290.7	fee schedule	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	First Health	First Health	214.2	70			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Wellcare	Medicare	60				26	290.7	fee schedule	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Horizon	PPO	117.14	38.28			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Multiplan	Multiplan	244.8	80			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Horizon	Medicare Blue	91.8	30			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Qualcare	Qualcare	229.5	75			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Managed Care Inc	Managed Care Inc	275.4	90			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	UHC	Medicare	60				26	290.7	fee schedule	
DRUG SCREEN QUANTITATIVE PROCAINAMIDE	80190	CPT				outpatient			306	69	Three Rivers	Three Rivers	290.7	95			26	290.7	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Aetna	Medicare	14.6				11.68	86.24	fee schedule	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Aetna	Better Health	27.63	30.44			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Amerihealth	HMO/PPO	22.5				11.68	86.24	fee schedule	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Americare	Americare	68.09	75			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Amerihealth	Medicare	14.6				11.68	86.24	fee schedule	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Aetna	Commercial	34.5	38			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	First Health	First Health	63.55	70			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Consumer	Consumer	86.24	95			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Corrections	Corrections	72.62	80			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Horizon	Medicare Blue	27.23	30			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Horizon	MGD	34.75	38.28			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Multiplan	Multiplan	72.62	80			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	First Trenton	First Trenton	81.7	90			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Wellcare	Medicare	14.6				11.68	86.24	fee schedule	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	UHC	Medicare	14.6				11.68	86.24	fee schedule	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Wellcare	Medicaid	11.68				11.68	86.24	fee schedule	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Horizon	Indemnity	34.75	38.28			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Qualcare	Qualcare	68.09	75			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Horizon	NJ Health	29.4				11.68	86.24	fee schedule	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	UHC	Medicaid	11.68				11.68	86.24	fee schedule	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	WellPoint	WellPoint	28.18	31.04			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Horizon	PPO	34.75	38.28			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Managed Care Inc	Managed Care Inc	81.7	90			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE QUINIDINE	80194	CPT				outpatient			90.78	16.79	Three Rivers	Three Rivers	86.24	95			11.68	86.24	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Qualcare	Qualcare	193.55	75			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Horizon	Medicare Blue	77.42	30		6.92	10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Amerihealth	Medicare	13.73				10.98	245.16	fee schedule	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Aetna	Commercial	98.06	38		7.4	10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Aetna	Medicare	13.73			6.61	10.98	245.16	fee schedule	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Consumer	Consumer	245.16	95			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Aetna	Better Health	78.55	30.44			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Horizon	MGD	98.79	38.28		12.59	10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	UHC	Medicaid	10.98			5.29	10.98	245.16	fee schedule	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Horizon	PPO	98.79	38.28		15.81	10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Horizon	Indemnity	98.79	38.28		22.16	10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	UHC	Medicare	13.73			5.28	10.98	245.16	fee schedule	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Corrections	Corrections	206.45	80			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	First Health	First Health	180.64	70			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Americare	Americare	193.55	75			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Multiplan	Multiplan	206.45	80			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	WellPoint	WellPoint	80.1	31.04			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Wellcare	Medicaid	10.98				10.98	245.16	fee schedule	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Amerihealth	HMO/PPO	19			4.66	10.98	245.16	fee schedule	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	First Trenton	First Trenton	232.25	90			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Three Rivers	Three Rivers	245.16	95			10.98	245.16	percent of total billed charges	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Horizon	NJ Health	17.58				10.98	245.16	fee schedule	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Wellcare	Medicare	13.73				10.98	245.16	fee schedule	
DRUG SCREEN QUANTITATIVE SIROLIMUS	80195	CPT				both			258.06	15.79	Managed Care Inc	Managed Care Inc	232.25	90			10.98	245.16	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		First Health	First Health	52.84	70			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		First Trenton	First Trenton	67.93	90			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Aetna	Commercial	28.68	38			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Horizon	Indemnity	28.89	38.28			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Aetna	Better Health	22.98	30.44			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Aetna	Medicare	23.25	30.8			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Multiplan	Multiplan	60.38	80			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Americare	Americare	56.61	75			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Consumer	Consumer	71.71	95			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Horizon	Medicare Blue	22.64	30			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Three Rivers	Three Rivers	71.71	95			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Horizon	PPO	28.89	38.28			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Corrections	Corrections	60.38	80			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Amerihealth	HMO/PPO	49.06	65			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Wellcare	Medicaid	22.98	30.44			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Managed Care Inc	Managed Care Inc	67.93	90			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		WellPoint	WellPoint	23.43	31.04			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Horizon	MGD	28.89	38.28			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		Qualcare	Qualcare	56.61	75			22.64	71.71	percent of total billed charges	
BKR CHG SALICYLATE, BLOOD	80196	CPT				outpatient			75.48		UHC	Medicaid	22.98	30.44			22.64	71.71	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Horizon	Medicare Blue	37.64	30		11.06	10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Americare	Americare	94.1	75			10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Aetna	Medicare	13.73			8.29	10.98	119.19	fee schedule	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Corrections	Corrections	100.37	80			10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	UHC	Medicaid	10.98			16.55	10.98	119.19	fee schedule	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Consumer	Consumer	119.19	95			10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Aetna	Better Health	38.19	30.44		13.61	10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Aetna	Commercial	47.67	38		14.84	10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	UHC	Medicare	13.73			10.67	10.98	119.19	fee schedule	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Horizon	Indemnity	48.03	38.28		29.45	10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Amerihealth	HMO/PPO	19			11.61	10.98	119.19	fee schedule	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Horizon	MGD	48.03	38.28		28.21	10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Wellcare	Medicare	13.73			12.3	10.98	119.19	fee schedule	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Horizon	PPO	48.03	38.28		32.14	10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Amerihealth	Medicare	13.73				10.98	119.19	fee schedule	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Horizon	NJ Health	32.34			8.11	10.98	119.19	fee schedule	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	First Health	First Health	87.82	70			10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Multiplan	Multiplan	100.37	80			10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	First Trenton	First Trenton	112.91	90			10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Qualcare	Qualcare	94.1	75			10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Wellcare	Medicaid	10.98			16.36	10.98	119.19	fee schedule	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Managed Care Inc	Managed Care Inc	112.91	90			10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	Three Rivers	Three Rivers	119.19	95			10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE TACROLIMUS	80197	CPT				both			125.46	15.79	WellPoint	WellPoint	38.94	31.04		29.17	10.98	119.19	percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	Americare	Americare	98.69	75			11.31	125	percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	Aetna	Better Health	40.05	30.44			11.31	125	percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	Aetna	Medicare	14.14				11.31	125	fee schedule	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	Amerihealth	HMO/PPO	21.8				11.31	125	fee schedule	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	First Health	First Health	92.11	70			11.31	125	percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	UHC	Medicare	14.14				11.31	125	fee schedule	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	Multiplan	Multiplan	105.26	80			11.31	125	percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	First Trenton	First Trenton	118.42	90			11.31	125	percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	Consumer	Consumer	125	95			11.31	125	percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	Aetna	Commercial	50	38			11.31	125	percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	Corrections	Corrections	105.26	80			11.31	125	percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58	16.26	Amerihealth	Medicare	14.14				11.31	125	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Horizon	MCD	50.37	38.28			11.31		125 percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Wellcare	Medicare	14.14				11.31		125 fee schedule	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Qualcare	Qualcare	98.69	75			11.31		125 percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Horizon	Indemnity	50.37	38.28			11.31		125 percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Horizon	Medicare Blue	39.47	30			11.31		125 percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 WellPoint	WellPoint	40.84	31.04			11.31		125 percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 UHC	Medicaid	11.31				11.31		125 fee schedule	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Horizon	NJ Health	29.4				11.31		125 fee schedule	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Horizon	PPO	50.37	38.28			11.31		125 percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Managed Care Inc	Managed Care Inc	118.42	90			11.31		125 percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Three Rivers	Three Rivers	125	95			11.31		125 percent of total billed charges	
DRUG SCREEN QUANTITATIVE THEOPHYLLINE	80198	CPT				both			131.58		16.26 Wellcare	Medicaid	11.31				11.31		125 fee schedule	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Aetna	Commercial	110.47	38			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Americare	Americare	218.03	75			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Consumer	Consumer	276.17	95			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Amerihealth	Medicare	16.13				16.13		276.17 fee schedule	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Amerihealth	HMO/PPO	24.8				16.13		276.17 fee schedule	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Corrections	Corrections	232.56	80			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Aetna	Better Health	88.49	30.44			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Aetna	Medicare	89.54	30.8			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Horizon	MGD	111.28	38.28			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Horizon	Indemnity	111.28	38.28			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 First Health	First Health	203.49	70			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Wellcare	Medicaid	88.49	30.44			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 UHC	Medicaid	88.49	30.44			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 First Trenton	First Trenton	261.63	90			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Wellcare	Medicare	16.13				16.13		276.17 fee schedule	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Multiplan	Multiplan	232.56	80			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 WellPoint	WellPoint	90.23	31.04			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Horizon	PPO	111.28	38.28			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Qualcare	Qualcare	218.03	75			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Horizon	Medicare Blue	87.21	30			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 UHC	Medicare	16.13				16.13		276.17 fee schedule	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Three Rivers	Three Rivers	276.17	95			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Horizon	NJ Health	24.7				16.13		276.17 fee schedule	
DRUG SCREEN QUANTITATIVE TOBRAMYCIN	80200	CPT				inpatient			290.7		18.55 Managed Care Inc	Managed Care Inc	261.63	90			16.13		276.17 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Aetna	Medicare	11.92				9.54		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Qualcare	Qualcare	49.73	75			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Amerihealth	Medicare	11.92				9.54		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Aetna	Better Health	20.18	30.44			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Horizon	Medicare Blue	19.89	30		10.96	9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Aetna	Commercial	25.19	38			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Americare	Americare	49.73	75			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Amerihealth	HMO/PPO	16.5				9.54		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Horizon	Indemnity	25.38	38.28		20.7	9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 UHC	Medicaid	9.54			16.28	9.54		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Consumer	Consumer	62.99	95			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 First Health	First Health	46.41	70			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Horizon	NJ Health	13.25			5.74	9.54		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Multiplan	Multiplan	53.04	80			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Horizon	PPO	25.38	38.28			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 WellPoint	WellPoint	20.58	31.04		19.13	9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Horizon	MGD	25.38	38.28		19.53	9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Wellcare	Medicare	11.92				9.54		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Corrections	Corrections	53.04	80			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Three Rivers	Three Rivers	62.99	95			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 First Trenton	First Trenton	59.67	90			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Managed Care Inc	Managed Care Inc	59.67	90			9.54		62.99 percent of total billed charges	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 UHC	Medicare	11.92			7.03	9.54		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE TOPIRAMATE	80201	CPT				both			66.3		13.71 Wellcare	Medicaid	9.54				9.54		62.99 fee schedule	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Aetna	Commercial	73.26	38		31.51	10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Amerihealth	Medicare	13.54				10.83		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Horizon	MGD	73.8	38.28			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Wellcare	Medicare	13.54				10.83		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Horizon	Indemnity	73.8	38.28			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 First Trenton	First Trenton	173.5	90			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Consumer	Consumer	183.14	95			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Aetna	Better Health	58.68	30.44			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Aetna	Medicare	13.54				10.83		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Corrections	Corrections	154.22	80			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 WellPoint	WellPoint	59.84	31.04		29	10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Amerihealth	HMO/PPO	19				10.83		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Multiplan	Multiplan	154.22	80			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Horizon	PPO	73.8	38.28			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Americare	Americare	144.59	75			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 First Health	First Health	134.95	70			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Qualcare	Qualcare	144.59	75			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 UHC	Medicare	13.54			15.51	10.83		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Horizon	Medicare Blue	57.83	30			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Horizon	NJ Health	23.52			2.29	10.83		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 UHC	Medicaid	10.83			29.49	10.83		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Managed Care Inc	Managed Care Inc	173.5	90			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Three Rivers	Three Rivers	183.14	95			10.83		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE VANCOMYCIN	80202	CPT				both			192.78		15.57 Wellcare	Medicaid	10.83				10.83		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Amerihealth	Medicare	13.25				9.84		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Americare	Americare	144.59	75			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Amerihealth	HMO/PPO	9.84				9.84		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Wellcare	Medicaid	10.6				9.84		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Aetna	Better Health	58.68	30.44			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Aetna	Medicare	13.25				9.84		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 First Health	First Health	134.95	70			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Wellcare	Medicare	13.25				9.84		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Consumer	Consumer	183.14	95			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 First Trenton	First Trenton	173.5	90			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Horizon	NJ Health	14.18			10.64	9.84		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Horizon	Medicare Blue	57.83	30			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Aetna	Commercial	73.26	38			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Horizon	MGD	73.8	38.28			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Horizon	PPO	73.8	38.28		46.09	9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 UHC	Medicaid	10.6			9.17	9.84		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Corrections	Corrections	154.22	80			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Managed Care Inc	Managed Care Inc	173.5	90			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Horizon	Indemnity	73.8	38.28			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Three Rivers	Three Rivers	183.14	95			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 UHC	Medicare	13.25			16.99	9.84		183.14 fee schedule	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Multiplan	Multiplan	154.22	80			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 WellPoint	WellPoint	59.84	31.04			9.84		183.14 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ZONISAMIDE	80203	CPT				both			192.78		15.24 Qualcare	Qualcare	144.59	75			9.84		183.14 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Americare	Americare	107.87	75			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Amerihealth	Medicare	27.11				21.69		136.63 fee schedule	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Aetna	Commercial	54.65	38			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Aetna	Better Health	43.78	30.44			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Aetna	Medicare	27.11				21.69		136.63 fee schedule	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Wellcare	Medicare	27.11				21.69		136.63 fee schedule	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Amerihealth	HMO/PPO	93.48	65			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 First Health	First Health	100.67	70			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Corrections	Corrections	115.06	80			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Horizon	MGD	55.05	38.28			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Multiplan	Multiplan	115.06	80			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Consumer	Consumer	136.63	95			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 UHC	Medicaid	21.69				21.69		136.63 fee schedule	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 WellPoint	WellPoint	44.64	31.04			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Qualcare	Qualcare	107.87	75			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 First Trenton	First Trenton	129.44	90			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Wellcare	Medicaid	21.69				21.69		136.63 fee schedule	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 UHC	Medicare	27.11				21.69		136.63 fee schedule	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Horizon	Indemnity	55.05	38.28			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Horizon	Medicare Blue	43.15	30			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Horizon	PPO	55.05	38.28			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Managed Care Inc	Managed Care Inc	129.44	90			21.69		136.63 percent of total billed charges	
DRUG ASSAY RUFINAMIDE	80210	CPT				both			143.82		31.18 Three Rivers	Three Rivers	136.63	95			21.69		136.63 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 First Trenton	First Trenton	1323.76	90			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Americare	Americare	1103.13	75			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Aetna	Commercial	558.92	38			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Horizon	Medicare Blue	441.25	30			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Aetna	Medicare	38.57				30.24		1397.3 fee schedule	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Amerihealth	HMO/PPO	956.05	65			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Amerihealth	Medicare	38.57				30.24		1397.3 fee schedule	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Aetna	Better Health	447.72	30.44			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Managed Care Inc	Managed Care Inc	1323.76	90			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Multiplan	Multiplan	1176.67	80			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Horizon	MGD	563.04	38.28			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Horizon	NJ Health	30.24			73.19	30.24		1397.3 fee schedule	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Horizon	Indemnity	563.04	38.28			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Qualcare	Qualcare	1103.13	75			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 First Health	First Health	1029.59	70			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 Consumer	Consumer	1397.3	95			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84		44.36 UHC	Medicaid	30.86				30.24		1397.3 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84	44.36	Corrections	Corrections	1176.67	80			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84	44.36	UHC	Medicare	38.57				30.24		1397.3 fee schedule	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84	44.36	Horizon	PPO	563.04	38.28			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84	44.36	WellPoint	WellPoint	456.55	31.04			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84	44.36	Wellcare	Medicare	38.57				30.24		1397.3 fee schedule	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84	44.36	Three Rivers	Three Rivers	1397.3	95			30.24		1397.3 percent of total billed charges	
DRUG ASSAY INFLIXIMAB	80230	CPT				both			1470.84	44.36	Wellcare	Medicaid	30.86				30.24		1397.3 fee schedule	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Americare	Americare	353.43	75			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Amerihealth	Medicare	38.57				30.24		447.68 fee schedule	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Aetna	Better Health	143.45	30.44			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	UHC	Medicare	38.57				30.24		447.68 fee schedule	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Consumer	Consumer	447.68	95			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	WellPoint	WellPoint	146.27	31.04			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Amerihealth	HMO/PPO	306.31	65			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Aetna	Commercial	179.07	38			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Horizon	PPO	180.39	38.28			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	First Health	First Health	329.87	70			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	First Trenton	First Trenton	424.12	90			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Wellcare	Medicare	38.57				30.24		447.68 fee schedule	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Corrections	Corrections	376.99	80			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Wellcare	Medicaid	143.45	30.44			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Qualcare	Qualcare	353.43	75			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Aetna	Medicare	145.14	30.8			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Multiplan	Multiplan	376.99	80			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Horizon	MGD	180.39	38.28			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Horizon	Indemnity	180.39	38.28			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Horizon	NJ Health	30.24				30.24		447.68 fee schedule	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	UHC	Medicaid	143.45	30.44			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Three Rivers	Three Rivers	447.68	95			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Horizon	Medicare Blue	141.37	30			30.24		447.68 percent of total billed charges	
DRUG ASSAY VEDOLIZUMAB	80280	CPT				outpatient			471.24	44.36	Managed Care Inc	Managed Care Inc	424.12	90			30.24		447.68 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Multiplan	Multiplan	1418.21	80				11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	First Trenton	First Trenton	1595.48	90				11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Corrections	Corrections	1418.21	80		17.19		11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Aetna	Medicare	18.64			8.91		11.78	1684.12 fee schedule	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Americare	Americare	1329.57	75				11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Horizon	PPO	678.61	38.28		60.36		11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Horizon	Indemnity	678.61	38.28		15.56		11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Aetna	Better Health	539.63	30.44		20.68		11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Qualcare	Qualcare	1329.57	75				11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Horizon	Medicare Blue	531.83	30		5.6		11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Horizon	MGD	678.61	38.28		18.92		11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Amerihealth	Medicare	18.64					11.78	1684.12 fee schedule	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Amerihealth	HMO/PPO	19.5			7.93		11.78	1684.12 fee schedule	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	UHC	Medicare	18.64			23.27		11.78	1684.12 fee schedule	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	UHC	Medicaid	14.91			31.51		11.78	1684.12 fee schedule	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Aetna	Commercial	673.65	38		13.2		11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Consumer	Consumer	1684.12	95				11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Managed Care Inc	Managed Care Inc	1595.48	90				11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Horizon	NJ Health	11.78			7.8		11.78	1684.12 fee schedule	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	First Health	First Health	1240.93	70				11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	WellPoint	WellPoint	550.26	31.04		17.49		11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Wellcare	Medicare	18.64			17.35		11.78	1684.12 fee schedule	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Three Rivers	Three Rivers	1684.12	95				11.78	1684.12 percent of total billed charges	
QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	80299	CPT				both			1772.76	21.44	Wellcare	Medicaid	14.91			20.3		11.78	1684.12 fee schedule	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Aetna	Better Health	27.63	30.44				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Corrections	Corrections	72.62	80				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Aetna	Commercial	34.5	38				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		First Health	First Health	63.55	70				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		WellPoint	WellPoint	28.18	31.04				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		First Trenton	First Trenton	81.7	90				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Americare	Americare	68.09	75				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		UHC	Medicaid	27.63	30.44				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Aetna	Medicare	27.96	30.8				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Horizon	Indemnity	34.75	38.28				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Consumer	Consumer	86.24	95				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Horizon	MGD	34.75	38.28				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Amerihealth	HMO/PPO	59.01	65				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Horizon	PPO	34.75	38.28				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Wellcare	Medicaid	27.63	30.44				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Horizon	Medicare Blue	27.23	30				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Multiplan	Multiplan	72.62	80				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Managed Care Inc	Managed Care Inc	81.7	90				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Qualcare	Qualcare	68.09	75				27.23	86.24 percent of total billed charges	
BKR CHG PENTAZOCINE LEVEL	80301	CPT				outpatient			90.78		Three Rivers	Three Rivers	86.24	95				27.23	86.24 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Aetna	Better Health	395.56	30.44		24.58		9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	UHC	Medicare	62.14			13.79		9.49	1234.51 fee schedule	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Aetna	Medicare	62.14			12.95		9.49	1234.51 fee schedule	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Aetna	Commercial	493.8	38		16.13		9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Americare	Americare	974.61	75				9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Amerihealth	HMO/PPO	33.85			10.06		9.49	1234.51 fee schedule	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Multiplan	Multiplan	1039.58	80				9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	First Health	First Health	909.64	70				9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Amerihealth	Medicare	62.14					9.49	1234.51 fee schedule	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Horizon	Medicare Blue	389.84	30		16.89		9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Corrections	Corrections	1039.58	80		18.48		9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Horizon	NJ Health	124.26	6.53		6.53		9.49	1234.51 fee schedule	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Consumer	Consumer	1234.51	95				9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Horizon	PPO	497.44	38.28		23.38		9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Qualcare	Qualcare	974.61	75				9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Wellcare	Medicare	62.14			17.95		9.49	1234.51 fee schedule	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	First Trenton	First Trenton	1169.53	90				9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	WellPoint	WellPoint	403.36	31.04		27.79		9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Horizon	MGD	497.44	38.28		16.4		9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Horizon	Indemnity	497.44	38.28		18.31		9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	UHC	Medicaid	49.71			28.98		9.49	1234.51 fee schedule	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Managed Care Inc	Managed Care Inc	1169.53	90				9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Three Rivers	Three Rivers	1234.51	95				9.49	1234.51 percent of total billed charges	
DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	80307	CPT				both			1299.48	71.46	Wellcare	Medicaid	49.71			27.34		9.49	1234.51 fee schedule	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Amerihealth	HMO/PPO	267.85	65				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Aetna	Commercial	156.59	38				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		First Trenton	First Trenton	370.87	90				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Americare	Americare	309.06	75				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Aetna	Better Health	125.44	30.44				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		UHC	Medicaid	16.66					9.49	391.48 fee schedule	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Aetna	Medicare	126.92	30.8				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Corrections	Corrections	329.66	80				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		First Health	First Health	288.46	70				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Consumer	Consumer	391.48	95				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		WellPoint	WellPoint	127.91	31.04				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Wellcare	Medicaid	16.66					9.49	391.48 fee schedule	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Horizon	Indemnity	157.74	38.28				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Horizon	PPO	157.74	38.28				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Horizon	MGD	157.74	38.28				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Managed Care Inc	Managed Care Inc	370.87	90				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Multiplan	Multiplan	329.66	80				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Three Rivers	Three Rivers	391.48	95				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Horizon	Medicare Blue	123.62	30				9.49	391.48 percent of total billed charges	
DRUG SCREEN QUANTITATIVE ALCOHOLS	80320	CPT				outpatient			412.08		Qualcare	Qualcare	309.06	75				9.49	391.48 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		First Health	First Health	268.46	70				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Amerihealth	HMO/PPO	249.29	65				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		WellPoint	WellPoint	119.04	31.04				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Aetna	Commercial	145.74	38				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Horizon	Indemnity	146.81	38.28				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		First Trenton	First Trenton	345.17	90				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Aetna	Medicare	118.12	30.8				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Aetna	Better Health	116.74	30.44				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Horizon	PPO	146.81	38.28				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Corrections	Corrections	306.82	80				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Three Rivers	Three Rivers	364.34	95				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Multiplan	Multiplan	306.82	80				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Wellcare	Medicaid	17.62					17.62	364.34 fee schedule	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Managed Care Inc	Managed Care Inc	345.17	90				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Americare	Americare	287.64	75				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Horizon	MGD	146.81	38.28				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Consumer	Consumer	364.34	95				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Qualcare	Qualcare	287.64	75				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		Horizon	Medicare Blue	115.06	30				17.62	364.34 percent of total billed charges	
ALKALOIDS NOT OTHERWISE SPECIFIED	80323	CPT				outpatient			383.52		UHC	Medicaid	17.62					17.62	364.34 fee schedule	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Qualcare	Qualcare	371.03	75				14.38	469.97 percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Aetna	Medicare	152.37	30.8				14.38	469.97 percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		First Trenton	First Trenton	445.23	90				14.38	469.97 percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Aetna	Better Health	150.59	30.44				14.38	469.97 percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Americare	Americare	371.03	75				14.38	469.97 percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		First Health	First Health	346.29	70				14.38	469.97 percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Wellcare	Medicaid	17.62					14.38	469.97 fee schedule	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Corrections	Corrections	395.76	80				14.38	469.97 percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		UHC	Medicaid	17.62					14.38	469.97 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Horizon	MGD	189.37	38.28			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Consumer	Consumer	469.97	95			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Aetna	Commercial	187.99	38			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Horizon	PPO	189.37	38.28			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		WellPoint	WellPoint	153.55	31.04			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Managed Care Inc	Managed Care Inc	445.23	90			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Amerihealth	HMO/PPO	321.56	65			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Three Rivers	Three Rivers	469.97	95			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Horizon	Indemnity	189.37	38.28			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Horizon	Medicare Blue	148.41	30			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	80324	CPT				outpatient			494.7		Multiplan	Multiplan	395.76	80			14.38	469.97	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Aetna	Commercial	18.6	38			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Corrections	Corrections	39.17	80			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		WellPoint	WellPoint	15.2	31.04			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		First Health	First Health	34.27	70			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Americare	Americare	36.72	75			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Aetna	Medicare	15.08	30.8			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Consumer	Consumer	46.51	95			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Aetna	Better Health	14.9	30.44			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Horizon	Indemnity	18.74	38.28			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		First Trenton	First Trenton	44.06	90			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Wellcare	Medicaid	16.66				9.79	46.51	fee schedule	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Horizon	Medicare Blue	14.69	30			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		UHC	Medicaid	16.66				9.79	46.51	fee schedule	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Horizon	MGD	18.74	38.28			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Amerihealth	HMO/PPO	31.82	65			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Managed Care Inc	Managed Care Inc	44.06	90			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Multiplan	Multiplan	39.17	80			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Horizon	PPO	18.74	38.28			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Qualcare	Qualcare	36.72	75			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	80326	CPT				outpatient			48.96		Three Rivers	Three Rivers	46.51	95			9.79	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Amerihealth	HMO/PPO	31.82	65			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		First Health	First Health	34.27	70			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Aetna	Commercial	18.6	38			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		WellPoint	WellPoint	15.2	31.04			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		First Trenton	First Trenton	44.06	90			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Horizon	Indemnity	18.74	38.28			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Aetna	Better Health	14.9	30.44			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Aetna	Medicare	15.08	30.8			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Corrections	Corrections	39.17	80			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Horizon	PPO	18.74	38.28			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Multiplan	Multiplan	39.17	80			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Three Rivers	Three Rivers	46.51	95			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Managed Care Inc	Managed Care Inc	44.06	90			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Wellcare	Medicaid	16.66				14.69	46.51	fee schedule	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Americare	Americare	36.72	75			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Horizon	MGD	18.74	38.28			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Qualcare	Qualcare	36.72	75			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Consumer	Consumer	46.51	95			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		Horizon	Medicare Blue	14.69	30			14.69	46.51	percent of total billed charges	
DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	80327	CPT				outpatient			48.96		UHC	Medicaid	16.66				14.69	46.51	fee schedule	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Americare	Americare	86.45	75			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Aetna	Better Health	35.09	30.44			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Wellcare	Medicaid	16.48				16.48	109.5	fee schedule	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Consumer	Consumer	109.5	95			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Horizon	PPO	44.12	38.28			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		First Health	First Health	80.68	70			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Horizon	MGD	44.12	38.28			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Aetna	Commercial	43.8	38			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Three Rivers	Three Rivers	109.5	95			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Horizon	Indemnity	44.12	38.28			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Corrections	Corrections	92.21	80			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		UHC	Medicaid	16.48				16.48	109.5	fee schedule	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Aetna	Medicare	35.5	30.8			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		First Trenton	First Trenton	103.73	90			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Amerihealth	HMO/PPO	74.92	65			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Horizon	Medicare Blue	34.58	30			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Multiplan	Multiplan	92.21	80			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Managed Care Inc	Managed Care Inc	103.73	90			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		Qualcare	Qualcare	86.45	75			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	80329	CPT				outpatient			115.26		WellPoint	WellPoint	35.78	31.04			16.48	109.5	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Consumer	Consumer	31.01	95			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Aetna	Commercial	12.4	38			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		First Trenton	First Trenton	29.38	90			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Americare	Americare	24.48	75			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Aetna	Better Health	9.94	30.44			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Aetna	Medicare	10.05	30.8			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Corrections	Corrections	26.11	80			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Horizon	MGD	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		First Health	First Health	22.85	70			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Amerihealth	HMO/PPO	21.22	65			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Managed Care Inc	Managed Care Inc	29.38	90			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		UHC	Medicaid	16.66				9.79	31.01	fee schedule	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Horizon	Indemnity	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Multiplan	Multiplan	26.11	80			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		WellPoint	WellPoint	10.13	31.04			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Wellcare	Medicaid	16.66				9.79	31.01	fee schedule	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Horizon	Medicare Blue	9.79	30			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Qualcare	Qualcare	24.48	75			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Horizon	PPO	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	80331	CPT				outpatient			32.64		Three Rivers	Three Rivers	31.01	95			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Horizon	MGD	12.49	38.28			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Amerihealth	HMO/PPO	21.22	65			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Aetna	Better Health	9.94	30.44			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Americare	Americare	24.48	75			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Horizon	PPO	12.49	38.28			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Corrections	Corrections	26.11	80			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Aetna	Commercial	12.4	38			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Aetna	Medicare	10.05	30.8			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Three Rivers	Three Rivers	31.01	95			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Horizon	Indemnity	12.49	38.28			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		WellPoint	WellPoint	10.13	31.04			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Consumer	Consumer	31.01	95			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Wellcare	Medicaid	16.66				9.79	31.01	fee schedule	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		First Trenton	First Trenton	29.38	90			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		First Health	First Health	22.85	70			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Qualcare	Qualcare	24.48	75			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Horizon	Medicare Blue	9.79	30			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Managed Care Inc	Managed Care Inc	29.38	90			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		Multiplan	Multiplan	26.11	80			9.79	31.01	percent of total billed charges	
ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	80334	CPT				outpatient			32.64		UHC	Medicaid	16.66				9.79	31.01	fee schedule	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Americare	Americare	279.23	75			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Consumer	Consumer	353.69	95			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		UHC	Medicaid	113.33	30.44			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Aetna	Better Health	113.33	30.44			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		First Trenton	First Trenton	335.07	90			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Aetna	Commercial	141.47	38			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Horizon	Medicare Blue	111.69	30			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		First Health	First Health	260.61	70			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Horizon	PPO	142.52	38.28			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Corrections	Corrections	297.84	80			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Managed Care Inc	Managed Care Inc	335.07	90			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Horizon	Indemnity	142.52	38.28			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Three Rivers	Three Rivers	353.69	95			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Aetna	Medicare	114.67	30.8			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Wellcare	Medicaid	113.33	30.44			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		WellPoint	WellPoint	115.56	31.04			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Amerihealth	HMO/PPO	242	65			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Horizon	MGD	142.52	38.28			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Multiplan	Multiplan	297.84	80			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	80335	CPT				outpatient			372.3		Qualcare	Qualcare	279.23	75			9.49	353.69	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		First Trenton	First Trenton	44.06	90			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Amerihealth	HMO/PPO	31.82	65			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Aetna	Better Health	14.9	30.44			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Americare	Americare	36.72	75			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		First Health	First Health	34.27	70			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Multiplan	Multiplan	39.17	80			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Aetna	Medicare	15.08	30.8			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Consumer	Consumer	46.51	95			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Managed Care Inc	Managed Care Inc	44.06	90			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Corrections	Corrections	39.17	80			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Aetna	Commercial	18.6	38			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Horizon	MGD	18.74	38.28			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	80337	CPT				outpatient			48.96		Horizon	PPO	18.74	38.28			9.79	46.51	percent of total billed charges	
ANTIDEPRESSANTS TRICYCLIC OTHER CYC

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

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Amerihealth	HMO/PPO	251.28	65			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Aetna	Commercial	146.9	38			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Horizon	PPO	147.98	38.28			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Consumer	Consumer	367.25	95			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		First Trenton	First Trenton	347.92	90			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		WellPoint	WellPoint	119.99	31.04			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Three Rivers	Three Rivers	367.25	95			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		First Health	First Health	270.61	70			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Horizon	Indemnity	147.98	38.28			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Horizon	Medicare Blue	115.97	30			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Wellcare	Medicaid	17.38				9.79	367.25	fee schedule	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Multiplan	Multiplan	309.26	80			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Managed Care Inc	Managed Care Inc	347.92	90			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		Qualcare	Qualcare	289.94	75			9.79	367.25	percent of total billed charges	
DRUG SCREENING BUPRENORPHINE	80348	CPT				both			386.58		UHC	Medicaid	17.38				9.79	367.25	fee schedule	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Aetna	Better Health	94.39	30.44			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Aetna	Commercial	117.83	38			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		First Trenton	First Trenton	279.07	90			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Americare	Americare	232.56	75			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		First Health	First Health	217.06	70			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Consumer	Consumer	294.58	95			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Horizon	PPO	118.7	38.28			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Amerihealth	HMO/PPO	201.55	65			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		UHC	Medicaid	17.18				17.18	294.58	fee schedule	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Aetna	Medicare	95.5	30.8			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Managed Care Inc	Managed Care Inc	279.07	90			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Horizon	Medicare Blue	93.02	30			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Wellcare	Medicaid	17.18				17.18	294.58	fee schedule	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Corrections	Corrections	248.06	80			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Horizon	Indemnity	118.7	38.28			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Horizon	MGD	118.7	38.28			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Three Rivers	Three Rivers	294.58	95			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		WellPoint	WellPoint	96.25	31.04			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Multiplan	Multiplan	248.06	80			17.18	294.58	percent of total billed charges	
DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	80352	CPT				inpatient			310.08		Qualcare	Qualcare	232.56	75			17.18	294.58	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		First Trenton	First Trenton	277.24	90			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Aetna	Better Health	93.77	30.44			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Americare	Americare	231.03	75			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Aetna	Commercial	117.06	38			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Aetna	Medicare	94.88	30.8			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Amerihealth	HMO/PPO	200.23	65			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Horizon	Indemnity	117.92	38.28			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Consumer	Consumer	292.64	95			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Horizon	PPO	117.92	38.28			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		First Health	First Health	215.63	70			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Horizon	MGD	117.92	38.28			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		WellPoint	WellPoint	95.62	31.04			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Managed Care Inc	Managed Care Inc	277.24	90			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Multiplan	Multiplan	246.43	80			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Corrections	Corrections	246.43	80			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Horizon	Medicare Blue	92.41	30			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		UHC	Medicaid	22.05				9.79	292.64	fee schedule	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Qualcare	Qualcare	231.03	75			9.79	292.64	percent of total billed charges	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Wellcare	Medicaid	22.05				9.79	292.64	fee schedule	
DRUG SCREENING COCAINE	80353	CPT				both			308.04		Three Rivers	Three Rivers	292.64	95			9.79	292.64	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Aetna	Better Health	113.33	30.44		103.12	16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		First Health	First Health	260.61	70			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Americare	Americare	279.23	75			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		First Trenton	First Trenton	335.07	90			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Corrections	Corrections	297.84	80			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Wellcare	Medicaid	16.48			103.92	16.48	353.69	fee schedule	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Amerihealth	HMO/PPO	242	65			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Horizon	PPO	142.52	38.28			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Aetna	Commercial	141.47	38		39.84	16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Managed Care Inc	Managed Care Inc	335.07	90			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Consumer	Consumer	353.69	95			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Three Rivers	Three Rivers	353.69	95			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		UHC	Medicaid	16.48			98.24	16.48	353.69	fee schedule	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Horizon	Indemnity	142.52	38.28			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Aetna	Medicare	114.67	30.8			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Horizon	Medicare Blue	111.69	30			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		WellPoint	WellPoint	115.56	31.04		109.2	16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Multiplan	Multiplan	297.84	80			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Horizon	MGD	142.52	38.28			16.48	353.69	percent of total billed charges	
DRUG SCREENING FENTANYL	80354	CPT				both			372.3		Qualcare	Qualcare	279.23	75			16.48	353.69	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Amerihealth	HMO/PPO	31.82	65			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		First Trenton	First Trenton	44.06	90			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Aetna	Better Health	14.9	30.44			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Aetna	Commercial	18.6	38			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Horizon	Indemnity	18.74	38.28			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Americare	Americare	36.72	75			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Consumer	Consumer	46.51	95			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Aetna	Medicare	15.08	30.8			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Multiplan	Multiplan	39.17	80			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Horizon	PPO	18.74	38.28			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		First Health	First Health	34.27	70			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Horizon	MGD	18.74	38.28			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Qualcare	Qualcare	36.72	75			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Managed Care Inc	Managed Care Inc	44.06	90			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Corrections	Corrections	39.17	80			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		UHC	Medicaid	16.48				9.79	46.51	fee schedule	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Horizon	Medicare Blue	14.69	30			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Wellcare	Medicaid	16.48				9.79	46.51	fee schedule	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		WellPoint	WellPoint	15.2	31.04			9.79	46.51	percent of total billed charges	
DRUG SCREENING GABAPENTIN NON-BLOOD	80355	CPT				outpatient			48.96		Three Rivers	Three Rivers	46.51	95			9.79	46.51	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Americare	Americare	225.68	75			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Aetna	Commercial	114.34	38			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Aetna	Better Health	91.59	30.44			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		First Trenton	First Trenton	270.81	90			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Amerihealth	HMO/PPO	195.59	65			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		First Health	First Health	210.63	70			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Horizon	Medicare Blue	90.27	30			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Horizon	Indemnity	115.18	38.28			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Multiplan	Multiplan	240.72	80			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Aetna	Medicare	92.68	30.8			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Consumer	Consumer	285.86	95			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Managed Care Inc	Managed Care Inc	270.81	90			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Qualcare	Qualcare	225.68	75			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Horizon	MGD	115.18	38.28			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Corrections	Corrections	240.72	80			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Horizon	PPO	115.18	38.28			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Three Rivers	Three Rivers	285.86	95			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		UHC	Medicaid	16.48				9.79	285.86	fee schedule	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		WellPoint	WellPoint	93.4	31.04			9.79	285.86	percent of total billed charges	
DRUG SCREENING HEROIN METABOLITE	80356	CPT				outpatient			300.9		Wellcare	Medicaid	16.48				9.79	285.86	fee schedule	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Aetna	Commercial	86.05	38			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		First Trenton	First Trenton	203.8	90			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Americare	Americare	169.83	75			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		First Health	First Health	158.51	70			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		WellPoint	WellPoint	70.29	31.04			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Aetna	Medicare	69.74	30.8			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Horizon	Indemnity	86.68	38.28			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Aetna	Better Health	68.93	30.44			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Horizon	PPO	86.68	38.28			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Managed Care Inc	Managed Care Inc	203.8	90			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Three Rivers	Three Rivers	215.12	95			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Multiplan	Multiplan	181.15	80			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Wellcare	Medicaid	16.48				9.79	215.12	fee schedule	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Amerihealth	HMO/PPO	147.19	65			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Consumer	Consumer	215.12	95			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Corrections	Corrections	181.15	80			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Qualcare	Qualcare	169.83	75			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Horizon	MGD	86.68	38.28			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		Horizon	Medicare Blue	67.93	30			9.79	215.12	percent of total billed charges	
DRUG SCREENING KETAMINE AND NORKETAMINE	80357	CPT				outpatient			226.44		UHC	Medicaid	16.48				9.79	215.12	fee schedule	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Multiplan	Multiplan	3450.86	80			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Aetna	Commercial	1639.16	38			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Corrections	Corrections	3450.86	80			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Aetna	Medicare	1328.58	30.8			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Amerihealth	HMO/PPO	2803.83	65			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Horizon	MGD	1651.24	38.28			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		First Health	First Health	3019.51	70			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Aetna	Better Health	1313.05	30.44			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Qualcare	Qualcare	3235.19	75			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		WellPoint	WellPoint	1338.94	31.04			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		First Trenton	First Trenton	3882.22	90			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Horizon	Medicare Blue	1294.07	30			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Horizon	Indemnity	1651.24	38.28			9.79	4097.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Americare	Americare	3236.19	75			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Managed Care Inc	Managed Care Inc	3882.22	90			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Consumer	Consumer	4097.9	95			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Horizon	PPO	1651.24	38.28			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		UHC	Medicaid	16.48				9.79	4097.9	fee schedule	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Three Rivers	Three Rivers	4097.9	95			9.79	4097.9	percent of total billed charges	
DRUG SCREENING METHADONE	80358	CPT				both			4313.58		Wellcare	Medicaid	16.48				9.79	4097.9	fee schedule	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Aetna	Medicare	87.02	30.8			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		First Trenton	First Trenton	254.29	90			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Multiplan	Multiplan	226.03	80			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Aetna	Commercial	107.37	38			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Aetna	Better Health	86.01	30.44			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Americare	Americare	211.91	75			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Amerihealth	HMO/PPO	183.65	65			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Horizon	MGD	108.16	38.28			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Consumer	Consumer	268.41	95			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Managed Care Inc	Managed Care Inc	254.29	90			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Qualcare	Qualcare	211.91	75			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Horizon	Indemnity	108.16	38.28			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		First Health	First Health	197.78	70			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Horizon	Medicare Blue	84.76	30			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Corrections	Corrections	226.03	80			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Horizon	PPO	108.16	38.28			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Wellcare	Medicaid	22.05				9.79	268.41	fee schedule	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		Three Rivers	Three Rivers	268.41	95			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		WellPoint	WellPoint	87.7	31.04			9.79	268.41	percent of total billed charges	
DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	80359	CPT				outpatient			282.54		UHC	Medicaid	22.05				9.79	268.41	fee schedule	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Aetna	Better Health	26.08	30.44			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Americare	Americare	64.26	75			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Aetna	Medicare	26.39	30.8			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Amerihealth	HMO/PPO	55.69	65			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Corrections	Corrections	68.54	80			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Aetna	Commercial	32.56	38			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		First Trenton	First Trenton	77.11	90			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Consumer	Consumer	81.4	95			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		WellPoint	WellPoint	26.6	31.04			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Horizon	MGD	32.8	38.28			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Horizon	PPO	32.8	38.28			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Horizon	Indemnity	32.8	38.28			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Managed Care Inc	Managed Care Inc	77.11	90			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		First Health	First Health	59.98	70			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Three Rivers	Three Rivers	81.4	95			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Multiplan	Multiplan	68.54	80			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Wellcare	Medicaid	22.05				9.79	81.4	fee schedule	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Horizon	Medicare Blue	25.7	30			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		Qualcare	Qualcare	64.26	75			9.79	81.4	percent of total billed charges	
DRUG SCREENING METHYLPHENIDATE	80360	CPT				outpatient			85.68		UHC	Medicaid	22.05				9.79	81.4	fee schedule	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Amerihealth	HMO/PPO	411.06	65			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Consumer	Consumer	600.78	95			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Americare	Americare	474.3	75			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Aetna	Commercial	240.31	38			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		First Trenton	First Trenton	569.16	90			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Aetna	Better Health	192.5	30.44			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Aetna	Medicare	194.78	30.8			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		WellPoint	WellPoint	196.3	31.04			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Horizon	Indemnity	242.08	38.28			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Corrections	Corrections	505.92	80			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		UHC	Medicaid	22.05				9.79	600.78	fee schedule	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		First Health	First Health	442.68	70			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Managed Care Inc	Managed Care Inc	569.16	90			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Horizon	Medicare Blue	189.72	30			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Horizon	MGD	242.08	38.28			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Multiplan	Multiplan	505.92	80			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Qualcare	Qualcare	474.3	75			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Three Rivers	Three Rivers	600.78	95			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Horizon	PPO	242.08	38.28			9.79	600.78	percent of total billed charges	
DRUG SCREENING OPIATES 1 OR MORE	80361	CPT				both			632.4		Wellcare	Medicaid	22.05				9.79	600.78	fee schedule	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		First Trenton	First Trenton	335.07	90			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Aetna	Commercial	141.47	38			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Americare	Americare	279.23	75			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Aetna	Better Health	113.33	30.44			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Corrections	Corrections	297.84	80			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Aetna	Medicare	114.67	30.8			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Horizon	Indemnity	142.52	38.28			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Amerihealth	HMO/PPO	242	65			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Horizon	PPO	142.52	38.28			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		WellPoint	WellPoint	115.56	31.04			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Wellcare	Medicaid	22.05				22.05	353.69	fee schedule	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Consumer	Consumer	353.69	95			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Horizon	MGD	142.52	38.28			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		First Health	First Health	260.61	70			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Managed Care Inc	Managed Care Inc	335.07	90			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Horizon	Medicare Blue	111.69	30			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Three Rivers	Three Rivers	353.69	95			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Multiplan	Multiplan	297.84	80			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		UHC	Medicaid	22.05				22.05	353.69	fee schedule	
DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	80362	CPT				outpatient			372.3		Qualcare	Qualcare	279.23	75			22.05	353.69	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		First Health	First Health	522.65	70			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		WellPoint	WellPoint	231.76	31.04			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Aetna	Better Health	227.28	30.44			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Aetna	Commercial	283.72	38			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Horizon	MGD	285.81	38.28			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Americare	Americare	559.98	75			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Corrections	Corrections	597.31	80			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Aetna	Medicare	229.97	30.8			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Consumer	Consumer	709.31	95			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Amerihealth	HMO/PPO	485.32	65			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Horizon	Medicare Blue	223.99	30			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Multiplan	Multiplan	597.31	80			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		First Trenton	First Trenton	671.98	90			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Qualcare	Qualcare	559.98	75			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		UHC	Medicaid	22.05				9.79	709.31	fee schedule	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Horizon	Indemnity	285.81	38.28			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Wellcare	Medicaid	22.05				9.79	709.31	fee schedule	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Horizon	PPO	285.81	38.28			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Managed Care Inc	Managed Care Inc	671.98	90			9.79	709.31	percent of total billed charges	
DRUG SCREENING OPIOIDS & OPIATE ANALOGS S/MORE	80364	CPT				both			746.64		Three Rivers	Three Rivers	709.31	95			9.79	709.31	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Horizon	Medicare Blue	40.09	30			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Aetna	Medicare	41.15	30.8			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Aetna	Better Health	40.67	30.44			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		UHC	Medicaid	40.67	30.44			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Americare	Americare	100.22	75			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		First Health	First Health	93.53	70			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Consumer	Consumer	126.94	95			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Wellcare	Medicaid	40.67	30.44			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Aetna	Commercial	50.78	38			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		First Trenton	First Trenton	120.26	90			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Corrections	Corrections	106.9	80			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Horizon	MGD	51.15	38.28			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Amerihealth	HMO/PPO	86.85	65			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Horizon	PPO	51.15	38.28			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Managed Care Inc	Managed Care Inc	120.26	90			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Three Rivers	Three Rivers	126.94	95			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Horizon	Indemnity	51.15	38.28			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		WellPoint	WellPoint	41.48	31.04			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Multiplan	Multiplan	106.9	80			9.79	126.94	percent of total billed charges	
DRUG SCREENING OXYCODONE	80365	CPT				both			133.62		Qualcare	Qualcare	100.22	75			9.79	126.94	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		First Trenton	First Trenton	29.38	90			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		First Health	First Health	22.85	70			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Americare	Americare	24.48	75			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Aetna	Medicare	10.05	30.8			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Horizon	Indemnity	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Aetna	Better Health	9.94	30.44			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Corrections	Corrections	26.11	80			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Consumer	Consumer	31.01	95			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Horizon	PPO	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Aetna	Commercial	12.4	38			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Amerihealth	HMO/PPO	21.22	65			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Horizon	MGD	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Managed Care Inc	Managed Care Inc	29.38	90			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		WellPoint	WellPoint	10.13	31.04			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Horizon	Medicare Blue	9.79	30			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Three Rivers	Three Rivers	31.01	95			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Multiplan	Multiplan	26.11	80			9.79	31.01	percent of total billed charges	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Wellcare	Medicaid	16.48				9.79	31.01	fee schedule	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		UHC	Medicaid	16.48				9.79	31.01	fee schedule	
DRUG SCREENING PREGABALIN	80366	CPT				outpatient			32.64		Qualcare	Qualcare	24.48	75			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		First Trenton	First Trenton	29.38	90			9.79	31.01	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Aetna	Medicare	10.05	30.8			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Amerihealth	HMO/PPO	21.22	65			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Aetna	Better Health	9.94	30.44			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Americare	Americare	24.48	75			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Consumer	Consumer	31.01	95			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Horizon	Medicare Blue	9.79	30			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Aetna	Commercial	12.4	38			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Horizon	Indemnity	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		First Health	First Health	22.85	70			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Multiplan	Multiplan	26.11	80			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		WellPoint	WellPoint	10.13	31.04			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Horizon	PPO	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Corrections	Corrections	26.11	80			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Qualcare	Qualcare	24.48	75			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Horizon	MGD	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Managed Care Inc	Managed Care Inc	29.38	90			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Wellcare	Medicaid	9.94	30.44			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		UHC	Medicaid	9.94	30.44			9.79	31.01	percent of total billed charges	
DRUG SCREENING PROPOXYPHENE	80367	CPT				outpatient			32.64		Three Rivers	Three Rivers	31.01	95			9.79	31.01	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Aetna	Commercial	55.81	38			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		WellPoint	WellPoint	45.59	31.04			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Wellcare	Medicaid	22.05				9.79	139.54	fee schedule	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		First Health	First Health	102.82	70			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Corrections	Corrections	117.5	80			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Aetna	Medicare	45.24	30.8			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Americare	Americare	110.16	75			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Aetna	Better Health	44.71	30.44			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Amerihealth	HMO/PPO	95.47	65			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Consumer	Consumer	139.54	95			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Horizon	MGD	56.23	38.28			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		First Trenton	First Trenton	132.19	90			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Horizon	Indemnity	56.23	38.28			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Horizon	PPO	56.23	38.28			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Multiplan	Multiplan	117.5	80			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Managed Care Inc	Managed Care Inc	132.19	90			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Horizon	Medicare Blue	44.06	30			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Three Rivers	Three Rivers	139.54	95			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		Qualcare	Qualcare	110.16	75			9.79	139.54	percent of total billed charges	
DRUG SCREENING SEDATIVE HYPNOTICS	80368	CPT				outpatient			146.88		UHC	Medicaid	22.05				9.79	139.54	fee schedule	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Aetna	Better Health	233.18	30.44			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		First Trenton	First Trenton	689.42	90			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Aetna	Medicare	235.93	30.8			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Amerihealth	HMO/PPO	497.91	65			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		First Health	First Health	536.21	70			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Americare	Americare	574.52	75			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Corrections	Corrections	612.82	80			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Horizon	Medicare Blue	229.81	30			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Aetna	Commercial	291.09	38			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Horizon	Indemnity	293.23	38.28			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Consumer	Consumer	727.72	95			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Multiplan	Multiplan	612.82	80			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		UHC	Medicaid	20.96				20.96	727.72	fee schedule	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Horizon	PPO	293.23	38.28			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Horizon	MGD	293.23	38.28			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Qualcare	Qualcare	574.52	75			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		WellPoint	WellPoint	237.77	31.04			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Managed Care Inc	Managed Care Inc	689.42	90			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Three Rivers	Three Rivers	727.72	95			20.96	727.72	percent of total billed charges	
DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	80369	CPT				outpatient			766.02		Wellcare	Medicaid	20.96				20.96	727.72	fee schedule	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Consumer	Consumer	31.01	95			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Aetna	Better Health	9.94	30.44			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Aetna	Medicare	10.05	30.8			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Americare	Americare	24.48	75			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Corrections	Corrections	26.11	80			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Horizon	Medicare Blue	9.79	30			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		First Health	First Health	22.85	70			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Horizon	MGD	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		WellPoint	WellPoint	10.13	31.04			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Aetna	Commercial	12.4	38			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		First Trenton	First Trenton	29.38	90			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Wellcare	Medicaid	20.96				9.79	31.01	fee schedule	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Horizon	PPO	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		UHC	Medicaid	20.96				9.79	31.01	fee schedule	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Managed Care Inc	Managed Care Inc	29.38	90			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Amerihealth	HMO/PPO	21.22	65			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Three Rivers	Three Rivers	31.01	95			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Horizon	Indemnity	12.49	38.28			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Multiplan	Multiplan	26.11	80			9.79	31.01	percent of total billed charges	
DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	80370	CPT				outpatient			32.64		Qualcare	Qualcare	24.48	75			9.79	31.01	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Amerihealth	HMO/PPO	576.15	65			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Americare	Americare	664.79	75			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Consumer	Consumer	842.06	95			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Aetna	Better Health	269.81	30.44			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Horizon	Medicare Blue	265.91	30			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		First Trenton	First Trenton	797.74	90			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Aetna	Medicare	273.01	30.8			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Aetna	Commercial	336.82	38			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Multiplan	Multiplan	709.1	80			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Horizon	Indemnity	339.31	38.28			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Corrections	Corrections	709.1	80			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		UHC	Medicaid	22.05				9.79	842.06	fee schedule	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Qualcare	Qualcare	664.79	75			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Horizon	PPO	339.31	38.28			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		First Health	First Health	620.47	70			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Managed Care Inc	Managed Care Inc	797.74	90			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		WellPoint	WellPoint	275.13	31.04			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Wellcare	Medicaid	22.05				9.79	842.06	fee schedule	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Horizon	MGD	339.31	38.28			9.79	842.06	percent of total billed charges	
DRUG SCREENING STIMULANTS SYNTHETIC	80371	CPT				outpatient			886.38		Three Rivers	Three Rivers	842.06	95			9.79	842.06	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Aetna	Better Health	89.11	30.44			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Amerihealth	HMO/PPO	190.28	65			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Aetna	Medicare	90.16	30.8			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Aetna	Commercial	111.24	38			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		First Health	First Health	204.92	70			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Consumer	Consumer	278.1	95			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Corrections	Corrections	234.19	80			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Americare	Americare	219.56	75			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		First Trenton	First Trenton	263.47	90			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Horizon	Indemnity	112.06	38.28			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		WellPoint	WellPoint	90.87	31.04			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Horizon	MGD	112.06	38.28			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Horizon	PPO	112.06	38.28			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Horizon	Medicare Blue	87.82	30			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Managed Care Inc	Managed Care Inc	263.47	90			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Multiplan	Multiplan	234.19	80			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Three Rivers	Three Rivers	278.1	95			9.79	278.1	percent of total billed charges	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		UHC	Medicaid	16.48				9.79	278.1	fee schedule	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Wellcare	Medicaid	16.48				9.79	278.1	fee schedule	
DRUG SCREENING TAPENTADOL	80372	CPT				outpatient			292.74		Qualcare	Qualcare	219.56	75			9.79	278.1	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Aetna	Commercial	100.39	38			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Corrections	Corrections	211.34	80			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Americare	Americare	198.14	75			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Horizon	MGD	101.13	38.28			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Aetna	Medicare	81.37	30.8			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		First Health	First Health	184.93	70			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Aetna	Better Health	80.42	30.44			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		WellPoint	WellPoint	82	31.04			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Amerihealth	HMO/PPO	171.72	65			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		First Trenton	First Trenton	237.76	90			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Consumer	Consumer	250.97	95			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Horizon	Indemnity	101.13	38.28			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Multiplan	Multiplan	211.34	80			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Horizon	PPO	101.13	38.28			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Horizon	Medicare Blue	79.25	30			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Managed Care Inc	Managed Care Inc	237.76	90			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Qualcare	Qualcare	198.14	75			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Three Rivers	Three Rivers	250.97	95			9.79	250.97	percent of total billed charges	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		UHC	Medicaid	16.66				9.79	250.97	fee schedule	
DRUG SCREENING TRAMADOL	80373	CPT				both			264.18		Wellcare	Medicaid	16.66				9.79	250.97	fee schedule	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		First Trenton	First Trenton	1114.45	90			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Aetna	Better Health	376.93	30.44			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Corrections	Corrections	990.62	80			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		WellPoint	WellPoint	384.36	31.04		30.43	16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		First Health	First Health	866.8	70			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Consumer	Consumer	1176.37	95			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Amerihealth	HMO/PPO	804.88	65			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Aetna	Commercial	470.55	38			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Horizon	MGD	474.01	38.28		52.32	16.48	1176.37	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Americare	Americare	928.71	75			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Horizon	Indemnity	474.01	38.28			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Aetna	Medicare	381.39	30.8			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Horizon	PPO	474.01	38.28			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Wellcare	Medicaid	16.48				16.48	1176.37	fee schedule	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Multiplan	Multiplan	990.62	80			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Horizon	Medicare Blue	371.48	30		14.33	16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Managed Care Inc	Managed Care Inc	1114.45	90			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		UHC	Medicaid	16.48				16.48	1176.37	fee schedule	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Qualcare	Qualcare	928.71	75			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	80375	CPT				both			1238.28		Three Rivers	Three Rivers	1176.37	95			16.48	1176.37	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Americare	Americare	214.2	75			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Amerihealth	HMO/PPO	185.64	65			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		First Trenton	First Trenton	257.04	90			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Aetna	Better Health	86.94	30.44			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Aetna	Commercial	108.53	38			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		First Health	First Health	199.92	70			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Horizon	Indemnity	109.33	38.28			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Corrections	Corrections	228.48	80			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Aetna	Medicare	87.96	30.8			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Multiplan	Multiplan	228.48	80			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Managed Care Inc	Managed Care Inc	257.04	90			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Consumer	Consumer	271.32	95			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Horizon	MGD	109.33	38.28			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Qualcare	Qualcare	214.2	75			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Horizon	Medicare Blue	85.68	30			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		UHC	Medicaid	20.96				9.79	271.32	fee schedule	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		WellPoint	WellPoint	88.65	31.04			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Three Rivers	Three Rivers	271.32	95			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Horizon	PPO	109.33	38.28			9.79	271.32	percent of total billed charges	
DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	80377	CPT				both			285.6		Wellcare	Medicaid	20.96				9.79	271.32	fee schedule	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Amerihealth	HMO/PPO	110.72	65			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Aetna	Better Health	51.85	30.44			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Americare	Americare	127.76	75			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 First Health	First Health	119.24	70			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Aetna	Commercial	101.18				21.32	161.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 UHC	Medicare	62				21.32	161.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Amerihealth	Medicare	62				21.32	161.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 First Trenton	First Trenton	153.31	90			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Horizon	MGD	119.97				21.32	161.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Wellcare	Medicare	62				21.32	161.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Managed Care Inc	Managed Care Inc	153.31	90			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Horizon	Medicare Blue	62				21.32	161.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Aetna	Medicare	62				21.32	161.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Horizon	PPO	119.97				21.32	161.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Consumer	Consumer	161.82	95			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 WellPoint	WellPoint	52.87	31.04			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Multiplan	Multiplan	136.27	80			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Three Rivers	Three Rivers	161.82	95			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Qualcare	Qualcare	127.76	75			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Corrections	Corrections	136.27	80			21.32	161.82	percent of total billed charges	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 UHC	Medicaid	21.32				21.32	161.82	fee schedule	
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Horizon	Indemnity	119.97				21.32	161.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CLINICAL CONSULTATION SF MDM 5-20 MIN	80503	CPT				outpatient			170.34		71.3 Wellcare	Medicaid	21.32				21.32	161.82	fee schedule	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Americare	Americare	46.67	75			2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Aetna	Commercial	23.64	38		6.85	2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Aetna	Better Health	18.94	30.44		7.93	2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Horizon	Medicare Blue	18.67	30		5.12	2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Horizon	NJ Health	2.35			2.83	2.35	59.11	fee schedule	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 First Health	First Health	43.55	70			2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Multiplan	Multiplan	49.78	80			2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Horizon	Indemnity	23.82	38.28		10.11	2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 WellPoint	WellPoint	19.31	31.04		9.3	2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Amerihealth	HMO/PPO	5			6.36	2.35	59.11	fee schedule	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Aetna	Medicare	4.02				2.35	59.11	fee schedule	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 UHC	Medicare	4.02			6.76	2.35	59.11	fee schedule	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Qualcare	Qualcare	46.67	75			2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Wellcare	Medicare	4.02			4.22	2.35	59.11	fee schedule	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Amerihealth	Medicare	4.02			4.18	2.35	59.11	fee schedule	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Horizon	MGD	23.82	38.28		8.82	2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Corrections	Corrections	49.78	80			2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Consumer	Consumer	59.11	95			2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Horizon	PPO	23.82	38.28		10.39	2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 UHC	Medicaid	3.22			7.27	2.35	59.11	fee schedule	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 First Trenton	First Trenton	56	90			2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Managed Care Inc	Managed Care Inc	56	90			2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Three Rivers	Three Rivers	59.11	95			2.35	59.11	percent of total billed charges	
URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	81000	CPT				both			62.22		4.62 Wellcare	Medicaid	3.22			8.36	2.35	59.11	fee schedule	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Aetna	Better Health	11.8	30.44		9.1	2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Americare	Americare	29.07	75			2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Horizon	PPO	14.84	38.28		10.37	2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Horizon	Indemnity	14.84	38.28		8.85	2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Amerihealth	HMO/PPO	4.4			4.76	2.54	36.82	fee schedule	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Aetna	Commercial	14.73	38		7.81	2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Consumer	Consumer	36.82	95			2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Amerihealth	Medicare	3.17				2.54	36.82	fee schedule	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Aetna	Medicare	3.17			4.97	2.54	36.82	fee schedule	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Horizon	Medicare Blue	11.63	30		4.28	2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Multiplan	Multiplan	31.01	80			2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Wellcare	Medicare	3.17			4.59	2.54	36.82	fee schedule	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Wellcare	Medicaid	2.54			10.14	2.54	36.82	fee schedule	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 First Health	First Health	27.13	70			2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Corrections	Corrections	31.01	80		6.62	2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 First Trenton	First Trenton	34.88	90			2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Horizon	MGD	14.84	38.28		8.91	2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Three Rivers	Three Rivers	36.82	95			2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Qualcare	Qualcare	29.07	75			2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Managed Care Inc	Managed Care Inc	34.88	90			2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 Horizon	NJ Health	4.27			3.13	2.54	36.82	fee schedule	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 UHC	Medicaid	2.54			9.71	2.54	36.82	fee schedule	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 WellPoint	WellPoint	12.03	31.04		9.32	2.54	36.82	percent of total billed charges	
URINLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	81001	CPT				both			38.76		3.65 UHC	Medicare	3.17			5.03	2.54	36.82	fee schedule	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Aetna	Commercial	8.91	38			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Horizon	Indemnity	8.98	38.28			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 First Trenton	First Trenton	21.11	90			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Aetna	Better Health	7.14	30.44			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Aetna	Medicare	7.23	30.8			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Amerihealth	Medicare	3.48				1.96	22.29	fee schedule	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Amerihealth	HMO/PPO	5				1.96	22.29	fee schedule	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Consumer	Consumer	22.29	95			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Horizon	MGD	8.98	38.28			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Horizon	NJ Health	1.96			4.62	1.96	22.29	fee schedule	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Horizon	PPO	8.98	38.28			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Americare	Americare	17.6	75			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 First Health	First Health	16.42	70			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 WellPoint	WellPoint	7.28	31.04			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Managed Care Inc	Managed Care Inc	21.11	90			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Corrections	Corrections	18.77	80			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Horizon	Medicare Blue	7.04	30			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Multiplan	Multiplan	18.77	80			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 UHC	Medicaid	7.14	30.44			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Three Rivers	Three Rivers	22.29	95			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Wellcare	Medicaid	7.14	30.44			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Qualcare	Qualcare	17.6	75			1.96	22.29	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 Wellcare	Medicare	3.48				1.96	22.29	fee schedule	
URINLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	CPT				both			23.46		4 UHC	Medicare	3.48				1.96	22.29	fee schedule	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Horizon	Medicare Blue	5.2	30			2.25	16.47	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Americare	Americare	13.01	75			2.25	16.47	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 First Health	First Health	12.14	70			2.25	16.47	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Aetna	Better Health	5.28	30.44			2.25	16.47	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Amerihealth	HMO/PPO	3.4				2.25	16.47	fee schedule	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 UHC	Medicare	2.25				2.25	16.47	fee schedule	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Aetna	Commercial	6.59	38			2.25	16.47	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Corrections	Corrections	13.87	80			2.25	16.47	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Wellcare	Medicare	2.25				2.25	16.47	fee schedule	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Horizon	MGD	6.64	38.28			2.25	16.47	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Aetna	Medicare	5.34	30.8			2.25	16.47	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Amerihealth	Medicare	2.25				2.25	16.47	fee schedule	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34		2.59 Multiplan	Multiplan	13.87	80			2.25	16.47	percent of total billed charges	
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes		
URINLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34	2.59	Managed Care Inc	Managed Care Inc	15.61	90			2.25		16.47 percent of total billed charges				
URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	81003	CPT				outpatient			17.34	2.59	Three Rivers	Three Rivers	16.47	95			2.25		16.47 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Amerihealth	Medicare	2.17				1.74		8.72 fee schedule				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Wellcare	Medicare	2.17				1.74		8.72 fee schedule				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Americare	Americare	6.89	75			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Wellcare	Medicaid	1.74				1.74		8.72 fee schedule				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Aetna	Better Health	2.79	30.44			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Amerihealth	HMO/PPO	4				1.74		8.72 fee schedule				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Aetna	Medicare	2.17				1.74		8.72 fee schedule				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	First Health	First Health	6.43	70			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Consumer	Consumer	8.72	95			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Horizon	MGD	3.51	38.28			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	First Trenton	First Trenton	8.26	90			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Aetna	Commercial	3.49	38			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Horizon	Medicare Blue	2.75	30			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Corrections	Corrections	7.34	80			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Horizon	NJ Health	1.96				1.74		8.72 fee schedule				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Horizon	Indemnity	3.51	38.28			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	UHC	Medicaid	1.74				1.74		8.72 fee schedule				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	WellPoint	WellPoint	2.85	31.04			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Horizon	PPO	3.51	38.28			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Multiplan	Multiplan	7.34	80			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Managed Care Inc	Managed Care Inc	8.26	90			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Qualcare	Qualcare	6.89	75			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	Three Rivers	Three Rivers	8.72	95			1.74		8.72 percent of total billed charges				
URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	81005	CPT				outpatient			9.18	2.5	UHC	Medicare	2.17				1.74		8.72 fee schedule				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Amerihealth	Medicare	3.64				2.91		26.16 fee schedule				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Corrections	Corrections	22.03	80			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Horizon	Medicare Blue	8.26	30		2.79	2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Aetna	Better Health	8.38	30.44			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Aetna	Medicare	3.64				2.91		26.16 fee schedule				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	First Trenton	First Trenton	24.79	90			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	UHC	Medicare	3.64			2.85	2.91		26.16 fee schedule				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Aetna	Commercial	10.47	38		3.16	2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Horizon	Indemnity	10.54	38.28			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Horizon	MGD	10.54	38.28			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	UHC	Medicaid	2.91			4.26	2.91		26.16 fee schedule				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Consumer	Consumer	26.16	95			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Americare	Americare	20.66	75			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Managed Care Inc	Managed Care Inc	24.79	90			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Wellcare	Medicaid	2.91				2.91		26.16 fee schedule				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	First Health	First Health	19.28	70			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Horizon	PPO	10.54	38.28		10.34	2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Three Rivers	Three Rivers	26.16	95			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Amerihealth	HMO/PPO	4.5				2.91		26.16 fee schedule				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Horizon	NJ Health	8			1.3	2.91		26.16 fee schedule				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	WellPoint	WellPoint	8.55	31.04		1.44	2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Multiplan	Multiplan	22.03	80			2.91		26.16 percent of total billed charges				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Wellcare	Medicare	3.64				2.91		26.16 fee schedule				
VOLUME MEASUREMENT TIMED COLLECTION EACH	81050	CPT				both			27.54	4.19	Qualcare	Qualcare	20.66	75			2.91		26.16 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	First Health	First Health	449.82	70			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Amerihealth	HMO/PPO	417.69	65			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Consumer	Consumer	610.47	95			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Amerihealth	Medicare	122.22				97.78		610.47 fee schedule				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Aetna	Better Health	195.61	30.44			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Aetna	Medicare	122.22				97.78		610.47 fee schedule				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Horizon	MGD	245.99	38.28			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Americare	Americare	481.95	75			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	UHC	Medicare	122.22				97.78		610.47 fee schedule				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Multiplan	Multiplan	514.08	80			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	UHC	Medicaid	97.78			132.55	97.78		610.47 fee schedule				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	First Trenton	First Trenton	578.34	90			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Aetna	Commercial	244.19	38			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Corrections	Corrections	514.08	80			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Wellcare	Medicare	122.22				97.78		610.47 fee schedule				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Horizon	Indemnity	245.99	38.28			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	WellPoint	WellPoint	199.46	31.04			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Qualcare	Qualcare	481.95	75			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Horizon	NJ Health	118.31				97.78		610.47 fee schedule				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Horizon	Medicare Blue	192.78	30			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Horizon	PPO	245.99	38.28			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Managed Care Inc	Managed Care Inc	578.34	90			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Three Rivers	Three Rivers	610.47	95			97.78		610.47 percent of total billed charges				
HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	81105	CPT				both			642.6	140.55	Wellcare	Medicaid	97.78				97.78		610.47 fee schedule				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Corrections	Corrections	353.33	80			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Aetna	Medicare	193.25				132.5		419.58 fee schedule				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	First Health	First Health	309.16	70			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	First Trenton	First Trenton	397.49	90			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Aetna	Better Health	134.44	30.44			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Americare	Americare	331.25	75			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Amerihealth	Medicare	193.25				132.5		419.58 fee schedule				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Wellcare	Medicaid	154.6				132.5		419.58 fee schedule				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	WellPoint	WellPoint	137.09	31.04			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	UHC	Medicaid	154.6				132.5		419.58 fee schedule				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Wellcare	Medicare	193.25				132.5		419.58 fee schedule				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Consumer	Consumer	419.58	95			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Aetna	Commercial	167.83	38			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Horizon	NJ Health	151.51				132.5		419.58 fee schedule				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Horizon	MGD	169.07	38.28			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Horizon	PPO	169.07	38.28			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Amerihealth	HMO/PPO	287.08	65			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Managed Care Inc	Managed Care Inc	397.49	90			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Horizon	Indemnity	169.07	38.28			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Three Rivers	Three Rivers	419.58	95			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Horizon	Medicare Blue	132.5	30			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Multiplan	Multiplan	353.33	80			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	Qualcare	Qualcare	331.25	75			132.5		419.58 percent of total billed charges				
IDH1 COMMON VARIANTS	81120	CPT				both			441.66	222.24	UHC	Medicare	193.25				132.5		419.58 fee schedule				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Amerihealth	HMO/PPO	438.91	65			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Amerihealth	Medicare	295.79				202.57		641.48 fee schedule				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Aetna	Commercial	256.59	38			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Americare	Americare	506.43	75			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Aetna	Better Health	205.54	30.44			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	First Trenton	First Trenton	607.72	90			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Aetna	Medicare	295.79				202.57		641.48 fee schedule				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Horizon	Indemnity	258.48	38.28			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	First Health	First Health	472.67	70			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Horizon	MGD	258.48	38.28			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Corrections	Corrections	540.19	80			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Horizon	PPO	258.48	38.28			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Consumer	Consumer	641.48	95			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Managed Care Inc	Managed Care Inc	607.72	90			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	UHC	Medicaid	236.63				202.57		641.48 fee schedule				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Wellcare	Medicare	295.79				202.57		641.48 fee schedule				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Multiplan	Multiplan	540.19	80			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	WellPoint	WellPoint	209.59	31.04			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Wellcare	Medicaid	236.63				202.57		641.48 fee schedule				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Horizon	Medicare Blue	202.57	30			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Qualcare	Qualcare	506.43	75			202.57		641.48 percent of total billed charges				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Horizon	NJ Health	231.91				202.57		641.48 fee schedule				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	UHC	Medicare	295.79				202.57		641.48 fee schedule				
IDH2 COMMON VARIANTS	81121	CPT				both			675.24	340.16	Three Rivers	Three Rivers	641.48	95			202.57		641.48 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Aetna	Commercial	249.23	38			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Amerihealth	HMO/PPO	59.86				59.86		623.07 fee schedule				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Aetna	Better Health	199.64	30.44			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Amerihealth	Medicare	279				59.86		623.07 fee schedule				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Americare	Americare	491.9	75			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Wellcare	Medicare	279				59.86		623.07 fee schedule				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Aetna	Medicare	279				59.86		623.07 fee schedule				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	First Health	First Health	459.1	70			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Horizon	MGD	251.06	38.28			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Horizon	Medicare Blue	196.76	30			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Consumer	Consumer	623.07	95			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	WellPoint	WellPoint	203.58	31.04			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Multiplan	Multiplan	524.69	80			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Corrections	Corrections	524.69	80			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Qualcare	Qualcare	491.9	75			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	First Trenton	First Trenton	590.27	90			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	UHC	Medicare	279				59.86		623.07 fee schedule				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Horizon	Indemnity	251.06	38.28			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Horizon	NJ Health	437.47				59.86		623.07 fee schedule				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	UHC	Medicaid	223.2				59.86		623.07 fee schedule				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Horizon	PPO	251.06	38.28			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Wellcare	Medicaid	223.2				59.86		623.07 fee schedule				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Managed Care Inc	Managed Care Inc	590.27	90			59.86		623.07 percent of total billed charges				
DMD DUPLICATION/DELETION ANALYSIS	81161	CPT				outpatient			655.86	320.85	Three Rivers	Three Rivers	623.07	95			59.86		623.07 percent of total billed charges				
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Aetna	Better Health	2852.45	30.44			964.21		8902.2 percent of total billed charges				
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Wellcare	Medicaid	1459.9				964.21		8902.2 fee schedule				

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Aetna	Commercial	3560.88	38			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	UHC	Medicare	1824.88				964.21		8902.2 fee schedule	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Aetna	Medicare	1824.88				964.21		8902.2 fee schedule	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Americare	Americare	7028.06	75			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Amerihealth	Medicare	1824.88				964.21		8902.2 fee schedule	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Amerihealth	HMO/PPO	1061.74				964.21		8902.2 fee schedule	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	First Health	First Health	6559.52	70			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	UHC	Medicaid	1459.9				964.21		8902.2 fee schedule	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Horizon	MGD	3587.12	38.28			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Wellcare	Medicare	1824.88				964.21		8902.2 fee schedule	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Consumer	Consumer	8902.2	95			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Multiplan	Multiplan	7496.59	80			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	First Trenton	First Trenton	8433.67	90			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Qualcare	Qualcare	7028.06	75			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Corrections	Corrections	7496.59	80			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Horizon	Indemnity	3587.12	38.28			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Horizon	NJ Health	3897.83				964.21		8902.2 fee schedule	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Horizon	Medicare Blue	2811.22	30			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	WellPoint	WellPoint	2908.68	31.04			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Horizon	PPO	3587.12	38.28			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Managed Care Inc	Managed Care Inc	8433.67	90			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	81162	CPT				both			9370.74	2098.61	Three Rivers	Three Rivers	8902.2	95			964.21		8902.2 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Horizon	Medicare Blue	341.5	30			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Aetna	Better Health	346.5	30.44			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Amerihealth	Medicare	584.23				341.5		1081.4 fee schedule	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Americare	Americare	853.74	75			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	First Trenton	First Trenton	1024.49	90			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Consumer	Consumer	1081.4	95			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Aetna	Medicare	584.23				341.5		1081.4 fee schedule	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Horizon	MGD	435.75	38.28			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Wellcare	Medicare	584.23				341.5		1081.4 fee schedule	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Aetna	Commercial	432.56	38			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	First Health	First Health	796.82	70			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Corrections	Corrections	910.66	80			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Horizon	Indemnity	435.75	38.28			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	UHC	Medicaid	467.38				341.5		1081.4 fee schedule	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Amerihealth	HMO/PPO	739.91	65			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Horizon	NJ Health	456.03				341.5		1081.4 fee schedule	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Horizon	PPO	435.75	38.28			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	WellPoint	WellPoint	353.33	31.04			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Three Rivers	Three Rivers	1081.4	95			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Wellcare	Medicaid	467.38				341.5		1081.4 fee schedule	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Managed Care Inc	Managed Care Inc	1024.49	90			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Multiplan	Multiplan	910.66	80			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	Qualcare	Qualcare	853.74	75			341.5		1081.4 percent of total billed charges	
BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	81164	CPT				outpatient			1138.32	671.86	UHC	Medicare	584.23				341.5		1081.4 fee schedule	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Horizon	Indemnity	366.93	38.28			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Aetna	Medicare	137				107.41		910.62 fee schedule	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	First Trenton	First Trenton	862.7	90			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Amerihealth	HMO/PPO	623.06	65			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Americare	Americare	718.91	75			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Aetna	Commercial	364.25	38			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Horizon	MGD	366.93	38.28			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Aetna	Better Health	291.78	30.44			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Amerihealth	Medicare	137				107.41		910.62 fee schedule	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Corrections	Corrections	766.84	80			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Horizon	PPO	366.93	38.28			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	First Health	First Health	670.99	70			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	UHC	Medicare	137				107.41		910.62 fee schedule	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	UHC	Medicaid	109.6				107.41		910.62 fee schedule	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Managed Care Inc	Managed Care Inc	862.7	90			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Consumer	Consumer	910.62	95			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Wellcare	Medicare	137				107.41		910.62 fee schedule	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Wellcare	Medicaid	109.6				107.41		910.62 fee schedule	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	WellPoint	WellPoint	297.53	31.04			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Multiplan	Multiplan	766.84	80			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Horizon	Medicare Blue	287.57	30			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Qualcare	Qualcare	718.91	75			107.41		910.62 percent of total billed charges	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Horizon	NJ Health	107.41				107.41		910.62 fee schedule	
ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81177	CPT				outpatient			958.55	157.55	Three Rivers	Three Rivers	910.62	95			107.41		910.62 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Aetna	Commercial	419	38			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Amerihealth	Medicare	137				107.41		1047.49 fee schedule	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Aetna	Better Health	335.64	30.44			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	First Health	First Health	771.83	70			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Americare	Americare	826.97	75			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	UHC	Medicare	137				107.41		1047.49 fee schedule	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Amerihealth	HMO/PPO	716.7	65			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	UHC	Medicaid	335.64	30.44			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Aetna	Medicare	339.61	30.8			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Wellcare	Medicare	137				107.41		1047.49 fee schedule	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Consumer	Consumer	1047.49	95			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Horizon	PPO	422.08	38.28			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Horizon	Medicare Blue	330.79	30			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	WellPoint	WellPoint	342.25	31.04			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Horizon	Indemnity	422.08	38.28			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Three Rivers	Three Rivers	1047.49	95			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Horizon	MGD	422.08	38.28			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Corrections	Corrections	882.1	80			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Multiplan	Multiplan	882.1	80			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Qualcare	Qualcare	826.97	75			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Wellcare	Medicaid	335.64	30.44			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	First Trenton	First Trenton	992.36	90			107.41		1047.49 percent of total billed charges	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Horizon	NJ Health	107.41				107.41		1047.49 fee schedule	
ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81178	CPT				outpatient			1102.62	157.55	Managed Care Inc	Managed Care Inc	992.36	90			107.41		1047.49 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	UHC	Medicare	137				107.41		423.45 fee schedule	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Amerihealth	Medicare	137				107.41		423.45 fee schedule	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Americare	Americare	334.31	75			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Aetna	Medicare	137				107.41		423.45 fee schedule	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Aetna	Better Health	135.68	30.44			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	First Trenton	First Trenton	401.17	90			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Consumer	Consumer	423.45	95			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Amerihealth	HMO/PPO	289.73	65			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Aetna	Commercial	169.38	38			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	First Health	First Health	312.02	70			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Horizon	MGD	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Corrections	Corrections	356.59	80			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Wellcare	Medicare	137				107.41		423.45 fee schedule	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Horizon	Indemnity	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	WellPoint	WellPoint	138.36	31.04			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Multiplan	Multiplan	356.59	80			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Horizon	NJ Health	107.41				107.41		423.45 fee schedule	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Horizon	Medicare Blue	133.72	30			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Horizon	PPO	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Qualcare	Qualcare	334.31	75			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Managed Care Inc	Managed Care Inc	401.17	90			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	UHC	Medicaid	109.6				107.41		423.45 fee schedule	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Three Rivers	Three Rivers	423.45	95			107.41		423.45 percent of total billed charges	
ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81179	CPT				outpatient			445.74	157.55	Wellcare	Medicaid	109.6				107.41		423.45 fee schedule	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	First Health	First Health	312.02	70			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Horizon	MGD	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Corrections	Corrections	356.59	80			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Aetna	Medicare	137.29	30.8			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	First Trenton	First Trenton	401.17	90			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Amerihealth	Medicare	137				107.41		423.45 fee schedule	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Aetna	Better Health	135.68	30.44			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Americare	Americare	334.31	75			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Horizon	Indemnity	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	WellPoint	WellPoint	138.36	31.04			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Aetna	Commercial	169.38	38			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Consumer	Consumer	423.45	95			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Horizon	NJ Health	107.41				107.41		423.45 fee schedule	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	UHC	Medicare	137				107.41		423.45 fee schedule	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Amerihealth	HMO/PPO	289.73	65			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55	Horizon	Medicare Blue	133.72	30			107.41		423.45 percent of total billed charges	
ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81180	CPT				outpatient			445.74	157.55

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Aetna	Better Health	135.68	30.44			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Horizon	Indemnity	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Corrections	Corrections	356.59	80			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 WellPoint	WellPoint	138.36	31.04			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 First Health	First Health	312.02	70			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 First Trenton	First Trenton	401.17	90			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Consumer	Consumer	423.45	95			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Horizon	MGD	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Multiplan	Multiplan	356.59	80			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Horizon	NJ Health	107.41				107.41		423.45 fee schedule	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Horizon	Medicare Blue	133.72	30			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Horizon	PPO	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Qualcare	Qualcare	334.31	75			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Managed Care Inc	Managed Care Inc	401.17	90			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 UHC	Medicaid	109.6				107.41		423.45 fee schedule	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Three Rivers	Three Rivers	423.45	95			107.41		423.45 percent of total billed charges	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 UHC	Medicare	137				107.41		423.45 fee schedule	
ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81181	CPT				outpatient			445.74		157.55 Wellcare	Medicare	137				107.41		423.45 fee schedule	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Aetna	Better Health	135.68	30.44			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Americare	Americare	334.31	75			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Horizon	MGD	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Aetna	Medicare	137				107.41		423.45 fee schedule	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Aetna	Commercial	169.38	38			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Consumer	Consumer	423.45	95			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 First Health	First Health	312.02	70			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Amerihealth	Medicare	137				107.41		423.45 fee schedule	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Horizon	Medicare Blue	133.72	30			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Amerihealth	HMO/PPO	289.73	65			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 UHC	Medicare	137				107.41		423.45 fee schedule	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Corrections	Corrections	356.59	80			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Wellcare	Medicare	137				107.41		423.45 fee schedule	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Multiplan	Multiplan	356.59	80			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 First Trenton	First Trenton	401.17	90			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Qualcare	Qualcare	334.31	75			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 WellPoint	WellPoint	138.36	31.04			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 UHC	Medicaid	109.6				107.41		423.45 fee schedule	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Horizon	Indemnity	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Horizon	NJ Health	107.41				107.41		423.45 fee schedule	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Horizon	PPO	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Managed Care Inc	Managed Care Inc	401.17	90			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Three Rivers	Three Rivers	423.45	95			107.41		423.45 percent of total billed charges	
ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81182	CPT				outpatient			445.74		157.55 Wellcare	Medicaid	109.6				107.41		423.45 fee schedule	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 UHC	Medicare	137				107.41		423.45 fee schedule	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Amerihealth	HMO/PPO	289.73	65			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Aetna	Medicare	137				107.41		423.45 fee schedule	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Americare	Americare	334.31	75			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Aetna	Commercial	169.38	38			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Corrections	Corrections	356.59	80			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 First Trenton	First Trenton	401.17	90			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Aetna	Better Health	135.68	30.44			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Amerihealth	Medicare	137				107.41		423.45 fee schedule	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Horizon	Indemnity	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Horizon	NJ Health	107.41				107.41		423.45 fee schedule	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Consumer	Consumer	423.45	95			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Horizon	MGD	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Multiplan	Multiplan	356.59	80			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Horizon	PPO	170.63	38.28			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 First Health	First Health	312.02	70			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 WellPoint	WellPoint	138.36	31.04			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Qualcare	Qualcare	334.31	75			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Managed Care Inc	Managed Care Inc	401.17	90			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Horizon	Medicare Blue	133.72	30			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Three Rivers	Three Rivers	423.45	95			107.41		423.45 percent of total billed charges	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 UHC	Medicaid	109.6				107.41		423.45 fee schedule	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Wellcare	Medicaid	109.6				107.41		423.45 fee schedule	
ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81183	CPT				outpatient			445.74		157.55 Wellcare	Medicare	137				107.41		423.45 fee schedule	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Horizon	Medicare Blue	133.72	30			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Amerihealth	HMO/PPO	289.73	65			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Americare	Americare	334.31	75			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Consumer	Consumer	423.45	95			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 WellPoint	WellPoint	138.36	31.04			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Aetna	Better Health	135.68	30.44			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Horizon	MGD	170.63	38.28			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Aetna	Medicare	137				107.41		423.45 fee schedule	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 UHC	Medicare	137				107.41		423.45 fee schedule	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Amerihealth	Medicare	137				107.41		423.45 fee schedule	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 UHC	Medicaid	109.6				107.41		423.45 fee schedule	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 First Trenton	First Trenton	401.17	90			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Wellcare	Medicaid	109.6				107.41		423.45 fee schedule	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Aetna	Commercial	169.38	38			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Wellcare	Medicare	137				107.41		423.45 fee schedule	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 First Health	First Health	312.02	70			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Corrections	Corrections	356.59	80			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Horizon	NJ Health	107.41				107.41		423.45 fee schedule	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Multiplan	Multiplan	356.59	80			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Horizon	Indemnity	170.63	38.28			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Qualcare	Qualcare	334.31	75			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Managed Care Inc	Managed Care Inc	401.17	90			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Horizon	PPO	170.63	38.28			107.41		423.45 percent of total billed charges	
CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	81184	CPT				outpatient			445.74		157.55 Three Rivers	Three Rivers	423.45	95			107.41		423.45 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Aetna	Commercial	439.93	38			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Amerihealth	HMO/PPO	752.51	65			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Aetna	Better Health	352.4	30.44			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 First Trenton	First Trenton	1041.93	90			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Amerihealth	Medicare	518.28				347.31		1099.82 fee schedule	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Multiplan	Multiplan	926.16	80			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Americare	Americare	868.28	75			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Aetna	Medicare	518.28				347.31		1099.82 fee schedule	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Horizon	MGD	443.17	38.28			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Corrections	Corrections	926.16	80			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Consumer	Consumer	1099.82	95			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Managed Care Inc	Managed Care Inc	1041.93	90			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 UHC	Medicare	518.28				347.31		1099.82 fee schedule	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Qualcare	Qualcare	868.28	75			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Horizon	Medicare Blue	347.31	30			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 First Health	First Health	810.39	70			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 WellPoint	WellPoint	359.35	31.04			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Horizon	Indemnity	443.17	38.28			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 UHC	Medicaid	414.62				347.31		1099.82 fee schedule	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Horizon	PPO	443.17	38.28			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Wellcare	Medicare	518.28				347.31		1099.82 fee schedule	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Three Rivers	Three Rivers	1099.82	95			347.31		1099.82 percent of total billed charges	
NTRK TRANSLOCATION ANALYSIS	81194	CPT				outpatient			1157.7		596.02 Wellcare	Medicaid	414.62				347.31		1099.82 fee schedule	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Aetna	Better Health	38.19	30.44			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Amerihealth	Medicare	780				37.64		780 fee schedule	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Wellcare	Medicaid	624				37.64		780 fee schedule	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Consumer	Consumer	119.19	95			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Corrections	Corrections	100.37	80			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Horizon	MGD	48.03	38.28			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Americare	Americare	94.1	75			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Aetna	Medicare	780				37.64		780 fee schedule	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Aetna	Commercial	47.67	38			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 UHC	Medicare	780				37.64		780 fee schedule	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Horizon	Medicare Blue	37.64	30			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 First Trenton	First Trenton	112.91	90			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Amerihealth	HMO/PPO	81.55	65			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 WellPoint	WellPoint	38.94	31.04			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 UHC	Medicaid	624				37.64		780 fee schedule	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 First Health	First Health	87.82	70			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Multiplan	Multiplan	100.37	80			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Horizon	PPO	48.03	38.28			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Wellcare	Medicare	780				37.64		780 fee schedule	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Horizon	Indemnity	48.03	38.28			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Qualcare	Qualcare	94.1	75			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Managed Care Inc	Managed Care Inc	112.91	90			37.64		780 percent of total billed charges	
APC GENE ANALYSIS FULL GENE SEQUENCE	81201	CPT				outpatient			125.46		897 Three Rivers	Three Rivers	119.19	95			37.64		780 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22		188.55 Horizon	Indemnity	160.48	38.28			51.41		398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22		188.55 Aetna	Medicare	129.12	30.8			51.41		398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22		188.55 Americare	Americare	314.42	75			51.41		398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22		188.55 Horizon	Medicare Blue	125.77	30		81.74	51.41		398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22		188.55 Amerihealth	Medicare	163.96				51.41		398.26 fee schedule	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22		188.55 Amerihealth	HMO/PPO	121.68				51.41		398.26 fee schedule	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22		188.55 Consumer	Consumer	398.26	95			51.41		398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22		188.55 Aetna

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	First Trenton	First Trenton	377.3	90			51.41	51.41	398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	First Health	First Health	293.45	70			51.41	51.41	398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	Corrections	Corrections	335.38	80			51.41	51.41	398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	Horizon	NJ Health	84.97			13.07	51.41	51.41	398.26 fee schedule	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	UHC	Medicare	163.96				51.41	51.41	398.26 fee schedule	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	UHC	Medicaid	127.61	30.44		75.51	51.41	51.41	398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	Three Rivers	Three Rivers	398.26	95			51.41	51.41	398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	Wellcare	Medicaid	127.61	30.44			51.41	51.41	398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	Managed Care Inc	Managed Care Inc	377.3	90			51.41	51.41	398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	Wellcare	Medicare	163.96				51.41	51.41	398.26 fee schedule	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	Horizon	PPO	160.48	38.28		125.54	51.41	51.41	398.26 percent of total billed charges	
BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	81206	CPT				both			419.22	188.55	WellPoint	WellPoint	130.13	31.04			51.41	51.41	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Americare	Americare	314.42	75			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	First Health	First Health	293.45	70			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	UHC	Medicaid	127.61	30.44		75.51	70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	First Trenton	First Trenton	377.3	90			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Aetna	Better Health	127.61	30.44			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Amerihealth	HMO/PPO	107.49				70.8	70.8	398.26 fee schedule	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Aetna	Medicare	125.12	30.8			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Corrections	Corrections	335.38	80			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Consumer	Consumer	398.26	95			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	UHC	Medicare	144.84				70.8	70.8	398.26 fee schedule	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Horizon	Medicare Blue	125.77	30		81.74	70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Horizon	Indemnity	160.48	38.28			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Aetna	Commercial	159.3	38			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Amerihealth	Medicare	144.84				70.8	70.8	398.26 fee schedule	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Multiplan	Multiplan	335.38	80			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	WellPoint	WellPoint	130.13	31.04			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Horizon	PPO	160.48	38.28		125.54	70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Horizon	MGD	160.48	38.28			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Quelcare	Qualcare	314.42	75			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Managed Care Inc	Managed Care Inc	377.3	90			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Wellcare	Medicare	144.84				70.8	70.8	398.26 fee schedule	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Horizon	NJ Health	70.8			13.07	70.8	70.8	398.26 fee schedule	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Three Rivers	Three Rivers	398.26	95			70.8	70.8	398.26 percent of total billed charges	
BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	81207	CPT				both			419.22	166.57	Wellcare	Medicaid	127.61	30.44			70.8	70.8	398.26 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Aetna	Commercial	216.67	38			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Aetna	Medicare	175.4				97.51	97.51	541.67 fee schedule	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Americare	Americare	427.64	75			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Horizon	MGD	218.26	38.28			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Multiplan	Multiplan	456.14	80			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Aetna	Better Health	173.66	30.44			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Horizon	Medicare Blue	171.05	30			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Amerihealth	HMO/PPO	97.51				97.51	97.51	541.67 fee schedule	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Quelcare	Qualcare	427.64	75			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Consumer	Consumer	541.67	95			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Wellcare	Medicare	175.4				97.51	97.51	541.67 fee schedule	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	UHC	Medicaid	140.32			98.62	97.51	97.51	541.67 fee schedule	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	UHC	Medicare	175.4			173.65	97.51	97.51	541.67 fee schedule	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	First Health	First Health	399.13	70			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Horizon	PPO	218.26	38.28		192.55	97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Amerihealth	Medicare	175.4				97.51	97.51	541.67 fee schedule	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Wellcare	Medicaid	140.32				97.51	97.51	541.67 fee schedule	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Corrections	Corrections	456.14	80			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Horizon	Indemnity	218.26	38.28		192.55	97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	First Trenton	First Trenton	513.16	90			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Managed Care Inc	Managed Care Inc	513.16	90			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	Three Rivers	Three Rivers	541.67	95			97.51	97.51	541.67 percent of total billed charges	
BRAF GENE ANALYSIS V600 VARIANT(S)	81210	CPT				both			570.18	201.71	WellPoint	WellPoint	176.98	31.04			97.51	97.51	541.67 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Consumer	Consumer	1094.97	95			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Aetna	Medicare	121.63				70.76	70.76	1094.97 fee schedule	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Corrections	Corrections	922.08	80			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Horizon	MGD	441.22	38.28			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	First Health	First Health	806.82	70			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	First Trenton	First Trenton	1037.34	90			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Aetna	Better Health	350.85	30.44			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Amerihealth	HMO/PPO	70.76				70.76	70.76	1094.97 fee schedule	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Wellcare	Medicaid	97.3				70.76	70.76	1094.97 fee schedule	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Americare	Americare	864.45	75			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	WellPoint	WellPoint	357.77	31.04			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Horizon	NJ Health	259.78				70.76	70.76	1094.97 fee schedule	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Wellcare	Medicare	121.63				70.76	70.76	1094.97 fee schedule	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Horizon	Indemnity	441.22	38.28			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Aetna	Commercial	437.99	38			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Managed Care Inc	Managed Care Inc	1037.34	90			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Amerihealth	Medicare	121.63				70.76	70.76	1094.97 fee schedule	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Horizon	Medicare Blue	345.78	30			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Multiplan	Multiplan	922.08	80			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Horizon	PPO	441.22	38.28			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Quelcare	Qualcare	864.45	75			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	Three Rivers	Three Rivers	1094.97	95			70.76	70.76	1094.97 percent of total billed charges	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	UHC	Medicare	121.63				70.76	70.76	1094.97 fee schedule	
CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	81219	CPT				both			1152.6	139.87	UHC	Medicaid	97.3				70.76	70.76	1094.97 fee schedule	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Aetna	Commercial	778.3	38		183.9	210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Amerihealth	Medicare	556.6				210.83	1945.75 fee schedule	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Multiplan	Multiplan	1638.53	80			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Wellcare	Medicaid	445.28			171.77	210.83	1945.75 fee schedule	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Americare	Americare	1536.12	75			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Aetna	Better Health	623.46	30.44		190.27	210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Consumer	Consumer	1945.75	95			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Amerihealth	HMO/PPO	1331.3	65		241.76	210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Horizon	Medicare Blue	614.45	30			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Aetna	Medicare	556.6				210.83	1945.75 fee schedule	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Quelcare	Qualcare	1536.12	75			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	First Health	First Health	1433.71	70			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Three Rivers	Three Rivers	1945.75	95			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Horizon	PPO	784.04	38.28		146.79	210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Corrections	Corrections	1638.53	80			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Horizon	Indemnity	784.04	38.28		172.56	210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	UHC	Medicaid	445.28			161.93	210.83	1945.75 fee schedule	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Horizon	MGD	784.04	38.28		184.51	210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	UHC	Medicare	556.6				210.83	1945.75 fee schedule	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Wellcare	Medicare	556.6				210.83	1945.75 fee schedule	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	First Trenton	First Trenton	1843.34	90			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	Managed Care Inc	Managed Care Inc	1843.34	90			210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS COMMON VARIANTS	81220	CPT				both			2048.16	640.09	WellPoint	WellPoint	635.75	31.04		214.15	210.83	1945.75 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Amerihealth	Medicare	499				399.2	1586.25 fee schedule	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	First Trenton	First Trenton	1502.77	90			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Aetna	Medicare	499				399.2	1586.25 fee schedule	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Aetna	Commercial	634.5	38			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Amerihealth	HMO/PPO	1085.33	65			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Horizon	Medicare Blue	500.92	30			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Aetna	Better Health	508.27	30.44			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Horizon	MGD	639.18	38.28			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	WellPoint	WellPoint	518.29	31.04			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Horizon	PPO	639.18	38.28			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Corrections	Corrections	1335.79	80			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Managed Care Inc	Managed Care Inc	1502.77	90			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	First Health	First Health	1168.82	70			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Wellcare	Medicare	499				399.2	1586.25 fee schedule	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Americare	Americare	1252.31	75			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Horizon	Indemnity	639.18	38.28			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	UHC	Medicaid	399.2			122.82	399.2	1586.25 fee schedule	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Multiplan	Multiplan	1335.79	80			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Consumer	Consumer	1586.25	95			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Quelcare	Qualcare	1252.31	75			399.2	1586.25 percent of total billed charges	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Wellcare	Medicaid	399.2				399.2	1586.25 fee schedule	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	UHC	Medicare	499				399.2	1586.25 fee schedule	
CFTR GENE ANALYSIS FULL GENE SEQUENCE	81223	CPT				both			1669.74	573.85	Three Rivers	Three Rivers	1586.25	95			399.2	1586.25 percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Horizon	MGD	230.76	38.28			134.03	572.68 percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Amerihealth	Medicare	291.36				134.03	572.68 fee schedule	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Aetna	Medicare	291.36				134.03	572.68 fee schedule	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Amerihealth	HMO/PPO	158.73				134.03	572.68 fee schedule	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Wellcare	Medicaid	233.09				134.03	572.68 fee schedule	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Aetna	Better Health	183.5	30.44			134.03	572.68 percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Americare	Americare	452.12	75			134.03	572.68 percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	First Health	First Health	421.97	70			134.03	572.68 percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Horizon	Medicare Blue	180.85	30			134.03	572.68 percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Corrections	Corrections	482.26	80			134.03	572.68 percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Consumer	Consumer	572.68	95			134.03	572.68 percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Wellcare	Medicare	291.36				134.03	572.68 fee schedule	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	UHC	Medicaid	233.09				134.03	572.68 fee schedule	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Aetna	Comm

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Multiplan	Multiplan	482.26	80			134.03	572.68	percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Three Rivers	Three Rivers	572.68	95			134.03	572.68	percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	Qualcare	Qualcare	452.12	75			134.03	572.68	percent of total billed charges	
CYP2C19 GENE ANALYSIS COMMON VARIANTS	81225	CPT				outpatient			602.82	335.06	UHC	Medicare	291.36				134.03	572.68	fee schedule	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Aetna	Medicare	450.91				111.38	450.91	fee schedule	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Americare	Americare	335.07	75			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Aetna	Better Health	135.99	30.44			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Aetna	Commercial	169.77	38			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	First Trenton	First Trenton	402.08	90			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Consumer	Consumer	424.42	95			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Amerihealth	HMO/PPO	247.01				111.38	450.91	fee schedule	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Corrections	Corrections	357.41	80			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Managed Care Inc	Managed Care Inc	402.08	90			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Horizon	PPO	171.02	38.28			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Amerihealth	Medicare	450.91				111.38	450.91	fee schedule	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Horizon	MGD	171.02	38.28			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	First Health	First Health	312.73	70			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Horizon	Indemnity	171.02	38.28			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	UHC	Medicaid	360.73				111.38	450.91	fee schedule	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Multiplan	Multiplan	357.41	80			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	UHC	Medicare	450.91				111.38	450.91	fee schedule	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Horizon	Medicare Blue	134.03	30			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Wellcare	Medicare	450.91				111.38	450.91	fee schedule	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Qualcare	Qualcare	335.07	75			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	WellPoint	WellPoint	138.67	31.04			111.38	450.91	percent of total billed charges	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Wellcare	Medicaid	360.73				111.38	450.91	fee schedule	
CYP2D6 GENE ANALYSIS COMMON VARIANTS	81226	CPT				inpatient			446.76	518.55	Three Rivers	Three Rivers	424.42	95			111.38	450.91	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Corrections	Corrections	455.33	80			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Amerihealth	Medicare	174.81				95.76	540.7	fee schedule	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Americare	Americare	426.87	75			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Aetna	Medicare	174.81				95.76	540.7	fee schedule	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Consumer	Consumer	540.7	95			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Wellcare	Medicaid	139.85				95.76	540.7	fee schedule	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Horizon	Medicare Blue	170.75	30			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Aetna	Better Health	173.25	30.44			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	WellPoint	WellPoint	176.67	31.04			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	First Trenton	First Trenton	512.24	90			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Horizon	PPO	217.87	38.28			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Amerihealth	HMO/PPO	95.76				95.76	540.7	fee schedule	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Horizon	MGD	217.87	38.28			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Aetna	Commercial	216.28	38			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	UHC	Medicare	174.81				95.76	540.7	fee schedule	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	First Health	First Health	398.41	70			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Managed Care Inc	Managed Care Inc	512.24	90			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Horizon	Indemnity	217.87	38.28			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Multiplan	Multiplan	455.33	80			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	UHC	Medicaid	139.85				95.76	540.7	fee schedule	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Qualcare	Qualcare	426.87	75			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Three Rivers	Three Rivers	540.7	95			95.76	540.7	percent of total billed charges	
CYP2C9 GENE ANALYSIS COMMON VARIANTS	81227	CPT				outpatient			569.16	201.03	Wellcare	Medicare	174.81				95.76	540.7	fee schedule	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Americare	Americare	3505.76	75			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Aetna	Medicare	1160				492.35	4441.9	fee schedule	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Horizon	MGD	1789.85	38.28		454.94	492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Aetna	Commercial	1776.76	38			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Horizon	Medicare Blue	1402.7	30			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	First Health	First Health	3272.98	70			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Aetna	Better Health	1423.28	30.44		515.89	492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Corrections	Corrections	3740.54	80			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Consumer	Consumer	4441.9	95			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	UHC	Medicaid	928			85.12	492.35	4441.9	fee schedule	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	UHC	Medicare	1160				492.35	4441.9	fee schedule	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Amerihealth	HMO/PPO	3039.19	65			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Amerihealth	Medicare	1160				492.35	4441.9	fee schedule	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	First Trenton	First Trenton	4208.11	90			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Wellcare	Medicaid	928			39.04	492.35	4441.9	fee schedule	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Horizon	Indemnity	1789.85	38.28			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Wellcare	Medicare	1160				492.35	4441.9	fee schedule	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Horizon	PPO	1789.85	38.28		483.2	492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Multiplan	Multiplan	3740.54	80			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Managed Care Inc	Managed Care Inc	4208.11	90			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Qualcare	Qualcare	3505.76	75			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	Three Rivers	Three Rivers	4441.9	95			492.35	4441.9	percent of total billed charges	
CYTOG ALYS CHRMOML ABNOR CPY NUMBER&SNP VRNT CGH	81229	CPT				both			4675.68	1334	WellPoint	WellPoint	1451.33	31.04		88.99	492.35	4441.9	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Horizon	MGD	145.98	38.28			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	First Trenton	First Trenton	343.21	90			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Amerihealth	Medicare	174.81				2.1	362.27	fee schedule	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Amerihealth	HMO/PPO	247.87	65			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Wellcare	Medicaid	139.85				2.1	362.27	fee schedule	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Aetna	Medicare	174.81				2.1	362.27	fee schedule	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Aetna	Better Health	116.08	30.44			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Americare	Americare	286.01	75			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	UHC	Medicaid	139.85			73.08	2.1	362.27	fee schedule	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Horizon	PPO	145.98	38.28			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Aetna	Commercial	144.91	38			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	First Health	First Health	266.94	70			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Wellcare	Medicare	174.81				2.1	362.27	fee schedule	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Corrections	Corrections	305.07	80			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	WellPoint	WellPoint	118.37	31.04			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Consumer	Consumer	362.27	95			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Managed Care Inc	Managed Care Inc	343.21	90			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Multiplan	Multiplan	305.07	80			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Horizon	Indemnity	145.98	38.28			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Horizon	NJ Health	137.04			7.87	2.1	362.27	fee schedule	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Three Rivers	Three Rivers	362.27	95			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Qualcare	Qualcare	286.01	75			2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	Horizon	Medicare Blue	114.4	30		11.92	2.1	362.27	percent of total billed charges	
DPYD GENE ANALYSIS COMMON VARIANTS	81232	CPT				both			381.34	201.03	UHC	Medicare	174.81				2.1	362.27	fee schedule	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Aetna	Commercial	182.56	38			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Consumer	Consumer	456.4	95			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Americare	Americare	360.32	75			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Aetna	Better Health	146.24	30.44			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Aetna	Medicare	137				107.41	456.4	fee schedule	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Horizon	Indemnity	183.9	38.28			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Amerihealth	Medicare	137				107.41	456.4	fee schedule	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Amerihealth	HMO/PPO	312.27	65			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Horizon	MGD	183.9	38.28			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	UHC	Medicaid	109.6				107.41	456.4	fee schedule	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Horizon	PPO	183.9	38.28			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Corrections	Corrections	384.34	80			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	First Health	First Health	336.29	70			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Wellcare	Medicaid	109.6				107.41	456.4	fee schedule	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Three Rivers	Three Rivers	456.4	95			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Multiplan	Multiplan	384.34	80			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Wellcare	Medicare	137				107.41	456.4	fee schedule	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	First Trenton	First Trenton	432.38	90			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Qualcare	Qualcare	360.32	75			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Horizon	Medicare Blue	144.13	30			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	UHC	Medicare	137				107.41	456.4	fee schedule	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Horizon	NJ Health	107.41				107.41	456.4	fee schedule	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	Managed Care Inc	Managed Care Inc	432.38	90			107.41	456.4	percent of total billed charges	
DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81234	CPT				outpatient			480.42	157.55	WellPoint	WellPoint	149.12	31.04			107.41	456.4	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	First Trenton	First Trenton	717.88	90			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Horizon	Indemnity	305.34	38.28			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	First Health	First Health	598.35	70			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Aetna	Better Health	242.8	30.44			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Aetna	Medicare	324.58				179.52	757.76	fee schedule	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Corrections	Corrections	638.11	80			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Aetna	Commercial	303.1	38			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Americare	Americare	598.23	75			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Horizon	NJ Health	258.73				179.52	757.76	fee schedule	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Multiplan	Multiplan	638.11	80			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	UHC	Medicare	324.58				179.52	757.76	fee schedule	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Consumer	Consumer	757.76	95			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Amerihealth	HMO/PPO	179.52				179.52	757.76	fee schedule	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Qualcare	Qualcare	598.23	75			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Amerihealth	Medicare	324.58				179.52	757.76	fee schedule	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Horizon	Medicare Blue	239.29	30			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Horizon	PPO	305.34	38.28			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	UHC	Medicaid	259.66				179.52	757.76	fee schedule	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Horizon	MGD	305.34	38.28			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Wellcare	Medicare	324.58				179.52	757.76	fee schedule	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Managed Care Inc	Managed Care Inc	717.88	90			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	WellPoint	WellPoint	247.59	31.04			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Three Rivers	Three Rivers	757.76	95			179.52	757.76	percent of total billed charges	
EGFR GENE ANALYSIS COMMON VARIANTS	81235	CPT				both			797.64	373.27	Wellcare	Medicaid	259.66				179.52	757.76	fee schedule	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Horizon	PPO	1399.98	38.28		116.5	26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Aetna	Better Health	1074.29	30.44			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Americare	Americare	2646.9	75			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Horizon	Medicare Blue	1058.76	30			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Corrections	Corrections	2823.36	80			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Aetna	Medicare	65.69				26.93	3352.74	fee schedule	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Amerihealth	HMO/PPO	36.52				26.93	3352.74	fee schedule	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	UHC	Medicare	65.69				26.93	3352.74	fee schedule	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Aetna	Commercial	1341.1	38		26.92	26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Consumer	Consumer	3352.74	95			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Horizon	MGD	1350.98	38.28			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	First Health	First Health	2470.44	70			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	UHC	Medicaid	52.55			77.15	26.93	3352.74	fee schedule	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	First Trenton	First Trenton	3176.28	90			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Horizon	Indemnity	1350.98	38.28			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Horizon	NJ Health	32.46			16.31	26.93	3352.74	fee schedule	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Wellcare	Medicaid	52.55			48.82	26.93	3352.74	fee schedule	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Managed Care Inc	Managed Care Inc	3176.28	90			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Multiplan	Multiplan	2823.36	80			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Three Rivers	Three Rivers	3352.74	95			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Wellcare	Medicare	65.69			8.43	26.93	3352.74	fee schedule	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	Qualcare	Qualcare	2646.9	75			26.93	3352.74	percent of total billed charges	
F2 GENE ANALYSIS 20210G >A VARIANT	81240	CPT				both			3529.2	75.54	WellPoint	WellPoint	1095.46	31.04		43.41	26.93	3352.74	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Horizon	MGD	239.74	38.28		80.54	41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Aetna	Better Health	190.64	30.44			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Americare	Americare	469.71	75			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Aetna	Medicare	73.37				41.31	594.97	fee schedule	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	UHC	Medicaid	58.7			46.77	41.31	594.97	fee schedule	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Amerihealth	HMO/PPO	45.35				41.31	594.97	fee schedule	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	WellPoint	WellPoint	194.4	31.04		29.72	41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Aetna	Commercial	237.99	38		16.32	41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	UHC	Medicare	73.37				41.31	594.97	fee schedule	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Consumer	Consumer	594.97	95			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Corrections	Corrections	501.02	80			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Amerihealth	Medicare	73.37				41.31	594.97	fee schedule	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Multiplan	Multiplan	501.02	80			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	First Trenton	First Trenton	563.65	90			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Horizon	Medicare Blue	187.88	30			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	First Health	First Health	438.4	70			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Qualcare	Qualcare	469.71	75			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Horizon	Indemnity	239.74	38.28			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Wellcare	Medicaid	58.7			22.95	41.31	594.97	fee schedule	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Horizon	NJ Health	53.82			10.05	41.31	594.97	fee schedule	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Horizon	PPO	239.74	38.28		82.2	41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Wellcare	Medicare	73.37			9.4	41.31	594.97	fee schedule	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Managed Care Inc	Managed Care Inc	563.65	90			41.31	594.97	percent of total billed charges	
F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	81241	CPT				both			626.28	84.38	Three Rivers	Three Rivers	594.97	95			41.31	594.97	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Aetna	Better Health	241.56	30.44			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Aetna	Commercial	301.55	38			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	First Trenton	First Trenton	714.2	90			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Americare	Americare	595.17	75			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Amerihealth	HMO/PPO	515.81	65			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Corrections	Corrections	634.85	80			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Horizon	MGD	303.77	38.28		28.19	23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Aetna	Medicare	57.04				23.26	753.88	fee schedule	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Consumer	Consumer	753.88	95			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	WellPoint	WellPoint	246.32	31.04			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Horizon	PPO	303.77	38.28			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Amerihealth	Medicare	57.04				23.26	753.88	fee schedule	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	First Health	First Health	555.49	70			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Wellcare	Medicaid	45.63				23.26	753.88	fee schedule	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	UHC	Medicaid	45.63			4.78	23.26	753.88	fee schedule	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Horizon	Indemnity	303.77	38.28			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Horizon	Medicare Blue	238.07	30			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Managed Care Inc	Managed Care Inc	714.2	90			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Multiplan	Multiplan	634.85	80			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Wellcare	Medicare	57.04				23.26	753.88	fee schedule	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Three Rivers	Three Rivers	753.88	95			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	Qualcare	Qualcare	595.17	75			23.26	753.88	percent of total billed charges	
FMR1 GENE ALYS EVAL TO DETECT ABNORMAL ALLELES	81243	CPT				both			793.56	65.6	UHC	Medicare	57.04				23.26	753.88	fee schedule	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	UHC	Medicaid	200.58	30.44		33.15	35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Aetna	Commercial	250.39	38			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Americare	Americare	494.19	75			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Consumer	Consumer	625.97	95			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Amerihealth	Medicare	44.89				35.8	625.97	fee schedule	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	First Health	First Health	461.24	70			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Horizon	Medicare Blue	197.68	30			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Aetna	Better Health	200.58	30.44		37.37	35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	UHC	Medicare	44.89				35.8	625.97	fee schedule	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Aetna	Medicare	202.95	30.8			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Wellcare	Medicare	44.89				35.8	625.97	fee schedule	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	First Trenton	First Trenton	593.03	90			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Horizon	MGD	252.23	38.28			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Amerihealth	HMO/PPO	428.3	65			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Corrections	Corrections	527.14	80			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Multiplan	Multiplan	527.14	80			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Horizon	Indemnity	252.23	38.28			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Qualcare	Qualcare	494.19	75			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Horizon	PPO	252.23	38.28			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	WellPoint	WellPoint	204.53	31.04		36.86	35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Managed Care Inc	Managed Care Inc	593.03	90			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Three Rivers	Three Rivers	625.97	95			35.8	625.97	percent of total billed charges	
FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	81244	CPT				both			658.92	51.62	Wellcare	Medicaid	200.58	30.44		11.05	35.8	625.97	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	UHC	Medicaid	218.89	30.44		31.56	48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Aetna	Better Health	218.89	30.44			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Americare	Americare	539.33	75			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Horizon	MGD	275.27	38.28		61.38	48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Consumer	Consumer	683.15	95			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Amerihealth	HMO/PPO	48.51				48.51	683.15	fee schedule	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Aetna	Medicare	221.48	30.8		8.27	48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Amerihealth	Medicare	65.36				48.51	683.15	fee schedule	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	UHC	Medicare	65.36			2.44	48.51	683.15	fee schedule	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Aetna	Commercial	273.26	38			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Multiplan	Multiplan	575.28	80			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Horizon	PPO	275.27	38.28			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Corrections	Corrections	575.28	80			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	First Health	First Health	503.37	70			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Qualcare	Qualcare	539.33	75			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	First Trenton	First Trenton	647.19	90			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Horizon	Indemnity	275.27	38.28			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Wellcare	Medicare	65.36				48.51	683.15	fee schedule	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Horizon	Medicare Blue	215.73	30		10.39	48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Three Rivers	Three Rivers	683.15	95			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	WellPoint	WellPoint	223.21	31.04		38.55	48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Wellcare	Medicaid	218.89	30.44			48.51	683.15	percent of total billed charges	
HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	81256	CPT				both			719.1	75.16	Managed Care Inc	Managed Care Inc	647.19	90			48.51	683.15	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Amerihealth	HMO/PPO	1273.62	65			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Americare	Americare	1469.57	75			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Aetna	Better Health	596.45	30.44			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Corrections	Corrections	1567.54	80			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Aetna	Medicare	102.26				81.81	1861.45	fee schedule	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Consumer	Consumer	1861.45	95			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Amerihealth	Medicare	102.26				81.81	1861.45	fee schedule	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Aetna	Commercial	744.58	38			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	First Trenton	First Trenton	1763.48	90			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Horizon	MGD	750.07	38.28		263.05	81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Horizon	Medicare Blue	587.83	30		76.81	81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Wellcare	Medicare	102.26				81.81	1861.45	fee schedule	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Horizon	PPO	750.07	38.28		239.47	81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Horizon	Indemnity	750.07	38.28			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	First Health	First Health	1371.59	70			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Multiplan	Multiplan	1567.54	80			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Managed Care Inc	Managed Care Inc	1763.48	90			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Three Rivers	Three Rivers	1861.45	95			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	UHC	Medicaid	81.81			113.25	81.81	1861.45	fee schedule	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Qualcare	Qualcare	1469.57	75			81.81	1861.45	percent of total billed charges	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	UHC	Medicare	102.26				81.81	1861.45	fee schedule	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	Wellcare	Medicaid	81.81			71.03	81.81	1861.45	fee schedule	
HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	81257	CPT				both			1959.42	117.6	WellPoint	WellPoint	608.2	31.04		151.4	81.81	1861.45	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Americare	Americare	482.72	75			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Amerihealth	Medicare	197.99				116.13	611.44	fee schedule	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Multiplan	Multiplan	514.9	80			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Aetna	Medicare	198.23	30.8			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Consumer	Consumer	611.44	95			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Amerihealth	HMO/PPO	146.93				116.13	611.44	fee schedule	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLI

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	First Health	First Health	450.53	70			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Wellcare	Medicaid	195.92	30.44			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	UHC	Medicaid	195.92	30.44			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Horizon	Indemnity	246.38	38.28			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Aetna	Commercial	244.58	38			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Horizon	Medicare Blue	193.09	30			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Horizon	NJ Health	116.13				116.13	611.44	fee schedule	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	UHC	Medicare	197.99				116.13	611.44	fee schedule	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Horizon	PPO	246.38	38.28			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Wellcare	Medicare	197.99				116.13	611.44	fee schedule	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Managed Care Inc	Managed Care Inc	579.26	90			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	WellPoint	WellPoint	199.78	31.04			116.13	611.44	percent of total billed charges	
IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	81261	CPT				both			643.62	227.69	Three Rivers	Three Rivers	611.44	95			116.13	611.44	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	First Trenton	First Trenton	1182.38	90			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Aetna	Commercial	499.23	38			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	UHC	Medicare	294.52				203.78	1248.07	fee schedule	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Consumer	Consumer	1248.07	95			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Amerihealth	HMO/PPO	218.57				203.78	1248.07	fee schedule	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Aetna	Medicare	294.52				203.78	1248.07	fee schedule	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Aetna	Better Health	399.91	30.44			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Americare	Americare	985.32	75			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Horizon	Indemnity	502.91	38.28			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Multiplan	Multiplan	1051.01	80			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Wellcare	Medicare	294.52				203.78	1248.07	fee schedule	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Horizon	MGD	502.91	38.28			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Amerihealth	Medicare	294.52				203.78	1248.07	fee schedule	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Corrections	Corrections	1051.01	80			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	WellPoint	WellPoint	407.79	31.04			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Quelcare	Quelcare	985.32	75			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Horizon	NJ Health	203.78				203.78	1248.07	fee schedule	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Horizon	Medicare Blue	394.13	30			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	First Health	First Health	919.63	70			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	UHC	Medicaid	235.62				203.78	1248.07	fee schedule	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Horizon	PPO	502.91	38.28			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Managed Care Inc	Managed Care Inc	1182.38	90			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Three Rivers	Three Rivers	1248.07	95			203.78	1248.07	percent of total billed charges	
IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	81263	CPT				both			1313.76	338.7	Wellcare	Medicaid	235.62				203.78	1248.07	fee schedule	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Amerihealth	Medicare	91.66				68.03	972.88	fee schedule	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Americare	Americare	768.06	75			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Aetna	Better Health	311.73	30.44			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Corrections	Corrections	819.26	80			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	First Trenton	First Trenton	921.67	90			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Horizon	Indemnity	392.02	38.28			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	First Health	First Health	716.86	70			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Aetna	Commercial	389.15	38			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Horizon	PPO	392.02	38.28			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Consumer	Consumer	972.88	95			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Aetna	Medicare	315.42	30.8		27.1	68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Wellcare	Medicare	91.66				68.03	972.88	fee schedule	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Managed Care Inc	Managed Care Inc	921.67	90			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Multiplan	Multiplan	819.26	80			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	UHC	Medicare	91.66				68.03	972.88	fee schedule	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Horizon	MGD	392.02	38.28			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Amerihealth	HMO/PPO	68.03				68.03	972.88	fee schedule	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Horizon	Medicare Blue	307.22	30			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Wellcare	Medicaid	311.73	30.44			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	WellPoint	WellPoint	317.87	31.04			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Quelcare	Quelcare	768.06	75			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	Three Rivers	Three Rivers	972.88	95			68.03	972.88	percent of total billed charges	
JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	81270	CPT				both			1024.08	105.41	UHC	Medicaid	311.73	30.44		83.94	68.03	972.88	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Aetna	Medicare	640.89	30.8			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Multiplan	Multiplan	1664.64	80			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Corrections	Corrections	1664.64	80			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Consumer	Consumer	1976.76	95			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Americare	Americare	1560.6	75			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Amerihealth	Medicare	329.51				140.74	1976.76	fee schedule	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	First Trenton	First Trenton	1872.72	90			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Aetna	Better Health	633.4	30.44			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Amerihealth	HMO/PPO	140.74				140.74	1976.76	fee schedule	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Quelcare	Quelcare	1560.6	75			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Horizon	Medicare Blue	624.24	30			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Wellcare	Medicare	329.51				140.74	1976.76	fee schedule	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Horizon	MGD	796.53	38.28			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	First Health	First Health	1456.56	70			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Horizon	Indemnity	796.53	38.28			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Aetna	Commercial	790.7	38			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Horizon	NJ Health	516.68				140.74	1976.76	fee schedule	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	UHC	Medicaid	633.4	30.44			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Horizon	PPO	796.53	38.28			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	WellPoint	WellPoint	645.88	31.04			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Managed Care Inc	Managed Care Inc	1872.72	90			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Wellcare	Medicaid	633.4	30.44			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	Three Rivers	Three Rivers	1976.76	95			140.74	1976.76	percent of total billed charges	
KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81272	CPT				both			2080.8	378.94	UHC	Medicare	329.51				140.74	1976.76	fee schedule	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Aetna	Commercial	238.76	38			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Aetna	Better Health	191.26	30.44			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Americare	Americare	471.24	75			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	First Trenton	First Trenton	565.49	90			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Corrections	Corrections	502.66	80			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Amerihealth	Medicare	193.25				107.43	596.9	fee schedule	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Aetna	Medicare	193.25				107.43	596.9	fee schedule	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	WellPoint	WellPoint	195.03	31.04			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Horizon	MGD	240.52	38.28			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Amerihealth	HMO/PPO	107.43				107.43	596.9	fee schedule	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Multiplan	Multiplan	502.66	80			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Horizon	PPO	240.52	38.28			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	UHC	Medicaid	154.6			92.89	107.43	596.9	fee schedule	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	First Health	First Health	439.82	70			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Consumer	Consumer	596.9	95			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Managed Care Inc	Managed Care Inc	565.49	90			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Quelcare	Quelcare	471.24	75			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Wellcare	Medicare	193.25				107.43	596.9	fee schedule	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Horizon	Indemnity	240.52	38.28			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Three Rivers	Three Rivers	596.9	95			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Horizon	Medicare Blue	188.5	30			107.43	596.9	percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	UHC	Medicare	193.25				107.43	596.9	fee schedule	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT				both			628.32	222.24	Wellcare	Medicaid	154.6				107.43	596.9	fee schedule	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Aetna	Better Health	191.26	30.44			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Horizon	NJ Health	309.19			28.57	84.22	596.9	fee schedule	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Amerihealth	Medicare	193.25				84.22	596.9	fee schedule	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Aetna	Medicare	193.25				84.22	596.9	fee schedule	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	First Health	First Health	439.82	70			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Americare	Americare	471.24	75			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Wellcare	Medicare	193.25				84.22	596.9	fee schedule	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Aetna	Commercial	238.76	38			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Consumer	Consumer	596.9	95			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Amerihealth	HMO/PPO	84.22				84.22	596.9	fee schedule	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Horizon	MGD	240.52	38.28			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Corrections	Corrections	502.66	80			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	First Trenton	First Trenton	565.49	90			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Multiplan	Multiplan	502.66	80			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	WellPoint	WellPoint	195.03	31.04			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	UHC	Medicaid	154.6			92.89	84.22	596.9	fee schedule	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Horizon	Indemnity	240.52	38.28			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Quelcare	Quelcare	471.24	75			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	UHC	Medicare	193.25				84.22	596.9	fee schedule	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Wellcare	Medicaid	154.6				84.22	596.9	fee schedule	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Horizon	Medicare Blue	188.5	30			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Horizon	PPO	240.52	38.28			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Managed Care Inc	Managed Care Inc	565.49	90			84.22	596.9	percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	81276	CPT				both			628.32	222.24	Three Rivers	Three Rivers	596.9	95			84.22	596.9	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Horizon	MGD	1454.84	38.28			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Aetna	Medicare	1160				134.03	3610.49	fee schedule	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Consumer	Consumer	3610.49	95			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Amerihealth	Medicare	1160				134.03	3610.49	fee schedule	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Aetna	Better Health	1156.88	30.44			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Americare	Americare	2850.39	75			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Wellcare	Medicaid	928				134.03	3610.49	fee schedule	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Amerihealth	HMO/PPO	2470.34	65			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Aetna	Commercial	1444.2	38			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Corrections	Corrections	3040.42	80			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Wellcare	Medicare	1160				134.03	3610.49	fee schedule	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	First Health	First Health	2660.36	70			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	WellPoint	WellPoint	1179.68	31.04			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	First Trenton	First Trenton	3420.47	90			134.03	3610.49	percent of total billed charges	
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Horizon	Indemnity	1454.84	38.28			134.03	3610.49	percent of total billed charges							
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	UHC	Medicare	1160				134.03	3610.49	fee schedule							
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Horizon	NJ Health	909.44				134.03	3610.49	fee schedule							
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Horizon	PPO	1454.84	38.28			134.03	3610.49	percent of total billed charges							
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Managed Care Inc	Managed Care Inc	3420.47	90			134.03	3610.49	percent of total billed charges							
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	Three Rivers	Three Rivers	3610.49	95			134.03	3610.49	percent of total billed charges							
CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	81277	CPT				inpatient			3800.52	1334	UHC	Medicaid	928				134.03	3610.49	fee schedule							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Amerihealth	HMO/PPO	686.87	65			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Aetna	Commercial	401.55	38			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Aetna	Better Health	321.67	30.44			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	First Trenton	First Trenton	951.05	90			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Amerihealth	Medicare	185.2				148.16	1003.88	fee schedule							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Horizon	MGD	404.51	38.28			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Aetna	Medicare	185.2				148.16	1003.88	fee schedule							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Horizon	Medicare Blue	317.02	30			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	First Health	First Health	739.7	70			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	UHC	Medicare	185.2				148.16	1003.88	fee schedule							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Americare	Americare	792.54	75			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Horizon	PPO	404.51	38.28			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Horizon	Indemnity	404.51	38.28			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Managed Care Inc	Managed Care Inc	951.05	90			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Corrections	Corrections	845.38	80			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Wellcare	Medicare	185.2				148.16	1003.88	fee schedule							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Multiplan	Multiplan	845.38	80			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	WellPoint	WellPoint	328.01	31.04			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Consumer	Consumer	1003.88	95			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Qualcare	Qualcare	792.54	75			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	UHC	Medicaid	148.16				148.16	1003.88	fee schedule							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Three Rivers	Three Rivers	1003.88	95			148.16	1003.88	percent of total billed charges							
JAK2 TARGETED SEQUENCE ANALYSIS	81279	CPT				both			1056.72	212.98	Wellcare	Medicaid	148.16				148.16	1003.88	fee schedule							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Amerihealth	HMO/PPO	35.49				35.49	324.62	fee schedule							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Americare	Americare	256.28	75			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	UHC	Medicare	124.64				35.49	324.62	fee schedule							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Aetna	Better Health	104.01	30.44		64.87	35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	First Trenton	First Trenton	307.53	90			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	First Health	First Health	239.19	70			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Aetna	Commercial	129.85	38			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Aetna	Medicare	124.64				35.49	324.62	fee schedule							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Amerihealth	Medicare	124.64				35.49	324.62	fee schedule							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Consumer	Consumer	324.62	95			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	WellPoint	WellPoint	106.06	31.04			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Horizon	MGD	130.8	38.28			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Horizon	Indemnity	130.8	38.28			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	UHC	Medicaid	99.71				35.49	324.62	fee schedule							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Horizon	PPO	130.8	38.28			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Corrections	Corrections	273.36	80			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Three Rivers	Three Rivers	324.62	95			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Wellcare	Medicare	124.64				35.49	324.62	fee schedule							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Wellcare	Medicaid	99.71				35.49	324.62	fee schedule							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Multiplan	Multiplan	273.36	80			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Horizon	Medicare Blue	102.51	30			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Qualcare	Qualcare	256.28	75			35.49	324.62	percent of total billed charges							
MGMT GENE PROMOTER METHYLATION ANALYSIS	81287	CPT				both			341.7	143.34	Managed Care Inc	Managed Care Inc	307.53	90			35.49	324.62	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Aetna	Commercial	277.52	38			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	First Trenton	First Trenton	657.29	90			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Aetna	Better Health	222.31	30.44			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Aetna	Medicare	65.34				32.57	693.8	fee schedule							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Amerihealth	HMO/PPO	32.57				32.57	693.8	fee schedule							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Horizon	Indemnity	279.57	38.28			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Consumer	Consumer	693.8	95			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Americare	Americare	547.74	75			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Horizon	MGD	279.57	38.28			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Managed Care Inc	Managed Care Inc	657.29	90			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Horizon	Medicare Blue	219.1	30			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Qualcare	Qualcare	547.74	75			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Amerihealth	Medicare	65.34				32.57	693.8	fee schedule							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Horizon	PPO	279.57	38.28			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Corrections	Corrections	584.26	80			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Multiplan	Multiplan	584.26	80			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	UHC	Medicare	65.34				32.57	693.8	fee schedule							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	UHC	Medicaid	52.27				32.57	693.8	fee schedule							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	First Health	First Health	511.22	70			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Three Rivers	Three Rivers	693.8	95			32.57	693.8	percent of total billed charges							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Wellcare	Medicaid	52.27				32.57	693.8	fee schedule							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	Wellcare	Medicare	65.34				32.57	693.8	fee schedule							
MTHFR GENE ANALYSIS COMMON VARIANTS	81291	CPT				both			730.32	75.14	WellPoint	WellPoint	226.69	31.04			32.57	693.8	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Aetna	Better Health	1607.09	30.44			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	UHC	Medicaid	1607.09	30.44			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Aetna	Medicare	1626.09	30.8			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	First Health	First Health	3895.66	70			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Americare	Americare	3959.64	75			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Amerihealth	HMO/PPO	351.54				351.54	5015.54	fee schedule							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Multiplan	Multiplan	4223.62	80			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Corrections	Corrections	4223.62	80			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Aetna	Commercial	2006.22	38			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	UHC	Medicare	675.4				351.54	5015.54	fee schedule							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Qualcare	Qualcare	3959.64	75			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	First Trenton	First Trenton	4751.57	90			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Consumer	Consumer	5015.54	95			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Amerihealth	Medicare	675.4				351.54	5015.54	fee schedule							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Horizon	Medicare Blue	1583.86	30			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	WellPoint	WellPoint	1638.76	31.04			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Wellcare	Medicare	675.4				351.54	5015.54	fee schedule							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Horizon	MGD	2021	38.28			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Horizon	Indemnity	2021	38.28			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Wellcare	Medicaid	1607.09	30.44			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Horizon	PPO	2021	38.28			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Managed Care Inc	Managed Care Inc	4751.57	90			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81292	CPT				outpatient			5279.52	776.71	Three Rivers	Three Rivers	5015.54	95			351.54	5015.54	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Wellcare	Medicare	202.4				103.73	644.39	fee schedule							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Aetna	Better Health	206.47	30.44			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Americare	Americare	508.73	75			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	First Health	First Health	474.81	70			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Amerihealth	Medicare	202.4				103.73	644.39	fee schedule							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Aetna	Medicare	202.4				103.73	644.39	fee schedule							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Aetna	Commercial	257.75	38			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Amerihealth	HMO/PPO	103.73				103.73	644.39	fee schedule							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	WellPoint	WellPoint	210.54	31.04			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	First Trenton	First Trenton	610.47	90			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Consumer	Consumer	644.39	95			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Horizon	MGD	259.65	38.28			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Multiplan	Multiplan	542.64	80			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Corrections	Corrections	542.64	80			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Qualcare	Qualcare	508.73	75			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Horizon	PPO	259.65	38.28			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	UHC	Medicare	202.4				103.73	644.39	fee schedule							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Managed Care Inc	Managed Care Inc	610.47	90			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Three Rivers	Three Rivers	644.39	95			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Horizon	Indemnity	259.65	38.28			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Wellcare	Medicaid	161.92				103.73	644.39	fee schedule							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	Horizon	Medicare Blue	203.49	30			103.73	644.39	percent of total billed charges							
MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81294	CPT				outpatient			678.3	232.76	UHC	Medicaid	161.92				103.73	644.39	fee schedule							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Consumer	Consumer	2399.24	95			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Aetna	Medicare	381.7				82.53	2399.24	fee schedule							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Aetna	Commercial	959.7	38			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	WellPoint	WellPoint	783.92	31.04			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Americare	Americare	1894.14	75			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Aetna	Better Health	768.77	30.44			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Horizon	MGD	966.77	38.28			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Amerihealth	HMO/PPO	82.53				82.53	2399.24	fee schedule							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Corrections	Corrections	2020.42	80			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Horizon	Indemnity	966.77	38.28			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Multiplan	Multiplan	2020.42	80			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Amerihealth	Medicare	381.7				82.53	2399.24	fee schedule							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Horizon	PPO	966.77	38.28			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Horizon	Medicare Blue	757.66	30			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	Qualcare	Qualcare	1894.14	75			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81295	CPT				outpatient			2525.52	438.96	First Health	First Health	1767.86	70			82.53	2399.24	percent of total billed charges							
MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Wellcare	Medicare	213.3				82.53	679.27	fee schedule	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Amerihealth	HMO/PPO	82.53				82.53	679.27	fee schedule	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Horizon	MGD	273.71	38.28			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Consumer	Consumer	679.27	95			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Aetna	Medicare	220.23	30.8			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	First Health	First Health	500.51	70			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Wellcare	Medicaid	217.65	30.44			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Multiplan	Multiplan	572.02	80			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	WellPoint	WellPoint	221.94	31.04			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Amerihealth	Medicare	213.3				82.53	679.27	fee schedule	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	UHC	Medicaid	217.65	30.44			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Corrections	Corrections	572.02	80			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	UHC	Medicare	213.3				82.53	679.27	fee schedule	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	First Trenton	First Trenton	643.52	90			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Qualcare	Qualcare	536.27	75			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Horizon	Indemnity	273.71	38.28			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Horizon	Medicare Blue	214.51	30			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Horizon	PPO	273.71	38.28			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Managed Care Inc	Managed Care Inc	643.52	90			82.53	679.27	percent of total billed charges	
MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81297	CPT				outpatient			715.02	245.3	Three Rivers	Three Rivers	679.27	95			82.53	679.27	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Qualcare	Qualcare	2334.78	75			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Americare	Americare	2334.78	75			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Aetna	Better Health	947.61	30.44			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Wellcare	Medicaid	513.48				156.57	2957.39	fee schedule	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Consumer	Consumer	2957.39	95			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Amerihealth	HMO/PPO	156.57				156.57	2957.39	fee schedule	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Aetna	Medicare	641.85				156.57	2957.39	fee schedule	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Horizon	MGD	1191.67	38.28			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	UHC	Medicare	641.85				156.57	2957.39	fee schedule	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Horizon	PPO	1191.67	38.28			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Aetna	Commercial	1182.86	38			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Amerihealth	Medicare	641.85				156.57	2957.39	fee schedule	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Corrections	Corrections	2490.43	80			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Three Rivers	Three Rivers	2957.39	95			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	First Health	First Health	2179.13	70			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Wellcare	Medicare	641.85				156.57	2957.39	fee schedule	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	WellPoint	WellPoint	966.29	31.04			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Multiplan	Multiplan	2490.43	80			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	First Trenton	First Trenton	2801.74	90			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Horizon	Indemnity	1191.67	38.28			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Horizon	Medicare Blue	933.91	30			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	UHC	Medicaid	513.48				156.57	2957.39	fee schedule	
MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81298	CPT				outpatient			3113.04	738.13	Managed Care Inc	Managed Care Inc	2801.74	90			156.57	2957.39	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Horizon	Indemnity	305.34	38.28			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Corrections	Corrections	638.11	80			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	First Trenton	First Trenton	717.88	90			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Aetna	Better Health	242.8	30.44			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Aetna	Medicare	238				87.95	757.76	fee schedule	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Aetna	Commercial	303.1	38			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Amerihealth	Medicare	238				87.95	757.76	fee schedule	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	First Health	First Health	558.35	70			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Americare	Americare	598.23	75			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	UHC	Medicaid	190.4				87.95	757.76	fee schedule	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Horizon	PPO	305.34	38.28			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Consumer	Consumer	757.76	95			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Amerihealth	HMO/PPO	87.95				87.95	757.76	fee schedule	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	WellPoint	WellPoint	247.59	31.04			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Horizon	MGD	305.34	38.28			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Multiplan	Multiplan	638.11	80			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Managed Care Inc	Managed Care Inc	717.88	90			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Wellcare	Medicaid	190.4				87.95	757.76	fee schedule	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Three Rivers	Three Rivers	757.76	95			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Horizon	Medicare Blue	239.29	30			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Wellcare	Medicare	238				87.95	757.76	fee schedule	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	Qualcare	Qualcare	598.23	75			87.95	757.76	percent of total billed charges	
MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	81300	CPT				outpatient			797.64	273.7	UHC	Medicare	238				87.95	757.76	fee schedule	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Consumer	Consumer	656.98	95			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Americare	Americare	518.67	75			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Aetna	Better Health	210.51	30.44			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Amerihealth	Medicare	348.56				207.47	656.98	fee schedule	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Aetna	Commercial	262.79	38			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Horizon	Indemnity	264.73	38.28			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	UHC	Medicare	348.56				207.47	656.98	fee schedule	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	First Trenton	First Trenton	622.4	90			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Aetna	Medicare	213	30.8			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Horizon	Medicare Blue	207.47	30			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Amerihealth	HMO/PPO	214.89				207.47	656.98	fee schedule	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Corrections	Corrections	553.25	80			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Horizon	MGD	264.73	38.28			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Multiplan	Multiplan	553.25	80			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Wellcare	Medicare	348.56				207.47	656.98	fee schedule	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Horizon	PPO	264.73	38.28			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	First Health	First Health	484.09	70			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Qualcare	Qualcare	518.67	75			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Wellcare	Medicaid	210.51	30.44			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	WellPoint	WellPoint	214.66	31.04			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Managed Care Inc	Managed Care Inc	622.4	90			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	Three Rivers	Three Rivers	656.98	95			207.47	656.98	percent of total billed charges	
MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	81301	CPT				both			691.56	400.84	UHC	Medicaid	210.51	30.44		149.95	207.47	656.98	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Amerihealth	Medicare	527.87				527.87	4350.81	fee schedule	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Horizon	Indemnity	1753.15	38.28			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Aetna	Better Health	1394.09	30.44			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Aetna	Commercial	1740.32	38			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Amerihealth	HMO/PPO	2976.87	65			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	First Trenton	First Trenton	4121.82	90			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Consumer	Consumer	4350.81	95			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Americare	Americare	3434.85	75			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	First Health	First Health	3205.86	70			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Horizon	Medicare Blue	1373.94	30			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Wellcare	Medicare	527.87				527.87	4350.81	fee schedule	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Aetna	Medicare	1410.58	30.8			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Corrections	Corrections	3663.84	80			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Managed Care Inc	Managed Care Inc	4121.82	90			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Multiplan	Multiplan	3663.84	80			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Horizon	MGD	1753.15	38.28			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	UHC	Medicaid	1394.09	30.44			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Horizon	PPO	1753.15	38.28			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Qualcare	Qualcare	3434.85	75			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Three Rivers	Three Rivers	4350.81	95			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	WellPoint	WellPoint	1421.57	31.04			527.87	4350.81	percent of total billed charges	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	UHC	Medicare	527.87				527.87	4350.81	fee schedule	
MECP2 GENE ANALYSIS FULL SEQUENCE	81302	CPT				outpatient			4579.8	607.05	Wellcare	Medicaid	1394.09	30.44			527.87	4350.81	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Americare	Americare	585.99	75			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Aetna	Medicare	175.4				137.51	742.25	fee schedule	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	First Trenton	First Trenton	703.19	90			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Amerihealth	HMO/PPO	507.86	65			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Aetna	Commercial	296.9	38			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Aetna	Better Health	237.83	30.44			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Horizon	Medicare Blue	234.4	30			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Amerihealth	Medicare	175.4				137.51	742.25	fee schedule	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Horizon	MGD	299.09	38.28			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Corrections	Corrections	625.06	80			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Wellcare	Medicare	175.4				137.51	742.25	fee schedule	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	First Health	First Health	546.92	70			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	UHC	Medicare	175.4				137.51	742.25	fee schedule	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Consumer	Consumer	742.25	95			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	WellPoint	WellPoint	242.52	31.04			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Horizon	PPO	299.09	38.28			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Horizon	Indemnity	299.09	38.28			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Multiplan	Multiplan	625.06	80			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Horizon	NJ Health	137.51				137.51	742.25	fee schedule	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Qualcare	Qualcare	585.99	75			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	UHC	Medicaid	140.32				137.51	742.25	fee schedule	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Three Rivers	Three Rivers	742.25	95			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Managed Care Inc	Managed Care Inc	703.19	90			137.51	742.25	percent of total billed charges	
MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	81305	CPT				outpatient			781.32	201.71	Wellcare	Medicaid	140.32				137.51	742.25	fee schedule	
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66	777.98	Aetna	Better Health	196.54	30.44			193.7	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66	777.98	Amerihealth	HMO/PPO	419.68	65			193.7	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66	777.98	Consumer	Consumer	613.38	95			193.7	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66	777.98	Aetna	Medicare	198.86	30.8			193.7	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66	777.98	Americare	Americare	484.25	75			193.7	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66	777.98	Aetna	Commercial	245.35	38			193.7	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 Horizon	PPO	247.16	38.28			193.7	676.5 percent of total billed charges									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 Amerihealth	Medicare	676.5				193.7	676.5 fee schedule									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 Horizon	Medicare Blue	193.7	30			193.7	676.5 percent of total billed charges									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 Wellcare	Medicare	676.5				193.7	676.5 fee schedule									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 Three Rivers	Three Rivers	613.38	95			193.7	676.5 percent of total billed charges									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 UHC	Medicare	676.5				193.7	676.5 fee schedule									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 Horizon	NJ Health	221.77				193.7	676.5 fee schedule									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 UHC	Medicaid	196.54	30.44			193.7	676.5 percent of total billed charges									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 Managed Care Inc	Managed Care Inc	581.09	90			193.7	676.5 percent of total billed charges									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 Multiplan	Multiplan	516.53	80			193.7	676.5 percent of total billed charges									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 WellPoint	WellPoint	200.41	31.04			193.7	676.5 percent of total billed charges									
PALB2 GENE ANALYSIS FULL GENE SEQUENCE	81307	CPT				outpatient			645.66		777.98 Wellcare	Medicaid	196.54	30.44			193.7	676.5 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Horizon	Indemnity	319.39	38.28			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Amerihealth	HMO/PPO	105.4				46.14	792.64 fee schedule									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Aetna	Medicare	246.52				46.14	792.64 fee schedule									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Corrections	Corrections	667.49	80			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Amerihealth	Medicare	246.52				46.14	792.64 fee schedule									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Horizon	MGD	319.39	38.28			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Consumer	Consumer	792.64	95			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Aetna	Better Health	253.98	30.44			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 WellPoint	WellPoint	258.99	31.04			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 First Health	First Health	584.05	70			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Americare	Americare	625.77	75			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Aetna	Commercial	317.06	38			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 First Trenton	First Trenton	750.92	90			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 UHC	Medicare	246.52				46.14	792.64 fee schedule									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Horizon	NJ Health	46.14				46.14	792.64 fee schedule									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Horizon	Medicare Blue	250.31	30			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Horizon	PPO	319.39	38.28			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Wellcare	Medicare	246.52				46.14	792.64 fee schedule									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Multiplan	Multiplan	667.49	80			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Managed Care Inc	Managed Care Inc	750.92	90			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Three Rivers	Three Rivers	792.64	95			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Qualcare	Qualcare	625.77	75			46.14	792.64 percent of total billed charges									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 Wellcare	Medicaid	197.22				46.14	792.64 fee schedule									
NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	81310	CPT				outpatient			834.36		283.5 UHC	Medicaid	197.22				46.14	792.64 fee schedule									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Multiplan	Multiplan	869.86	80			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Americare	Americare	815.49	75			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Aetna	Medicare	295.79				126.34	1032.95 fee schedule									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Aetna	Better Health	330.98	30.44			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Amerihealth	Medicare	295.79				126.34	1032.95 fee schedule									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Horizon	MGD	416.23	38.28			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 First Trenton	First Trenton	978.59	90			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Consumer	Consumer	1032.95	95			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Qualcare	Qualcare	815.49	75			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Amerihealth	HMO/PPO	126.34				126.34	1032.95 fee schedule									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Corrections	Corrections	869.86	80			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Aetna	Commercial	413.18	38			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 First Health	First Health	761.12	70			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Horizon	NJ Health	463.79				126.34	1032.95 fee schedule									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Horizon	Indemnity	416.23	38.28			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 UHC	Medicaid	236.63				126.34	1032.95 fee schedule									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 UHC	Medicare	295.79				126.34	1032.95 fee schedule									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Wellcare	Medicaid	236.63				126.34	1032.95 fee schedule									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Horizon	Medicare Blue	326.2	30			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 WellPoint	WellPoint	337.5	31.04			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Horizon	PPO	416.23	38.28			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Wellcare	Medicare	295.79				126.34	1032.95 fee schedule									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Managed Care Inc	Managed Care Inc	978.59	90			126.34	1032.95 percent of total billed charges									
NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	81311	CPT				outpatient			1087.32		340.16 Three Rivers	Three Rivers	1032.95	95			126.34	1032.95 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 UHC	Medicaid	300.55	30.44			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Americare	Americare	740.52	75			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 UHC	Medicare	329.51				140.74	937.99 fee schedule									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Horizon	Indemnity	377.96	38.28			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 First Health	First Health	691.15	70			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Aetna	Commercial	375.2	38			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Amerihealth	Medicare	329.51				140.74	937.99 fee schedule									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Aetna	Better Health	300.55	30.44			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Horizon	MGD	377.96	38.28			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Amerihealth	HMO/PPO	140.74				140.74	937.99 fee schedule									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Wellcare	Medicare	329.51				140.74	937.99 fee schedule									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Qualcare	Qualcare	740.52	75			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Horizon	PPO	377.96	38.28			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Aetna	Medicare	304.11	30.8			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 WellPoint	WellPoint	306.48	31.04			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Consumer	Consumer	937.99	95			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Three Rivers	Three Rivers	937.99	95			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Horizon	Medicare Blue	296.21	30			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Corrections	Corrections	789.89	80			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Multiplan	Multiplan	789.89	80			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 First Trenton	First Trenton	888.62	90			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Wellcare	Medicaid	300.55	30.44			140.74	937.99 percent of total billed charges									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Horizon	NJ Health	516.68				140.74	937.99 fee schedule									
PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	81314	CPT				outpatient			987.36		378.94 Managed Care Inc	Managed Care Inc	888.62	90			140.74	937.99 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Horizon	Indemnity	249.5	38.28			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Aetna	Medicare	200.75	30.8			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Amerihealth	Medicare	207.31				92.16	619.19 fee schedule									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Aetna	Commercial	247.68	38			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Americare	Americare	488.84	75			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Consumer	Consumer	619.19	95			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Horizon	PPO	249.5	38.28			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Aetna	Better Health	198.4	30.44			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Qualcare	Qualcare	488.84	75			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Corrections	Corrections	521.42	80			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 First Trenton	First Trenton	586.6	90			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 UHC	Medicaid	198.4	30.44		78.31	92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Horizon	Medicare Blue	195.53	30			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Horizon	MGD	249.5	38.28			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Managed Care Inc	Managed Care Inc	586.6	90			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Amerihealth	HMO/PPO	153.85				92.16	619.19 fee schedule									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Multiplan	Multiplan	521.42	80			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Horizon	NJ Health	92.16				92.16	619.19 fee schedule									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Three Rivers	Three Rivers	619.19	95			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 UHC	Medicare	207.31				92.16	619.19 fee schedule									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Wellcare	Medicare	207.31				92.16	619.19 fee schedule									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 First Health	First Health	456.25	70			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 Wellcare	Medicaid	198.4	30.44			92.16	619.19 percent of total billed charges									
PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	81315	CPT				outpatient			651.78		238.41 WellPoint	WellPoint	202.31	31.04		138.28	92.16	619.19 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 First Health	First Health	4078.37	70			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Aetna	Medicare	676.5				425.01	5534.93 fee schedule									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 First Trenton	First Trenton	5243.62	90			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Aetna	Commercial	2213.97	38			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Aetna	Better Health	1773.51	30.44			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Amerihealth	HMO/PPO	425.01				425.01	5534.93 fee schedule									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Corrections	Corrections	4660.99	80			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 WellPoint	WellPoint	1808.46	31.04			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Multiplan	Multiplan	4660.99	80			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Horizon	Indemnity	2230.28	38.28			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Managed Care Inc	Managed Care Inc	5243.62	90			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Amerihealth	Medicare	676.5				425.01	5534.93 fee schedule									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Americare	Americare	4369.68	75			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Horizon	PPO	2230.28	38.28			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Horizon	MGD	2230.28	38.28			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Three Rivers	Three Rivers	5534.93	95			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Qualcare	Qualcare	4369.68	75			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Wellcare	Medicaid	541.2				425.01	5534.93 fee schedule									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Consumer	Consumer	5534.93	95			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 UHC	Medicare	676.5				425.01	5534.93 fee schedule									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Horizon	Medicare Blue	1747.87	30			425.01	5534.93 percent of total billed charges									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 UHC	Medicaid	541.2				425.01	5534.93 fee schedule									
PMS2 GENE ANALYSIS FULL SEQUENCE	81317	CPT				outpatient			5826.24		777.98 Wellcare	Medicare	676.5				425.01	5534.93 fee schedule									
PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81319	CPT				outpatient			681.36		234.03 Amerihealth	HMO/PPO	120.58				120.58	647.29 fee schedule									
PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81319	CPT				outpatient			681.36		234.03 Americare	Americare	511.02	75			120.58	647.29 percent of total billed charges									
PMS2 GENE ANALYSIS DUPLICATION/DELETION VARI

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																						
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																						
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes							
PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81319	CPT				outpatient			681.36	234.03	Three Rivers	Three Rivers	647.29	95			120.58	647.29	percent of total billed charges									
PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81319	CPT				outpatient			681.36	234.03	Horizon	Medicare Blue	204.41	30			120.58	647.29	percent of total billed charges									
PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81319	CPT				outpatient			681.36	234.03	Qualcare	Qualcare	511.02	75			120.58	647.29	percent of total billed charges									
PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81319	CPT				outpatient			681.36	234.03	WellPoint	WellPoint	211.49	31.04			120.58	647.29	percent of total billed charges									
PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81319	CPT				outpatient			681.36	234.03	UHC	Medicaid	162.8				120.58	647.29	fee schedule									
PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	81319	CPT				outpatient			681.36	234.03	UHC	Medicare	203.5				120.58	647.29	fee schedule									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Aetna	Commercial	518.61	38			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Horizon	Indemnity	522.43	38.28			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Amerihealth	HMO/PPO	326.77				326.77	1296.52	fee schedule									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	First Health	First Health	955.33	70			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Aetna	Medicare	600				326.77	1296.52	fee schedule									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Consumer	Consumer	1296.52	95			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Americare	Americare	1023.57	75			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Aetna	Better Health	415.43	30.44			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Amerihealth	Medicare	600				326.77	1296.52	fee schedule									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Wellcare	Medicaid	480				326.77	1296.52	fee schedule									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	First Trenton	First Trenton	1228.28	90			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Multiplan	Multiplan	1091.81	80			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Horizon	MGD	522.43	38.28			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Corrections	Corrections	1091.81	80			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Horizon	NJ Health	470.95				326.77	1296.52	fee schedule									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Qualcare	Qualcare	1023.57	75			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Horizon	PPO	522.43	38.28			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Horizon	Medicare Blue	409.43	30			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Managed Care Inc	Managed Care Inc	1228.28	90			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	UHC	Medicare	600				326.77	1296.52	fee schedule									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Three Rivers	Three Rivers	1296.52	95			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	UHC	Medicaid	480				326.77	1296.52	fee schedule									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	Wellcare	Medicare	600				326.77	1296.52	fee schedule									
PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	81321	CPT				outpatient			1364.76	690	WellPoint	WellPoint	423.62	31.04			326.77	1296.52	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Aetna	Commercial	259.69	38			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Aetna	Medicare	300				47.65	649.23	fee schedule									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	First Trenton	First Trenton	615.06	90			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Amerihealth	Medicare	300				47.65	649.23	fee schedule									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Horizon	MGD	261.61	38.28			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Aetna	Better Health	208.03	30.44			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Amerihealth	HMO/PPO	47.65				47.65	649.23	fee schedule									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Consumer	Consumer	649.23	95			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Multiplan	Multiplan	546.72	80			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Americare	Americare	512.55	75			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Wellcare	Medicare	300				47.65	649.23	fee schedule									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Corrections	Corrections	546.72	80			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Qualcare	Qualcare	512.55	75			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Horizon	Indemnity	261.61	38.28			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	First Health	First Health	478.38	70			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	UHC	Medicaid	240				47.65	649.23	fee schedule									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	UHC	Medicare	300				47.65	649.23	fee schedule									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Horizon	NJ Health	68.68				47.65	649.23	fee schedule									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	WellPoint	WellPoint	212.13	31.04			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Wellcare	Medicaid	240				47.65	649.23	fee schedule									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Horizon	Medicare Blue	205.02	30			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Horizon	PPO	261.61	38.28			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Managed Care Inc	Managed Care Inc	615.06	90			47.65	649.23	percent of total billed charges									
PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	81323	CPT				outpatient			683.4	345	Three Rivers	Three Rivers	649.23	95			47.65	649.23	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Aetna	Commercial	575.97	38			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Aetna	Better Health	461.39	30.44			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Aetna	Medicare	466.84	30.8			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Americare	Americare	1136.79	75			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Horizon	MGD	580.22	38.28			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Amerihealth	HMO/PPO	985.22	65			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	First Trenton	First Trenton	1364.15	90			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Consumer	Consumer	1439.93	95			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Amerihealth	Medicare	769.58				454.72	1439.93	fee schedule									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Corrections	Corrections	1212.58	80			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Horizon	PPO	580.22	38.28			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Horizon	Indemnity	580.22	38.28			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	First Health	First Health	1061	70			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Multiplan	Multiplan	1212.58	80			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Managed Care Inc	Managed Care Inc	1364.15	90			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Horizon	Medicare Blue	454.72	30			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Wellcare	Medicaid	461.39	30.44			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Qualcare	Qualcare	1136.79	75			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Three Rivers	Three Rivers	1439.93	95			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	WellPoint	WellPoint	470.48	31.04			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	Wellcare	Medicare	769.58				454.72	1439.93	fee schedule									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	UHC	Medicaid	461.39	30.44			454.72	1439.93	percent of total billed charges									
PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	81325	CPT				outpatient			1515.72	885.02	UHC	Medicare	769.58				454.72	1439.93	fee schedule									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Americare	Americare	1436.67	75			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	First Trenton	First Trenton	1724	90			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	WellPoint	WellPoint	594.59	31.04		562.61	107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Amerihealth	Medicare	137				107.41	1819.78	fee schedule									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Aetna	Commercial	727.91	38			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Aetna	Better Health	583.1	30.44		448.86	107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Consumer	Consumer	1819.78	95			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Aetna	Medicare	137				107.41	1819.78	fee schedule									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	UHC	Medicaid	109.6			405.43	107.41	1819.78	fee schedule									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Horizon	Medicare Blue	574.67	30			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Corrections	Corrections	1532.45	80			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	First Health	First Health	1340.89	70			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Horizon	MGD	733.28	38.28			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Horizon	Indemnity	733.28	38.28			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Horizon	NJ Health	107.41				107.41	1819.78	fee schedule									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Amerihealth	HMO/PPO	1245.11	65			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Horizon	PPO	733.28	38.28		488.37	107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	UHC	Medicare	137				107.41	1819.78	fee schedule									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Managed Care Inc	Managed Care Inc	1724	90			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Three Rivers	Three Rivers	1819.78	95			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Wellcare	Medicaid	109.6			342.04	107.41	1819.78	fee schedule									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Multiplan	Multiplan	1532.45	80			107.41	1819.78	percent of total billed charges									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Wellcare	Medicare	137				107.41	1819.78	fee schedule									
SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	81329	CPT				outpatient			1915.56	157.55	Qualcare	Qualcare	1436.67	75			107.41	1819.78	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Amerihealth	HMO/PPO	458.13	65			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Aetna	Commercial	267.83	38			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	First Trenton	First Trenton	634.34	90			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Americare	Americare	526.62	75			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Aetna	Better Health	214.55	30.44			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Aetna	Medicare	51.07				40.86	669.58	fee schedule									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Amerihealth	Medicare	51.07				40.86	669.58	fee schedule									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Corrections	Corrections	563.86	80			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	First Health	First Health	493.37	70			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	UHC	Medicaid	40.86				40.86	669.58	fee schedule									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Wellcare	Medicare	51.07				40.86	669.58	fee schedule									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Wellcare	Medicaid	40.86				40.86	669.58	fee schedule									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Consumer	Consumer	669.58	95			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Horizon	MGD	269.81	38.28			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Multiplan	Multiplan	563.86	80			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	WellPoint	WellPoint	218.78	31.04			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Horizon	Indemnity	269.81	38.28			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	UHC	Medicare	51.07				40.86	669.58	fee schedule									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Qualcare	Qualcare	526.62	75			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Horizon	Medicare Blue	211.45	30			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Horizon	PPO	269.81	38.28			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Managed Care Inc	Managed Care Inc	634.34	90			40.86	669.58	percent of total billed charges									
SNRPN/UBE3A METHYLATION ANALYSIS	81331	CPT				both			704.82	58.73	Three Rivers	Three Rivers	669.58	95			40.86	669.58	percent of total billed charges									
SERPINA1 GENE ANALYSIS COMMON VARIANTS	81332	CPT				outpatient			640.56	50.2	Aetna	Medicare	43.65				32.39	608.53	fee schedule									
SERPINA1 GENE ANALYSIS COMMON VARIANTS	81332	CPT				outpatient			640.56	50.2	Consumer	Consumer	608.53	95			32.39	608.53	percent of total billed charges									
SERPINA1 GENE ANALYSIS COMMON VARIANTS	81332	CPT				outpatient			640.56	50.2	Amerihealth	HMO/PPO	32.39				32.39	608.53	fee schedule									
SERPINA1 GENE ANALYSIS COMMON VARIANTS	81332	CPT				outpatient			640.56	50.2	Aetna	Better Health	194.99	30.44			32.39	608.53	percent of total billed charges									
SERPINA1 GENE ANALYSIS COMMON VARIANTS	81332	CPT				outpatient			640.56	50.2	Amerihealth	Medicare	43.65				32.39	608.53	fee schedule									
SERPINA1 GENE ANALYSIS COMMON VARIANTS	81332	CPT				outpatient			640.56	50.2	Americare	Americare	480.42	75			32.39	608.53	percent of total billed charges									
SERPINA1 GENE ANALYSIS COMMON VARIANTS	81332	CPT				outpatient			640.56	50.2	Horizon	MGD	245.21	38.28			32.39	608.53	percent of total billed charges									
SERPINA1 GENE ANALYSIS COMMON VARIANTS	81332	CPT				outpatient			640.56	50.2	Aetna	Commercial	243.41	38			32.39	608.53	percent of total billed charges									
SERPINA1 GENE ANALYSIS COMMON VARIANTS	81332	CPT				outp

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Aetna	Medicare	174.81				137.04	137.04	fee schedule	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	WellPoint	WellPoint	273.55	31.04			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Amerihealth	Medicare	174.81				137.04	137.04	fee schedule	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	First Health	First Health	616.9	70			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Aetna	Better Health	268.26	30.44			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Wellcare	Medicare	174.81				137.04	137.04	fee schedule	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Aetna	Commercial	334.89	38			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Consumer	Consumer	837.22	95			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Amerihealth	HMO/PPO	572.83	65			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Americare	Americare	660.96	75			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Multiplan	Multiplan	705.02	80			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Corrections	Corrections	705.02	80			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Qualcare	Qualcare	660.96	75			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	First Trenton	First Trenton	793.15	90			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	UHC	Medicare	174.81				137.04	137.04	fee schedule	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Horizon	Medicare Blue	264.38	30			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Horizon	Indemnity	337.35	38.28			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Horizon	NJ Health	137.04				137.04	137.04	fee schedule	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Horizon	PPO	337.35	38.28			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Wellcare	Medicaid	139.85				137.04	137.04	fee schedule	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Managed Care Inc	Managed Care Inc	793.15	90			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	Three Rivers	Three Rivers	837.22	95			137.04	137.04	percent of total billed charges	
TPMT GENE ANALAYSIS COMMON VARIANTS	81335	CPT				both			881.28	201.03	UHC	Medicaid	139.85				137.04	137.04	fee schedule	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Aetna	Commercial	437.99	38			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Aetna	Medicare	150.33				120.26	1094.97	fee schedule	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Americare	Americare	864.45	75			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Amerihealth	Medicare	150.33				120.26	1094.97	fee schedule	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Corrections	Corrections	922.08	80			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	First Trenton	First Trenton	1037.34	90			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Consumer	Consumer	1094.97	95			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Aetna	Better Health	350.85	30.44			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Horizon	MGD	441.22	38.28			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Managed Care Inc	Managed Care Inc	1037.34	90			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Amerihealth	HMO/PPO	749.19	65			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	First Health	First Health	806.82	70			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	UHC	Medicaid	120.26				120.26	1094.97	fee schedule	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Horizon	Indemnity	441.22	38.28			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	UHC	Medicare	150.33				120.26	1094.97	fee schedule	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Multiplan	Multiplan	922.08	80			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Wellcare	Medicare	150.33				120.26	1094.97	fee schedule	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Horizon	Medicare Blue	345.78	30			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	WellPoint	WellPoint	357.77	31.04			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Qualcare	Qualcare	864.45	75			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Horizon	PPO	441.22	38.28			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Three Rivers	Three Rivers	1094.97	95			120.26	1094.97	percent of total billed charges	
MPL GENE ANALYSIS COMMON VARIANTS	81338	CPT				both			1152.6	172.88	Wellcare	Medicaid	120.26				120.26	1094.97	fee schedule	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	First Trenton	First Trenton	1023.57	90			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Consumer	Consumer	1080.44	95			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Horizon	MGD	435.36	38.28			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Americare	Americare	852.98	75			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Aetna	Medicare	208.92				116.13	1080.44	fee schedule	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Aetna	Better Health	346.19	30.44			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Amerihealth	HMO/PPO	155.05				116.13	1080.44	fee schedule	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Multiplan	Multiplan	909.84	80			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Horizon	Indemnity	435.36	38.28			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Corrections	Corrections	909.84	80			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	UHC	Medicare	208.92				116.13	1080.44	fee schedule	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Qualcare	Qualcare	852.98	75			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	UHC	Medicaid	167.14				116.13	1080.44	fee schedule	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Aetna	Commercial	432.17	38			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Amerihealth	Medicare	208.92				116.13	1080.44	fee schedule	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Horizon	NJ Health	116.13			19.92	116.13	1080.44	fee schedule	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Horizon	PPO	435.36	38.28			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Horizon	Medicare Blue	341.19	30			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	First Health	First Health	796.11	70			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Wellcare	Medicare	208.92				116.13	1080.44	fee schedule	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	WellPoint	WellPoint	353.02	31.04			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Managed Care Inc	Managed Care Inc	1023.57	90			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Three Rivers	Three Rivers	1080.44	95			116.13	1080.44	percent of total billed charges	
TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	81340	CPT				both			1137.3	240.26	Wellcare	Medicaid	167.14				116.13	1080.44	fee schedule	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Americare	Americare	583.7	75			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	First Health	First Health	544.78	70			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Aetna	Medicare	201.5				116.13	739.35	fee schedule	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Aetna	Better Health	236.9	30.44			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Multiplan	Multiplan	622.61	80			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Amerihealth	HMO/PPO	149.54				116.13	739.35	fee schedule	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Amerihealth	Medicare	201.5				116.13	739.35	fee schedule	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Aetna	Commercial	295.74	38			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Consumer	Consumer	739.35	95			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Horizon	NJ Health	116.13			13.63	116.13	739.35	fee schedule	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Corrections	Corrections	622.61	80			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Horizon	Medicare Blue	233.48	30			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Qualcare	Qualcare	583.7	75			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Horizon	MGD	297.92	38.28			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	First Trenton	First Trenton	700.43	90			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Wellcare	Medicare	201.5				116.13	739.35	fee schedule	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	UHC	Medicaid	161.2				116.13	739.35	fee schedule	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	UHC	Medicare	201.5				116.13	739.35	fee schedule	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	WellPoint	WellPoint	241.57	31.04			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Horizon	Indemnity	297.92	38.28			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Horizon	PPO	297.92	38.28			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Managed Care Inc	Managed Care Inc	700.43	90			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Three Rivers	Three Rivers	739.35	95			116.13	739.35	percent of total billed charges	
TRG@ GENE REARRANGEMENT ANALYSIS	81342	CPT				both			778.26	231.73	Wellcare	Medicaid	161.2				116.13	739.35	fee schedule	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Aetna	Medicare	137				107.41	423.45	fee schedule	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	UHC	Medicare	137				107.41	423.45	fee schedule	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Consumer	Consumer	423.45	95			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Aetna	Commercial	169.38	38			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Aetna	Better Health	135.68	30.44			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	WellPoint	WellPoint	138.36	31.04			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Amerihealth	HMO/PPO	289.73	65			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Americare	Americare	334.31	75			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	First Health	First Health	312.02	70			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Multiplan	Multiplan	356.59	80			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Corrections	Corrections	356.59	80			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	UHC	Medicaid	109.6				107.41	423.45	fee schedule	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Amerihealth	Medicare	137				107.41	423.45	fee schedule	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Wellcare	Medicare	137				107.41	423.45	fee schedule	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Horizon	MGD	170.63	38.28			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Horizon	Indemnity	170.63	38.28			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	First Trenton	First Trenton	401.17	90			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Horizon	PPO	170.63	38.28			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Qualcare	Qualcare	334.31	75			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Three Rivers	Three Rivers	423.45	95			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Horizon	Medicare Blue	133.72	30			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Horizon	NJ Health	107.41				107.41	423.45	fee schedule	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Managed Care Inc	Managed Care Inc	401.17	90			107.41	423.45	percent of total billed charges	
PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	81343	CPT				outpatient			445.74	157.55	Wellcare	Medicaid	109.6				107.41	423.45	fee schedule	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Aetna	Medicare	137				107.41	423.45	fee schedule	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Amerihealth	HMO/PPO	289.73	65			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Americare	Americare	334.31	75			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Horizon	Indemnity	170.63	38.28			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Aetna	Better Health	135.68	30.44			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	WellPoint	WellPoint	138.36	31.04			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Aetna	Commercial	169.38	38			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	First Trenton	First Trenton	401.17	90			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Corrections	Corrections	356.59	80			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Amerihealth	Medicare	137				107.41	423.45	fee schedule	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Horizon	MGD	170.63	38.28			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Horizon	Medicare Blue	133.72	30			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Consumer	Consumer	423.45	95			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	First Health	First Health	312.02	70			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	UHC	Medicaid	109.6				107.41	423.45	fee schedule	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Horizon	PPO	170.63	38.28			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Horizon	NJ Health	107.41				107.41	423.45	fee schedule	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Multiplan	Multiplan	356.59	80			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Three Rivers	Three Rivers	423.45	95			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Managed Care Inc	Managed Care Inc	401.17	90			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Wellcare	Medicaid	109.6				107.41	423.45	fee schedule	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Qualcare	Qualcare	334.31	75			107.41	423.45	percent of total billed charges	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	Wellcare	Medicare	137				107.41	423.45	fee schedule	
TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	81344	CPT				outpatient			445.74	157.55	UHC	Medicare	137				107.41	423.45	fee schedule	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Americare	Americare	465.89	75			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Multiplan	Multiplan	496.94	80			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Aetna	Better Health	189.09	30.44			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Amerihealth	Medicare	185.2				137.09	590.12	fee schedule	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Consumer	Consumer	590.12	95			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Aetna	Medicare	185.2				137.09	590.

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	UHC	Medicare	185.2				137.09	590.12	fee schedule	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	First Health	First Health	434.83	70			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Horizon	MGD	237.79	38.28			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Amerihealth	HMO/PPO	403.77	65			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Aetna	Commercial	236.05	38			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Corrections	Corrections	496.94	80			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Wellcare	Medicare	185.2				137.09	590.12	fee schedule	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Horizon	Indemnity	237.79	38.28			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	WellPoint	WellPoint	192.81	31.04			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Horizon	PPO	237.79	38.28			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Horizon	Medicare Blue	186.35	30			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	First Trenton	First Trenton	559.06	90			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Qualcare	Qualcare	465.89	75			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Three Rivers	Three Rivers	590.12	95			137.09	590.12	percent of total billed charges	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	UHC	Medicaid	148.16				137.09	590.12	fee schedule	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Horizon	NJ Health	145.2				137.09	590.12	fee schedule	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Wellcare	Medicaid	148.16				137.09	590.12	fee schedule	
TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81345	CPT				outpatient			621.18	212.98	Managed Care Inc	Managed Care Inc	559.06	90			137.09	590.12	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Aetna	Better Health	61.48	30.44			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Aetna	Commercial	76.74	38			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Corrections	Corrections	161.57	80			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	First Trenton	First Trenton	181.76	90			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Consumer	Consumer	191.86	95			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	First Health	First Health	141.37	70			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Amerihealth	HMO/PPO	131.27	65			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Aetna	Medicare	234				60.59	234	fee schedule	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Horizon	Medicare Blue	60.59	30			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Amerihealth	Medicare	234				60.59	234	fee schedule	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Horizon	Indemnity	77.31	38.28			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Horizon	PPO	77.31	38.28			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	UHC	Medicaid	187.2				60.59	234	fee schedule	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	UHC	Medicare	234				60.59	234	fee schedule	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Multiplan	Multiplan	161.57	80			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Americare	Americare	151.47	75			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Wellcare	Medicare	234				60.59	234	fee schedule	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Horizon	MGD	77.31	38.28			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Qualcare	Qualcare	151.47	75			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Managed Care Inc	Managed Care Inc	181.76	90			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	WellPoint	WellPoint	62.69	31.04			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Three Rivers	Three Rivers	191.86	95			60.59	234	percent of total billed charges	
UGT1A1 GENE ANALYSIS COMMON VARIANTS	81350	CPT				inpatient			201.96	269.1	Wellcare	Medicaid	187.2				60.59	234	fee schedule	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Amerihealth	HMO/PPO	696.15	65			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Aetna	Medicare	329.51				263.61	1017.45	fee schedule	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Horizon	MGD	409.98	38.28			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Americare	Americare	803.25	75			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Aetna	Better Health	326.01	30.44			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Aetna	Commercial	406.98	38			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	First Trenton	First Trenton	963.9	90			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Amerihealth	Medicare	329.51				263.61	1017.45	fee schedule	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	First Health	First Health	749.7	70			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Corrections	Corrections	856.8	80			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Horizon	PPO	409.98	38.28			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Horizon	Indemnity	409.98	38.28			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Consumer	Consumer	1017.45	95			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	WellPoint	WellPoint	332.44	31.04			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Managed Care Inc	Managed Care Inc	963.9	90			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	UHC	Medicaid	263.61				263.61	1017.45	fee schedule	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Multiplan	Multiplan	856.8	80			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Wellcare	Medicaid	263.61				263.61	1017.45	fee schedule	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Wellcare	Medicare	329.51				263.61	1017.45	fee schedule	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Horizon	Medicare Blue	321.3	30			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Qualcare	Qualcare	803.25	75			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	Three Rivers	Three Rivers	1017.45	95			263.61	1017.45	percent of total billed charges	
TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	81352	CPT				outpatient			1071	378.94	UHC	Medicare	329.51				263.61	1017.45	fee schedule	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Horizon	MGD	180.39	38.28			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Consumer	Consumer	447.68	95			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Horizon	PPO	180.39	38.28			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Amerihealth	HMO/PPO	306.31	65			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Aetna	Commercial	179.07	38			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Americare	Americare	353.43	75			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Aetna	Medicare	145.14	30.8			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Aetna	Better Health	143.45	30.44			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Wellcare	Medicare	88.2				88.2	447.68	fee schedule	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Corrections	Corrections	376.99	80			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	WellPoint	WellPoint	146.27	31.04			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Multiplan	Multiplan	376.99	80			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Amerihealth	Medicare	88.2				88.2	447.68	fee schedule	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Three Rivers	Three Rivers	447.68	95			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	First Health	First Health	329.87	70			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	First Trenton	First Trenton	424.12	90			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Wellcare	Medicaid	143.45	30.44			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Horizon	Indemnity	180.39	38.28			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Qualcare	Qualcare	353.43	75			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Horizon	Medicare Blue	141.37	30			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	UHC	Medicaid	143.45	30.44			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	Managed Care Inc	Managed Care Inc	424.12	90			88.2	447.68	percent of total billed charges	
VKORC1 GENE ANALYSIS COMMON VARIANT(S)	81355	CPT				outpatient			471.24	101.43	UHC	Medicare	88.2				88.2	447.68	fee schedule	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	UHC	Medicaid	139.85				137.04	469.97	fee schedule	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Horizon	Medicare Blue	148.41	30			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Consumer	Consumer	469.97	95			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Amerihealth	Medicare	174.81				137.04	469.97	fee schedule	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Americare	Americare	371.03	75			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	WellPoint	WellPoint	153.55	31.04			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Aetna	Better Health	150.59	30.44			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Aetna	Medicare	174.81				137.04	469.97	fee schedule	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Wellcare	Medicare	174.81				137.04	469.97	fee schedule	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	UHC	Medicare	174.81				137.04	469.97	fee schedule	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Corrections	Corrections	395.76	80			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	First Trenton	First Trenton	445.23	90			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Horizon	MGD	189.37	38.28			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	First Health	First Health	346.29	70			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Aetna	Commercial	187.99	38			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Horizon	NJ Health	137.04				137.04	469.97	fee schedule	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Wellcare	Medicaid	139.85				137.04	469.97	fee schedule	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Horizon	PPO	189.37	38.28			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Amerihealth	HMO/PPO	321.56	65			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Managed Care Inc	Managed Care Inc	445.23	90			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Horizon	Indemnity	189.37	38.28			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Three Rivers	Three Rivers	469.97	95			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Multiplan	Multiplan	395.76	80			137.04	469.97	percent of total billed charges	
HBB COMMON VARIANTS	81361	CPT				both			494.7	201.03	Qualcare	Qualcare	371.03	75			137.04	469.97	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Corrections	Corrections	4139.57	80			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Aetna	Better Health	1575.11	30.44			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Aetna	Medicare	324.58				254.47	4915.74	fee schedule	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Aetna	Commercial	1966.29	38			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Amerihealth	HMO/PPO	3363.4	65			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Consumer	Consumer	4915.74	95			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	First Trenton	First Trenton	4657.01	90			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	UHC	Medicare	324.58				254.47	4915.74	fee schedule	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Horizon	NJ Health	254.47				254.47	4915.74	fee schedule	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	First Health	First Health	3622.12	70			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Americare	Americare	3880.85	75			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Amerihealth	Medicare	324.58				254.47	4915.74	fee schedule	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Horizon	Indemnity	1980.78	38.28			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Horizon	Medicare Blue	1552.34	30			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Horizon	PPO	1980.78	38.28			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Wellcare	Medicare	324.58				254.47	4915.74	fee schedule	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Multiplan	Multiplan	4139.57	80			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Horizon	MGD	1980.78	38.28			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	UHC	Medicaid	259.66				254.47	4915.74	fee schedule	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	WellPoint	WellPoint	1606.15	31.04			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Qualcare	Qualcare	3880.85	75			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Managed Care Inc	Managed Care Inc	4657.01	90			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Three Rivers	Three Rivers	4915.74	95			254.47	4915.74	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT				outpatient			5174.46	373.27	Wellcare	Medicaid	259.66				254.47	4915.74	fee schedule	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Consumer	Consumer	1241.29	95			298.43	1241.29	percent of total billed charges	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Aetna	Medicare	402.12				298.43	1241.29	fee schedule	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Amerihealth	Medicare	402.12				298.43	1241.29	fee schedule	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Horizon	MGD	500.17	38.28			298.43	1241.29	percent of total billed charges	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Qualcare	Qualcare	979.97	75			298.43	1241.29	percent of total billed charges	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Aetna	Better Health	397.74	30.44			298.43	1241.29	percent of total billed charges	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Americare	Americare	979.97	75			298.43	1241.29	percent of total billed charges	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Wellcare	Medicaid	321.7				298.43	1241.29	fee schedule	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Corrections	Corrections	1045.3	80			298.43	1241.29	percent of total billed charges	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Amerihealth	HMO/PPO	298.43				298.43	1241.29	fee schedule	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	UHC	Medicare	402.12				298.43	1241.29	fee schedule	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Aetna	Commercial	496.52	38			298.43	1241.29	percent of total billed charges	
HLA CLASS I &II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	WellPoint	WellPoint	405.57	31.04			298.43	1241.29	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	First Health	First Health	914.63	70			298.43	1241.29	percent of total billed charges	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Horizon	PPO	500.17	38.28			298.43	1241.29	percent of total billed charges	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Multiplan	Multiplan	1045.3	80			298.43	1241.29	percent of total billed charges	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	First Trenton	First Trenton	1175.96	90			298.43	1241.29	percent of total billed charges	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Horizon	Indemnity	500.17	38.28			298.43	1241.29	percent of total billed charges	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Three Rivers	Three Rivers	1241.29	95			298.43	1241.29	percent of total billed charges	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Horizon	Medicare Blue	391.99	30			298.43	1241.29	percent of total billed charges	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Horizon	NJ Health	433.36				298.43	1241.29	fee schedule	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	UHC	Medicaid	321.7				298.43	1241.29	fee schedule	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Wellcare	Medicare	402.12				298.43	1241.29	fee schedule	
HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	81370	CPT				both			1306.62	462.44	Managed Care Inc	Managed Care Inc	1175.96	90			298.43	1241.29	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Americare	Americare	948.6	75			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Amerihealth	HMO/PPO	163.93				92.11	1201.56	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Consumer	Consumer	1201.56	95			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Aetna	Medicare	403.59				92.11	1201.56	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Aetna	Commercial	480.62	38			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	WellPoint	WellPoint	392.59	31.04			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Corrections	Corrections	1011.84	80			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Aetna	Better Health	385.01	30.44			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Horizon	Medicare Blue	379.44	30			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Horizon	MGD	484.17	38.28			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	First Trenton	First Trenton	1138.32	90			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	First Health	First Health	885.36	70			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Multiplan	Multiplan	1011.84	80			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Amerihealth	Medicare	403.59				92.11	1201.56	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Horizon	NJ Health	238.06				92.11	1201.56	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Horizon	Indemnity	484.17	38.28			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	UHC	Medicaid	322.87				92.11	1201.56	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Horizon	PPO	484.17	38.28			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Qualcare	Qualcare	948.6	75			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Managed Care Inc	Managed Care Inc	1138.32	90			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Wellcare	Medicare	403.59				92.11	1201.56	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Three Rivers	Three Rivers	1201.56	95			92.11	1201.56	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	UHC	Medicare	403.59				92.11	1201.56	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION COMPLETE	81372	CPT				outpatient			1264.8	464.13	Wellcare	Medicaid	322.87				92.11	1201.56	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Horizon	Indemnity	404.51	38.28		238.72	10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Horizon	PPO	404.51	38.28			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Aetna	Medicare	127.43				10.4	1003.88	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Aetna	Commercial	401.55	38			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Americare	Americare	792.54	75			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	First Trenton	First Trenton	951.05	90			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Aetna	Better Health	321.67	30.44			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Amerihealth	HMO/PPO	82.65				10.4	1003.88	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Qualcare	Qualcare	792.54	75			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Wellcare	Medicaid	101.94				10.4	1003.88	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	WellPoint	WellPoint	328.01	31.04			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Horizon	MGD	404.51	38.28			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Multiplan	Multiplan	845.38	80			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Managed Care Inc	Managed Care Inc	951.05	90			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Consumer	Consumer	1003.88	95			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Amerihealth	Medicare	127.43				10.4	1003.88	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Three Rivers	Three Rivers	1003.88	95			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	UHC	Medicaid	101.94				10.4	1003.88	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Corrections	Corrections	845.38	80			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	First Health	First Health	739.7	70			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Horizon	Medicare Blue	317.02	30			10.4	1003.88	percent of total billed charges	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Wellcare	Medicare	127.43				10.4	1003.88	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	Horizon	NJ Health	120.01				10.4	1003.88	fee schedule	
HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	81373	CPT				both			1056.72	146.54	UHC	Medicare	127.43				10.4	1003.88	fee schedule	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Consumer	Consumer	398.26	95			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Amerihealth	Medicare	74.33				51.1	398.26	fee schedule	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Americare	Americare	314.42	75			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Aetna	Better Health	127.61	30.44			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Horizon	Indemnity	160.48	38.28			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	First Trenton	First Trenton	377.3	90			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Aetna	Medicare	74.33			55.27	51.1	398.26	fee schedule	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	First Health	First Health	293.45	70			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Multiplan	Multiplan	335.38	80			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Corrections	Corrections	335.38	80			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Horizon	NJ Health	88.85			36.99	51.1	398.26	fee schedule	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Aetna	Commercial	159.3	38		10.84	51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Qualcare	Qualcare	314.42	75			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Managed Care Inc	Managed Care Inc	377.3	90			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Horizon	MGD	160.48	38.28		109.67	51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	UHC	Medicare	74.33				51.1	398.26	fee schedule	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	WellPoint	WellPoint	130.13	31.04		70.25	51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Horizon	Medicare Blue	125.77	30		47.57	51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	UHC	Medicaid	59.46			79.19	51.1	398.26	fee schedule	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Amerihealth	HMO/PPO	53.99				51.1	398.26	fee schedule	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Three Rivers	Three Rivers	398.26	95			51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Horizon	PPO	160.48	38.28		23.21	51.1	398.26	percent of total billed charges	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Wellcare	Medicaid	59.46				51.1	398.26	fee schedule	
HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	81374	CPT				both			419.22	85.48	Wellcare	Medicare	74.33				51.1	398.26	fee schedule	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Aetna	Medicare	220.74				163.82	1127.92	fee schedule	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	First Trenton	First Trenton	1068.55	90			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Aetna	Better Health	361.41	30.44			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Amerihealth	HMO/PPO	163.82				163.82	1127.92	fee schedule	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Americare	Americare	890.46	75			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	WellPoint	WellPoint	368.53	31.04			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Corrections	Corrections	949.82	80			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	First Health	First Health	831.1	70			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Multiplan	Multiplan	949.82	80			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Horizon	Indemnity	454.49	38.28			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Aetna	Commercial	451.17	38			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Amerihealth	Medicare	220.74				163.82	1127.92	fee schedule	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Consumer	Consumer	1127.92	95			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Horizon	PPO	454.49	38.28			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Horizon	Medicare Blue	356.18	30			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	UHC	Medicare	220.74				163.82	1127.92	fee schedule	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Qualcare	Qualcare	890.46	75			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Managed Care Inc	Managed Care Inc	1068.55	90			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Horizon	NJ Health	237.89				163.82	1127.92	fee schedule	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Horizon	MGD	454.49	38.28			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	UHC	Medicaid	176.59				163.82	1127.92	fee schedule	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Wellcare	Medicaid	176.59				163.82	1127.92	fee schedule	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Three Rivers	Three Rivers	1127.92	95			163.82	1127.92	percent of total billed charges	
HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	81375	CPT				outpatient			1187.28	253.85	Wellcare	Medicare	220.74				163.82	1127.92	fee schedule	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Amerihealth	Medicare	122.22				90.7	781.01	fee schedule	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Consumer	Consumer	781.01	95			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Americare	Americare	616.59	75			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Aetna	Better Health	250.25	30.44			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Aetna	Medicare	122.22				90.7	781.01	fee schedule	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Aetna	Commercial	312.41	38			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Horizon	Indemnity	314.71	38.28			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Amerihealth	HMO/PPO	90.7				90.7	781.01	fee schedule	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	First Trenton	First Trenton	739.91	90			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Corrections	Corrections	657.7	80			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Horizon	Medicare Blue	246.64	30			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	First Health	First Health	575.48	70			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Managed Care Inc	Managed Care Inc	739.91	90			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Horizon	MGD	314.71	38.28			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Multiplan	Multiplan	657.7	80			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	UHC	Medicaid	97.78				90.7	781.01	fee schedule	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Wellcare	Medicaid	97.78				90.7	781.01	fee schedule	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	UHC	Medicare	122.22				90.7	781.01	fee schedule	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Horizon	NJ Health	131.71				90.7	781.01	fee schedule	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	WellPoint	WellPoint	255.19	31.04			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Qualcare	Qualcare	616.59	75			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Horizon	PPO	314.71	38.28			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Three Rivers	Three Rivers	781.01	95			90.7	781.01	percent of total billed charges	
HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	81376	CPT				both			822.12	140.55	Wellcare	Medicare	122.22				90.7	781.01	fee schedule	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Aetna	Better Health	614.46	30.44		256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Corrections	Corrections	1614.86	80		256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Aetna	Commercial	767.06	38		256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	First Trenton	First Trenton	1816.72	90		256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Consumer	Consumer	1917.65	95		256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Amerihealth	Medicare	345.57			256.45	1917.65	fee schedule	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Horizon	MGD	772.71	38.28		256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Aetna	Medicare	345.57			256.45	1917.65	fee schedule	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Wellcare	Medicaid	276.46			256.45	1917.65	fee schedule	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outp

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Amerihealth	HMO/PPO	256.45				256.45	1917.65	fee schedule	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	UHC	Medicare	345.57				256.45	1917.65	fee schedule	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Managed Care Inc	Managed Care Inc	1816.72	90			256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Horizon	Indemnity	772.71	38.28			256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Three Rivers	Three Rivers	1917.65	95			256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	Horizon	Medicare Blue	605.57	30			256.45	1917.65	percent of total billed charges	
HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	81378	CPT				outpatient			2018.58	397.41	UHC	Medicaid	276.46				256.45	1917.65	fee schedule	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	First Health	First Health	4226.17	70			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	First Trenton	First Trenton	5433.64	90			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Aetna	Medicare	335.38				248.89	5735.51	fee schedule	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Aetna	Better Health	1837.78	30.44			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Americare	Americare	4528.04	75			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Amerihealth	HMO/PPO	248.89				248.89	5735.51	fee schedule	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Horizon	MGD	2311.11	38.28			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	UHC	Medicare	335.38				248.89	5735.51	fee schedule	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Consumer	Consumer	5735.51	95			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Horizon	Indemnity	2311.11	38.28			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Corrections	Corrections	4829.9	80			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Aetna	Commercial	2294.2	38			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	UHC	Medicaid	268.3				248.89	5735.51	fee schedule	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Amerihealth	Medicare	335.38				248.89	5735.51	fee schedule	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Multiplan	Multiplan	4829.9	80			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	WellPoint	WellPoint	1974	31.04			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Wellcare	Medicare	335.38				248.89	5735.51	fee schedule	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Horizon	PPO	2311.11	38.28			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Horizon	Medicare Blue	1811.21	30			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Three Rivers	Three Rivers	5735.51	95			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Qualcare	Qualcare	4528.04	75			248.89	5735.51	percent of total billed charges	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Wellcare	Medicaid	268.3				248.89	5735.51	fee schedule	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Horizon	NJ Health	361.42				248.89	5735.51	fee schedule	
HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	81379	CPT				outpatient			6037.38	385.69	Managed Care Inc	Managed Care Inc	5433.64	90			248.89	5735.51	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Consumer	Consumer	781.01	95			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Corrections	Corrections	657.7	80			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Aetna	Medicare	169.9				60.59	781.01	fee schedule	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Aetna	Better Health	260.25	30.44			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Americare	Americare	616.59	75			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Aetna	Commercial	312.41	38			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	First Trenton	First Trenton	739.91	90			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Amerihealth	HMO/PPO	70.19				60.59	781.01	fee schedule	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Horizon	Indemnity	314.71	38.28			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Horizon	NJ Health	101.92			2.44	60.59	781.01	fee schedule	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Horizon	PPO	314.71	38.28			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	UHC	Medicare	169.9			31.91	60.59	781.01	fee schedule	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Multiplan	Multiplan	657.7	80			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Horizon	MGD	314.71	38.28			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Managed Care Inc	Managed Care Inc	739.91	90			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Amerihealth	Medicare	169.9				60.59	781.01	fee schedule	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Horizon	Medicare Blue	246.64	30			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	UHC	Medicaid	135.92				60.59	781.01	fee schedule	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Qualcare	Qualcare	616.59	75			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	First Health	First Health	575.48	70			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Three Rivers	Three Rivers	781.01	95			60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Wellcare	Medicare	169.9				60.59	781.01	fee schedule	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	WellPoint	WellPoint	255.19	31.04		22.05	60.59	781.01	percent of total billed charges	
HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	81381	CPT				both			822.12	195.39	Wellcare	Medicaid	135.92				60.59	781.01	fee schedule	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Horizon	Medicare Blue	106.18	30			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Aetna	Commercial	134.5	38			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Amerihealth	Medicare	123.68				91.79	336.24	fee schedule	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Aetna	Medicare	123.68				91.79	336.24	fee schedule	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Wellcare	Medicare	123.68				91.79	336.24	fee schedule	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Americare	Americare	265.46	75			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	First Health	First Health	247.76	70			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Aetna	Better Health	107.74	30.44			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	WellPoint	WellPoint	109.86	31.04			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Horizon	MGD	135.49	38.28			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Corrections	Corrections	283.15	80			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Amerihealth	HMO/PPO	91.79				91.79	336.24	fee schedule	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Consumer	Consumer	336.24	95			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Multiplan	Multiplan	283.15	80			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Horizon	Indemnity	135.49	38.28			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Qualcare	Qualcare	265.46	75			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	First Trenton	First Trenton	318.55	90			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	UHC	Medicare	123.68				91.79	336.24	fee schedule	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	UHC	Medicaid	98.94				91.79	336.24	fee schedule	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Horizon	NJ Health	133.28				91.79	336.24	fee schedule	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Horizon	PPO	135.49	38.28			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Managed Care Inc	Managed Care Inc	318.55	90			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Three Rivers	Three Rivers	336.24	95			91.79	336.24	percent of total billed charges	
HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	81382	CPT				outpatient			353.94	142.23	Wellcare	Medicaid	98.94				91.79	336.24	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Aetna	Medicare	63.96				51.17	854.66	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Aetna	Commercial	341.86	38		105.13	51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Amerihealth	HMO/PPO	584.77	65			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Horizon	Indemnity	344.38	38.28		105.02	51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Americare	Americare	674.73	75			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Aetna	Better Health	273.85	30.44			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	First Trenton	First Trenton	809.68	90			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	UHC	Medicare	63.96				51.17	854.66	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	UHC	Medicaid	51.17			73.41	51.17	854.66	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	First Health	First Health	629.75	70			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Qualcare	Qualcare	674.73	75			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Horizon	PPO	344.38	38.28		92.52	51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Amerihealth	Medicare	63.96				51.17	854.66	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Consumer	Consumer	854.66	95			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Horizon	Medicare Blue	269.89	30			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Multiplan	Multiplan	719.71	80			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Horizon	MGD	344.38	38.28		77.52	51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Corrections	Corrections	719.71	80			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	WellPoint	WellPoint	279.25	31.04		113.37	51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Three Rivers	Three Rivers	854.66	95			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Managed Care Inc	Managed Care Inc	809.68	90			51.17	854.66	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Wellcare	Medicaid	51.17			76.9	51.17	854.66	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	81400	CPT				both			899.64	73.55	Wellcare	Medicare	63.96				51.17	854.66	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Amerihealth	Medicare	137				109.6	4590.15	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Americare	Americare	3623.81	75			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Aetna	Better Health	1470.78	30.44			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Horizon	Indemnity	1849.59	38.28		82	109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Amerihealth	HMO/PPO	3140.63	65		107.55	109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Aetna	Commercial	1836.06	38		66.42	109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Aetna	Medicare	137				109.6	4590.15	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Consumer	Consumer	4590.15	95			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	First Trenton	First Trenton	4348.57	90			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Wellcare	Medicare	137				109.6	4590.15	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Horizon	MGD	1849.59	38.28		86.75	109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Corrections	Corrections	3865.39	80			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	First Health	First Health	3382.22	70			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Wellcare	Medicaid	109.6			98.95	109.6	4590.15	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Qualcare	Qualcare	3623.81	75			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Horizon	PPO	1849.59	38.28		43.09	109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Horizon	Medicare Blue	1449.52	30			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	WellPoint	WellPoint	1499.77	31.04		129.41	109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	UHC	Medicare	137			4.72	109.6	4590.15	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Managed Care Inc	Managed Care Inc	4348.57	90			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Multiplan	Multiplan	3865.39	80			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	Three Rivers	Three Rivers	4590.15	95			109.6	4590.15	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	81401	CPT				both			4831.74	157.55	UHC	Medicaid	109.6			68.2	109.6	4590.15	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Wellcare	Medicaid	366.38	30.44			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Wellcare	Medicare	150.33				150.33	1143.42	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Aetna	Better Health	366.38	30.44			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Amerihealth	Medicare	150.33				150.33	1143.42	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Aetna	Commercial	457.37	38			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Horizon	Medicare Blue	361.08	30			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Corrections	Corrections	962.88	80			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	UHC	Medicaid	366.38	30.44			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Aetna	Medicare	370.71	30.8			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	WellPoint	WellPoint	373.6	31.04			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Americare	Americare	902.7	75			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	First Health	First Health	842.52	70			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Amerihealth	HMO/PPO	782.34	65			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Consumer	Consumer	1143.42	95			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Horizon	MGD	460.74	38.28			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	First Trenton	First Trenton	1083.24	90			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	81402	CPT				both			1203.6	172.88	Multiplan	Multiplan	962.88	80			150.33	1143.42	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 3

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Aetna	Medicare	185.2				116.59	2174.44	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Managed Care Inc	Managed Care Inc	2059.99	90			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Aetna	Better Health	696.74	30.44		183	116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Amerihealth	Medicare	185.2				116.59	2174.44	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Americare	Americare	1716.66	75			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 First Trenton	First Trenton	2059.99	90			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Aetna	Commercial	869.77	38			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 First Health	First Health	1602.22	70			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Amerihealth	HMO/PPO	1487.77	65			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 UHC	Medicaid	148.16			245.03	116.59	2174.44	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Consumer	Consumer	2174.44	95			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Horizon	MGD	876.18	38.28		361.75	116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Horizon	Indemnity	876.18	38.28		361.75	116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Wellcare	Medicare	185.2				116.59	2174.44	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Horizon	Medicare Blue	686.66	30			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Wellcare	Medicaid	148.16				116.59	2174.44	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Multiplan	Multiplan	1831.1	80			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Corrections	Corrections	1831.1	80			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Three Rivers	Three Rivers	2174.44	95			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Horizon	PPO	876.18	38.28		361.75	116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 Qualcare	Qualcare	1716.66	75			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 WellPoint	WellPoint	710.47	31.04			116.59	2174.44	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	81403	CPT				both			2288.88		212.98 UHC	Medicare	185.2				116.59	2174.44	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 First Trenton	First Trenton	1990.22	90			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Aetna	Commercial	840.32	38			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Amerihealth	Medicare	274.83				77.54	2100.79	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Aetna	Better Health	673.14	30.44		148.91	77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Aetna	Medicare	274.83				77.54	2100.79	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Wellcare	Medicaid	219.86				77.54	2100.79	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Amerihealth	HMO/PPO	1437.38	65			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Americare	Americare	1658.52	75			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Horizon	Indemnity	846.51	38.28			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Horizon	MGD	846.51	38.28		200.91	77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Consumer	Consumer	2100.79	95			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Horizon	PPO	846.51	38.28		161.78	77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Corrections	Corrections	1769.09	80			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Wellcare	Medicare	274.83				77.54	2100.79	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 First Health	First Health	1547.95	70			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Managed Care Inc	Managed Care Inc	1990.22	90			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Multiplan	Multiplan	1769.09	80			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Horizon	Medicare Blue	663.41	30			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Qualcare	Qualcare	1658.52	75			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 Three Rivers	Three Rivers	2100.79	95			77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 UHC	Medicare	274.83				77.54	2100.79	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 UHC	Medicaid	219.86			32.27	77.54	2100.79	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	81404	CPT				both			2211.36		316.05 WellPoint	WellPoint	686.41	31.04		59.26	77.54	2100.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 UHC	Medicaid	2496.01	30.44			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Consumer	Consumer	7789.79	95			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Aetna	Better Health	2496.01	30.44			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Amerihealth	HMO/PPO	5329.86	65			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Horizon	Indemnity	3138.88	38.28			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Americare	Americare	6149.84	75			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Amerihealth	Medicare	301.35				191.86	7789.79	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Aetna	Commercial	3115.92	38			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 First Health	First Health	5739.85	70			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 First Trenton	First Trenton	7379.8	90			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Corrections	Corrections	6559.82	80			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Horizon	PPO	3138.88	38.28			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Aetna	Medicare	2525.53	30.8			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Horizon	Medicare Blue	2459.93	30			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Wellcare	Medicare	301.35				191.86	7789.79	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Three Rivers	Three Rivers	7789.79	95			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Horizon	MGD	3138.88	38.28			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Managed Care Inc	Managed Care Inc	7379.8	90			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 WellPoint	WellPoint	2545.21	31.04			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Multiplan	Multiplan	6559.82	80			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Qualcare	Qualcare	6149.84	75			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 UHC	Medicare	301.35				191.86	7789.79	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	81405	CPT				both			8199.78		346.55 Wellcare	Medicaid	2496.01	30.44			191.86	7789.79	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Consumer	Consumer	13168.71	95			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Americare	Americare	10396.35	75			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Aetna	Commercial	5267.48	38			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Aetna	Better Health	4219.53	30.44		148.91	191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Aetna	Medicare	282.88				191.86	13168.71	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Amerihealth	HMO/PPO	9010.17	65			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Amerihealth	Medicare	282.88				191.86	13168.71	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 First Trenton	First Trenton	12475.62	90			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Horizon	Medicare Blue	4158.54	30			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Horizon	Indemnity	5306.3	38.28			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 First Health	First Health	9703.26	70			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Horizon	MGD	5306.3	38.28		200.91	191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Corrections	Corrections	11089.44	80			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Multiplan	Multiplan	11089.44	80			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 UHC	Medicaid	226.3			33.88	191.86	13168.71	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Managed Care Inc	Managed Care Inc	12475.62	90			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Horizon	PPO	5306.3	38.28		212.33	191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Qualcare	Qualcare	10396.35	75			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 UHC	Medicare	282.88				191.86	13168.71	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Wellcare	Medicaid	226.3				191.86	13168.71	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Three Rivers	Three Rivers	13168.71	95			191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 Wellcare	Medicare	282.88				191.86	13168.71	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	81406	CPT				both			13861.8		325.31 WellPoint	WellPoint	4302.7	31.04		59.26	191.86	13168.71	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Aetna	Commercial	2149.63	38			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Americare	Americare	4242.69	75			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Consumer	Consumer	5374.07	95			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Aetna	Medicare	1742.33	30.8			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Aetna	Better Health	1721.97	30.44			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Amerihealth	Medicare	846.27				51.24	5374.07	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 First Health	First Health	3959.84	70			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Horizon	Medicare Blue	1697.08	30			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Amerihealth	HMO/PPO	3677	65			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Horizon	MGD	2165.47	38.28			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Corrections	Corrections	4525.54	80			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 UHC	Medicare	846.27				51.24	5374.07	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Horizon	Indemnity	2165.47	38.28			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 UHC	Medicaid	1721.97	30.44			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Horizon	PPO	2165.47	38.28			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Wellcare	Medicare	846.27				51.24	5374.07	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Multiplan	Multiplan	4525.54	80			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Wellcare	Medicaid	1721.97	30.44			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 First Trenton	First Trenton	5091.23	90			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Qualcare	Qualcare	4242.69	75			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Three Rivers	Three Rivers	5374.07	95			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 Managed Care Inc	Managed Care Inc	5091.23	90			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	81407	CPT				both			5656.92		973.21 WellPoint	WellPoint	1755.91	31.04			51.24	5374.07	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Americare	Americare	5016.11	75			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 UHC	Medicare	2000				1023.57	6353.73	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Aetna	Medicare	2000				1023.57	6353.73	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 First Health	First Health	4681.7	70			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Horizon	MGD	2560.22	38.28			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Wellcare	Medicare	2000				1023.57	6353.73	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Aetna	Commercial	2541.49	38			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Aetna	Better Health	2035.87	30.44			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Corrections	Corrections	5350.51	80			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 WellPoint	WellPoint	2076	31.04			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Amerihealth	HMO/PPO	4347.29	65			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Amerihealth	Medicare	2000				1023.57	6353.73	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Horizon	Medicare Blue	2006.44	30			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Consumer	Consumer	6353.73	95			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Multiplan	Multiplan	5350.51	80			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 First Trenton	First Trenton	6019.33	90			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 UHC	Medicaid	1600				1023.57	6353.73	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Horizon	Indemnity	2560.22	38.28			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Qualcare	Qualcare	5016.11	75			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Horizon	PPO	2560.22	38.28			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Wellcare	Medicaid	1600				1023.57	6353.73	fee schedule	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Managed Care Inc	Managed Care Inc	6019.33	90			1023.57	6353.73	percent of total billed charges	
MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	81408	CPT				outpatient			6688.14		2300 Three Rivers	Three Rivers	6353.73	95			1023.57	6353.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08		579.6 Amerihealth	Medicare	504				403.2	1602.73	fee schedule	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08		579.6 Multiplan	Multiplan	1349.66	80			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08		579.6 First Health	First Health	1180.96	70			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08		579.6 Aetna	Better Health	513.55	30.44			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08		579.6

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	Horizon	Medicare Blue	506.12	30			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	UHC	Medicaid	403.2				403.2	1602.73	fee schedule	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	Amerihealth	HMO/PPO	1096.6	65			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	Wellcare	Medicare	504				403.2	1602.73	fee schedule	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	Horizon	MGD	645.81	38.28			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	First Trenton	First Trenton	1518.37	90			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	UHC	Medicare	504				403.2	1602.73	fee schedule	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	Horizon	Indemnity	645.81	38.28			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	Horizon	PPO	645.81	38.28			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	Managed Care Inc	Managed Care Inc	1518.37	90			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	Three Rivers	Three Rivers	1602.73	95			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	Qualcare	Qualcare	1265.31	75			403.2	1602.73	percent of total billed charges	
AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	81410	CPT				outpatient			1687.08	579.6	WellPoint	WellPoint	523.67	31.04			403.2	1602.73	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Aetna	Better Health	2581.71	30.44			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Aetna	Medicare	584.9				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Amerihealth	Medicare	584.9				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Aetna	Commercial	3222.89	38			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Corrections	Corrections	6785.04	80			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	First Trenton	First Trenton	7633.17	90			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	First Health	First Health	5936.91	70			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Horizon	MGD	3246.64	38.28			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Americare	Americare	6360.98	75			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Amerihealth	HMO/PPO	436.45				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	WellPoint	WellPoint	2632.6	31.04			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Horizon	PPO	3246.64	38.28			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	UHC	Medicaid	467.92				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Horizon	Medicare Blue	2544.39	30			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Horizon	Indemnity	3246.64	38.28			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Managed Care Inc	Managed Care Inc	7633.17	90			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Consumer	Consumer	8057.24	95			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Three Rivers	Three Rivers	8057.24	95			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Multiplan	Multiplan	6785.04	80			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Wellcare	Medicare	584.9				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Wellcare	Medicaid	467.92				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Qualcare	Qualcare	6360.98	75			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	Horizon	NJ Health	629.02				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	81413	CPT				outpatient			8481.3	672.64	UHC	Medicare	584.9				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Aetna	Medicare	584.9				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	First Health	First Health	5936.91	70			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Horizon	Indemnity	3246.64	38.28			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Americare	Americare	6360.98	75			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Aetna	Better Health	2581.71	30.44			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Aetna	Commercial	3222.89	38			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Multiplan	Multiplan	6785.04	80			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	First Trenton	First Trenton	7633.17	90			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Corrections	Corrections	6785.04	80			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	UHC	Medicare	584.9				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Qualcare	Qualcare	6360.98	75			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Amerihealth	HMO/PPO	436.45				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Consumer	Consumer	8057.24	95			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Amerihealth	Medicare	584.9				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	WellPoint	WellPoint	2632.6	31.04			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Horizon	PPO	3246.64	38.28			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Horizon	Medicare Blue	2544.39	30			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Horizon	MGD	3246.64	38.28			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Horizon	NJ Health	629.02				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Managed Care Inc	Managed Care Inc	7633.17	90			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Three Rivers	Three Rivers	8057.24	95			436.45	8057.24	percent of total billed charges	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	UHC	Medicaid	467.92				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Wellcare	Medicaid	467.92				436.45	8057.24	fee schedule	
CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	81414	CPT				outpatient			8481.3	672.64	Wellcare	Medicare	584.9				436.45	8057.24	fee schedule	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Aetna	Better Health	963.13	30.44			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Amerihealth	HMO/PPO	2056.63	65			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Consumer	Consumer	3005.84	95			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Amerihealth	Medicare	4780				943.6	4780	fee schedule	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	UHC	Medicare	4780				943.6	4780	fee schedule	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Aetna	Medicare	4780				943.6	4780	fee schedule	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Aetna	Commercial	1202.34	38			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	First Trenton	First Trenton	2847.64	90			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	First Health	First Health	2214.83	70			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Horizon	Indemnity	1211.19	38.28			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Horizon	MGD	1211.19	38.28			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Corrections	Corrections	2531.23	80			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Wellcare	Medicare	4780				943.6	4780	fee schedule	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Americare	Americare	2373.03	75			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	WellPoint	WellPoint	982.12	31.04		36.31	943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Horizon	PPO	1211.19	38.28			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Multiplan	Multiplan	2531.23	80			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Horizon	NJ Health	943.6			26.41	943.6	4780	fee schedule	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Horizon	Medicare Blue	949.21	30			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Managed Care Inc	Managed Care Inc	2847.64	90			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Qualcare	Qualcare	2373.03	75			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	UHC	Medicaid	3824			68.93	943.6	4780	fee schedule	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Three Rivers	Three Rivers	3005.84	95			943.6	4780	percent of total billed charges	
EXOME SEQUENCE ANALYSIS	81415	CPT				both			3164.04	5497	Wellcare	Medicaid	3824			46.04	943.6	4780	fee schedule	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Consumer	Consumer	928.3	95			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Aetna	Better Health	297.45	30.44			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Aetna	Commercial	371.32	38			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Amerihealth	HMO/PPO	635.15	65			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Americare	Americare	732.87	75			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Amerihealth	Medicare	320				256	928.3	fee schedule	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	UHC	Medicaid	256				256	928.3	fee schedule	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Aetna	Medicare	320				256	928.3	fee schedule	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Corrections	Corrections	781.73	80			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Horizon	PPO	374.06	38.28			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Horizon	MGD	374.06	38.28			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Qualcare	Qualcare	732.87	75			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Multiplan	Multiplan	781.73	80			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	First Health	First Health	684.01	70			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Wellcare	Medicare	320				256	928.3	fee schedule	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	First Trenton	First Trenton	879.44	90			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Horizon	Indemnity	374.06	38.28			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	UHC	Medicare	320				256	928.3	fee schedule	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Three Rivers	Three Rivers	928.3	95			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Horizon	Medicare Blue	293.15	30			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Horizon	NJ Health	439.04				256	928.3	fee schedule	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	WellPoint	WellPoint	303.31	31.04			256	928.3	percent of total billed charges	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Wellcare	Medicaid	256				256	928.3	fee schedule	
EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	81417	CPT				outpatient			977.16	368	Managed Care Inc	Managed Care Inc	879.44	90			256	928.3	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Americare	Americare	5963.18	75			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Amerihealth	Medicare	2448.56				2385.27	7553.36	fee schedule	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Consumer	Consumer	7553.36	95			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	First Health	First Health	5565.63	70			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Aetna	Commercial	3021.34	38			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Aetna	Medicare	2448.88	30.8			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Amerihealth	HMO/PPO	5168.09	65			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Aetna	Better Health	2420.25	30.44			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Wellcare	Medicare	2448.56				2385.27	7553.36	fee schedule	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	WellPoint	WellPoint	2467.96	31.04			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	First Trenton	First Trenton	7155.81	90			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Horizon	Indemnity	3043.6	38.28			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Multiplan	Multiplan	6360.72	80			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Horizon	MGD	3043.6	38.28			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Corrections	Corrections	6360.72	80			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Horizon	Medicare Blue	2385.27	30			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Qualcare	Qualcare	5963.18	75			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	UHC	Medicaid	2420.25	30.44			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Managed Care Inc	Managed Care Inc	7155.81	90			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Horizon	PPO	3043.6	38.28			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	UHC	Medicare	2448.56				2385.27	7553.36	fee schedule	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Three Rivers	Three Rivers	7553.36	95			2385.27	7553.36	percent of total billed charges	
EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	81419	CPT				both			7950.9	2815.84	Wellcare	Medicaid	2420.25	30.44			2385.27	7553.36	percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Aetna	Commercial	543.03	38		267.99	281.83	1357.57	percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	First Health	First Health	1000.31	70			281.83	1357.57	percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Horizon	Indemnity	547.03	38.28		204.57	281.83	1357.57	percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Aetna	Better Health	434.99	30.44		263.84	281.83	1357.57	percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Amerihealth	HMO/PPO	436.45			224.17	281.83	1357.57	fee schedule	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Horizon	Medicare Blue	428.71	30			281.83	1357.57	percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Horizon	PPO	547.03	38.28		163.67	281.83	1357.57	percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Amerihealth	Medicare	759.05				281.83	1357.57	fee schedule	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Aetna	Medicare	759.05				281.83	1357.57	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Americare	Americare	1071.77	75			281.83		1357.57 percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Wellcare	Medicaid	607.24			244.13	281.83		1357.57 fee schedule	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Corrections	Corrections	1143.22	80			281.83		1357.57 percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Horizon	MGD	547.03	38.28		144.15	281.83		1357.57 percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	WellPoint	WellPoint	443.57	31.04		238.87	281.83		1357.57 percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Multiplan	Multiplan	1143.22	80			281.83		1357.57 percent of total billed charges	
FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	81420	CPT				both			1429.02	872.91	Three Rivers	Three Rivers	1357.57	95			281.83		1357.57 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Consumer	Consumer	4507.79	95			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Aetna	Medicare	759.05				607.24		4507.79 fee schedule	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Aetna	Better Health	1444.39	30.44			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Americare	Americare	3558.78	75			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Multiplan	Multiplan	3796.03	80			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Amerihealth	Medicare	759.05				607.24		4507.79 fee schedule	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Aetna	Commercial	1803.12	38			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	First Health	First Health	3321.53	70			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Wellcare	Medicaid	607.24				607.24		4507.79 fee schedule	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Amerihealth	HMO/PPO	3084.28	65			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Horizon	Medicare Blue	1423.51	30			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Horizon	MGD	1816.4	38.28			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Qualcare	Qualcare	3558.78	75			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	First Trenton	First Trenton	4270.54	90			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	UHC	Medicaid	607.24				607.24		4507.79 fee schedule	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	UHC	Medicare	759.05				607.24		4507.79 fee schedule	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Wellcare	Medicare	759.05				607.24		4507.79 fee schedule	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Corrections	Corrections	3796.03	80			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Horizon	PPO	1816.4	38.28			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Horizon	NJ Health	629.02				607.24		4507.79 fee schedule	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Three Rivers	Three Rivers	4507.79	95			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Horizon	Indemnity	1816.4	38.28			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	Managed Care Inc	Managed Care Inc	4270.54	90			607.24		4507.79 percent of total billed charges	
FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	81422	CPT				inpatient			4745.04	872.91	WellPoint	WellPoint	1472.86	31.04			607.24		4507.79 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Aetna	Better Health	1606.15	30.44			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Horizon	MGD	2019.83	38.28			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Aetna	Medicare	1625				1300		5012.64 fee schedule	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Americare	Americare	3957.35	75			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Corrections	Corrections	4221.17	80			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Amerihealth	Medicare	1625				1300		5012.64 fee schedule	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Consumer	Consumer	5012.64	95			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Wellcare	Medicaid	1300				1300		5012.64 fee schedule	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Aetna	Commercial	2005.05	38			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	WellPoint	WellPoint	1637.81	31.04			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	First Health	First Health	3693.52	70			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Horizon	Medicare Blue	1582.94	30			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Amerihealth	HMO/PPO	3429.7	65			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	UHC	Medicare	1625				1300		5012.64 fee schedule	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	First Trenton	First Trenton	4748.81	90			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	UHC	Medicaid	1300				1300		5012.64 fee schedule	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Multiplan	Multiplan	4221.17	80			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Wellcare	Medicare	1625				1300		5012.64 fee schedule	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Horizon	Indemnity	2019.83	38.28			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Qualcare	Qualcare	3957.35	75			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Horizon	PPO	2019.83	38.28			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Managed Care Inc	Managed Care Inc	4748.81	90			1300		5012.64 percent of total billed charges	
HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	81430	CPT				outpatient			5276.46	1868.75	Three Rivers	Three Rivers	5012.64	95			1300		5012.64 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Aetna	Commercial	838.38	38			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Managed Care Inc	Managed Care Inc	1985.63	90			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Aetna	Medicare	679.57				543.66		2095.95 fee schedule	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Americare	Americare	1654.7	75			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	UHC	Medicare	679.57				543.66		2095.95 fee schedule	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Amerihealth	HMO/PPO	1434.07	65			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Aetna	Better Health	671.59	30.44			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	First Trenton	First Trenton	1985.63	90			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Amerihealth	Medicare	679.57				543.66		2095.95 fee schedule	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Horizon	Indemnity	844.56	38.28			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Consumer	Consumer	2095.95	95			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	UHC	Medicaid	543.66				543.66		2095.95 fee schedule	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	First Health	First Health	1544.38	70			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Multiplan	Multiplan	1765.01	80			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Corrections	Corrections	1765.01	80			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Horizon	MGD	844.56	38.28			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Horizon	Medicare Blue	661.88	30			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Qualcare	Qualcare	1654.7	75			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	WellPoint	WellPoint	684.82	31.04			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Wellcare	Medicare	679.57				543.66		2095.95 fee schedule	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Three Rivers	Three Rivers	2095.95	95			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Horizon	PPO	844.56	38.28			543.66		2095.95 percent of total billed charges	
HEARING LOSS DUP/DEL ANALYSIS	81431	CPT				outpatient			2206.26	781.51	Wellcare	Medicaid	543.66				543.66		2095.95 fee schedule	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Aetna	Medicare	597.91				327.53		1332.38 fee schedule	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	UHC	Medicare	597.91				327.53		1332.38 fee schedule	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Amerihealth	HMO/PPO	327.53				327.53		1332.38 fee schedule	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Americare	Americare	1051.88	75			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Aetna	Commercial	532.95	38			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Aetna	Better Health	426.92	30.44			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	First Trenton	First Trenton	1262.25	90			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Consumer	Consumer	1332.38	95			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Corrections	Corrections	1122	80			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Wellcare	Medicare	597.91				327.53		1332.38 fee schedule	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Amerihealth	Medicare	597.91				327.53		1332.38 fee schedule	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Horizon	MGD	536.88	38.28			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Multiplan	Multiplan	1122	80			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	WellPoint	WellPoint	435.34	31.04			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Horizon	Indemnity	536.88	38.28			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Horizon	Medicare Blue	420.75	30			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	First Health	First Health	981.75	70			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Qualcare	Qualcare	1051.88	75			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Horizon	PPO	536.88	38.28			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	UHC	Medicaid	478.33				327.53		1332.38 fee schedule	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Managed Care Inc	Managed Care Inc	1262.25	90			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Three Rivers	Three Rivers	1332.38	95			327.53		1332.38 percent of total billed charges	
HEREDITARY RTA DO GEN SEQ ALYS AT LEAST 15 GEN	81434	CPT				outpatient			1402.5	687.6	Wellcare	Medicaid	478.33				327.53		1332.38 fee schedule	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Americare	Americare	1142.91	75			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Horizon	MGD	583.34	38.28			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Aetna	Commercial	579.07	38			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	First Health	First Health	1066.72	70			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Amerihealth	Medicare	584.9				436.45		1447.69 fee schedule	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	First Trenton	First Trenton	1371.49	90			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Aetna	Medicare	584.9				436.45		1447.69 fee schedule	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Aetna	Better Health	463.87	30.44			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Amerihealth	HMO/PPO	436.45				436.45		1447.69 fee schedule	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Horizon	PPO	583.34	38.28			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	WellPoint	WellPoint	473.01	31.04			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Multiplan	Multiplan	1219.1	80			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Horizon	Indemnity	583.34	38.28			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Managed Care Inc	Managed Care Inc	1371.49	90			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Corrections	Corrections	1219.1	80			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Consumer	Consumer	1447.69	95			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	UHC	Medicaid	467.92				436.45		1447.69 fee schedule	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Wellcare	Medicare	584.9				436.45		1447.69 fee schedule	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Wellcare	Medicaid	467.92				436.45		1447.69 fee schedule	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Qualcare	Qualcare	1142.91	75			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Horizon	Medicare Blue	457.16	30			436.45		1447.69 percent of total billed charges	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	UHC	Medicare	584.9				436.45		1447.69 fee schedule	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Horizon	NJ Health	629.02				436.45		1447.69 fee schedule	
HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	81439	CPT				outpatient			1523.88	672.64	Three Rivers	Three Rivers	1447.69	95			436.45		1447.69 percent of total billed charges	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Americare	Americare	5219.6	75			327.53		6611.49 percent of total billed charges	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Amerihealth	Medicare	2143.6				327.53		6611.49 fee schedule	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Consumer	Consumer	6611.49	95			327.53		6611.49 percent of total billed charges	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Aetna	Better Health	2118.46	30.44			327.53		6611.49 percent of total billed charges	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Aetna	Commercial	2644.59	38			327.53		6611.49 percent of total billed charges	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Horizon	MGD	2664.08	38.28			327.53		6611.49 percent of total billed charges	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Wellcare	Medicaid	1714.88				327.53		6611.49 fee schedule	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	First Health	First Health	4871.62	70			327.53		6611.49 percent of total billed charges	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Amerihealth	HMO/PPO	327.53				327.53		6611.49 fee schedule	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Corrections	Corrections	5567.57	80			327.53		6611.49 percent of total billed charges	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Aetna	Medicare	2143.6				327.53		6611.49 fee schedule	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				outpatient			6959.46	2465.14	Qualcare	Qualcare	5219.6	75			327.53		6611.49 percent of total billed charges	
NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	81442	CPT				out

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Amerihealth	HMO/PPO	65				1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 First Trenton	First Trenton	7155.81	90			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Aetna	Better Health	2420.25	30.44			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Amerihealth	Medicare	2448.56				1919.66	7553.36	fee schedule	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Multiplan	Multiplan	6360.72	80			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Aetna	Medicare	2448.56				1919.66	7553.36	fee schedule	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Americare	Americare	5963.18	75			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 First Health	First Health	5565.63	70			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Qualcare	Qualcare	5963.18	75			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Horizon	Indemnity	3043.6	38.28			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Aetna	Commercial	3021.34	38			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Horizon	MGD	3043.6	38.28			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Consumer	Consumer	7553.36	95			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Corrections	Corrections	6360.72	80			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Horizon	Medicare Blue	2385.27	30			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Horizon	PPO	3043.6	38.28			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 UHC	Medicaid	1958.85				1919.66	7553.36	fee schedule	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Horizon	NJ Health	1919.66				1919.66	7553.36	fee schedule	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Wellcare	Medicare	2448.56				1919.66	7553.36	fee schedule	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Managed Care Inc	Managed Care Inc	7155.81	90			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 WellPoint	WellPoint	2467.96	31.04			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Three Rivers	Three Rivers	7553.36	95			1919.66	7553.36	percent of total billed charges	
GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	81443	CPT				outpatient			7950.9		2815.84 Wellcare	Medicaid	1958.85				1919.66	7553.36	fee schedule	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Corrections	Corrections	1346.4	80			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Aetna	Medicare	518.36	30.8			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Horizon	Indemnity	644.25	38.28			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 First Health	First Health	1178.1	70			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Aetna	Commercial	639.54	38			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 First Trenton	First Trenton	1514.7	90			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Americare	Americare	1262.25	75			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Aetna	Better Health	512.31	30.44			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Amerihealth	HMO/PPO	327.53				274.48	1598.85	fee schedule	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Amerihealth	Medicare	597.91				274.48	1598.85	fee schedule	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Horizon	MGD	644.25	38.28		449.79	274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Horizon	PPO	644.25	38.28			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Consumer	Consumer	1598.85	95			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 UHC	Medicaid	512.31	30.44			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Multiplan	Multiplan	1346.4	80			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Managed Care Inc	Managed Care Inc	1514.7	90			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Horizon	Medicare Blue	504.9	30			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Wellcare	Medicare	597.91				274.48	1598.85	fee schedule	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Qualcare	Qualcare	1262.25	75			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 WellPoint	WellPoint	522.4	31.04			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Horizon	NJ Health	468.76				274.48	1598.85	fee schedule	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 UHC	Medicare	597.91				274.48	1598.85	fee schedule	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Three Rivers	Three Rivers	1598.85	95			274.48	1598.85	percent of total billed charges	
SOLID ORGAN NEOPLASM GSAP 5-50 DNA/DNA&RNA ALYS	81445	CPT				both			1683		687.6 Wellcare	Medicaid	512.31	30.44			274.48	1598.85	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Amerihealth	HMO/PPO	355.19				355.19	5108.57	fee schedule	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Qualcare	Qualcare	4033.08	75			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 First Trenton	First Trenton	4839.7	90			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Aetna	Medicare	759.53				355.19	5108.57	fee schedule	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Aetna	Commercial	2043.43	38			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Americare	Americare	4033.08	75			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Horizon	Indemnity	2058.48	38.28			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Aetna	Better Health	1636.89	30.44			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Amerihealth	Medicare	759.53				355.19	5108.57	fee schedule	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Multiplan	Multiplan	4301.95	80			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Managed Care Inc	Managed Care Inc	4839.7	90			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Horizon	Medicare Blue	1613.23	30			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Horizon	MGD	2058.48	38.28			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Three Rivers	Three Rivers	5108.57	95			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Horizon	PPO	2058.48	38.28			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Consumer	Consumer	5108.57	95			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 First Health	First Health	3764.21	70			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 UHC	Medicaid	607.62			568.64	355.19	5108.57	fee schedule	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Wellcare	Medicare	759.53				355.19	5108.57	fee schedule	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Corrections	Corrections	4301.95	80			355.19	5108.57	percent of total billed charges	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 UHC	Medicare	759.53				355.19	5108.57	fee schedule	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Horizon	NJ Health	508.35				355.19	5108.57	fee schedule	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 Wellcare	Medicaid	607.62				355.19	5108.57	fee schedule	
HEMATOLYMPHOID NEO/DO GSAP 5-50DNA/DNA&RNA ALYS	81450	CPT				both			5377.44		873.46 WellPoint	WellPoint	1669.16	31.04			355.19	5108.57	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Horizon	Medicare Blue	1952.89	30			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 UHC	Medicare	2919.6				913.72	6184.16	fee schedule	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Americare	Americare	4882.23	75			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Amerihealth	Medicare	2919.6				913.72	6184.16	fee schedule	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Aetna	Commercial	2473.66	38			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Aetna	Better Health	1981.53	30.44			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Consumer	Consumer	6184.16	95			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Aetna	Medicare	2004.97	30.8			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Amerihealth	HMO/PPO	4231.27	65			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Wellcare	Medicare	2919.6				913.72	6184.16	fee schedule	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Horizon	MGD	2491.89	38.28			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Corrections	Corrections	5207.71	80			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Horizon	Indemnity	2491.89	38.28			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 UHC	Medicaid	1981.53	30.44			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Multiplan	Multiplan	5207.71	80			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 First Health	First Health	4596.75	70			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Qualcare	Qualcare	4882.23	75			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Wellcare	Medicaid	1981.53	30.44			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 First Trenton	First Trenton	5858.68	90			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 WellPoint	WellPoint	2020.59	31.04		853.48	913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Horizon	PPO	2491.89	38.28			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Managed Care Inc	Managed Care Inc	5858.68	90			913.72	6184.16	percent of total billed charges	
SO/HEMATOLYMPHOID NEO/DO 51^GSAP DNA/DNA&RNA	81455	CPT				outpatient			6509.64		3357.54 Three Rivers	Three Rivers	6184.16	95			913.72	6184.16	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Aetna	Better Health	1272.07	30.44			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Amerihealth	Medicare	1287				1029.6	3969.99	fee schedule	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Amerihealth	HMO/PPO	2716.31	65			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Horizon	Indemnity	1599.7	38.28			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Aetna	Medicare	1287				1029.6	3969.99	fee schedule	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Horizon	MGD	1599.7	38.28			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Americare	Americare	3134.21	75			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 First Trenton	First Trenton	3761.05	90			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Aetna	Commercial	1588	38		56.98	1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 First Health	First Health	2925.26	70			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Qualcare	Qualcare	3134.21	75			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Horizon	PPO	1599.7	38.28			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Horizon	Medicare Blue	1253.68	30			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 WellPoint	WellPoint	1297.14	31.04			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Multiplan	Multiplan	3343.15	80			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Managed Care Inc	Managed Care Inc	3761.05	90			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Consumer	Consumer	3969.99	95			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 UHC	Medicare	1287				1029.6	3969.99	fee schedule	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Three Rivers	Three Rivers	3969.99	95			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Wellcare	Medicaid	1029.6				1029.6	3969.99	fee schedule	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Corrections	Corrections	3343.15	80			1029.6	3969.99	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 UHC	Medicaid	1029.6				1029.6	3969.99	fee schedule	
WHOLE MITOCHONDRIAL GENOME	81460	CPT				both			4178.94		1480.05 Wellcare	Medicare	1287				1029.6	3969.99	fee schedule	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 First Health	First Health	2127.72	70			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Americare	Americare	2279.7	75			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Horizon	PPO	1163.56	38.28			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Corrections	Corrections	2431.68	80			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Aetna	Better Health	925.25	30.44			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Amerihealth	HMO/PPO	1975.74	65			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Amerihealth	Medicare	936				911.88	2887.62	fee schedule	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Aetna	Medicare	936.2	30.8			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 UHC	Medicare	936				911.88	2887.62	fee schedule	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Multiplan	Multiplan	2431.68	80			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 UHC	Medicaid	925.25	30.44			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 WellPoint	WellPoint	943.49	31.04			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Aetna	Commercial	1155.05	38			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Horizon	Indemnity	1163.56	38.28			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 First Trenton	First Trenton	2735.64	90			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Consumer	Consumer	2887.62	95			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Wellcare	Medicaid	925.25	30.44			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Qualcare	Qualcare	2279.7	75			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Managed Care Inc	Managed Care Inc	2735.64	90			911.88	2887.62	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	81465	CPT				outpatient			3039.6		1076.4 Horizon	MGD	1163.56	38.28			911.88	2887.62	percent of total bill

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		Managed Care Inc	Managed Care Inc	6482	90			50.49	6842.11	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		Qualcare	Qualcare	5401.67	75			50.49	6842.11	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		Horizon	Indemnity	2757.01	38.28		1224.99	50.49	6842.11	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		Corrections	Corrections	5761.78	80			50.49	6842.11	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		Horizon	Medicare Blue	2160.67	30			50.49	6842.11	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		Multiplan	Multiplan	5761.78	80			50.49	6842.11	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		Horizon	MGD	2757.01	38.28			50.49	6842.11	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		Three Rivers	Three Rivers	6842.11	95			50.49	6842.11	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		WellPoint	WellPoint	2235.57	31.04			50.49	6842.11	percent of total billed charges	
UNLISTED MOLECULAR PATHOLOGY PROCEDURE	81479	CPT				both			7202.22		Horizon	PPO	2757.01	38.28			50.49	6842.11	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Horizon	Medicare Blue	818.86	30			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Consumer	Consumer	2593.04	95			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 First Trenton	First Trenton	2456.57	90			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Aetna	Better Health	830.87	30.44			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Multiplan	Multiplan	2183.62	80			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Corrections	Corrections	2183.62	80			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Americare	Americare	2047.14	75			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Aetna	Medicare	840.65				321.28	2593.04	fee schedule	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 UHC	Medicare	840.65				321.28	2593.04	fee schedule	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Horizon	MGD	1044.86	38.28			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Wellcare	Medicaid	672.52				321.28	2593.04	fee schedule	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Aetna	Commercial	1037.22	38			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Qualcare	Qualcare	2047.14	75			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 WellPoint	WellPoint	847.24	31.04			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Amerihealth	HMO/PPO	321.28				321.28	2593.04	fee schedule	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 First Health	First Health	1910.66	70			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Wellcare	Medicare	840.65				321.28	2593.04	fee schedule	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Horizon	PPO	1044.86	38.28			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Amerihealth	Medicare	840.65				321.28	2593.04	fee schedule	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Horizon	Indemnity	1044.86	38.28			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Managed Care Inc	Managed Care Inc	2456.57	90			321.28	2593.04	percent of total billed charges	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 UHC	Medicaid	672.52				321.28	2593.04	fee schedule	
AUTOIMMUNE RHEUMATOID ARTHRITIS ALYS 12 BMRK	81490	CPT				outpatient			2729.52		966.75 Three Rivers	Three Rivers	2593.04	95			321.28	2593.04	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Horizon	Medicare Blue	180.23	30			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Aetna	Better Health	182.88	30.44			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 First Trenton	First Trenton	540.7	90			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Corrections	Corrections	480.62	80			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Amerihealth	HMO/PPO	390.51	65			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Aetna	Medicare	260.5				180.23	570.74	fee schedule	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Americare	Americare	450.59	75			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Consumer	Consumer	570.74	95			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 UHC	Medicare	260.5				180.23	570.74	fee schedule	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Aetna	Commercial	228.3	38			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Horizon	Indemnity	229.98	38.28			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 WellPoint	WellPoint	186.48	31.04			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Multiplan	Multiplan	480.62	80			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 First Health	First Health	420.55	70			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Amerihealth	Medicare	260.5				180.23	570.74	fee schedule	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Horizon	MGD	229.98	38.28			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Qualcare	Qualcare	450.59	75			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 UHC	Medicaid	208.4				180.23	570.74	fee schedule	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Managed Care Inc	Managed Care Inc	540.7	90			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Horizon	PPO	229.98	38.28			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Wellcare	Medicare	260.5				180.23	570.74	fee schedule	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Three Rivers	Three Rivers	570.74	95			180.23	570.74	percent of total billed charges	
ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	81500	CPT				outpatient			600.78		299.58 Wellcare	Medicaid	208.4				180.23	570.74	fee schedule	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 First Trenton	First Trenton	835.38	90			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Corrections	Corrections	742.56	80			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Amerihealth	Medicare	153.5				122.8	881.79	fee schedule	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Aetna	Commercial	352.72	38			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Aetna	Medicare	153.5				122.8	881.79	fee schedule	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Aetna	Better Health	282.54	30.44			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Amerihealth	HMO/PPO	603.33	65			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Horizon	MGD	355.31	38.28			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Horizon	PPO	355.31	38.28			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 UHC	Medicaid	122.8				122.8	881.79	fee schedule	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 WellPoint	WellPoint	288.11	31.04			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Americare	Americare	696.15	75			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Horizon	Medicare Blue	278.46	30			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Wellcare	Medicaid	122.8				122.8	881.79	fee schedule	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 First Health	First Health	649.74	70			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Consumer	Consumer	881.79	95			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Managed Care Inc	Managed Care Inc	835.38	90			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Horizon	Indemnity	355.31	38.28			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Three Rivers	Three Rivers	881.79	95			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Multiplan	Multiplan	742.56	80			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Wellcare	Medicare	153.5				122.8	881.79	fee schedule	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 Qualcare	Qualcare	696.15	75			122.8	881.79	percent of total billed charges	
FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	81511	CPT				outpatient			928.2		176.53 UHC	Medicare	153.5				122.8	881.79	fee schedule	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Aetna	Better Health	124.37	30.44			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Aetna	Commercial	155.26	38			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Americare	Americare	306.44	75			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Amerihealth	Medicare	176.19				122.58	388.16	fee schedule	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 WellPoint	WellPoint	126.83	31.04		32.69	122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Consumer	Consumer	388.16	95			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Horizon	Medicare Blue	122.58	30			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Aetna	Medicare	176.19				122.58	388.16	fee schedule	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Wellcare	Medicare	176.19				122.58	388.16	fee schedule	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Multiplan	Multiplan	326.87	80			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Horizon	MGD	156.41	38.28			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Corrections	Corrections	326.87	80			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Wellcare	Medicaid	124.37	30.44			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 First Health	First Health	286.01	70			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Horizon	PPO	156.41	38.28			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Amerihealth	HMO/PPO	265.58	65			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Three Rivers	Three Rivers	388.16	95			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 UHC	Medicaid	124.37	30.44			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 First Trenton	First Trenton	367.73	90			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Horizon	Indemnity	156.41	38.28			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Managed Care Inc	Managed Care Inc	367.73	90			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 Qualcare	Qualcare	306.44	75			122.58	388.16	percent of total billed charges	
LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG	81517	CPT				outpatient			408.59		202.62 UHC	Medicare	176.19				122.58	388.16	fee schedule	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 First Health	First Health	1257.35	70			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Aetna	Better Health	546.77	30.44			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 First Trenton	First Trenton	1616.6	90			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Wellcare	Medicare	760				327.53	1706.41	fee schedule	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Amerihealth	Medicare	760				327.53	1706.41	fee schedule	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Corrections	Corrections	1436.98	80			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Horizon	Medicare Blue	538.87	30			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Aetna	Medicare	553.24	30.8			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Multiplan	Multiplan	1436.98	80			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Aetna	Commercial	682.56	38			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Horizon	Indemnity	687.59	38.28			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Americare	Americare	1347.17	75			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Consumer	Consumer	1706.41	95			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 WellPoint	WellPoint	557.55	31.04			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Horizon	PPO	687.59	38.28			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Amerihealth	HMO/PPO	327.53				327.53	1706.41	fee schedule	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Qualcare	Qualcare	1347.17	75			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Horizon	MGD	687.59	38.28			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Managed Care Inc	Managed Care Inc	1616.6	90			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Horizon	NJ Health	472.05				327.53	1706.41	fee schedule	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Three Rivers	Three Rivers	1706.41	95			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 UHC	Medicare	760				327.53	1706.41	fee schedule	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 UHC	Medicaid	546.77	30.44			327.53	1706.41	percent of total billed charges	
ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	81539	CPT				outpatient			1796.22		874 Wellcare	Medicaid	546.77	30.44			327.53	1706.41	percent of total billed charges	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Aetna	Better Health	224.79	30.44			56.6	701.56	percent of total billed charges	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Amerihealth	Medicare	72.19				56.6	701.56	fee schedule	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Aetna	Medicare	72.19				56.6	701.56	fee schedule	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Aetna	Commercial	280.62	38			56.6	701.56	percent of total billed charges	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 First Health	First Health	516.94	70			56.6	701.56	percent of total billed charges	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Americare	Americare	553.86	75			56.6	701.56	percent of total billed charges	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Wellcare	Medicaid	57.75				56.6	701.56	fee schedule	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Consumer	Consumer	701.56	95			56.6	701.56	percent of total billed charges	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Horizon	Indemnity	282.69	38.28			56.6	701.56	percent of total billed charges	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Horizon	MGD	282.69	38.28			56.6	701.56	percent of total billed charges	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48		83.02 Amerihealth	HMO/PPO	480.01	65			56.6	701.56	percent of total

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48	83.02	UHC	Medicaid	57.75				56.6	701.56	fee schedule	
NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	81596	CPT				outpatient			738.48	83.02	WellPoint	WellPoint	229.22	31.04			56.6	701.56	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Aetna	Better Health	14.59	30.44		12.75	3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Multiplan	Multiplan	38.35	80			3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Aetna	Commercial	18.22	38		15.02	3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Amerihealth	Medicare	4.52				3.62	45.54	fee schedule	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Consumer	Consumer	45.54	95			3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Americare	Americare	35.96	75			3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	First Health	First Health	33.56	70			3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	First Trenton	First Trenton	43.15	90			3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Aetna	Medicare	4.52			5.22	3.62	45.54	fee schedule	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Qualcare	Qualcare	35.96	75			3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Horizon	MGD	18.35	38.28		6.51	3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Corrections	Corrections	38.35	80			3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	UHC	Medicaid	3.62			12.23	3.62	45.54	fee schedule	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Horizon	Medicare Blue	14.38	30		6.13	3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Horizon	Indemnity	18.35	38.28		6.84	3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Managed Care Inc	Managed Care Inc	43.15	90			3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Amerihealth	HMO/PPO	7.3			8.18	3.62	45.54	fee schedule	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Three Rivers	Three Rivers	45.54	95			3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Wellcare	Medicaid	3.62			12.75	3.62	45.54	fee schedule	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	WellPoint	WellPoint	14.88	31.04		12.31	3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Horizon	NJ Health	9.8			2.52	3.62	45.54	fee schedule	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Horizon	PPO	18.35	38.28		14.14	3.62	45.54	percent of total billed charges	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	UHC	Medicare	4.52			5.82	3.62	45.54	fee schedule	
KETONE BODYS QUALITATIVE	82009	CPT				both			47.94	5.2	Wellcare	Medicare	4.52			7.37	3.62	45.54	fee schedule	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Aetna	Medicare	8.17				6.54	82.37	fee schedule	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Aetna	Commercial	32.95	38			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Corrections	Corrections	69.36	80			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Aetna	Better Health	26.39	30.44			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Americare	Americare	65.03	75			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Horizon	MGD	33.19	38.28			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	First Trenton	First Trenton	78.03	90			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Amerihealth	Medicare	8.17				6.54	82.37	fee schedule	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Consumer	Consumer	82.37	95			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Amerihealth	HMO/PPO	9.5				6.54	82.37	fee schedule	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	WellPoint	WellPoint	26.91	31.04			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	First Health	First Health	60.69	70			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Multiplan	Multiplan	69.36	80			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Wellcare	Medicare	8.17				6.54	82.37	fee schedule	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Horizon	NJ Health	19.6				6.54	82.37	fee schedule	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	UHC	Medicare	8.17				6.54	82.37	fee schedule	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Horizon	Indemnity	33.19	38.28			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Horizon	PPO	33.19	38.28			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Qualcare	Qualcare	65.03	75			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Managed Care Inc	Managed Care Inc	78.03	90			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Horizon	Medicare Blue	26.01	30			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Three Rivers	Three Rivers	82.37	95			6.54	82.37	percent of total billed charges	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	UHC	Medicaid	6.54				6.54	82.37	fee schedule	
KETONE BODYS QUANTITATIVE	82010	CPT				both			86.7	9.4	Wellcare	Medicaid	6.54				6.54	82.37	fee schedule	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Aetna	Better Health	126.99	30.44			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Americare	Americare	312.89	75			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Corrections	Corrections	333.74	80			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Horizon	MGD	159.7	38.28			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Aetna	Medicare	12.29				9.83	396.32	fee schedule	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Aetna	Commercial	158.53	38			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Consumer	Consumer	396.32	95			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Amerihealth	Medicare	12.29				9.83	396.32	fee schedule	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Horizon	Medicare Blue	125.15	30			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Amerihealth	HMO/PPO	13.7				9.83	396.32	fee schedule	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	First Trenton	First Trenton	375.46	90			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	WellPoint	WellPoint	129.49	31.04			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	First Health	First Health	292.03	70			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Multiplan	Multiplan	333.74	80			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Horizon	NJ Health	27.44				9.83	396.32	fee schedule	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	UHC	Medicaid	9.83				9.83	396.32	fee schedule	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Horizon	Indemnity	159.7	38.28			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Qualcare	Qualcare	312.89	75			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Managed Care Inc	Managed Care Inc	375.46	90			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Wellcare	Medicare	12.29				9.83	396.32	fee schedule	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Horizon	PPO	159.7	38.28			9.83	396.32	percent of total billed charges	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	UHC	Medicare	12.29				9.83	396.32	fee schedule	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Wellcare	Medicaid	9.83				9.83	396.32	fee schedule	
ASSAY OF ACETYLCHOLINESTERASE	82013	CPT				both			417.18	14.13	Three Rivers	Three Rivers	396.32	95			9.83	396.32	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Horizon	Medicare Blue	152.69	30			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Aetna	Medicare	16.87				13.5	483.53	fee schedule	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Corrections	Corrections	407.18	80			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Amerihealth	HMO/PPO	23.3				13.5	483.53	fee schedule	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Americare	Americare	381.74	75			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Aetna	Better Health	154.93	30.44			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Aetna	Commercial	193.41	38		60.61	13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Amerihealth	Medicare	16.87				13.5	483.53	fee schedule	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	UHC	Medicare	16.87				13.5	483.53	fee schedule	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	First Health	First Health	356.29	70			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Consumer	Consumer	483.53	95			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	UHC	Medicaid	13.5			27.65	13.5	483.53	fee schedule	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Horizon	NJ Health	18.74			13.54	13.5	483.53	fee schedule	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Multiplan	Multiplan	407.18	80			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	First Trenton	First Trenton	458.08	90			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Horizon	Indemnity	194.84	38.28			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Wellcare	Medicare	16.87				13.5	483.53	fee schedule	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Qualcare	Qualcare	381.74	75			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Horizon	MGD	194.84	38.28			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	WellPoint	WellPoint	157.99	31.04		45.36	13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Horizon	PPO	194.84	38.28			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Managed Care Inc	Managed Care Inc	458.08	90			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Three Rivers	Three Rivers	483.53	95			13.5	483.53	percent of total billed charges	
ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	82017	CPT				both			508.98	19.4	Wellcare	Medicaid	13.5			5.78	13.5	483.53	fee schedule	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Americare	Americare	67.32	75			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Aetna	Better Health	27.32	30.44			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Multiplan	Multiplan	71.81	80			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Amerihealth	HMO/PPO	60.2			4.18	26.93	85.27	fee schedule	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Consumer	Consumer	85.27	95			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	First Health	First Health	62.83	70			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Aetna	Commercial	34.11	38		25.84	26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Horizon	Medicare Blue	26.93	30		9.41	26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Horizon	PPO	34.36	38.28		22.64	26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Horizon	MGD	34.36	38.28		32.62	26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Qualcare	Qualcare	67.32	75			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Amerihealth	Medicare	38.62				26.93	85.27	fee schedule	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Wellcare	Medicare	38.62			7.56	26.93	85.27	fee schedule	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	UHC	Medicare	38.62			12.64	26.93	85.27	fee schedule	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Aetna	Medicare	38.62				26.93	85.27	fee schedule	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	UHC	Medicaid	30.9			16.95	26.93	85.27	fee schedule	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Corrections	Corrections	71.81	80			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	First Trenton	First Trenton	80.78	90			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Wellcare	Medicaid	30.9			12.49	26.93	85.27	fee schedule	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Horizon	Indemnity	34.36	38.28			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Horizon	NJ Health	58.8			1.71	26.93	85.27	fee schedule	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Managed Care Inc	Managed Care Inc	80.78	90			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	Three Rivers	Three Rivers	85.27	95			26.93	85.27	percent of total billed charges	
ADRENOCORTICOTROPIC HORMONE ACTH	82024	CPT				both			89.76	44.41	WellPoint	WellPoint	27.86	31.04		19.39	26.93	85.27	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Aetna	Better Health	26.7	30.44			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	UHC	Medicare	25.8				20.64	83.33	fee schedule	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Aetna	Commercial	33.33	38			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	First Trenton	First Trenton	78.95	90			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Aetna	Medicare	25.8				20.64	83.33	fee schedule	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Americare	Americare	65.79	75			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Amerihealth	HMO/PPO	40.2				20.64	83.33	fee schedule	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Wellcare	Medicaid	20.64				20.64	83.33	fee schedule	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Consumer	Consumer	83.33	95			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	UHC	Medicaid	20.64				20.64	83.33	fee schedule	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Horizon	MGD	33.58	38.28			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Wellcare	Medicare	25.8				20.64	83.33	fee schedule	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Corrections	Corrections	76.18	80			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Amerihealth	Medicare	25.8				20.64	83.33	fee schedule	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Horizon	Medicare Blue	26.32	30			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Multiplan	Multiplan	76.18	80			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Horizon	Indemnity	33.58	38.28			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	First Health	First Health	61.4	70			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Horizon	NJ Health	73.3				20.64	83.33	fee schedule	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Qualcare	Qualcare	65.79	75			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	WellPoint	WellPoint	27.23	31.04			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Horizon	PPO	33.58	38.28			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Managed Care Inc	Managed Care Inc	76.95	90			20.64	83.33	percent of total billed charges	
ADENOSINE 5-MONOPHOSPHATE CYCLIC	82030	CPT				inpatient			87.72	29.67	Three Rivers	Three Rivers	83.33	95			20.64	83.33	percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Aetna	Better Health	52.16	30.44		10.37	1.7	162.79	percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Aetna	Medicare	4.95			1.24	1.7	162.79	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Consumer	Consumer	162.79	95			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Americare	Americare	128.52	75			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	First Trenton	First Trenton	154.22	90			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Aetna	Commercial	65.12	38		2.28	1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	First Health	First Health	119.95	70			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Horizon	Indemnity	65.6	38.28			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Qualcare	Qualcare	128.52	75			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Amerihealth	HMO/PPO	1.7			0.41	1.7		162.79 fee schedule	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Horizon	Medicare Blue	51.41	30			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Amerihealth	Medicare	4.95				1.7		162.79 fee schedule	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Managed Care Inc	Managed Care Inc	154.22	90			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Corrections	Corrections	137.09	80			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Multiplan	Multiplan	137.09	80			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Horizon	NJ Health	3.53			2.49	1.7		162.79 fee schedule	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Wellcare	Medicare	4.95			5.08	1.7		162.79 fee schedule	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Horizon	MGD	65.6	38.28		2.97	1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Horizon	PPO	65.6	38.28		4.57	1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	UHC	Medicare	4.95			6.26	1.7		162.79 fee schedule	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	WellPoint	WellPoint	53.19	31.04			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	UHC	Medicaid	3.96			9.75	1.7		162.79 fee schedule	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Three Rivers	Three Rivers	162.79	95			1.7		162.79 percent of total billed charges	
ALBUMIN SERUM PLASMA/WHOLE BLOOD	82040	CPT				both			171.36	5.69	Wellcare	Medicaid	3.96			3.85	1.7		162.79 fee schedule	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Aetna	Medicare	7.78				2.4		364.34 fee schedule	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	UHC	Medicare	7.78			6.74	2.4		364.34 fee schedule	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	First Trenton	First Trenton	345.17	90			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Consumer	Consumer	364.34	95			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Americare	Americare	287.64	75			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Amerihealth	HMO/PPO	2.4				2.4		364.34 fee schedule	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	UHC	Medicaid	6.22			9.68	2.4		364.34 fee schedule	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Aetna	Better Health	116.74	30.44			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Multiplan	Multiplan	306.82	80			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Amerihealth	Medicare	7.78				2.4		364.34 fee schedule	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Horizon	Indemnity	146.81	38.28		26.36	2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Corrections	Corrections	306.82	80			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Horizon	NJ Health	8.43			8.48	2.4		364.34 fee schedule	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	First Health	First Health	268.46	70			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Wellcare	Medicare	7.78				2.4		364.34 fee schedule	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Aetna	Commercial	145.74	38			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Qualcare	Qualcare	287.64	75			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Horizon	MGD	146.81	38.28		15.07	2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Horizon	PPO	146.81	38.28			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Horizon	Medicare Blue	115.06	30			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Three Rivers	Three Rivers	364.34	95			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	WellPoint	WellPoint	119.04	31.04		10.32	2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Managed Care Inc	Managed Care Inc	345.17	90			2.4		364.34 percent of total billed charges	
OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	82042	CPT				both			383.52	8.95	Wellcare	Medicaid	6.22				2.4		364.34 fee schedule	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Aetna	Better Health	27.32	30.44		13.43	4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Amerihealth	HMO/PPO	9			10.33	4.59		85.27 fee schedule	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Amerihealth	Medicare	5.78				4.59		85.27 fee schedule	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Horizon	PPO	34.36	38.28		19.37	4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Aetna	Medicare	5.78			7.66	4.59		85.27 fee schedule	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Americare	Americare	67.32	75			4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Aetna	Commercial	34.11	38		13.28	4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Wellcare	Medicaid	4.62			16.17	4.59		85.27 fee schedule	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Horizon	MGD	34.36	38.28		22.95	4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Horizon	Indemnity	34.36	38.28		18.28	4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Consumer	Consumer	85.27	95			4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Horizon	Medicare Blue	26.93	30		7.26	4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	First Health	First Health	62.83	70			4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Three Rivers	Three Rivers	85.27	95			4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Qualcare	Qualcare	67.32	75			4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	UHC	Medicaid	4.62			13.48	4.59		85.27 fee schedule	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Horizon	NJ Health	8.43			3.99	4.59		85.27 fee schedule	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	WellPoint	WellPoint	27.86	31.04		13.86	4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Corrections	Corrections	71.81	80			4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Multiplan	Multiplan	71.81	80			4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	First Trenton	First Trenton	80.78	90			4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Wellcare	Medicare	5.78			8.98	4.59		85.27 fee schedule	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	Managed Care Inc	Managed Care Inc	80.78	90			4.59		85.27 percent of total billed charges	
URINE ALBUMIN QUANTITATIVE	82043	CPT				both			89.76	6.65	UHC	Medicare	5.78			8.26	4.59		85.27 fee schedule	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Corrections	Corrections	18.77	80			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Americare	Americare	17.6	75			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Aetna	Commercial	8.91	38			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	First Trenton	First Trenton	21.11	90			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Aetna	Better Health	7.14	30.44			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Horizon	NJ Health	26.95			2.77	7.04		26.95 fee schedule	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Amerihealth	HMO/PPO	15.8				7.04		26.95 fee schedule	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Aetna	Medicare	9.71				7.04		26.95 fee schedule	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Horizon	PPO	8.98	38.28		1.3	7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Multiplan	Multiplan	18.77	80			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Horizon	MGD	8.98	38.28			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Managed Care Inc	Managed Care Inc	21.11	90			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Consumer	Consumer	22.29	95			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Qualcare	Qualcare	17.6	75			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Amerihealth	Medicare	9.71				7.04		26.95 fee schedule	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Horizon	Indemnity	8.98	38.28			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Horizon	Medicare Blue	7.04	30			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	UHC	Medicare	9.71			2.19	7.04		26.95 fee schedule	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Wellcare	Medicaid	7.77			2.35	7.04		26.95 fee schedule	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Wellcare	Medicare	9.71				7.04		26.95 fee schedule	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	First Health	First Health	16.42	70			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	Three Rivers	Three Rivers	22.29	95			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	WellPoint	WellPoint	7.28	31.04			7.04		26.95 percent of total billed charges	
ASSAY OF ALDOLASE	82085	CPT				both			23.46	11.17	UHC	Medicaid	7.77			2.29	7.04		26.95 fee schedule	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	First Trenton	First Trenton	214.81	90			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	UHC	Medicare	40.75			13.12	27.85		226.75 fee schedule	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Aetna	Better Health	72.65	30.44			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Consumer	Consumer	226.75	95			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Aetna	Commercial	90.7	38		18.4	27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	UHC	Medicaid	72.65	30.44		10.92	27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Horizon	NJ Health	78.4			12.31	27.85		226.75 fee schedule	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Americare	Americare	179.01	75			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Managed Care Inc	Managed Care Inc	214.81	90			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Wellcare	Medicaid	72.65	30.44		15.61	27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Corrections	Corrections	190.94	80			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Horizon	Indemnity	91.37	38.28		16.34	27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Aetna	Medicare	73.51	30.8			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	WellPoint	WellPoint	74.09	31.04		21.03	27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Multiplan	Multiplan	190.94	80			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Horizon	MGD	91.37	38.28		43.08	27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Three Rivers	Three Rivers	226.75	95			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Horizon	PPO	91.37	38.28		11.14	27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Qualcare	Qualcare	179.01	75			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Wellcare	Medicare	40.75			0.41	27.85		226.75 fee schedule	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Amerihealth	HMO/PPO	64.6				27.85		226.75 fee schedule	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Amerihealth	Medicare	40.75				27.85		226.75 fee schedule	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	First Health	First Health	167.08	70			27.85		226.75 percent of total billed charges	
ASSAY OF ALDOSTERONE	82088	CPT				both			238.68	46.86	Horizon	Medicare Blue	71.6	30		16.38	27.85		226.75 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Horizon	Indemnity	126.9	38.28		2.17	9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Aetna	Medicare	13.44			0.94	9.79		314.93 fee schedule	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Aetna	Better Health	100.91	30.44			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	First Health	First Health	232.05	70			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Amerihealth	Medicare	13.44				9.79		314.93 fee schedule	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Horizon	NJ Health	15.29			1.38	9.79		314.93 fee schedule	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Amerihealth	HMO/PPO	20.2			0.69	9.79		314.93 fee schedule	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Horizon	Medicare Blue	99.45	30		1.44	9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Horizon	MGD	126.9	38.28		11.21	9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	UHC	Medicaid	10.75			9.69	9.79		314.93 fee schedule	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Aetna	Commercial	125.97	38		7.82	9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Wellcare	Medicare	13.44			1.37	9.79		314.93 fee schedule	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	First Trenton	First Trenton	298.35	90			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	UHC	Medicare	13.44			5.08	9.79		314.93 fee schedule	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Consumer	Consumer	314.93	95			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Multiplan	Multiplan	265.2	80			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Americare	Americare	248.63	75			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Horizon	PPO	126.9	38.28		4.95	9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Corrections	Corrections	265.2	80			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Qualcare	Qualcare	248.63	75			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Three Rivers	Three Rivers	314.93	95			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Managed Care Inc	Managed Care Inc	298.35	90			9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	WellPoint	WellPoint	102.9	31.04		4.19	9.79		314.93 percent of total billed charges	
ALPHA-1-ANTITRYPSIN TOTAL	82103	CPT				both			331.5	15.46	Wellcare	Medicaid	10.75			9.67	9.79		314.93 fee schedule	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Amerihealth	Medicare	14.46				10.4		75.58 fee schedule	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Horizon	MGD	30.46	38.28			10.4		75.58 percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	First Health	First Health	55.69	70			10.4		75.58 percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Aetna	Medicare	14.46				10.4		75.58 fee schedule	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Aetna	Better Health	24.22	30.44			10.4		75.58 percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Amerihealth	HMO/PPO	21.7				10.4		75.58 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Americare	Americare	59.67	75			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Corrections	Corrections	63.65	80			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Aetna	Commercial	30.23	38			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Horizon	PPO	30.46	38.28			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Horizon	Medicare Blue	23.87	30			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Horizon	Indemnity	30.46	38.28			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	UHC	Medicare	14.46				10.4	75.58	fee schedule	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Three Rivers	Three Rivers	75.58	95			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Consumer	Consumer	75.58	95			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	First Trenton	First Trenton	71.6	90			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Wellcare	Medicare	14.46				10.4	75.58	fee schedule	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Wellcare	Medicaid	11.57				10.4	75.58	fee schedule	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Multiplan	Multiplan	63.65	80			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Qualcare	Qualcare	59.67	75			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	WellPoint	WellPoint	24.7	31.04			10.4	75.58	percent of total billed charges	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Horizon	NJ Health	15.29				10.4	75.58	fee schedule	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	UHC	Medicaid	11.57				10.4	75.58	fee schedule	
ALPHA-1-ANTITRYPSIN PHENOTYPE	82104	CPT				both			79.56	16.63	Managed Care Inc	Managed Care Inc	71.6	90			10.4	75.58	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Aetna	Medicare	16.77			8.93	12.55	244.19	fee schedule	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Aetna	Better Health	78.24	30.44		23.66	12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Horizon	MGD	98.39	38.28		25.89	12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Consumer	Consumer	244.19	95			12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Americare	Americare	192.78	75			12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Aetna	Commercial	97.68	38		21.9	12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Wellcare	Medicare	16.77			6.71	12.55	244.19	fee schedule	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	First Trenton	First Trenton	231.34	90			12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Amerihealth	HMO/PPO	25.4			5.64	12.55	244.19	fee schedule	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	First Health	First Health	179.93	70			12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Corrections	Corrections	205.63	80		31.59	12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Horizon	Indemnity	98.39	38.28		15.24	12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Horizon	Medicare Blue	77.11	30		7.9	12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Amerihealth	Medicare	16.77				12.55	244.19	fee schedule	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Horizon	NJ Health	19.99			8.08	12.55	244.19	fee schedule	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Managed Care Inc	Managed Care Inc	231.34	90			12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Multiplan	Multiplan	205.63	80			12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Horizon	PPO	98.39	38.28		23.62	12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Qualcare	Qualcare	192.78	75			12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Wellcare	Medicaid	13.42			18.73	12.55	244.19	fee schedule	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	Three Rivers	Three Rivers	244.19	95			12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	WellPoint	WellPoint	79.79	31.04		29.54	12.55	244.19	percent of total billed charges	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	UHC	Medicaid	13.42			16.16	12.55	244.19	fee schedule	
ALPHA-FETOPROTEIN SERUM	82105	CPT				both			257.04	19.29	UHC	Medicare	16.77			32.67	12.55	244.19	fee schedule	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	First Trenton	First Trenton	193.7	90			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Amerihealth	Medicare	17				7.65	204.46	fee schedule	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	First Health	First Health	150.65	70			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Amerihealth	HMO/PPO	25.4				7.65	204.46	fee schedule	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Aetna	Medicare	17				7.65	204.46	fee schedule	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Aetna	Better Health	65.51	30.44			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Consumer	Consumer	204.46	95			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Americare	Americare	161.42	75			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Horizon	Indemnity	82.39	38.28			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Wellcare	Medicaid	13.6				7.65	204.46	fee schedule	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Multiplan	Multiplan	172.18	80			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Horizon	MGD	82.39	38.28			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Corrections	Corrections	172.18	80			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Aetna	Commercial	81.78	38			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Qualcare	Qualcare	161.42	75			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	UHC	Medicaid	13.6				7.65	204.46	fee schedule	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Horizon	NJ Health	19.99				7.65	204.46	fee schedule	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Wellcare	Medicare	17				7.65	204.46	fee schedule	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	UHC	Medicare	17				7.65	204.46	fee schedule	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	WellPoint	WellPoint	66.8	31.04			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Horizon	Medicare Blue	64.57	30			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Horizon	PPO	82.39	38.28			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Managed Care Inc	Managed Care Inc	193.7	90			7.65	204.46	percent of total billed charges	
ALPHA-FETOPROTEIN AMNIOTIC FLUID	82106	CPT				both			215.22	19.55	Three Rivers	Three Rivers	204.46	95			7.65	204.46	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Corrections	Corrections	602.21	80			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Aetna	Better Health	229.14	30.44			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	WellPoint	WellPoint	233.66	31.04		88.26	29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Aetna	Commercial	286.05	38		16.93	29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Horizon	Indemnity	288.16	38.28		31.67	29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Consumer	Consumer	715.12	95			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Aetna	Medicare	64.41			22.71	29.4	715.12	fee schedule	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Qualcare	Qualcare	564.57	75			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	First Trenton	First Trenton	677.48	90			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Wellcare	Medicaid	51.53			45.14	29.4	715.12	fee schedule	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Amerihealth	HMO/PPO	29.4			6.02	29.4	715.12	fee schedule	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Americare	Americare	564.57	75			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Three Rivers	Three Rivers	715.12	95			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Horizon	Medicare Blue	225.83	30		33.55	29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Amerihealth	Medicare	64.41				29.4	715.12	fee schedule	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	UHC	Medicare	64.41			13.53	29.4	715.12	fee schedule	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Horizon	NJ Health	176.38			9.21	29.4	715.12	fee schedule	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Horizon	MGD	288.16	38.28		55.27	29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	First Health	First Health	526.93	70			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Multiplan	Multiplan	602.21	80			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Horizon	PPO	288.16	38.28		40.49	29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Wellcare	Medicare	64.41				29.4	715.12	fee schedule	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	Managed Care Inc	Managed Care Inc	677.48	90			29.4	715.12	percent of total billed charges	
AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	82107	CPT				both			752.76	74.07	UHC	Medicaid	51.53			59.77	29.4	715.12	fee schedule	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Aetna	Commercial	11.24	38			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Qualcare	Qualcare	22.19	75			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Horizon	Medicare Blue	8.87	30			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Horizon	Indemnity	11.32	38.28			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Amerihealth	HMO/PPO	40.7				8.87	78.4	fee schedule	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Americare	Americare	22.19	75			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Aetna	Better Health	9	30.44			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	First Trenton	First Trenton	26.62	90			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Aetna	Medicare	9.11	30.8			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Multiplan	Multiplan	23.66	80			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Consumer	Consumer	28.1	95			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Horizon	PPO	11.32	38.28			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Amerihealth	Medicare	25.48				8.87	78.4	fee schedule	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Managed Care Inc	Managed Care Inc	26.62	90			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Corrections	Corrections	23.66	80			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Three Rivers	Three Rivers	28.1	95			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Horizon	MGD	11.32	38.28			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Wellcare	Medicare	25.48				8.87	78.4	fee schedule	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Horizon	NJ Health	78.4				8.87	78.4	fee schedule	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	First Health	First Health	20.71	70			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	UHC	Medicaid	9	30.44			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	Wellcare	Medicaid	9	30.44			8.87	78.4	percent of total billed charges	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	UHC	Medicare	25.48				8.87	78.4	fee schedule	
ASSAY OF ALUMINUM	82108	CPT				inpatient			29.58	29.3	WellPoint	WellPoint	9.18	31.04			8.87	78.4	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Horizon	MGD	202.65	38.28			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Americare	Americare	397.04	75			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Aetna	Better Health	161.14	30.44			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Aetna	Medicare	14.18				11.34	502.91	fee schedule	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	First Trenton	First Trenton	476.44	90			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Horizon	Indemnity	202.65	38.28			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	First Health	First Health	370.57	70			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Aetna	Commercial	201.16	38			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Qualcare	Qualcare	397.04	75			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Amerihealth	HMO/PPO	19.2				11.34	502.91	fee schedule	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Consumer	Consumer	502.91	95			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	UHC	Medicaid	11.34				11.34	502.91	fee schedule	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Horizon	Medicare Blue	158.81	30			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Wellcare	Medicaid	11.34				11.34	502.91	fee schedule	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Horizon	PPO	202.65	38.28			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Amerihealth	Medicare	14.18				11.34	502.91	fee schedule	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Managed Care Inc	Managed Care Inc	476.44	90			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Corrections	Corrections	423.5	80			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	UHC	Medicare	14.18				11.34	502.91	fee schedule	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Multiplan	Multiplan	423.5	80			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Wellcare	Medicare	14.18				11.34	502.91	fee schedule	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Horizon	NJ Health	15.99				11.34	502.91	fee schedule	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	WellPoint	WellPoint	164.32	31.04			11.34	502.91	percent of total billed charges	
AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	82127	CPT				outpatient			529.38	16.31	Three Rivers	Three Rivers	502.91	95			11.34	502.91	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Aetna	Medicare	13.87				11.1	303.3	fee schedule	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Aetna	Better Health	97.18	30.44			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Qualcare	Qualcare	239.45	75			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Aetna	Commercial	121.32	38			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Americare	Americare	239.45	75			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Amerihealth	HMO/PPO	20.9				11.1	303.3	fee schedule	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Corrections	Corrections	255.41	80			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	UHC	Medicaid	11.1				11.1	303.3	fee schedule	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Consumer	Consumer	303.3	95			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Horizon	PPO	122.21	38.28			11.1	303.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	UHC	Medicare	13.87				11.1	303.3	fee schedule	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Horizon	MGD	122.21	38.28			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Multiplan	Multiplan	255.41	80			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Amerihealth	Medicare	13.87				11.1	303.3	fee schedule	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	First Trenton	First Trenton	287.33	90			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Three Rivers	Three Rivers	303.3	95			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Horizon	Indemnity	122.21	38.28			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	First Health	First Health	223.48	70			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Horizon	Medicare Blue	95.78	30			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Wellcare	Medicare	13.87				11.1	303.3	fee schedule	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Horizon	NJ Health	29.01				11.1	303.3	fee schedule	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Managed Care Inc	Managed Care Inc	287.33	90			11.1	303.3	percent of total billed charges	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	Wellcare	Medicaid	11.1				11.1	303.3	fee schedule	
AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	82128	CPT				outpatient			319.26	15.95	WellPoint	WellPoint	99.1	31.04			11.1	303.3	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Aetna	Medicare	22.98				18.38	1283.93	fee schedule	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Horizon	Indemnity	517.35	38.28			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Aetna	Commercial	513.57	38			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Americare	Americare	1013.63	75			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Aetna	Better Health	411.4	30.44			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	First Trenton	First Trenton	1216.35	90			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Amerihealth	Medicare	22.98				18.38	1283.93	fee schedule	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Horizon	MGD	517.35	38.28			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Consumer	Consumer	1283.93	95			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Multiplan	Multiplan	1081.2	80			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	First Health	First Health	946.05	70			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Amerihealth	HMO/PPO	30				18.38	1283.93	fee schedule	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Corrections	Corrections	1081.2	80			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Managed Care Inc	Managed Care Inc	1216.35	90			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Horizon	Medicare Blue	405.45	30			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Horizon	PPO	517.35	38.28			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Horizon	NJ Health	51.74				18.38	1283.93	fee schedule	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Qualcare	Qualcare	1013.63	75			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Three Rivers	Three Rivers	1283.93	95			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	UHC	Medicaid	18.38				18.38	1283.93	fee schedule	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	WellPoint	WellPoint	419.51	31.04			18.38	1283.93	percent of total billed charges	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	UHC	Medicare	22.98				18.38	1283.93	fee schedule	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Wellcare	Medicaid	18.38				18.38	1283.93	fee schedule	
AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	82131	CPT				both			1351.5	26.43	Wellcare	Medicare	22.98				18.38	1283.93	fee schedule	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Horizon	Indemnity	44.12	38.28			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Aetna	Better Health	35.09	30.44			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Amerihealth	Medicare	16.45				13.16	109.5	fee schedule	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Consumer	Consumer	109.5	95			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Americare	Americare	86.45	75			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Aetna	Medicare	16.45				13.16	109.5	fee schedule	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Wellcare	Medicaid	13.16				13.16	109.5	fee schedule	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Corrections	Corrections	92.21	80			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Horizon	Medicare Blue	34.58	30			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Aetna	Commercial	43.8	38			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	First Trenton	First Trenton	103.73	90			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Horizon	MGD	44.12	38.28			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Multiplan	Multiplan	92.21	80			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Amerihealth	HMO/PPO	25.7				13.16	109.5	fee schedule	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Managed Care Inc	Managed Care Inc	103.73	90			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	WellPoint	WellPoint	35.78	31.04			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	UHC	Medicare	16.45				13.16	109.5	fee schedule	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	First Health	First Health	80.68	70			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Qualcare	Qualcare	86.45	75			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Horizon	NJ Health	39.2				13.16	109.5	fee schedule	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Wellcare	Medicare	16.45				13.16	109.5	fee schedule	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	UHC	Medicaid	13.16				13.16	109.5	fee schedule	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Horizon	PPO	44.12	38.28			13.16	109.5	percent of total billed charges	
AMINOLEVULINIC ACID DELTA	82135	CPT				inpatient			115.26	18.92	Three Rivers	Three Rivers	109.5	95			13.16	109.5	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Americare	Americare	638.01	75			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Horizon	Medicare Blue	255.2	30			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Aetna	Better Health	258.95	30.44			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Corrections	Corrections	680.54	80			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	First Trenton	First Trenton	765.61	90			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Multiplan	Multiplan	680.54	80			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Aetna	Medicare	19.61				15.69	808.15	fee schedule	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Consumer	Consumer	808.15	95			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Amerihealth	HMO/PPO	23.3				15.69	808.15	fee schedule	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	UHC	Medicare	19.61				15.69	808.15	fee schedule	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Aetna	Commercial	323.26	38			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	WellPoint	WellPoint	264.05	31.04			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Horizon	Indemnity	325.64	38.28			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Qualcare	Qualcare	638.01	75			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	First Health	First Health	595.48	70			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Horizon	MGD	325.64	38.28			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Amerihealth	Medicare	19.61				15.69	808.15	fee schedule	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Wellcare	Medicare	19.61				15.69	808.15	fee schedule	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	UHC	Medicaid	15.69				15.69	808.15	fee schedule	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Horizon	NJ Health	18.74				15.69	808.15	fee schedule	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Managed Care Inc	Managed Care Inc	765.61	90			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Horizon	PPO	325.64	38.28			15.69	808.15	percent of total billed charges	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Wellcare	Medicaid	15.69				15.69	808.15	fee schedule	
AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	82136	CPT				both			850.68	22.55	Three Rivers	Three Rivers	808.15	95			15.69	808.15	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Horizon	Medicare Blue	594.25	30			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Aetna	Better Health	602.97	30.44		62.66	16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Aetna	Commercial	752.72	38		23.21	16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	First Health	First Health	1386.59	70			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Corrections	Corrections	1584.67	80			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Amerihealth	Medicare	16.87				16.87	1881.8	fee schedule	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Aetna	Medicare	610.1	30.8		26.75	16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Americare	Americare	1485.63	75			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Qualcare	Qualcare	1485.63	75			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Wellcare	Medicare	16.87				16.87	1881.8	fee schedule	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Horizon	PPO	758.27	38.28			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Horizon	NJ Health	18.74			6.33	16.87	1881.8	fee schedule	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	First Trenton	First Trenton	1782.76	90			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	UHC	Medicaid	602.97	30.44		23.78	16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Amerihealth	HMO/PPO	23.3				16.87	1881.8	fee schedule	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Consumer	Consumer	1881.8	95			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Horizon	MGD	758.27	38.28		19.6	16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Multiplan	Multiplan	1584.67	80			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Three Rivers	Three Rivers	1881.8	95			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Horizon	Indemnity	758.27	38.28		75.59	16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Managed Care Inc	Managed Care Inc	1782.76	90			16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	WellPoint	WellPoint	614.85	31.04		28.09	16.87	1881.8	percent of total billed charges	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	UHC	Medicare	16.87			10.52	16.87	1881.8	fee schedule	
AMINO ACIDS 6|> AMINO ACIDS QUANTITATIVE EA SPE	82139	CPT				both			1980.84	19.4	Wellcare	Medicaid	602.97	30.44		3.92	16.87	1881.8	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Multiplan	Multiplan	283.15	80			11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Horizon	NJ Health	11.76			3.13	11.66	336.24	fee schedule	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Amerihealth	HMO/PPO	22.7			0.54	11.66	336.24	fee schedule	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Aetna	Commercial	134.5	38		2.65	11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	First Health	First Health	247.76	70			11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Horizon	Medicare Blue	106.18	30		5.93	11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Consumer	Consumer	336.24	95			11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Aetna	Better Health	107.74	30.44		16.83	11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Qualcare	Qualcare	265.46	75			11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Aetna	Medicare	14.57			5.13	11.66	336.24	fee schedule	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Corrections	Corrections	283.15	80			11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Americare	Americare	265.46	75			11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	UHC	Medicaid	11.66			17.47	11.66	336.24	fee schedule	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Amerihealth	Medicare	14.57				11.66	336.24	fee schedule	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	First Trenton	First Trenton	318.55	90			11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Horizon	Indemnity	135.49	38.28		2.16	11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	WellPoint	WellPoint	105.86	31.04		8.4	11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Horizon	MGD	135.49	38.28		7.06	11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Managed Care Inc	Managed Care Inc	318.55	90			11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Horizon	PPO	135.49	38.28		1.71	11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Wellcare	Medicaid	11.66			18.01	11.66	336.24	fee schedule	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Wellcare	Medicare	14.57			1.09	11.66	336.24	fee schedule	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	Three Rivers	Three Rivers	336.24	95			11.66	336.24	percent of total billed charges	
ASSAY OF AMMONIA	82140	CPT				both			353.94	16.76	UHC	Medicare	14.57			7.45	11.66	336.24	fee schedule	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Americare	Americare	50.49	75			5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Aetna	Commercial	25.58	38		11.31	5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	First Trenton	First Trenton	60.59	90			5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Aetna	Better Health	20.49	30.44		11.2	5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Consumer	Consumer	63.95	95			5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Aetna	Medicare	6.48			3.97	5.18	63.95	fee schedule	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Horizon	Medicare Blue	20.2	30		9.95	5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Amerihealth	HMO/PPO	10.1			3.05	5.18	63.95	fee schedule	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Horizon	PPO	25.77	38.28		17.41	5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Amerihealth	Medicare	6.48				5.18	63.95	fee schedule	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Managed Care Inc	Managed Care Inc	60.59	90			5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Horizon	NJ Health	8.62			3.19	5.18	63.95	fee schedule	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Three Rivers	Three Rivers	63.95	95			5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Horizon	MGD	25.77	38.28		18	5.18	63.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Multiplan	Multiplan	53.86	80			5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Corrections	Corrections	53.86	80			5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	UHC	Medicaid	5.18			14.86	5.18	63.95	fee schedule	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	First Health	First Health	47.12	70			5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Qualcare	Qualcare	50.49	75			5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Wellcare	Medicaid	5.18			9.52	5.18	63.95	fee schedule	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	UHC	Medicare	6.48			6.43	5.18	63.95	fee schedule	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Horizon	Indemnity	25.77	38.28		13.67	5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	WellPoint	WellPoint	20.9	31.04		12.95	5.18	63.95	percent of total billed charges	
ASSAY OF AMYLASE	82150	CPT				both			67.32	7.45	Wellcare	Medicare	6.48				5.18	63.95	fee schedule	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Horizon	Indemnity	268.63	38.28			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Corrections	Corrections	561.41	80			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Amerihealth	HMO/PPO	46.1				29.28	666.67	fee schedule	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Aetna	Better Health	213.62	30.44			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	First Trenton	First Trenton	631.58	90			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Americare	Americare	526.32	75			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Aetna	Medicare	216.14	30.8			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Aetna	Commercial	266.67	38		126.63	29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Managed Care Inc	Managed Care Inc	631.58	90			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Horizon	NJ Health	56.84			25.39	29.28	666.67	fee schedule	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Amerihealth	Medicare	29.28				29.28	666.67	fee schedule	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Consumer	Consumer	666.67	95			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Three Rivers	Three Rivers	666.67	95			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Multiplan	Multiplan	561.41	80			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Horizon	MGD	268.63	38.28			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Wellcare	Medicaid	213.62	30.44		85.73	29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	First Health	First Health	491.23	70			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Qualcare	Qualcare	526.32	75			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Horizon	PPO	268.63	38.28		172.1	29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Horizon	Medicare Blue	210.53	30			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	UHC	Medicare	29.28				29.28	666.67	fee schedule	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	UHC	Medicaid	213.62	30.44		78.88	29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	WellPoint	WellPoint	217.83	31.04			29.28	666.67	percent of total billed charges	
ANDROSTENEDIONE	82157	CPT				outpatient			701.76	33.67	Wellcare	Medicare	29.28				29.28	666.67	fee schedule	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Horizon	Medicare Blue	63.95	30			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Horizon	MGD	81.61	38.28			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Aetna	Better Health	64.89	30.44			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Consumer	Consumer	202.52	95			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Americare	Americare	159.89	75			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Amerihealth	Medicare	20.52				16.42	202.52	fee schedule	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Corrections	Corrections	170.54	80			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Aetna	Medicare	20.52				16.42	202.52	fee schedule	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	UHC	Medicaid	16.42				16.42	202.52	fee schedule	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	WellPoint	WellPoint	66.17	31.04			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Aetna	Commercial	81.01	38			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	First Trenton	First Trenton	191.86	90			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Wellcare	Medicare	20.52				16.42	202.52	fee schedule	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	UHC	Medicare	20.52				16.42	202.52	fee schedule	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Wellcare	Medicaid	16.42				16.42	202.52	fee schedule	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Amerihealth	HMO/PPO	22.8				16.42	202.52	fee schedule	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Horizon	Indemnity	81.61	38.28			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Horizon	NJ Health	45.28				16.42	202.52	fee schedule	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Multiplan	Multiplan	170.54	80			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	First Health	First Health	149.23	70			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Qualcare	Qualcare	159.89	75			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Horizon	PPO	81.61	38.28			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Managed Care Inc	Managed Care Inc	191.86	90			16.42	202.52	percent of total billed charges	
ANGIOTENSIN II	82163	CPT				outpatient			213.18	23.6	Three Rivers	Three Rivers	202.52	95			16.42	202.52	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Aetna	Better Health	27.63	30.44		10	1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	UHC	Medicaid	11.68			7.94	1.68	86.24	fee schedule	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Aetna	Medicare	14.6			4.44	1.68	86.24	fee schedule	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Aetna	Commercial	34.5	38		6.41	1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	First Health	First Health	63.55	70			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Horizon	PPO	34.75	38.28		11.54	1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	First Trenton	First Trenton	81.7	90			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Multiplan	Multiplan	72.62	80			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Amerihealth	HMO/PPO	22.8				1.68	86.24	fee schedule	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Americare	Americare	68.09	75			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Corrections	Corrections	72.62	80			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Qualcare	Qualcare	68.09	75			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Horizon	Indemnity	34.75	38.28			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Consumer	Consumer	86.24	95			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Managed Care Inc	Managed Care Inc	81.7	90			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Wellcare	Medicaid	11.68			1.94	1.68	86.24	fee schedule	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Amerihealth	Medicare	14.6				1.68	86.24	fee schedule	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Wellcare	Medicare	14.6				1.68	86.24	fee schedule	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Horizon	Medicare Blue	27.23	30		3.54	1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Horizon	NJ Health	39.2			1.27	1.68	86.24	fee schedule	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Horizon	MGD	34.75	38.28		11.58	1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	Three Rivers	Three Rivers	86.24	95			1.68	86.24	percent of total billed charges	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	UHC	Medicare	14.6			4.04	1.68	86.24	fee schedule	
ANGIOTENSIN I CONVERTING ENZYME	82164	CPT				both			90.78	16.79	WellPoint	WellPoint	28.18	31.04		5.41	1.68	86.24	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Wellcare	Medicaid	95.32	30.44		20.52	11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Aetna	Better Health	95.32	30.44			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Americare	Americare	234.86	75			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Amerihealth	Medicare	21.09				11.57	297.48	fee schedule	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Aetna	Commercial	118.99	38		4.87	11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Consumer	Consumer	297.48	95			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Horizon	MGD	119.87	38.28		16.29	11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Qualcare	Qualcare	234.86	75			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Aetna	Medicare	96.45	30.8		15.3	11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Horizon	Medicare Blue	93.94	30		5.14	11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Amerihealth	HMO/PPO	11.57			5.56	11.57	297.48	fee schedule	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	First Health	First Health	219.2	70			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	First Trenton	First Trenton	281.83	90			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Corrections	Corrections	250.51	80			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	WellPoint	WellPoint	97.2	31.04		29.83	11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	UHC	Medicaid	95.32	30.44		18.4	11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	UHC	Medicare	21.09			7.89	11.57	297.48	fee schedule	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Horizon	PPO	119.87	38.28		14.34	11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Horizon	Indemnity	119.87	38.28		7.04	11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Horizon	NJ Health	39.2			2.7	11.57	297.48	fee schedule	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Multiplan	Multiplan	250.51	80			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Managed Care Inc	Managed Care Inc	281.83	90			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Three Rivers	Three Rivers	297.48	95			11.57	297.48	percent of total billed charges	
APOLIPOPROTEIN EACH	82172	CPT				both			313.14	24.25	Wellcare	Medicare	21.09			4.13	11.57	297.48	fee schedule	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Americare	Americare	255.51	75			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Horizon	Medicare Blue	102.2	30			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Amerihealth	Medicare	18.97				7.96	323.65	fee schedule	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Aetna	Medicare	18.97				7.96	323.65	fee schedule	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Amerihealth	HMO/PPO	30.2				7.96	323.65	fee schedule	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	First Trenton	First Trenton	306.61	90			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Aetna	Better Health	103.7	30.44			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Consumer	Consumer	323.65	95			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Wellcare	Medicare	18.97				7.96	323.65	fee schedule	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	UHC	Medicare	18.97				7.96	323.65	fee schedule	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Corrections	Corrections	272.54	80			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	First Health	First Health	238.48	70			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Horizon	MGD	130.41	38.28			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	WellPoint	WellPoint	105.75	31.04			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Aetna	Commercial	129.46	38			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Horizon	NJ Health	14.11				7.96	323.65	fee schedule	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	UHC	Medicaid	15.18			19	7.96	323.65	fee schedule	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Horizon	Indemnity	130.41	38.28			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Multiplan	Multiplan	272.54	80			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Horizon	PPO	130.41	38.28		11.69	7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Wellcare	Medicaid	15.18				7.96	323.65	fee schedule	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Managed Care Inc	Managed Care Inc	306.61	90			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Qualcare	Qualcare	255.51	75			7.96	323.65	percent of total billed charges	
ASSAY OF ARSENIC	82175	CPT				both			340.68	21.82	Three Rivers	Three Rivers	323.65	95			7.96	323.65	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Qualcare	Qualcare	144.59	75			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Amerihealth	HMO/PPO	15.1				7.06	183.14	fee schedule	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Consumer	Consumer	183.14	95			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Aetna	Commercial	73.26	38			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Aetna	Medicare	9.89			2.48	7.06	183.14	fee schedule	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Horizon	PPO	73.8	38.28			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Aetna	Better Health	58.68	30.44		5.81	7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Wellcare	Medicare	9.89				7.06	183.14	fee schedule	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	UHC	Medicare	9.89			0.98	7.06	183.14	fee schedule	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Amerihealth	Medicare	9.89				7.06	183.14	fee schedule	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Corrections	Corrections	154.22	80			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Horizon	NJ Health	7.06			0.55	7.06	183.14	fee schedule	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	First Trenton	First Trenton	173.5	90			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	WellPoint	WellPoint	59.84	31.04		2.92	7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Americare	Americare	144.59	75			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	First Health	First Health	134.95	70			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Horizon	Medicare Blue	57.83	30			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Horizon	Indemnity	73.8	38.28			7.06	183.14	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Managed Care Inc	Managed Care Inc	173.5	90			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Multiplan	Multiplan	154.22	80			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Horizon	MGD	73.8	38.28		1.82	7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Three Rivers	Three Rivers	183.14	95			7.06	183.14	percent of total billed charges	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	UHC	Medicaid	7.91			6.9	7.06	183.14	fee schedule	
ASSAY OF ASCORBIC ACID BLOOD	82180	CPT				both			192.78	11.37	Wellcare	Medicaid	7.91				7.06	183.14	fee schedule	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	First Trenton	First Trenton	101.9	90			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Aetna	Better Health	34.46	30.44			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Horizon	Indemnity	43.34	38.28			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	First Health	First Health	79.25	70			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Americare	Americare	84.92	75			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Aetna	Medicare	16.18				12.24	107.56	fee schedule	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Multiplan	Multiplan	90.58	80			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Aetna	Commercial	43.02	38			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Managed Care Inc	Managed Care Inc	101.9	90			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Consumer	Consumer	107.56	95			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Qualcare	Qualcare	84.92	75			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Horizon	Medicare Blue	33.97	30		9.08	12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Amerihealth	HMO/PPO	25.2				12.24	107.56	fee schedule	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Corrections	Corrections	90.58	80			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	UHC	Medicaid	12.94				12.24	107.56	fee schedule	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Amerihealth	Medicare	16.18				12.24	107.56	fee schedule	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Horizon	NJ Health	48.02			0.25	12.24	107.56	fee schedule	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Horizon	PPO	43.34	38.28		4.43	12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Wellcare	Medicaid	12.94				12.24	107.56	fee schedule	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Horizon	MGD	43.34	38.28		8.27	12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Wellcare	Medicare	16.18				12.24	107.56	fee schedule	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	Three Rivers	Three Rivers	107.56	95			12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	WellPoint	WellPoint	35.14	31.04		12.47	12.24	107.56	percent of total billed charges	
BETA-2 MICROGLOBULIN	82232	CPT				both			113.22	18.61	UHC	Medicare	16.18			3.36	12.24	107.56	fee schedule	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Aetna	Better Health	12.73	30.44			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	First Trenton	First Trenton	37.64	90			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	UHC	Medicare	26.58				11.15	39.73	fee schedule	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Horizon	Indemnity	16.01	38.28			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Aetna	Medicare	26.58				11.15	39.73	fee schedule	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Aetna	Commercial	15.89	38		4.4	11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Wellcare	Medicaid	21.26			7.21	11.15	39.73	fee schedule	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Amerihealth	HMO/PPO	22.8			3.69	11.15	39.73	fee schedule	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Americare	Americare	31.37	75			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Horizon	MGD	16.01	38.28			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Consumer	Consumer	39.73	95			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Multiplan	Multiplan	33.46	80			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Three Rivers	Three Rivers	39.73	95			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	First Health	First Health	29.27	70			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Corrections	Corrections	33.46	80			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Amerihealth	Medicare	26.58				11.15	39.73	fee schedule	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Horizon	NJ Health	11.15			5.5	11.15	39.73	fee schedule	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Horizon	PPO	16.01	38.28			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Qualcare	Qualcare	31.37	75			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Horizon	Medicare Blue	12.55	30			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	WellPoint	WellPoint	12.98	31.04		12.56	11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Managed Care Inc	Managed Care Inc	37.64	90			11.15	39.73	percent of total billed charges	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	Wellcare	Medicare	26.58				11.15	39.73	fee schedule	
BILE ACIDS CHOLYLGLYCINE	82240	CPT				both			41.82	30.57	UHC	Medicaid	21.26			8.18	11.15	39.73	fee schedule	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Three Rivers	Three Rivers	297.48	95			5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	First Health	First Health	219.2	70			5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	First Trenton	First Trenton	281.83	90			5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Aetna	Medicare	96.45	30.8		8.09	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Aetna	Better Health	95.32	30.44		16.79	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Consumer	Consumer	297.48	95			5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Corrections	Corrections	250.51	80			5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Aetna	Commercial	118.99	38		6.88	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	UHC	Medicaid	95.32	30.44		15.47	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Horizon	Indemnity	119.87	38.28		7.04	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Managed Care Inc	Managed Care Inc	281.83	90			5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Amerihealth	Medicare	5.02				5.02	297.48	fee schedule	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Americare	Americare	234.86	75			5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Horizon	PPO	119.87	38.28		34.64	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Horizon	MGD	119.87	38.28		22.38	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Multiplan	Multiplan	250.51	80			5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Wellcare	Medicare	5.02			2.75	5.02	297.48	fee schedule	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Qualcare	Qualcare	234.86	75			5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Wellcare	Medicaid	95.32	30.44		16.33	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	UHC	Medicare	5.02			15.14	5.02	297.48	fee schedule	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Amerihealth	HMO/PPO	6.9				5.02	297.48	fee schedule	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	WellPoint	WellPoint	97.2	31.04		19.47	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Horizon	Medicare Blue	93.94	30		6.18	5.02	297.48	percent of total billed charges	
BILIRUBIN TOTAL	82247	CPT				both			313.14	5.77	Horizon	NJ Health	11.76			5.42	5.02	297.48	fee schedule	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Aetna	Commercial	29.07	38		11.51	4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Horizon	MGD	29.28	38.28		16.16	4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Aetna	Better Health	23.29	30.44		10.29	4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Wellcare	Medicare	5.02			3.96	4.02	72.68	fee schedule	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Americare	Americare	57.38	75			4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	First Health	First Health	53.55	70			4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Aetna	Medicare	5.02			4.72	4.02	72.68	fee schedule	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Amerihealth	HMO/PPO	6.9			6.12	4.02	72.68	fee schedule	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Consumer	Consumer	72.68	95			4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Three Rivers	Three Rivers	72.68	95			4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Horizon	Indemnity	29.28	38.28		13.18	4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Wellcare	Medicaid	4.02			16.59	4.02	72.68	fee schedule	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Horizon	Medicare Blue	22.95	30		5.7	4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Amerihealth	Medicare	5.02				4.02	72.68	fee schedule	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Corrections	Corrections	61.2	80			4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Horizon	NJ Health	17.64			4.2	4.02	72.68	fee schedule	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Multiplan	Multiplan	61.2	80			4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	First Trenton	First Trenton	68.85	90			4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	UHC	Medicaid	4.02			13.3	4.02	72.68	fee schedule	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Qualcare	Qualcare	57.38	75			4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	WellPoint	WellPoint	23.75	31.04		14.78	4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Horizon	PPO	29.28	38.28		18.4	4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	Managed Care Inc	Managed Care Inc	68.85	90			4.02	72.68	percent of total billed charges	
BILIRUBIN DIRECT	82248	CPT				both			76.5	5.77	UHC	Medicare	5.02			7.95	4.02	72.68	fee schedule	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	First Trenton	First Trenton	253.37	90			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Americare	Americare	211.14	75			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Amerihealth	HMO/PPO	23.3				16.87	267.44	fee schedule	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Aetna	Commercial	106.98	38			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Corrections	Corrections	225.22	80			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Consumer	Consumer	267.44	95			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Aetna	Better Health	85.69	30.44			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Aetna	Medicare	86.71	30.8			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Horizon	NJ Health	18.74				16.87	267.44	fee schedule	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Multiplan	Multiplan	225.22	80			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Amerihealth	Medicare	16.87				16.87	267.44	fee schedule	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Horizon	MGD	107.77	38.28			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	UHC	Medicaid	85.69	30.44			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Horizon	Indemnity	107.77	38.28			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Horizon	PPO	107.77	38.28			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Qualcare	Qualcare	211.14	75			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Managed Care Inc	Managed Care Inc	253.37	90			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Horizon	Medicare Blue	84.46	30			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	First Health	First Health	197.06	70			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	WellPoint	WellPoint	87.38	31.04			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Three Rivers	Three Rivers	267.44	95			16.87	267.44	percent of total billed charges	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	UHC	Medicare	16.87				16.87	267.44	fee schedule	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Wellcare	Medicare	16.87				16.87	267.44	fee schedule	
BIOTINIDASE EACH SPECIMEN	82261	CPT				outpatient			281.52	19.4	Wellcare	Medicaid	85.69	30.44			16.87	267.44	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Amerihealth	Medicare	5.32				2.5	52.33	fee schedule	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Aetna	Better Health	16.77	30.44			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Consumer	Consumer	52.33	95			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Amerihealth	HMO/PPO	2.5				2.5	52.33	fee schedule	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Aetna	Medicare	5.32				2.5	52.33	fee schedule	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Corrections	Corrections	44.06	80			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	First Trenton	First Trenton	49.57	90			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Horizon	MGD	21.08	38.28			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Americare	Americare	41.31	75			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Aetna	Commercial	20.93	38			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Horizon	NJ Health	4.31				2.5	52.33	fee schedule	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	First Health	First Health	38.56	70			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Horizon	Indemnity	21.08	38.28			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Qualcare	Qualcare	41.31	75			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Managed Care Inc	Managed Care Inc	49.57	90			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	UHC	Medicaid	4.26			16.48	2.5	52.33	fee schedule	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Horizon	PPO	21.08	38.28			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Horizon	Medicare Blue	16.52	30			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Wellcare	Medicaid	4.26				2.5	52.33	fee schedule	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Wellcare	Medicare	5.32				2.5	52.33	fee schedule	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Three Rivers	Three Rivers	52.33	95			2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	WellPoint	WellPoint	17.1	31.04			2.5	52.33	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	Multiplan	Multiplan	44.06	80			2.5	2.5	52.33	percent of total billed charges	
BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	82271	CPT				outpatient			55.08	6.12	UHC	Medicare	5.32				2.5	2.5	52.33	fee schedule	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	First Trenton	First Trenton	152.39	90			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Amerihealth	Medicare	15.92				11.63	11.63	160.85	fee schedule	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Americare	Americare	126.99	75			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Amerihealth	HMO/PPO	22.8			1.82	11.63	11.63	160.85	fee schedule	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Managed Care Inc	Managed Care Inc	152.39	90			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Aetna	Better Health	51.54	30.44			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Consumer	Consumer	160.85	95			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Aetna	Medicare	15.92			14.5	11.63	11.63	160.85	fee schedule	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Wellcare	Medicare	15.92			13.81	11.63	11.63	160.85	fee schedule	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	First Health	First Health	118.52	70			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Horizon	Indemnity	64.82	38.28			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	UHC	Medicaid	12.74			11.44	11.63	11.63	160.85	fee schedule	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Three Rivers	Three Rivers	160.85	95			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Aetna	Commercial	64.34	38		13.82	11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Horizon	MGD	64.82	38.28		15.9	11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Corrections	Corrections	135.46	80			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Wellcare	Medicaid	12.74			13.26	11.63	11.63	160.85	fee schedule	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Horizon	NJ Health	22.23			2.28	11.63	11.63	160.85	fee schedule	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Multiplan	Multiplan	135.46	80			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Horizon	Medicare Blue	50.8	30		7.2	11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Quakcare	Qualcare	126.99	75			11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	UHC	Medicare	15.92			3.57	11.63	11.63	160.85	fee schedule	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	Horizon	PPO	64.82	38.28		34.97	11.63	11.63	160.85	percent of total billed charges	
BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	82274	CPT				both			169.32	18.31	WellPoint	WellPoint	52.56	31.04		13.05	11.63	11.63	160.85	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	UHC	Medicaid	18.91				7.96	7.96	142.44	fee schedule	
CADMIUM	82300	CPT				both			149.94	27.19	Aetna	Better Health	45.64	30.44			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	First Trenton	First Trenton	134.95	90			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Aetna	Medicare	23.64				7.96	7.96	142.44	fee schedule	
CADMIUM	82300	CPT				both			149.94	27.19	Americare	Americare	112.46	75			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Corrections	Corrections	119.95	80			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Horizon	Medicare Blue	44.98	30			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Amerihealth	Medicare	23.64				7.96	7.96	142.44	fee schedule	
CADMIUM	82300	CPT				both			149.94	27.19	Wellcare	Medicare	23.64				7.96	7.96	142.44	fee schedule	
CADMIUM	82300	CPT				both			149.94	27.19	Aetna	Commercial	56.98	38			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	WellPoint	WellPoint	46.54	31.04			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	First Health	First Health	104.96	70			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Amerihealth	HMO/PPO	26.7				7.96	7.96	142.44	fee schedule	
CADMIUM	82300	CPT				both			149.94	27.19	Wellcare	Medicaid	18.91				7.96	7.96	142.44	fee schedule	
CADMIUM	82300	CPT				both			149.94	27.19	UHC	Medicare	23.64				7.96	7.96	142.44	fee schedule	
CADMIUM	82300	CPT				both			149.94	27.19	Consumer	Consumer	142.44	95			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Horizon	MGD	57.4	38.28			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Horizon	Indemnity	57.4	38.28			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Qualcare	Qualcare	112.46	75			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Multiplan	Multiplan	119.95	80			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Horizon	NJ Health	58.8				7.96	7.96	142.44	fee schedule	
CADMIUM	82300	CPT				both			149.94	27.19	Horizon	PPO	57.4	38.28			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Managed Care Inc	Managed Care Inc	134.95	90			7.96	7.96	142.44	percent of total billed charges	
CADMIUM	82300	CPT				both			149.94	27.19	Three Rivers	Three Rivers	142.44	95			7.96	7.96	142.44	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Aetna	Medicare	29.6			24.28	19.89	19.89	543.61	fee schedule	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	UHC	Medicaid	23.68			32.83	19.89	19.89	543.61	fee schedule	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Consumer	Consumer	543.61	95			19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Wellcare	Medicaid	23.68			29.47	19.89	19.89	543.61	fee schedule	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	First Trenton	First Trenton	515	90			19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Amerihealth	HMO/PPO	44.9			21.59	19.89	19.89	543.61	fee schedule	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	First Health	First Health	400.55	70			19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Aetna	Better Health	174.18	30.44		23.48	19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Horizon	Medicare Blue	171.67	30		24.35	19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Corrections	Corrections	457.78	80			19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Horizon	MGD	219.05	38.28		39.31	19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Aetna	Commercial	217.44	38		23.6	19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Horizon	NJ Health	58.8			7.95	19.89	19.89	543.61	fee schedule	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Horizon	PPO	219.05	38.28		34.75	19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Multiplan	Multiplan	457.78	80			19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Americare	Americare	429.17	75			19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Managed Care Inc	Managed Care Inc	515	90			19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Wellcare	Medicare	29.6			15.83	19.89	19.89	543.61	fee schedule	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Qualcare	Qualcare	429.17	75			19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Amerihealth	Medicare	29.6				19.89	19.89	543.61	fee schedule	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Three Rivers	Three Rivers	543.61	95			19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	Horizon	Indemnity	219.05	38.28		24.17	19.89	19.89	543.61	percent of total billed charges	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	UHC	Medicare	29.6			17.04	19.89	19.89	543.61	fee schedule	
25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	82306	CPT				both			572.22	34.04	WellPoint	WellPoint	177.62	31.04		32.25	19.89	19.89	543.61	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Amerihealth	Medicare	26.79				18.67	18.67	66.64	fee schedule	
CALCITONIN	82308	CPT				both			62.22	30.81	Horizon	Medicare Blue	18.67	30			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Aetna	Medicare	26.79				18.67	18.67	66.64	fee schedule	
CALCITONIN	82308	CPT				both			62.22	30.81	Corrections	Corrections	49.78	80			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	UHC	Medicare	26.79				18.67	18.67	66.64	fee schedule	
CALCITONIN	82308	CPT				both			62.22	30.81	Americare	Americare	46.67	75			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	First Health	First Health	43.55	70			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Aetna	Better Health	18.94	30.44			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Horizon	MGD	23.82	38.28		22.06	18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Consumer	Consumer	59.11	95			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Amerihealth	HMO/PPO	41.7				18.67	18.67	66.64	fee schedule	
CALCITONIN	82308	CPT				both			62.22	30.81	Horizon	NJ Health	66.64			7.65	18.67	18.67	66.64	fee schedule	
CALCITONIN	82308	CPT				both			62.22	30.81	Wellcare	Medicare	26.79				18.67	18.67	66.64	fee schedule	
CALCITONIN	82308	CPT				both			62.22	30.81	Aetna	Commercial	23.64	38			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	First Trenton	First Trenton	56	90			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	UHC	Medicaid	21.43			7.77	18.67	18.67	66.64	fee schedule	
CALCITONIN	82308	CPT				both			62.22	30.81	Horizon	PPO	23.82	38.28			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Horizon	Indemnity	23.82	38.28			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Managed Care Inc	Managed Care Inc	56	90			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Multiplan	Multiplan	49.78	80			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Three Rivers	Three Rivers	59.11	95			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Qualcare	Qualcare	46.67	75			18.67	18.67	66.64	percent of total billed charges	
CALCITONIN	82308	CPT				both			62.22	30.81	Wellcare	Medicaid	21.43			6.93	18.67	18.67	66.64	fee schedule	
CALCITONIN	82308	CPT				both			62.22	30.81	WellPoint	WellPoint	19.31	31.04		9.41	18.67	18.67	66.64	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Qualcare	Qualcare	68.85	75			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Horizon	Indemnity	35.14	38.28			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Aetna	Better Health	27.94	30.44			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Aetna	Commercial	34.88	38			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	First Trenton	First Trenton	82.62	90			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Americare	Americare	68.85	75			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	First Health	First Health	64.26	70			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Aetna	Medicare	5.16				1.7	1.7	87.21	fee schedule	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Managed Care Inc	Managed Care Inc	82.62	90			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Horizon	PPO	35.14	38.28			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Consumer	Consumer	87.21	95			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Horizon	Medicare Blue	27.54	30		2.64	1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Wellcare	Medicare	5.16				1.7	1.7	87.21	fee schedule	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Amerihealth	HMO/PPO	1.7			1.88	1.7	1.7	87.21	fee schedule	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Multiplan	Multiplan	73.44	80			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Corrections	Corrections	73.44	80		15.99	1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Horizon	MGD	35.14	38.28		11.32	1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Amerihealth	Medicare	5.16				1.7	1.7	87.21	fee schedule	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Three Rivers	Three Rivers	87.21	95			1.7	1.7	87.21	percent of total billed charges	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	UHC	Medicaid	4.13			14.34	1.7	1.7	87.21	fee schedule	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Horizon	NJ Health	5.88			3.3	1.7	1.7	87.21	fee schedule	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	UHC	Medicare	5.16			10.91	1.7	1.7	87.21	fee schedule	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	Wellcare	Medicaid	4.13			4.93	1.7	1.7	87.21	fee schedule	
CALCIUM TOTAL	82310	CPT				both			91.8	5.93	WellPoint	WellPoint	28.49	31.04		14.76	1.7	1.7	87.21	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	UHC	Medicaid	10.94			12.29	9.49	9.49	244.19	fee schedule	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Aetna	Better Health	78.24	30.44			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Americare	Americare	192.78	75			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	First Health	First Health	179.93	70			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Amerihealth	HMO/PPO	21.3				9.49	9.49	244.19	fee schedule	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Aetna	Medicare	13.68			10.68	9.49	9.49	244.19	fee schedule	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Horizon	MGD	98.39	38.28		18.03	9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Aetna	Commercial	97.68	38		10.45	9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Amerihealth	Medicare	13.68				9.49	9.49	244.19	fee schedule	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Multiplan	Multiplan	205.63	80			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Horizon	Medicare Blue	77.11	30		10.97	9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Horizon	Indemnity	98.39	38.28			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	UHC	Medicare	13.68			10.59	9.49	9.49	244.19	fee schedule	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Quakcare	Qualcare	192.78	75			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Wellcare	Medicaid	10.94			22.15	9.49	9.49	244.19	fee schedule	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Consumer	Consumer	244.19	95			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Wellcare	Medicare	13.68				9.49	9.49	244.19	fee schedule	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	WellPoint	WellPoint	79.79	31.04		5.72	9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Horizon	PPO	98.39	38.28			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Corrections	Corrections	205.63	80			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Three Rivers	Three Rivers	244.19	95			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	First Trenton	First Trenton	231.34	90			9.49	9.49	244.19	percent of total billed charges	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Horizon	NJ Health	28.81			4.83	9.49	9.49	244.19	fee schedule	
CALCIUM IONIZED	82330	CPT				both			257.04	15.73	Managed Care Inc	Managed Care Inc	231.34	90			9.49	9.49	244.19	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Amerihealth	Medicare	6.03				6.03	6.03	57.17	fee schedule	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Horizon	Indemnity	23.04	38.28			6.03	6.03	57.17	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Aetna	Medicare	18.54	30.8		4.89	6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Americare	Americare	45.14	75			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	First Health	First Health	42.13	70			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Corrections	Corrections	48.14	80			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Aetna	Better Health	18.32	30.44			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Aetna	Commercial	22.87	38		23.4	6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	WellPoint	WellPoint	18.68	31.04			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Multiplan	Multiplan	48.14	80			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Horizon	NJ Health	7.06			2.87	6.03	57.17	fee schedule	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Amerihealth	HMO/PPO	9.4				6.03	57.17	fee schedule	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	UHC	Medicaid	18.32	30.44		7.45	6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Horizon	PPO	23.04	38.28		18.07	6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Consumer	Consumer	57.17	95			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	First Trenton	First Trenton	54.16	90			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Wellcare	Medicaid	18.32	30.44		4.64	6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Qualcare	Qualcare	45.14	75			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Horizon	MGD	23.04	38.28		20.85	6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	UHC	Medicare	6.03			6.43	6.03	57.17	fee schedule	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Horizon	Medicare Blue	18.05	30		4.66	6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Managed Care Inc	Managed Care Inc	54.16	90			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Three Rivers	Three Rivers	57.17	95			6.03	57.17	percent of total billed charges	
CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	82340	CPT				both			60.18	6.93	Wellcare	Medicare	6.03			9.86	6.03	57.17	fee schedule	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Americare	Americare	48.96	75			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Amerihealth	HMO/PPO	19				9.79	62.02	fee schedule	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Aetna	Commercial	24.81	38			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Amerihealth	Medicare	12.87				9.79	62.02	fee schedule	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Aetna	Better Health	19.87	30.44		9.55	9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	First Health	First Health	45.7	70			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Multiplan	Multiplan	52.22	80			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	First Trenton	First Trenton	58.75	90			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Horizon	Indemnity	24.99	38.28			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Wellcare	Medicare	12.87				9.79	62.02	fee schedule	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Horizon	MGD	24.99	38.28		17.65	9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Horizon	NJ Health	25.87			2.76	9.79	62.02	fee schedule	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Aetna	Medicare	12.87				9.79	62.02	fee schedule	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Qualcare	Qualcare	48.96	75			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Horizon	Medicare Blue	19.58	30		9.3	9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	UHC	Medicare	12.87				9.79	62.02	fee schedule	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Consumer	Consumer	62.02	95			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	WellPoint	WellPoint	20.26	31.04		9.65	9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Horizon	PPO	24.99	38.28			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Corrections	Corrections	52.22	80			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Three Rivers	Three Rivers	62.02	95			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Managed Care Inc	Managed Care Inc	58.75	90			9.79	62.02	percent of total billed charges	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	UHC	Medicaid	10.3				9.79	62.02	fee schedule	
CALCULUS QUANTITATIVE CHEMICAL	82360	CPT				both			65.28	14.8	Wellcare	Medicaid	10.3				9.79	62.02	fee schedule	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Aetna	Better Health	326.01	30.44			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Americare	Americare	803.25	75			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Amerihealth	Medicare	18.06				10	1017.45	fee schedule	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Horizon	Indemnity	409.98	38.28			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Consumer	Consumer	1017.45	95			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Aetna	Commercial	406.98	38			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Horizon	NJ Health	20.05			12.25	10	1017.45	fee schedule	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	First Trenton	First Trenton	963.9	90			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Corrections	Corrections	856.8	80			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Amerihealth	HMO/PPO	10				10	1017.45	fee schedule	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	First Health	First Health	749.7	70			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Horizon	PPO	409.98	38.28			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Qualcare	Qualcare	803.25	75			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Aetna	Medicare	329.87	30.8			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Multiplan	Multiplan	856.8	80			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Horizon	Medicare Blue	321.3	30			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Three Rivers	Three Rivers	1017.45	95			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	UHC	Medicaid	326.01	30.44		87.63	10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Wellcare	Medicaid	326.01	30.44			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Managed Care Inc	Managed Care Inc	963.9	90			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Horizon	MGD	409.98	38.28			10	1017.45	percent of total billed charges	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	Wellcare	Medicare	18.06				10	1017.45	fee schedule	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	UHC	Medicare	18.06				10	1017.45	fee schedule	
CARBOHYDRATE DEFICIENT TRANSFERRIN	82373	CPT				both			1071	20.77	WellPoint	WellPoint	332.44	31.04			10	1017.45	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Aetna	Better Health	44.09	30.44		19.41	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Aetna	Medicare	44.61	30.8		12.06	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	First Health	First Health	101.39	70			1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Amerihealth	Medicare	4.88				1.7	137.6	fee schedule	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Horizon	Medicare Blue	43.45	30		13.27	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Americare	Americare	108.63	75			1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Multiplan	Multiplan	115.87	80			1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	First Trenton	First Trenton	130.36	90			1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Aetna	Commercial	55.04	38		21.58	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Horizon	Indemnity	55.44	38.28		17.08	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Three Rivers	Three Rivers	137.6	95			1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Horizon	MGD	55.44	38.28		8.14	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Consumer	Consumer	137.6	95			1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Amerihealth	HMO/PPO	1.7				1.7	137.6	fee schedule	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Qualcare	Qualcare	108.63	75			1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Managed Care Inc	Managed Care Inc	130.36	90			1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Corrections	Corrections	115.87	80			1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Horizon	NJ Health	6.47			6.55	1.7	137.6	fee schedule	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	WellPoint	WellPoint	44.96	31.04		20.23	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	UHC	Medicaid	44.09	30.44		17.35	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Horizon	PPO	55.44	38.28		19.56	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	UHC	Medicare	4.88			10.06	1.7	137.6	fee schedule	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Wellcare	Medicaid	44.09	30.44		17.28	1.7	137.6	percent of total billed charges	
CARBON DIOXIDE BICARBONATE	82374	CPT				both			144.84	5.61	Wellcare	Medicare	4.88				1.7	137.6	fee schedule	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Amerihealth	HMO/PPO	6.9			15.14	6.9	107.56	fee schedule	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Horizon	MGD	43.34	38.28		26.09	6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Horizon	Medicare Blue	33.97	30		15.72	6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Aetna	Better Health	34.46	30.44		24.77	6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Aetna	Commercial	43.02	38		27.74	6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Corrections	Corrections	90.58	80		11.6	6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	WellPoint	WellPoint	35.14	31.04		23.12	6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Consumer	Consumer	107.56	95			6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Americare	Americare	84.92	75			6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Wellcare	Medicare	12.32			14.34	6.9	107.56	fee schedule	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Amerihealth	Medicare	12.32				6.9	107.56	fee schedule	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Aetna	Medicare	12.32			13.83	6.9	107.56	fee schedule	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Horizon	NJ Health	11.76			6.48	6.9	107.56	fee schedule	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	First Trenton	First Trenton	101.9	90			6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Horizon	PPO	43.34	38.28		33.96	6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Horizon	Indemnity	43.34	38.28		20.77	6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	First Health	First Health	79.25	70			6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Managed Care Inc	Managed Care Inc	101.9	90			6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	UHC	Medicaid	9.86			30.99	6.9	107.56	fee schedule	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	UHC	Medicare	12.32			14.44	6.9	107.56	fee schedule	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Multiplan	Multiplan	90.58	80			6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Qualcare	Qualcare	84.92	75			6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Three Rivers	Three Rivers	107.56	95			6.9	107.56	percent of total billed charges	
CARBOXYHEMOGLOBIN QUANTITATIVE	82375	CPT				both			113.22	14.17	Wellcare	Medicaid	9.86			31.34	6.9	107.56	fee schedule	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Corrections	Corrections	137.9	80			14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Horizon	NJ Health	43.9			25.7	14.38	163.76	fee schedule	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Horizon	Indemnity	65.99	38.28		23.56	14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Aetna	Better Health	52.47	30.44			14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Horizon	MGD	65.99	38.28		38.41	14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Aetna	Commercial	65.5	38		62.24	14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Aetna	Medicare	18.96			7.26	14.38	163.76	fee schedule	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	First Health	First Health	120.67	70			14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	UHC	Medicaid	15.17			47.39	14.38	163.76	fee schedule	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	WellPoint	WellPoint	53.51	31.04		45.93	14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Americare	Americare	129.29	75			14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Consumer	Consumer	163.76	95			14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Multiplan	Multiplan	137.9	80			14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Horizon	PPO	65.99	38.28		44.52	14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Amerihealth	HMO/PPO	29.4			14.23	14.38	163.76	fee schedule	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	UHC	Medicare	18.96			19.79	14.38	163.76	fee schedule	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Qualcare	Qualcare	129.29	75			14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Wellcare	Medicaid	15.17			25.71	14.38	163.76	fee schedule	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Amerihealth	Medicare	18.96				14.38	163.76	fee schedule	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	First Trenton	First Trenton	155.14	90			14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Horizon	Medicare Blue	51.71	30		11.13	14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Wellcare	Medicare	18.96			17.15	14.38	163.76	fee schedule	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.38	21.8	Managed Care Inc	Managed Care Inc	155.14	90			14.38	163.76	percent of total billed charges	
CARCINOEMBRYONIC ANTIGEN CEA	82378	CPT				both			172.36	21.8	Three Rivers	Three Rivers	163.76	95			14.38	163.76	percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Amerihealth	HMO/PPO	23.3				16.87	479.66	fee schedule	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Consumer	Consumer	479.66	95			16.87	479.66	percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Horizon	NJ Health	18.74			1.14	16.87	479.66	fee schedule	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Corrections	Corrections	403.92	80			16.87	479.66	percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Aetna	Better Health	153.69	30.44			16.87	479.66	percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Aetna	Commercial	191.86	38		4.22	16.87	479.66	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	First Trenton	First Trenton	454.41	90			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Aetna	Medicare	155.51	30.8			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Amerihealth	Medicare	16.87				16.87		479.66 fee schedule	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Horizon	Indemnity	193.28	38.28			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	WellPoint	WellPoint	156.72	31.04		18.02	16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Wellcare	Medicare	16.87				16.87		479.66 fee schedule	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Horizon	PPO	193.28	38.28			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Americare	Americare	378.68	75			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Horizon	MGD	193.28	38.28		15.43	16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Horizon	Medicare Blue	151.47	30			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	First Health	First Health	353.43	70			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Multiplan	Multiplan	403.92	80			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Managed Care Inc	Managed Care Inc	454.41	90			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Qualcare	Qualcare	378.68	75			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	UHC	Medicaid	153.69	30.44		4.81	16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Three Rivers	Three Rivers	479.66	95			16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	Wellcare	Medicaid	153.69	30.44		2.34	16.87		479.66 percent of total billed charges	
CARNITINE QUANTITATIVE EACH SPECIMEN	82379	CPT				both			504.9	19.4	UHC	Medicare	16.87				16.87		479.66 fee schedule	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Aetna	Medicare	9.22				7.38		136.63 fee schedule	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Horizon	MGD	55.05	38.28			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	First Trenton	First Trenton	129.44	90			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Consumer	Consumer	136.63	95			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Aetna	Better Health	43.78	30.44			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Aetna	Commercial	54.65	38			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Amerihealth	HMO/PPO	15.2				7.38		136.63 fee schedule	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Americare	Americare	107.87	75			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Horizon	Indemnity	55.05	38.28			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Multiplan	Multiplan	115.06	80			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	WellPoint	WellPoint	44.64	31.04			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Corrections	Corrections	115.06	80			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Horizon	Medicare Blue	43.15	30			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Qualcare	Qualcare	107.87	75			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Amerihealth	Medicare	9.22				7.38		136.63 fee schedule	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Horizon	PPO	55.05	38.28			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	First Health	First Health	100.67	70			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	UHC	Medicaid	7.38				7.38		136.63 fee schedule	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Horizon	NJ Health	11.76				7.38		136.63 fee schedule	
CAROTENE	82380	CPT				outpatient			143.82	10.6	UHC	Medicare	9.22				7.38		136.63 fee schedule	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Managed Care Inc	Managed Care Inc	129.44	90			7.38		136.63 percent of total billed charges	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Wellcare	Medicare	9.22				7.38		136.63 fee schedule	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Wellcare	Medicaid	7.38				7.38		136.63 fee schedule	
CAROTENE	82380	CPT				outpatient			143.82	10.6	Three Rivers	Three Rivers	136.63	95			7.38		136.63 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Aetna	Medicare	27.3				21.84		139.54 fee schedule	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Aetna	Better Health	44.71	30.44			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Aetna	Commercial	55.81	38			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Corrections	Corrections	117.5	80			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	First Trenton	First Trenton	132.19	90			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Consumer	Consumer	139.54	95			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Amerihealth	HMO/PPO	26.8				21.84		139.54 fee schedule	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Americare	Americare	110.16	75			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Horizon	Indemnity	56.23	38.28			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Horizon	Medicare Blue	44.06	30			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Horizon	MGD	56.23	38.28			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Multiplan	Multiplan	117.5	80			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Horizon	NJ Health	23.52				21.84		139.54 fee schedule	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Wellcare	Medicare	27.3				21.84		139.54 fee schedule	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Amerihealth	Medicare	27.3				21.84		139.54 fee schedule	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Qualcare	Qualcare	110.16	75			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Wellcare	Medicaid	21.84				21.84		139.54 fee schedule	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	WellPoint	WellPoint	45.59	31.04			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Horizon	PPO	56.23	38.28			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	First Health	First Health	102.82	70			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Managed Care Inc	Managed Care Inc	132.19	90			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	UHC	Medicare	27.3				21.84		139.54 fee schedule	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	Three Rivers	Three Rivers	139.54	95			21.84		139.54 percent of total billed charges	
CATECHOLAMINES TOTAL URINE	82382	CPT				outpatient			146.88	31.4	UHC	Medicaid	21.84				21.84		139.54 fee schedule	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Aetna	Medicare	25.25				17.75		197.68 fee schedule	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Aetna	Commercial	79.07	38			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Horizon	NJ Health	35.28			5.01	17.75		197.68 fee schedule	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Americare	Americare	156.06	75			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Aetna	Better Health	63.34	30.44			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Amerihealth	Medicare	25.25				17.75		197.68 fee schedule	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Horizon	Indemnity	79.65	38.28			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	First Trenton	First Trenton	187.27	90			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Consumer	Consumer	197.68	95			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Horizon	MGD	79.65	38.28			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	UHC	Medicare	25.25				17.75		197.68 fee schedule	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Amerihealth	HMO/PPO	38.8				17.75		197.68 fee schedule	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	First Health	First Health	145.66	70			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Managed Care Inc	Managed Care Inc	187.27	90			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Multiplan	Multiplan	166.46	80			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Wellcare	Medicare	25.25				17.75		197.68 fee schedule	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Corrections	Corrections	166.46	80			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	UHC	Medicaid	20.2			9.93	17.75		197.68 fee schedule	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Qualcare	Qualcare	156.06	75			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Wellcare	Medicaid	20.2				17.75		197.68 fee schedule	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Horizon	Medicare Blue	62.42	30			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	WellPoint	WellPoint	64.59	31.04			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Horizon	PPO	79.65	38.28			17.75		197.68 percent of total billed charges	
CATECHOLAMINES FRACTIONATED	82384	CPT				both			208.08	29.04	Three Rivers	Three Rivers	197.68	95			17.75		197.68 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Aetna	Better Health	7.76	30.44		5.3	7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Amerihealth	Medicare	10.74				7.65		24.23 fee schedule	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Horizon	MGD	9.76	38.28		3.95	7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Aetna	Commercial	9.69	38		2.49	7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	First Trenton	First Trenton	22.95	90			7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Horizon	PPO	9.76	38.28		2.82	7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Amerihealth	HMO/PPO	16.7			2.1	7.65		24.23 fee schedule	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Aetna	Medicare	10.74			0.74	7.65		24.23 fee schedule	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Corrections	Corrections	20.4	80			7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Multiplan	Multiplan	20.4	80			7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	UHC	Medicare	10.74			1.66	7.65		24.23 fee schedule	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Americare	Americare	19.13	75			7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Horizon	Indemnity	9.76	38.28		1.13	7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Qualcare	Qualcare	19.13	75			7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	First Health	First Health	17.85	70			7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Consumer	Consumer	24.23	95			7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Horizon	NJ Health	11.76			0.84	7.65		24.23 fee schedule	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	UHC	Medicaid	8.59			3.59	7.65		24.23 fee schedule	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Wellcare	Medicaid	8.59			3.2	7.65		24.23 fee schedule	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Horizon	Medicare Blue	7.65	30		0.7	7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Managed Care Inc	Managed Care Inc	22.95	90			7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	WellPoint	WellPoint	7.92	31.04		0.65	7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Three Rivers	Three Rivers	24.23	95			7.65		24.23 percent of total billed charges	
CERULOPLASMIN	82390	CPT				both			25.5	12.35	Wellcare	Medicare	10.74			0.42	7.65		24.23 fee schedule	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Aetna	Better Health	179.15	30.44			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Amerihealth	Medicare	14.12				11.3		559.11 fee schedule	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Wellcare	Medicare	14.12				11.3		559.11 fee schedule	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Horizon	Medicare Blue	176.56	30			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Corrections	Corrections	470.83	80			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Aetna	Medicare	14.12				11.3		559.11 fee schedule	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Americare	Americare	441.41	75			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	First Trenton	First Trenton	529.69	90			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Aetna	Commercial	223.65	38			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Consumer	Consumer	559.11	95			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Horizon	MGD	225.29	38.28			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Horizon	PPO	225.29	38.28			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Wellcare	Medicaid	11.3				11.3		559.11 fee schedule	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	First Health	First Health	411.98	70			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Amerihealth	HMO/PPO	21			7.37	11.3		559.11 fee schedule	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Managed Care Inc	Managed Care Inc	529.69	90			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Horizon	Indemnity	225.29	38.28		10.31	11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Horizon	NJ Health	15.68			3.31	11.3		559.11 fee schedule	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	UHC	Medicaid	11.3			12.15	11.3		559.11 fee schedule	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	UHC	Medicare	14.12			4.52	11.3		559.11 fee schedule	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	WellPoint	WellPoint	182.68	31.04			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Multiplan	Multiplan	470.83	80			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Three Rivers	Three Rivers	559.11	95			11.3		559.11 percent of total billed charges	
CHEMILUMINESCENT ASSAY	82397	CPT				both			588.54	16.24	Qualcare	Qualcare	441.41	75			11.3		559.11 percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Corrections	Corrections	57.12	80		3.03	1.7		67.83 percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Americare	Americare	53.55	75			1.7		67.83 percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Aetna	Commercial	27.13	38		7.23	1.7		67.83 percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Aetna	Medicare	4.6			3.95	1.7		67.83 fee schedule	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Horizon	Indemnity	27.33	38.28		6.72	1.7		67.83 percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Horizon	Medicare Blue	21.42	30		3.99	1.7		67.83 percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Aetna	Better Health	21.73	30.44		6.74	1.7		67.83 percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Amerihealth	Medicare	4.6				1.7		67.83 fee schedule	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Horizon	NJ Health	5.88			1.59	1.7		67.83 fee schedule	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Three Rivers	Three Rivers	67.83	95			1.7		67.83 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Ameritech	HMO/PPO	1.7			4.44	1.7	67.83	fee schedule	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Multiplan	Multiplan	57.12	80			1.7	67.83	percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	First Health	First Health	49.98	70			1.7	67.83	percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Horizon	PPO	27.33	38.28		8.41	1.7	67.83	percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	UHC	Medicaid	3.68			7.5	1.7	67.83	fee schedule	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Consumer	Consumer	67.83	95			1.7	67.83	percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Qualcare	Qualcare	53.55	75			1.7	67.83	percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	First Trenton	First Trenton	64.26	90			1.7	67.83	percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	UHC	Medicare	4.6			3.14	1.7	67.83	fee schedule	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Horizon	MGD	27.33	38.28		4.79	1.7	67.83	percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	WellPoint	WellPoint	22.16	31.04		7.03	1.7	67.83	percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Managed Care Inc	Managed Care Inc	64.26	90			1.7	67.83	percent of total billed charges	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Wellcare	Medicaid	3.68			7.71	1.7	67.83	fee schedule	
CHLORIDE BLD	82435	CPT				both			71.4	5.29	Wellcare	Medicare	4.6			3.76	1.7	67.83	fee schedule	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Multiplan	Multiplan	44.88	80			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Aetna	Medicare	17.28	30.8			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Corrections	Corrections	44.88	80			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Aetna	Better Health	17.08	30.44			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Americare	Americare	42.08	75			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Aetna	Commercial	21.32	38		17.28	5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Consumer	Consumer	53.3	95			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	First Health	First Health	39.27	70			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Qualcare	Qualcare	42.08	75			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	UHC	Medicaid	17.08	30.44			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	First Trenton	First Trenton	50.49	90			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Horizon	Medicare Blue	16.83	30			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Ameritech	HMO/PPO	7.8				5.75	53.3	fee schedule	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Amerihealth	Medicare	5.75				5.75	53.3	fee schedule	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Managed Care Inc	Managed Care Inc	50.49	90			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Horizon	Indemnity	21.48	38.28			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	UHC	Medicare	5.75				5.75	53.3	fee schedule	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Horizon	MGD	21.48	38.28		17.02	5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Three Rivers	Three Rivers	53.3	95			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Horizon	NJ Health	5.88			1.76	5.75	53.3	fee schedule	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Wellcare	Medicare	5.75				5.75	53.3	fee schedule	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	WellPoint	WellPoint	17.41	31.04			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Wellcare	Medicaid	17.08	30.44			5.75	53.3	percent of total billed charges	
CHLORIDE URINE	82436	CPT				both			56.1	6.61	Horizon	PPO	21.48	38.28			5.75	53.3	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Multiplan	Multiplan	144.43	80			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Aetna	Better Health	54.96	30.44			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	First Trenton	First Trenton	162.49	90			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	First Health	First Health	126.38	70			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Horizon	Medicare Blue	54.16	30			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Aetna	Medicare	5				4	171.51	fee schedule	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Americare	Americare	135.41	75			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Consumer	Consumer	171.51	95			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Qualcare	Qualcare	135.41	75			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Aetna	Commercial	68.61	38			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Horizon	Indemnity	69.11	38.28			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Horizon	MGD	69.11	38.28			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Wellcare	Medicare	5				4	171.51	fee schedule	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	UHC	Medicare	5				4	171.51	fee schedule	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Amerihealth	HMO/PPO	7.7				4	171.51	fee schedule	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Corrections	Corrections	144.43	80			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Horizon	PPO	69.11	38.28			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	UHC	Medicaid	4				4	171.51	fee schedule	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Amerihealth	Medicare	5				4	171.51	fee schedule	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Three Rivers	Three Rivers	171.51	95			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Managed Care Inc	Managed Care Inc	162.49	90			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	WellPoint	WellPoint	56.04	31.04			4	171.51	percent of total billed charges	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Wellcare	Medicaid	4				4	171.51	fee schedule	
CHLORIDE OTHER SOURCE	82438	CPT				both			180.54	5.75	Horizon	NJ Health	6.47				4	171.51	fee schedule	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Aetna	Medicare	6.01				4.81	404.07	fee schedule	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	First Health	First Health	297.74	70			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Wellcare	Medicaid	4.81				4.81	404.07	fee schedule	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Aetna	Better Health	129.47	30.44			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Americare	Americare	319.01	75			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Amerihealth	HMO/PPO	9.4				4.81	404.07	fee schedule	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	UHC	Medicaid	4.81				4.81	404.07	fee schedule	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Corrections	Corrections	340.27	80			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Consumer	Consumer	404.07	95			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Wellcare	Medicare	6.01				4.81	404.07	fee schedule	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	First Trenton	First Trenton	382.81	90			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Aetna	Commercial	161.63	38			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Horizon	NJ Health	19.44				4.81	404.07	fee schedule	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Amerihealth	Medicare	6.01				4.81	404.07	fee schedule	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Horizon	PPO	162.82	38.28			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	WellPoint	WellPoint	132.03	31.04			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Managed Care Inc	Managed Care Inc	382.81	90			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Horizon	MGD	162.82	38.28			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Three Rivers	Three Rivers	404.07	95			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Horizon	Indemnity	162.82	38.28			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Horizon	Medicare Blue	127.6	30			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Multiplan	Multiplan	340.27	80			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	Qualcare	Qualcare	319.01	75			4.81	404.07	percent of total billed charges	
CHLORINATED HYDROCARBONS SCREEN	82441	CPT				outpatient			425.34	6.91	UHC	Medicare	6.01				4.81	404.07	fee schedule	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Amerihealth	HMO/PPO	1.7				1.7	85.27	fee schedule	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Wellcare	Medicaid	3.48				1.7	85.27	fee schedule	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Americare	Americare	67.32	75			1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Multiplan	Multiplan	71.81	80			1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Horizon	Medicare Blue	26.93	30		6.18	1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Aetna	Better Health	27.32	30.44			1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Aetna	Medicare	4.35				1.7	85.27	fee schedule	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Amerihealth	Medicare	4.35				1.7	85.27	fee schedule	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	First Health	First Health	62.83	70			1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Aetna	Commercial	34.11	38		4.87	1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	First Trenton	First Trenton	80.78	90			1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Qualcare	Qualcare	67.32	75			1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Horizon	Indemnity	34.36	38.28		11.39	1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Horizon	MGD	34.36	38.28		19.63	1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Corrections	Corrections	71.81	80			1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Consumer	Consumer	85.27	95			1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Horizon	PPO	34.36	38.28		16.74	1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	UHC	Medicaid	3.48			7.58	1.7	85.27	fee schedule	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Horizon	NJ Health	5.88			8.13	1.7	85.27	fee schedule	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Wellcare	Medicare	4.35			4.07	1.7	85.27	fee schedule	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	UHC	Medicare	4.35			9.74	1.7	85.27	fee schedule	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Managed Care Inc	Managed Care Inc	80.78	90			1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	WellPoint	WellPoint	27.86	31.04		5.3	1.7	85.27	percent of total billed charges	
CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	82465	CPT				both			89.76	5	Three Rivers	Three Rivers	85.27	95			1.7	85.27	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Horizon	Indemnity	19.91	38.28			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Multiplan	Multiplan	41.62	80			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Americare	Americare	39.02	75			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Aetna	Better Health	15.83	30.44			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Aetna	Medicare	7.87				6.3	49.42	fee schedule	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Amerihealth	Medicare	7.87				6.3	49.42	fee schedule	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Aetna	Commercial	19.77	38			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Consumer	Consumer	49.42	95			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Horizon	PPO	19.91	38.28			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Qualcare	Qualcare	39.02	75			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Amerihealth	HMO/PPO	12.2				6.3	49.42	fee schedule	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	WellPoint	WellPoint	16.15	31.04			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Corrections	Corrections	41.62	80			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	First Health	First Health	36.41	70			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Horizon	MGD	19.91	38.28			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Wellcare	Medicaid	6.3				6.3	49.42	fee schedule	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Three Rivers	Three Rivers	49.42	95			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	UHC	Medicare	7.87				6.3	49.42	fee schedule	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	First Trenton	First Trenton	46.82	90			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Wellcare	Medicare	7.87				6.3	49.42	fee schedule	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	UHC	Medicaid	6.3				6.3	49.42	fee schedule	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Horizon	Medicare Blue	15.61	30			6.3	49.42	percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Horizon	NJ Health	9.7				6.3	49.42	fee schedule	
CHOLINESTERASE SERUM	82480	CPT				inpatient			52.02	9.05	Managed Care Inc	Managed Care Inc	46.82	90			6.3	49.42	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Consumer	Consumer	437.02	95			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Wellcare	Medicaid	16.22				9.2	437.02	fee schedule	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Americare	Americare	345.02	75			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Aetna	Medicare	20.28				9.2	437.02	fee schedule	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Qualcare	Qualcare	345.02	75			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Amerihealth	Medicare	20.28				9.2	437.02	fee schedule	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Horizon	Medicare Blue	138.01	30			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Aetna	Better Health	140.03	30.44			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Corrections	Corrections	368.02	80			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Amerihealth	HMO/PPO	9.2				9.2	437.02	fee schedule	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Horizon	PPO	176.1	38.28			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Aetna	Commercial	174.81	38			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	UHC	Medicare	20.28				9.2	437.02	fee schedule	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	First Health	First Health	322.01	70			9.2	437.02	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Three Rivers	Three Rivers	437.02	95			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Horizon	NJ Health	59.78			16.7	9.2	437.02	fee schedule	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	First Trenton	First Trenton	414.02	90			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Horizon	Indemnity	176.1	38.28			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Wellcare	Medicare	20.28				9.2	437.02	fee schedule	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Multiplan	Multiplan	368.02	80			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	WellPoint	WellPoint	142.79	31.04			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	UHC	Medicaid	16.22				9.2	437.02	fee schedule	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Horizon	MGD	176.1	38.28			9.2	437.02	percent of total billed charges	
ASSAY OF CHROMIUM	82495	CPT				both			460.02	23.32	Managed Care Inc	Managed Care Inc	414.02	90			9.2	437.02	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Horizon	MGD	24.6	38.28			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Amerihealth	Medicare	27.8				19.28	78.4	fee schedule	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Multiplan	Multiplan	51.41	80			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Aetna	Commercial	24.42	38		19.94	19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Aetna	Medicare	27.8				19.28	78.4	fee schedule	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Aetna	Better Health	19.98	30.44			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Qualcare	Qualcare	48.2	75			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	First Trenton	First Trenton	57.83	90			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Consumer	Consumer	61.05	95			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	First Health	First Health	44.98	70			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Horizon	Indemnity	24.6	38.28			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Corrections	Corrections	51.41	80			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Horizon	Medicare Blue	19.28	30			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Americare	Americare	48.2	75			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	UHC	Medicaid	22.24				19.28	78.4	fee schedule	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Horizon	NJ Health	78.4				19.28	78.4	fee schedule	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Wellcare	Medicaid	22.24				19.28	78.4	fee schedule	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	UHC	Medicare	27.8				19.28	78.4	fee schedule	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	WellPoint	WellPoint	19.95	31.04			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Amerihealth	HMO/PPO	41.1				19.28	78.4	fee schedule	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Horizon	PPO	24.6	38.28			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Wellcare	Medicare	27.8				19.28	78.4	fee schedule	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Managed Care Inc	Managed Care Inc	57.83	90			19.28	78.4	percent of total billed charges	
ASSAY OF CITRATE	82507	CPT				both			64.26	31.97	Three Rivers	Three Rivers	61.05	95			19.28	78.4	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Aetna	Commercial	141.86	38		19.09	12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Corrections	Corrections	298.66	80			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Wellcare	Medicare	18.68				12.05	354.65	fee schedule	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Americare	Americare	279.99	75			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Aetna	Better Health	113.64	30.44			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Amerihealth	HMO/PPO	15			10.26	12.05	354.65	fee schedule	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Aetna	Medicare	18.68			19.33	12.05	354.65	fee schedule	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Horizon	NJ Health	12.05			8.96	12.05	354.65	fee schedule	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Amerihealth	Medicare	18.68				12.05	354.65	fee schedule	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Horizon	Medicare Blue	112	30		17.03	12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Horizon	PPO	142.91	38.28		39.42	12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Horizon	MGD	142.91	38.28		21.79	12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Consumer	Consumer	354.65	95			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Multiplan	Multiplan	298.66	80			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	UHC	Medicare	18.68			23.23	12.05	354.65	fee schedule	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Wellcare	Medicaid	14.94			31.43	12.05	354.65	fee schedule	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	First Health	First Health	261.32	70			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Qualcare	Qualcare	279.99	75			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	First Trenton	First Trenton	335.99	90			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	WellPoint	WellPoint	115.88	31.04		15.71	12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Horizon	Indemnity	142.91	38.28			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Managed Care Inc	Managed Care Inc	335.99	90			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	Three Rivers	Three Rivers	354.65	95			12.05	354.65	percent of total billed charges	
COLLAGEN CROSS LINKS ANY METHOD	82523	CPT				both			373.32	21.48	UHC	Medicaid	14.94			22.2	12.05	354.65	fee schedule	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Aetna	Commercial	13.18	38		6.03	9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Qualcare	Qualcare	26.01	75			9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Amerihealth	Medicare	12.41				9.93	32.95	fee schedule	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Aetna	Better Health	10.56	30.44		7.14	9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Americare	Americare	26.01	75			9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Aetna	Medicare	12.41			3.01	9.93	32.95	fee schedule	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Multiplan	Multiplan	27.74	80			9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	First Health	First Health	24.28	70			9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	First Trenton	First Trenton	31.21	90			9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	UHC	Medicare	12.41			2.6	9.93	32.95	fee schedule	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	UHC	Medicaid	9.93			6.88	9.93	32.95	fee schedule	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Consumer	Consumer	32.95	95			9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Amerihealth	HMO/PPO	19.2			2.17	9.93	32.95	fee schedule	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Horizon	Indemnity	13.28	38.28		14.91	9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Wellcare	Medicaid	9.93			6.25	9.93	32.95	fee schedule	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Corrections	Corrections	27.74	80			9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Horizon	Medicare Blue	10.4	30		2.07	9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Horizon	MGD	13.28	38.28		2.2	9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Horizon	NJ Health	17.64			1.28	9.93	32.95	fee schedule	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Horizon	PPO	13.28	38.28			9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Wellcare	Medicare	12.41				9.93	32.95	fee schedule	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Managed Care Inc	Managed Care Inc	31.21	90			9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	WellPoint	WellPoint	10.76	31.04		4.69	9.93	32.95	percent of total billed charges	
ASSAY OF COPPER	82525	CPT				both			34.68	14.27	Three Rivers	Three Rivers	32.95	95			9.93	32.95	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Aetna	Medicare	22.52				18.02	295.55	fee schedule	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Amerihealth	HMO/PPO	35				18.02	295.55	fee schedule	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Amerihealth	Medicare	22.52				18.02	295.55	fee schedule	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Aetna	Commercial	118.22	38			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Aetna	Better Health	94.7	30.44			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	First Trenton	First Trenton	279.99	90			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Qualcare	Qualcare	233.33	75			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Multiplan	Multiplan	248.88	80			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Consumer	Consumer	295.55	95			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	First Health	First Health	217.77	70			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Americare	Americare	233.33	75			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	UHC	Medicare	22.52				18.02	295.55	fee schedule	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Corrections	Corrections	248.88	80			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Horizon	MGD	119.09	38.28			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Horizon	Indemnity	119.09	38.28			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Horizon	Medicare Blue	93.33	30			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Horizon	NJ Health	38.61				18.02	295.55	fee schedule	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	WellPoint	WellPoint	96.57	31.04			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Horizon	PPO	119.09	38.28			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Wellcare	Medicare	22.52				18.02	295.55	fee schedule	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Wellcare	Medicaid	18.02				18.02	295.55	fee schedule	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Managed Care Inc	Managed Care Inc	279.99	90			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	Three Rivers	Three Rivers	295.55	95			18.02	295.55	percent of total billed charges	
CORTICOSTERONE	82528	CPT				outpatient			311.1	25.9	UHC	Medicaid	18.02				18.02	295.55	fee schedule	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Wellcare	Medicaid	13.37				12.55	343.03	fee schedule	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Aetna	Medicare	16.71				12.55	343.03	fee schedule	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Aetna	Better Health	109.91	30.44			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Horizon	Indemnity	138.22	38.28			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Americare	Americare	270.81	75			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Consumer	Consumer	343.03	95			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Amerihealth	Medicare	16.71				12.55	343.03	fee schedule	
CORTISOL FREE	82530	CPT				both			361.08	19.22	First Trenton	First Trenton	324.97	90			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Amerihealth	HMO/PPO	27.5				12.55	343.03	fee schedule	
CORTISOL FREE	82530	CPT				both			361.08	19.22	First Health	First Health	252.76	70			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Aetna	Commercial	137.21	38			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Horizon	Medicare Blue	108.32	30			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	UHC	Medicaid	13.37				12.55	343.03	fee schedule	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Horizon	NJ Health	33.32			12.07	12.55	343.03	fee schedule	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Corrections	Corrections	288.86	80			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Horizon	MGD	138.22	38.28		12.7	12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Wellcare	Medicare	16.71				12.55	343.03	fee schedule	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Multiplan	Multiplan	288.86	80			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Horizon	PPO	138.22	38.28		15.7	12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Managed Care Inc	Managed Care Inc	324.97	90			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Qualcare	Qualcare	270.81	75			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	WellPoint	WellPoint	112.08	31.04			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	Three Rivers	Three Rivers	343.03	95			12.55	343.03	percent of total billed charges	
CORTISOL FREE	82530	CPT				both			361.08	19.22	UHC	Medicare	16.71				12.55	343.03	fee schedule	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Americare	Americare	321.3	75			11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	First Trenton	First Trenton	385.56	90			11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Aetna	Commercial	162.79	38		40.05	11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	First Health	First Health	299.88	70			11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Aetna	Medicare	16.3				11.63	406.98	fee schedule	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Corrections	Corrections	342.72	80			11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Horizon	Medicare Blue	128.52	30		20.08	11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Aetna	Better Health	130.4	30.44		11.76	11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Amerihealth	HMO/PPO	25.1			18.46	11.63	406.98	fee schedule	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Horizon	MGD	163.99	38.28		41.12	11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Wellcare	Medicaid	13.04			19.36	11.63	406.98	fee schedule	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Multiplan	Multiplan	342.72	80			11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Horizon	Indemnity	163.99	38.28			11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Horizon	NJ Health	33.32			5.68	11.63	406.98	fee schedule	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Amerihealth	Medicare	16.3				11.63	406.98	fee schedule	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Consumer	Consumer	406.98	95			11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Three Rivers	Three Rivers	406.98	95			11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Managed Care Inc	Managed Care Inc	385.56	90			11.63	406.98	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	UHC	Medicare	16.3			17.76	11.63	406.98	fee schedule	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Qualcare	Qualcare	321.3	75			11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	WellPoint	WellPoint	132.98	31.04		42.74	11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	UHC	Medicaid	13.04			37.7	11.63	406.98	fee schedule	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Horizon	PPO	163.99	38.28		53.4	11.63	406.98	percent of total billed charges	
CORTISOL TOTAL	82533	CPT				both			428.4	18.75	Wellcare	Medicare	16.3			13.58	11.63	406.98	fee schedule	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Aetna	Medicare	602.24	30.8			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Multiplan	Multiplan	1564.27	80			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Horizon	NJ Health	20.05			18.37	20.05	1857.57	fee schedule	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Aetna	Better Health	595.21	30.44			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	UHC	Medicaid	595.21	30.44			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Americare	Americare	1466.51	75			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	First Trenton	First Trenton	1759.81	90			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Consumer	Consumer	1857.57	95			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Amerihealth	HMO/PPO	25				20.05	1857.57	fee schedule	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Qualcare	Qualcare	1466.51	75			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Wellcare	Medicare	24.09				20.05	1857.57	fee schedule	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Aetna	Commercial	743.03	38			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	UHC	Medicare	24.09				20.05	1857.57	fee schedule	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Three Rivers	Three Rivers	1857.57	95			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Horizon	Indemnity	748.5	38.28			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Corrections	Corrections	1564.27	80			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Amerihealth	Medicare	24.09				20.05	1857.57	fee schedule	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Horizon	Medicare Blue	586.6	30			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Horizon	PPO	748.5	38.28			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	WellPoint	WellPoint	606.94	31.04		36.54	20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	First Health	First Health	1368.74	70			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Managed Care Inc	Managed Care Inc	1759.81	90			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Horizon	MGD	748.5	38.28			20.05	1857.57	percent of total billed charges	
COL-CHRMS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	82542	CPT				both			1955.34	27.7	Wellcare	Medicaid	595.21	30.44			20.05	1857.57	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Horizon	Medicare Blue	14.99	30		6.69	1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Horizon	Indemnity	19.13	38.28		10.86	1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Amerihealth	HMO/PPO	1.7			4.9	1.7	47.48	fee schedule	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Aetna	Commercial	18.99	38		13.42	1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Corrections	Corrections	39.98	80		6.48	1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Horizon	MGD	19.13	38.28		13.08	1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Aetna	Better Health	15.21	30.44		12.03	1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Amerihealth	Medicare	6.51				1.7	47.48	fee schedule	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Wellcare	Medicaid	5.21			11.15	1.7	47.48	fee schedule	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Multiplan	Multiplan	39.98	80			1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Wellcare	Medicare	6.51			8.83	1.7	47.48	fee schedule	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Aetna	Medicare	6.51			5.43	1.7	47.48	fee schedule	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	First Health	First Health	34.99	70			1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Qualcare	Qualcare	37.49	75			1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	WellPoint	WellPoint	15.51	31.04		11.22	1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Americare	Americare	37.49	75			1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Horizon	NJ Health	9.41			2.7	1.7	47.48	fee schedule	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Consumer	Consumer	47.48	95			1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	UHC	Medicare	6.51			6.58	1.7	47.48	fee schedule	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	First Trenton	First Trenton	44.98	90			1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Horizon	PPO	19.13	38.28		10.97	1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Managed Care Inc	Managed Care Inc	44.98	90			1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	Three Rivers	Three Rivers	47.48	95			1.7	47.48	percent of total billed charges	
CREATINE KINASE TOTAL	82550	CPT				both			49.98	7.49	UHC	Medicaid	5.21			11.86	1.7	47.48	fee schedule	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Amerihealth	Medicare	11.55				9.24	64.92	fee schedule	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Aetna	Better Health	20.8	30.44		6.7	9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Amerihealth	HMO/PPO	10.1				9.24	64.92	fee schedule	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Consumer	Consumer	64.92	95			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Horizon	Indemnity	26.16	38.28			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	UHC	Medicaid	9.24			19.11	9.24	64.92	fee schedule	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Horizon	MGD	26.16	38.28			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Aetna	Medicare	11.55				9.24	64.92	fee schedule	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	First Trenton	First Trenton	61.51	90			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Aetna	Commercial	25.97	38			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	First Health	First Health	47.84	70			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Corrections	Corrections	54.67	80			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Qualcare	Qualcare	51.26	75			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	WellPoint	WellPoint	21.21	31.04			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Horizon	NJ Health	14.7			2.36	9.24	64.92	fee schedule	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Americare	Americare	51.26	75			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	UHC	Medicare	11.55			5.35	9.24	64.92	fee schedule	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Horizon	Medicare Blue	20.5	30			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Wellcare	Medicare	11.55				9.24	64.92	fee schedule	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Managed Care Inc	Managed Care Inc	61.51	90			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Wellcare	Medicaid	9.24			17.77	9.24	64.92	fee schedule	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Horizon	PPO	26.16	38.28			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Multiplan	Multiplan	54.67	80			9.24	64.92	percent of total billed charges	
CREATINE KINASE MB FRACTION ONLY	82553	CPT				both			68.34	13.28	Three Rivers	Three Rivers	64.92	95			9.24	64.92	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Amerihealth	HMO/PPO	1.7			7	1.7	67.83	fee schedule	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Aetna	Commercial	27.13	38		9.1	1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	First Health	First Health	49.98	70			1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	First Trenton	First Trenton	64.26	90			1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Aetna	Medicare	5.12			8.16	1.7	67.83	fee schedule	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Americare	Americare	53.55	75			1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Aetna	Better Health	21.73	30.44		15.98	1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Corrections	Corrections	57.12	80		18.93	1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Horizon	PPO	27.33	38.28		10.69	1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Horizon	NJ Health	5.88			7.58	1.7	67.83	fee schedule	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Horizon	MGD	27.33	38.28		11.46	1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Managed Care Inc	Managed Care Inc	64.26	90			1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Wellcare	Medicare	5.12			8.14	1.7	67.83	fee schedule	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Amerihealth	Medicare	5.12				1.7	67.83	fee schedule	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Consumer	Consumer	67.83	95			1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Horizon	Indemnity	27.33	38.28		19.8	1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Multiplan	Multiplan	57.12	80			1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Three Rivers	Three Rivers	67.83	95			1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Horizon	Medicare Blue	21.42	30		7.11	1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Qualcare	Qualcare	53.55	75			1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	Wellcare	Medicaid	4.1			12.7	1.7	67.83	fee schedule	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	UHC	Medicaid	4.1			12.4	1.7	67.83	fee schedule	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	WellPoint	WellPoint	22.16	31.04		11.62	1.7	67.83	percent of total billed charges	
CREATININE BLOOD	82565	CPT				both			71.4	5.89	UHC	Medicare	5.12			6.2	1.7	67.83	fee schedule	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Aetna	Commercial	257.75	38		12.13	3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Consumer	Consumer	644.39	95			3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Aetna	Better Health	206.47	30.44		12.07	3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Aetna	Medicare	5.18			4.54	3.98	644.39	fee schedule	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Amerihealth	HMO/PPO	8.1			11.65	3.98	644.39	fee schedule	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Wellcare	Medicare	5.18			5.73	3.98	644.39	fee schedule	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Horizon	MGD	259.65	38.28		10.89	3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Americare	Americare	508.73	75			3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	First Health	First Health	474.81	70			3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Horizon	PPO	259.65	38.28		11.99	3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Amerihealth	Medicare	5.18				3.98	644.39	fee schedule	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Horizon	Medicare Blue	203.49	30		5.34	3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Three Rivers	Three Rivers	644.39	95			3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Multiplan	Multiplan	542.64	80			3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Corrections	Corrections	542.64	80			3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Horizon	NJ Health	5.88			4.88	3.98	644.39	fee schedule	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	First Trenton	First Trenton	610.47	90			3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Qualcare	Qualcare	508.73	75			3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Horizon	Indemnity	259.65	38.28		11.25	3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	UHC	Medicare	5.18			5.99	3.98	644.39	fee schedule	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Managed Care Inc	Managed Care Inc	610.47	90			3.98	644.39	percent of total billed charges	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	Wellcare	Medicaid	4.14			9.46	3.98	644.39	fee schedule	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	UHC	Medicaid	4.14			9.1	3.98	644.39	fee schedule	
CREATININE OTHER SOURCE	82570	CPT				both			678.3	5.96	WellPoint	WellPoint	210.54	31.04		10.25	3.98	644.39	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Multiplan	Multiplan	55.49	80			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Consumer	Consumer	65.89	95			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Aetna	Medicare	21.36	30.8			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Horizon	Indemnity	26.55	38.28			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Aetna	Better Health	21.11	30.44			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Corrections	Corrections	55.49	80			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	First Trenton	First Trenton	62.42	90			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Aetna	Commercial	26.36	38		6.99	8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Qualcare	Qualcare	52.02	75			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Wellcare	Medicaid	21.11	30.44		8.23	8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Amerihealth	Medicare	9.46				8.82	65.89	fee schedule	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Americare	Americare	52.02	75			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	First Health	First Health	48.55	70			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Amerihealth	HMO/PPO	14.7				8.82	65.89	fee schedule	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Managed Care Inc	Managed Care Inc	62.42	90			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Horizon	PPO	26.55	38.28		7.78	8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	UHC	Medicare	9.46				8.82	65.89	fee schedule	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Wellcare	Medicare	9.46				8.82	65.89	fee schedule	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Horizon	MGD	26.55	38.28			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Horizon	Medicare Blue	20.81	30			8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	UHC	Medicaid	21.11	30.44		9.91	8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Horizon	NJ Health	8.82			4.38	8.82	65.89	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																			
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																			
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	WellPoint	WellPoint	21.53	31.04		9.14	8.82	65.89	percent of total billed charges	
CREATININE CLEARANCE	82575	CPT				both			69.36	10.88	Three Rivers	Three Rivers	65.89	95			8.82	65.89	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Aetna	Better Health	16.77	30.44			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Horizon	MGD	21.08	38.28			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Multiplan	Multiplan	44.06	80			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Aetna	Commercial	20.93	38			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Aetna	Medicare	14.14				11.31	52.33	fee schedule	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Amerihealth	HMO/PPO	12.2				11.31	52.33	fee schedule	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Amerihealth	Medicare	14.14				11.31	52.33	fee schedule	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 UHC	Medicare	14.14				11.31	52.33	fee schedule	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Americare	Americare	41.31	75			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 WellPoint	WellPoint	17.1	31.04			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Qualcare	Qualcare	41.31	75			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 First Health	First Health	38.56	70			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Consumer	Consumer	52.33	95			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Horizon	Medicare Blue	16.52	30			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 First Trenton	First Trenton	49.57	90			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Wellcare	Medicare	14.14				11.31	52.33	fee schedule	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Horizon	Indemnity	21.08	38.28			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Corrections	Corrections	44.06	80			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Horizon	PPO	21.08	38.28			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Horizon	NJ Health	13.58				11.31	52.33	fee schedule	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Three Rivers	Three Rivers	52.33	95			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Managed Care Inc	Managed Care Inc	49.57	90			11.31	52.33	percent of total billed charges	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 UHC	Medicaid	11.31				11.31	52.33	fee schedule	
ASSAY OF CRYOFIBRN	82585	CPT				outpatient			55.08		16.26 Wellcare	Medicaid	11.31				11.31	52.33	fee schedule	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Aetna	Commercial	76.36	38			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 First Health	First Health	140.66	70			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Aetna	Medicare	6.47				2.94	190.89	fee schedule	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Amerihealth	HMO/PPO	10.1				2.94	190.89	fee schedule	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Horizon	MGD	76.92	38.28			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Amerihealth	Medicare	6.47				2.94	190.89	fee schedule	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Aetna	Better Health	61.17	30.44			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 First Trenton	First Trenton	180.85	90			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 UHC	Medicaid	5.18			3.53	2.94	190.89	fee schedule	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Horizon	Indemnity	76.92	38.28			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Corrections	Corrections	160.75	80			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Horizon	Medicare Blue	60.28	30			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Americare	Americare	150.71	75			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 UHC	Medicare	6.47			1.55	2.94	190.89	fee schedule	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Wellcare	Medicaid	5.18				2.94	190.89	fee schedule	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Horizon	PPO	76.92	38.28			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Consumer	Consumer	190.89	95			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Multiplan	Multiplan	160.75	80			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Horizon	NJ Health	2.94			0.86	2.94	190.89	fee schedule	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Managed Care Inc	Managed Care Inc	180.85	90			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Three Rivers	Three Rivers	190.89	95			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Qualcare	Qualcare	150.71	75			2.94	190.89	percent of total billed charges	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 Wellcare	Medicare	6.47				2.94	190.89	fee schedule	
CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	82595	CPT				both			200.94		7.44 WellPoint	WellPoint	62.37	31.04			2.94	190.89	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Amerihealth	Medicare	19.4				15.52	250.97	fee schedule	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Americare	Americare	198.14	75			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Aetna	Medicare	19.4				15.52	250.97	fee schedule	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 UHC	Medicare	19.4				15.52	250.97	fee schedule	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Aetna	Better Health	80.42	30.44			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Amerihealth	HMO/PPO	29.3				15.52	250.97	fee schedule	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Aetna	Commercial	100.39	38			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Horizon	MGD	101.13	38.28			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 First Health	First Health	184.93	70			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 UHC	Medicaid	15.52				15.52	250.97	fee schedule	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Consumer	Consumer	250.97	95			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 WellPoint	WellPoint	82	31.04			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 First Trenton	First Trenton	237.76	90			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Wellcare	Medicare	19.4				15.52	250.97	fee schedule	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Multiplan	Multiplan	211.34	80			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Horizon	Indemnity	101.13	38.28			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Corrections	Corrections	211.34	80			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Horizon	PPO	101.13	38.28			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Qualcare	Qualcare	198.14	75			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Managed Care Inc	Managed Care Inc	237.76	90			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Horizon	Medicare Blue	79.25	30			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Three Rivers	Three Rivers	250.97	95			15.52	250.97	percent of total billed charges	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Horizon	NJ Health	60.37				15.52	250.97	fee schedule	
ASSAY OF CYANIDE	82600	CPT				outpatient			264.18		22.31 Wellcare	Medicaid	15.52				15.52	250.97	fee schedule	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Consumer	Consumer	265.51	95			7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Aetna	Commercial	106.2	38		21.02	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Aetna	Medicare	86.08	30.8		12.42	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Horizon	Indemnity	106.98	38.28		26.59	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Aetna	Better Health	85.07	30.44		21.49	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Multiplan	Multiplan	223.58	80			7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 UHC	Medicaid	85.07	30.44		20.45	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Amerihealth	Medicare	15.08				7.04	265.51	fee schedule	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Horizon	PPO	106.98	38.28		20.45	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 First Trenton	First Trenton	251.53	90			7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Horizon	NJ Health	29.4			3.26	7.04	265.51	fee schedule	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Horizon	MGD	106.98	38.28		15.07	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Americare	Americare	209.61	75			7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Qualcare	Qualcare	209.61	75			7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Wellcare	Medicaid	85.07	30.44		20.42	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Corrections	Corrections	223.58	80		9.39	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Wellcare	Medicare	15.08			8.81	7.04	265.51	fee schedule	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Horizon	Medicare Blue	83.84	30		7.3	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Amerihealth	HMO/PPO	23.5			11.18	7.04	265.51	fee schedule	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 UHC	Medicare	15.08			11.71	7.04	265.51	fee schedule	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Three Rivers	Three Rivers	265.51	95			7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 Managed Care Inc	Managed Care Inc	251.53	90			7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 First Health	First Health	195.64	70			7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VITAMIN B-12	82607	CPT				both			279.48		17.34 WellPoint	WellPoint	86.75	31.04		15.59	7.04	265.51	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Consumer	Consumer	47.48	95			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 First Trenton	First Trenton	44.98	90			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Aetna	Medicare	14.32				11.46	47.48	fee schedule	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Amerihealth	HMO/PPO	23.1				11.46	47.48	fee schedule	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Aetna	Better Health	15.21	30.44			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 WellPoint	WellPoint	15.51	31.04			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Americare	Americare	37.49	75			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 UHC	Medicare	14.32				11.46	47.48	fee schedule	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Corrections	Corrections	39.98	80			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Horizon	Indemnity	19.13	38.28			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Multiplan	Multiplan	39.98	80			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Amerihealth	Medicare	14.32				11.46	47.48	fee schedule	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Aetna	Commercial	18.99	38			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Horizon	PPO	19.13	38.28			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Horizon	NJ Health	29.4				11.46	47.48	fee schedule	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Wellcare	Medicare	14.32				11.46	47.48	fee schedule	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Horizon	Medicare Blue	14.99	30			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Managed Care Inc	Managed Care Inc	44.98	90			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Qualcare	Qualcare	37.49	75			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 First Health	First Health	34.99	70			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Three Rivers	Three Rivers	47.48	95			11.46	47.48	percent of total billed charges	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Wellcare	Medicaid	11.46				11.46	47.48	fee schedule	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 UHC	Medicaid	11.46				11.46	47.48	fee schedule	
CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	82608	CPT				outpatient			49.98		16.47 Horizon	MGD	19.13	38.28			11.46	47.48	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Aetna	Medicare	18.52				14.82	263.57	fee schedule	
CYSTATIN C	82610	CPT				both			277.44		21.3 First Health	First Health	194.21	70			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Horizon	Medicare Blue	83.23	30		3.67	14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Horizon	PPO	106.2	38.28		43.86	14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Amerihealth	HMO/PPO	20.2				14.82	263.57	fee schedule	
CYSTATIN C	82610	CPT				both			277.44		21.3 Aetna	Better Health	84.45	30.44			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Horizon	Indemnity	106.2	38.28			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Corrections	Corrections	221.95	80			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Amerihealth	Medicare	18.52				14.82	263.57	fee schedule	
CYSTATIN C	82610	CPT				both			277.44		21.3 Horizon	NJ Health	17.54			3.61	14.82	263.57	fee schedule	
CYSTATIN C	82610	CPT				both			277.44		21.3 Three Rivers	Three Rivers	263.57	95			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Qualcare	Qualcare	208.08	75			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Horizon	MGD	106.2	38.28		41.98	14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Aetna	Commercial	105.43	38		21.56	14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Wellcare	Medicaid	14.82				14.82	263.57	fee schedule	
CYSTATIN C	82610	CPT				both			277.44		21.3 First Trenton	First Trenton	249.7	90			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Wellcare	Medicare	18.52			5.22	14.82	263.57	fee schedule	
CYSTATIN C	82610	CPT				both			277.44		21.3 Multiplan	Multiplan	221.95	80			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 UHC	Medicaid	14.82			18.5	14.82	263.57	fee schedule	
CYSTATIN C	82610	CPT				both			277.44		21.3 Americare	Americare	208.08	75			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 Managed Care Inc	Managed Care Inc	249.7	90			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 UHC	Medicare	18.52			20.23	14.82	263.57	fee schedule	
CYSTATIN C	82610	CPT				both			277.44		21.3 Consumer	Consumer	263.57	95			14.82	263.57	percent of total billed charges	
CYSTATIN C	82610	CPT				both			277.44		21.3 WellPoint	WellPoint	86.12	31.04		25.68	14.82	263.57	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56		29.06 Consumer	Consumer	27.13	95			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56		29.06 First Health	First Health	19.99	70			8.57	72.52	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Aetna	Better Health	8.69	30.44			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Aetna	Medicare	25.27				8.57	72.52	fee schedule	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Multiplan	Multiplan	22.85	80			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Americare	Americare	21.42	75			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Aetna	Commercial	10.85	38			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Amerihealth	Medicare	25.27				8.57	72.52	fee schedule	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Qualcare	Qualcare	21.42	75			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	UHC	Medicare	25.27				8.57	72.52	fee schedule	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Amerihealth	HMO/PPO	39.4			2.91	8.57	72.52	fee schedule	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Corrections	Corrections	22.85	80			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Horizon	Medicare Blue	8.57	30			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Horizon	MGD	10.93	38.28			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	UHC	Medicaid	20.22				8.57	72.52	fee schedule	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	First Trenton	First Trenton	25.7	90			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Wellcare	Medicare	25.27				8.57	72.52	fee schedule	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	WellPoint	WellPoint	8.87	31.04			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Horizon	Indemnity	10.93	38.28			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Horizon	NJ Health	72.52				8.57	72.52	fee schedule	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Horizon	PPO	10.93	38.28			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Managed Care Inc	Managed Care Inc	25.7	90			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Three Rivers	Three Rivers	27.13	95			8.57	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE	82626	CPT				both			28.56	29.06	Wellcare	Medicaid	20.22				8.57	72.52	fee schedule	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Aetna	Medicare	22.23				15.91	72.52	fee schedule	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Horizon	NJ Health	72.52			2.93	15.91	72.52	fee schedule	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Amerihealth	Medicare	22.23				15.91	72.52	fee schedule	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Wellcare	Medicaid	17.78			6.84	15.91	72.52	fee schedule	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Aetna	Better Health	16.15	30.44			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	First Trenton	First Trenton	47.74	90			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	First Health	First Health	37.13	70			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Aetna	Commercial	20.16	38		6.73	15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Corrections	Corrections	42.43	80			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	WellPoint	WellPoint	16.46	31.04		15.58	15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Horizon	MGD	20.3	38.28		7.4	15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Amerihealth	HMO/PPO	31.6			5.41	15.91	72.52	fee schedule	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Americare	Americare	39.78	75			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Managed Care Inc	Managed Care Inc	47.74	90			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Horizon	Indemnity	20.3	38.28			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Wellcare	Medicare	22.23				15.91	72.52	fee schedule	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Consumer	Consumer	50.39	95			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Horizon	Medicare Blue	15.91	30		3.53	15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Horizon	PPO	20.3	38.28		6.75	15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Multiplan	Multiplan	42.43	80			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Three Rivers	Three Rivers	50.39	95			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	Qualcare	Qualcare	39.78	75			15.91	72.52	percent of total billed charges	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	UHC	Medicaid	17.78			9.46	15.91	72.52	fee schedule	
DEHYDROEPIANDROSTERONE-SULFATE	82627	CPT				both			53.04	25.56	UHC	Medicare	22.23			7.17	15.91	72.52	fee schedule	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	First Health	First Health	152.08	70			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Horizon	Medicare Blue	65.18	30			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Aetna	Medicare	30.98				24.78	206.4	fee schedule	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	First Trenton	First Trenton	195.53	90			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Consumer	Consumer	206.4	95			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Multiplan	Multiplan	173.81	80			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Aetna	Better Health	66.13	30.44			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Americare	Americare	162.95	75			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Horizon	MGD	83.17	38.28			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Qualcare	Qualcare	162.95	75			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	UHC	Medicaid	24.78				24.78	206.4	fee schedule	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Horizon	Indemnity	83.17	38.28			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Corrections	Corrections	173.81	80			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Wellcare	Medicare	30.98				24.78	206.4	fee schedule	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Aetna	Commercial	82.56	38			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Amerihealth	HMO/PPO	45.6				24.78	206.4	fee schedule	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Horizon	NJ Health	75.5				24.78	206.4	fee schedule	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Horizon	PPO	83.17	38.28			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	UHC	Medicare	30.98				24.78	206.4	fee schedule	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Amerihealth	Medicare	30.98				24.78	206.4	fee schedule	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	WellPoint	WellPoint	67.44	31.04			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Managed Care Inc	Managed Care Inc	195.53	90			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Three Rivers	Three Rivers	206.4	95			24.78	206.4	percent of total billed charges	
DESOXYCORTICOSTERONE 11-	82633	CPT				both			217.26	35.63	Wellcare	Medicaid	24.78				24.78	206.4	fee schedule	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	WellPoint	WellPoint	35.14	31.04			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Aetna	Medicare	29.28				23.42	107.56	fee schedule	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Aetna	Commercial	43.02	38			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Amerihealth	HMO/PPO	24.4				23.42	107.56	fee schedule	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Consumer	Consumer	107.56	95			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Aetna	Better Health	34.46	30.44			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Amerihealth	Medicare	29.28				23.42	107.56	fee schedule	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Horizon	MGD	43.34	38.28			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	First Health	First Health	79.25	70			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Corrections	Corrections	90.58	80			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Multiplan	Multiplan	90.58	80			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Americare	Americare	84.92	75			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Wellcare	Medicaid	23.42				23.42	107.56	fee schedule	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Horizon	Medicare Blue	33.97	30			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Qualcare	Qualcare	84.92	75			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	First Trenton	First Trenton	101.9	90			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Wellcare	Medicare	29.28				23.42	107.56	fee schedule	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Horizon	NJ Health	84.08				23.42	107.56	fee schedule	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	UHC	Medicare	29.28				23.42	107.56	fee schedule	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Horizon	Indemnity	43.34	38.28			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Horizon	PPO	43.34	38.28			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Managed Care Inc	Managed Care Inc	101.9	90			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	Three Rivers	Three Rivers	107.56	95			23.42	107.56	percent of total billed charges	
DEOXYCORTISOL 11-	82634	CPT				both			113.22	33.67	UHC	Medicaid	23.42				23.42	107.56	fee schedule	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Aetna	Better Health	9.63	30.44			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Americare	Americare	23.72	75			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Consumer	Consumer	30.04	95			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Horizon	Medicare Blue	9.49	30			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Aetna	Medicare	12.25				9.49	38.81	fee schedule	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	First Trenton	First Trenton	28.46	90			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Corrections	Corrections	25.3	80			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Wellcare	Medicare	12.25				9.49	38.81	fee schedule	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Aetna	Commercial	12.02	38			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Amerihealth	HMO/PPO	15.3				9.49	38.81	fee schedule	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Horizon	MGD	12.1	38.28			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	UHC	Medicare	12.25				9.49	38.81	fee schedule	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	First Health	First Health	22.13	70			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Wellcare	Medicaid	9.8				9.49	38.81	fee schedule	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	WellPoint	WellPoint	9.81	31.04			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Amerihealth	Medicare	12.25				9.49	38.81	fee schedule	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Horizon	Indemnity	12.1	38.28			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Horizon	NJ Health	38.81				9.49	38.81	fee schedule	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	UHC	Medicaid	9.8				9.49	38.81	fee schedule	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Horizon	PPO	12.1	38.28			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Multiplan	Multiplan	25.3	80			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Managed Care Inc	Managed Care Inc	28.46	90			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Qualcare	Qualcare	23.72	75			9.49	38.81	percent of total billed charges	
ASSAY OF DIBUCAINE NUMBER	82638	CPT				outpatient			31.62	14.09	Three Rivers	Three Rivers	30.04	95			9.49	38.81	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Aetna	Commercial	61.63	38			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Amerihealth	Medicare	29.28				23.42	154.07	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Aetna	Medicare	29.28				23.42	154.07	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Aetna	Better Health	49.37	30.44			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Consumer	Consumer	154.07	95			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Horizon	MGD	62.08	38.28			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Horizon	Indemnity	62.08	38.28			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Amerihealth	HMO/PPO	105.42	65			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	WellPoint	WellPoint	50.34	31.04			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Corrections	Corrections	129.74	80			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Americare	Americare	121.64	75			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	First Health	First Health	113.53	70			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Wellcare	Medicaid	23.42				23.42	154.07	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Horizon	PPO	62.08	38.28			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	UHC	Medicaid	23.42				23.42	154.07	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Multiplan	Multiplan	129.74	80			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	First Trenton	First Trenton	145.96	90			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Horizon	Medicare Blue	48.65	30			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Three Rivers	Three Rivers	154.07	95			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Qualcare	Qualcare	121.64	75			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Horizon	NJ Health	25.5				23.42	154.07	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	UHC	Medicare	29.28				23.42	154.07	fee schedule	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Managed Care Inc	Managed Care Inc	145.96	90			23.42	154.07	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT				outpatient			162.18	33.67	Wellcare	Medicare	29.28				23.42	154.07	fee schedule	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Corrections	Corrections	394.13	80			26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Aetna	Better Health	149.97	30.44		13.72	26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Americare	Americare	369.5	75			26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Aetna	Medicare	151.74	30.8		7.23	26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Amerihealth	HMO/PPO	59.3			5.21	26.93	468.03	fee schedule	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Aetna	Commercial	187.21	38		14.49	26.93	468.03	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measure	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	First Health	First Health	344.86	70				26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	First Trenton	First Trenton	443.39	90				26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Horizon	Indemnity	188.59	38.28			24.83	26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	UHC	Medicaid	149.97	30.44			14.42	26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Consumer	Consumer	468.03	95				26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Horizon	PPO	188.59	38.28			14.31	26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Horizon	Medicare Blue	147.8	30			11.16	26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Amerihealth	Medicare	38.5					26.93	468.03	fee schedule	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	UHC	Medicare	38.5				6.35	26.93	468.03	fee schedule	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Managed Care Inc	Managed Care Inc	443.39	90				26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Horizon	MGD	188.59	38.28			9.93	26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Wellcare	Medicaid	149.97	30.44			15.58	26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Multiplan	Multiplan	394.13	80				26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Three Rivers	Three Rivers	468.03	95				26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Horizon	NJ Health	107.8				8.03	26.93	468.03	fee schedule	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Wellcare	Medicare	38.5					26.93	468.03	fee schedule	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	Qualcare	Qualcare	369.5	75				26.93	468.03	percent of total billed charges	
1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	82652	CPT				both			492.66	44.28	WellPoint	WellPoint	152.92	31.04			11.47	26.93	468.03	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Horizon	MGD	533.36	38.28				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	First Health	First Health	975.32	70				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	First Trenton	First Trenton	1253.99	90				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Amerihealth	Medicare	22.17					17.14	1323.65	fee schedule	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Amerihealth	HMO/PPO	25					17.14	1323.65	fee schedule	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Americare	Americare	1044.99	75				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Aetna	Medicare	22.17					17.14	1323.65	fee schedule	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Aetna	Better Health	424.13	30.44				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	UHC	Medicaid	17.74				34.36	17.14	1323.65	fee schedule	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Multiplan	Multiplan	1114.66	80				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Managed Care Inc	Managed Care Inc	1253.99	90				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Horizon	NJ Health	51.69				10.66	17.14	1323.65	fee schedule	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Wellcare	Medicaid	17.74					17.14	1323.65	fee schedule	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Consumer	Consumer	1323.65	95				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Corrections	Corrections	1114.66	80				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Aetna	Commercial	529.46	38				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Three Rivers	Three Rivers	1323.65	95				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Qualcare	Qualcare	1044.99	75				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Horizon	Indemnity	533.36	38.28				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Wellcare	Medicare	22.17					17.14	1323.65	fee schedule	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Horizon	Medicare Blue	418	30				17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	Horizon	PPO	533.36	38.28			243.97	17.14	1323.65	percent of total billed charges	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	UHC	Medicare	22.17				46.08	17.14	1323.65	fee schedule	
NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	82657	CPT				both			1393.32	25.5	WellPoint	WellPoint	432.49	31.04			35.47	17.14	1323.65	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Aetna	Commercial	291.09	38				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Consumer	Consumer	727.72	95				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Aetna	Better Health	233.18	30.44				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Aetna	Medicare	44.03					20.05	727.72	fee schedule	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Corrections	Corrections	612.82	80				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Americare	Americare	574.52	75				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Amerihealth	HMO/PPO	25					20.05	727.72	fee schedule	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	WellPoint	WellPoint	237.77	31.04				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Horizon	MGD	293.23	38.28				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Horizon	Indemnity	293.23	38.28				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Horizon	PPO	293.23	38.28				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	First Trenton	First Trenton	689.42	90				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	UHC	Medicaid	35.22					20.05	727.72	fee schedule	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Multiplan	Multiplan	612.82	80				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Amerihealth	Medicare	44.03					20.05	727.72	fee schedule	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Managed Care Inc	Managed Care Inc	689.42	90				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Wellcare	Medicare	44.03					20.05	727.72	fee schedule	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Horizon	Medicare Blue	229.81	30				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	First Health	First Health	536.21	70				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Qualcare	Qualcare	574.52	75				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	UHC	Medicare	44.03					20.05	727.72	fee schedule	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Horizon	NJ Health	20.05					20.05	727.72	fee schedule	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Three Rivers	Three Rivers	727.72	95				20.05	727.72	percent of total billed charges	
NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	82658	CPT				outpatient			766.02	50.63	Wellcare	Medicaid	35.22					20.05	727.72	fee schedule	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Aetna	Better Health	149.97	30.44				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Americare	Americare	369.5	75				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Amerihealth	Medicare	61.5					27	468.03	fee schedule	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Consumer	Consumer	468.03	95				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Aetna	Medicare	61.5					27	468.03	fee schedule	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Aetna	Commercial	187.21	38				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Horizon	MGD	188.59	38.28				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Qualcare	Qualcare	369.5	75				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	First Health	First Health	344.86	70				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Amerihealth	HMO/PPO	51.3					27	468.03	fee schedule	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	UHC	Medicare	61.5					27	468.03	fee schedule	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Corrections	Corrections	394.13	80				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Horizon	Indemnity	188.59	38.28				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Multiplan	Multiplan	394.13	80				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	WellPoint	WellPoint	152.92	31.04				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	First Trenton	First Trenton	443.39	90				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Horizon	Medicare Blue	147.8	30				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	UHC	Medicaid	49.2					27	468.03	fee schedule	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Horizon	PPO	188.59	38.28				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Horizon	NJ Health	29.4					27	468.03	fee schedule	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Three Rivers	Three Rivers	468.03	95				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Wellcare	Medicare	61.5					27	468.03	fee schedule	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Managed Care Inc	Managed Care Inc	443.39	90				27	468.03	percent of total billed charges	
ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	82664	CPT				both			492.66	70.73	Wellcare	Medicaid	49.2					27	468.03	fee schedule	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Aetna	Medicare	18.79				6.59	13.77	43.61	fee schedule	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Aetna	Commercial	17.44	38				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Aetna	Better Health	13.97	30.44				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Amerihealth	Medicare	18.79					13.77	43.61	fee schedule	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Consumer	Consumer	43.61	95				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Americare	Americare	34.43	75				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	First Health	First Health	32.13	70				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Horizon	Medicare Blue	13.77	30			3.08	13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Horizon	NJ Health	34.3				2.43	13.77	43.61	fee schedule	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Horizon	Indemnity	17.57	38.28				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Multiplan	Multiplan	36.72	80				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Corrections	Corrections	36.72	80				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Qualcare	Qualcare	34.43	75				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Amerihealth	HMO/PPO	22.8					13.77	43.61	fee schedule	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	UHC	Medicaid	15.03				7.31	13.77	43.61	fee schedule	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Three Rivers	Three Rivers	43.61	95				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Horizon	MGD	17.57	38.28			13.65	13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	First Trenton	First Trenton	41.31	90				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Horizon	PPO	17.57	38.28			13.94	13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	UHC	Medicare	18.79				4.63	13.77	43.61	fee schedule	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Wellcare	Medicare	18.79				4.09	13.77	43.61	fee schedule	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Managed Care Inc	Managed Care Inc	41.31	90				13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	WellPoint	WellPoint	14.25	31.04			4.48	13.77	43.61	percent of total billed charges	
ASSAY OF ERYTHROPOIETIN	82668	CPT				both			45.9	21.61	Wellcare	Medicaid	15.03				3.17	13.77	43.61	fee schedule	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Amerihealth	HMO/PPO	43.2				5.7	19.28	437.02	fee schedule	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Aetna	Commercial	174.81	38			11.15	19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Corrections	Corrections	368.02	80			13.94	19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Americare	Americare	345.02	75				19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Amerihealth	Medicare	27.94					19.28	437.02	fee schedule	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Consumer	Consumer	437.02	95				19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Wellcare	Medicare	27.94					19.28	437.02	fee schedule	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Aetna	Better Health	140.03	30.44			7.27	19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Horizon	Indemnity	176.1	38.28			11.58	19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Horizon	Medicare Blue	138.01	30			4.28	19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	First Trenton	First Trenton	414.02	90				19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Aetna	Medicare	27.94					19.28	437.02	fee schedule	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	First Health	First Health	322.01	70				19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Three Rivers	Three Rivers	437.02	95				19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Managed Care Inc	Managed Care Inc	414.02	90				19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Horizon	MGD	176.1	38.28			12.84	19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	UHC	Medicaid	22.35				11.73	19.28	437.02	fee schedule	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Horizon	PPO	176.1	38.28			13.18	19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Horizon	NJ Health	49				2.93	19.28	437.02	fee schedule	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Multiplan	Multiplan	368.02	80				19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Wellcare	Medicaid	22.35				12.2	19.28	437.02	fee schedule	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	Qualcare	Qualcare	345.02	75				19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	WellPoint	WellPoint	142.79	31.04			17.57	19.28	437.02	percent of total billed charges	
ASSAY OF TOTAL ESTRADIOL	82670	CPT				both			460.02	32.13	UHC	Medicare	27.94				7.05	19.28	437.02	fee schedule	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Amerihealth	HMO/PPO	30.5					15.91	50.39	fee schedule	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	First Health	First Health	37.13	70				15.91	50.39	percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Aetna	Medicare	21.7					15.91	50.39	fee schedule	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Aetna	Better Health	16.15	30.44				15.91	50.39	percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	First Trenton	First Trenton	47.74	90				15.91	50.39	percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Americare	Americare	39.78	75				15.91	50.39	percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Multiplan	Multiplan	42.43	80				15.91	50.39	percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Corrections	Corrections	80				15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Aetna	Commercial	20.16	38			15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Horizon	Indemnity	20.3	38.28			15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Consumer	Consumer	50.39	95			15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Qualcare	Qualcare	39.78	75			15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Wellcare	Medicare	21.7				15.91		50.39 fee schedule	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	UHC	Medicaid	17.36			5.96	15.91		50.39 fee schedule	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	WellPoint	WellPoint	16.46	31.04			15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Horizon	Medicare Blue	30				15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Horizon	PPO	20.3	38.28			15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Horizon	NJ Health	49			1.3	15.91		50.39 fee schedule	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Managed Care Inc	Managed Care Inc	47.74	90			15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Three Rivers	Three Rivers	50.39	95			15.91		50.39 percent of total billed charges	
ASSAY OF ESTROGENS TOTAL	82672	CPT				both			53.04	24.96	Wellcare	Medicaid	17.36				15.91		50.39 fee schedule	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	First Trenton	First Trenton	160.65	90			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Horizon	NJ Health	54.88			2.77	19.34		169.58 fee schedule	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Horizon	MGD	68.33	38.28			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Aetna	Commercial	67.83	38		34.74	19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	UHC	Medicaid	19.34			25.88	19.34		169.58 fee schedule	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Americare	Americare	133.88	75			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Amerihealth	HMO/PPO	36.8				19.34		169.58 fee schedule	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Aetna	Better Health	54.34	30.44			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Wellcare	Medicare	24.18				19.34		169.58 fee schedule	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	UHC	Medicare	24.18				19.34		169.58 fee schedule	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Multiplan	Multiplan	142.8	80			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Aetna	Medicare	24.18				19.34		169.58 fee schedule	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Amerihealth	Medicare	24.18				19.34		169.58 fee schedule	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Horizon	PPO	68.33	38.28		51.68	19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Wellcare	Medicaid	19.34			15.1	19.34		169.58 fee schedule	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Consumer	Consumer	169.58	95			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	First Health	First Health	124.95	70			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Qualcare	Qualcare	133.88	75			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	WellPoint	WellPoint	55.41	31.04		33.62	19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Corrections	Corrections	142.8	80			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Three Rivers	Three Rivers	169.58	95			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Horizon	Medicare Blue	53.55	30			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Horizon	Indemnity	68.33	38.28			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRIOL	82677	CPT				outpatient			178.5	27.81	Managed Care Inc	Managed Care Inc	160.65	90			19.34		169.58 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Aetna	Better Health	59.61	30.44			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Aetna	Commercial	74.42	38			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Americare	Americare	146.88	75			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	First Trenton	First Trenton	176.26	90			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Aetna	Medicare	24.95				17.14		186.05 fee schedule	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Amerihealth	HMO/PPO	36.3				17.14		186.05 fee schedule	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Horizon	PPO	74.97	38.28		9.57	17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Horizon	Indemnity	74.97	38.28			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Consumer	Consumer	186.05	95			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Horizon	MGD	74.97	38.28			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Multiplan	Multiplan	156.67	80			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Managed Care Inc	Managed Care Inc	176.26	90			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Corrections	Corrections	156.67	80			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Amerihealth	Medicare	24.95				17.14		186.05 fee schedule	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Qualcare	Qualcare	146.88	75			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Wellcare	Medicaid	19.96				17.14		186.05 fee schedule	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Horizon	Medicare Blue	58.75	30			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	First Health	First Health	137.09	70			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Three Rivers	Three Rivers	186.05	95			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	UHC	Medicaid	19.96				17.14		186.05 fee schedule	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	WellPoint	WellPoint	60.79	31.04			17.14		186.05 percent of total billed charges	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	UHC	Medicare	24.95				17.14		186.05 fee schedule	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Horizon	NJ Health	49				17.14		186.05 fee schedule	
ASSAY OF ESTRONE	82679	CPT				outpatient			195.84	28.69	Wellcare	Medicare	24.95				17.14		186.05 fee schedule	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Aetna	Medicare	14.9				11.63		240.31 fee schedule	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	UHC	Medicare	14.9				11.63		240.31 fee schedule	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Americare	Americare	189.72	75			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Amerihealth	Medicare	14.9				11.63		240.31 fee schedule	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Aetna	Better Health	77	30.44			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Wellcare	Medicare	14.9				11.63		240.31 fee schedule	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Horizon	MGD	96.83	38.28			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	First Health	First Health	177.07	70			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Horizon	Medicare Blue	75.89	30			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Consumer	Consumer	240.31	95			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Amerihealth	HMO/PPO	16.1				11.63		240.31 fee schedule	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	First Trenton	First Trenton	227.66	90			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Aetna	Commercial	96.12	38			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Corrections	Corrections	202.37	80			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Wellcare	Medicaid	11.92				11.63		240.31 fee schedule	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Horizon	PPO	96.83	38.28			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Horizon	Indemnity	96.83	38.28			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Horizon	NJ Health	24.5				11.63		240.31 fee schedule	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Multiplan	Multiplan	202.37	80			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Managed Care Inc	Managed Care Inc	227.66	90			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Qualcare	Qualcare	189.72	75			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	WellPoint	WellPoint	78.52	31.04			11.63		240.31 percent of total billed charges	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	UHC	Medicaid	11.92				11.63		240.31 fee schedule	
ASSAY OF ETHYLENE GLYCOL	82693	CPT				both			252.96	17.14	Three Rivers	Three Rivers	240.31	95			11.63		240.31 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	First Health	First Health	27.13	70			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Aetna	Commercial	14.73	38			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Horizon	MGD	14.84	38.28			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Horizon	Indemnity	14.84	38.28			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Consumer	Consumer	36.82	95			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Aetna	Better Health	11.8	30.44			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Aetna	Medicare	5.1				1.18		36.82 fee schedule	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Americare	Americare	29.07	75			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Multiplan	Multiplan	31.01	80			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	UHC	Medicare	5.1				1.18		36.82 fee schedule	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Qualcare	Qualcare	29.07	75			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Horizon	PPO	14.84	38.28			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Wellcare	Medicare	5.1				1.18		36.82 fee schedule	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	WellPoint	WellPoint	12.03	31.04			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Corrections	Corrections	31.01	80			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Amerihealth	HMO/PPO	8				1.18		36.82 fee schedule	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	UHC	Medicaid	4.08			1.5	1.18		36.82 fee schedule	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Three Rivers	Three Rivers	36.82	95			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	First Trenton	First Trenton	34.88	90			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Amerihealth	Medicare	5.1				1.18		36.82 fee schedule	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Horizon	Medicare Blue	11.63	30			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Wellcare	Medicaid	4.08				1.18		36.82 fee schedule	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Horizon	NJ Health	1.18			0.69	1.18		36.82 fee schedule	
FATL|PIDS FECES QUALITATIVE	82705	CPT				both			38.76	5.87	Managed Care Inc	Managed Care Inc	34.88	90			1.18		36.82 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Aetna	Better Health	12.73	30.44			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Amerihealth	Medicare	16.8				12.55		39.73 fee schedule	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Corrections	Corrections	33.46	80			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Americare	Americare	31.37	75			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	First Health	First Health	29.27	70			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Aetna	Medicare	16.8				12.55		39.73 fee schedule	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Aetna	Commercial	15.89	38			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Horizon	Indemnity	16.01	38.28			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Amerihealth	HMO/PPO	26.2				12.55		39.73 fee schedule	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	First Trenton	First Trenton	37.64	90			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	UHC	Medicaid	13.44				12.55		39.73 fee schedule	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Consumer	Consumer	39.73	95			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Horizon	MGD	16.01	38.28			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	UHC	Medicare	16.8			16.8	12.55		39.73 fee schedule	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Wellcare	Medicare	16.8				12.55		39.73 fee schedule	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Multiplan	Multiplan	33.46	80			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	WellPoint	WellPoint	12.98	31.04			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Wellcare	Medicaid	13.44				12.55		39.73 fee schedule	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Horizon	Medicare Blue	12.55	30			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Qualcare	Qualcare	31.37	75			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Horizon	NJ Health	15.29				12.55		39.73 fee schedule	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Horizon	PPO	16.01	38.28			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Managed Care Inc	Managed Care Inc	37.64	90			12.55		39.73 percent of total billed charges	
FATL|PIDS FECES QUANTITATIVE	82710	CPT				both			41.82	19.32	Three Rivers	Three Rivers	39.73	95			12.55		39.73 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Horizon	Indemnity	32.41	38.28			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Consumer	Consumer	80.43	95			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Amerihealth	Medicare	18.77				15.02		80.43 fee schedule	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Aetna	Commercial	32.17	38			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Americare	Americare	63.5	75			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Corrections	Corrections	67.73	80			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Aetna	Medicare	18.77				15.02		80.43 fee schedule	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Aetna	Better Health	25.77	30.44			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Horizon	PPO	32.41	38.28		17.01	15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Horizon	MGD	32.41	38.28			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	First Trenton	First Trenton	76.19	90			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	UHC	Medicare	18.77				15.02		80.43 fee schedule	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Horizon	Medicare Blue	25.4	30			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Amerihealth	HMO/PPO	15.3				15.02		80.43 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Wellcare	Medicaid	15.02				15.02		80.43 fee schedule	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	First Health	First Health	59.26	70			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Multiplan	Multiplan	67.73	80			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	UHC	Medicaid	15.02				15.02		80.43 fee schedule	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Horizon	NJ Health	33.42			1.84	15.02		80.43 fee schedule	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Three Rivers	Three Rivers	80.43	95			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Managed Care Inc	Managed Care Inc	76.19	90			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Qualcare	Qualcare	63.5	75			15.02		80.43 percent of total billed charges	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	Wellcare	Medicare	18.77				15.02		80.43 fee schedule	
FATTY ACIDS NONESTERIFIED	82725	CPT				both			84.66	21.59	WellPoint	WellPoint	26.28	31.04		26.71	15.02		80.43 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Multiplan	Multiplan	564.67	80			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Aetna	Commercial	268.22	38			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Amerihealth	HMO/PPO	25				15.8		670.55 fee schedule	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Horizon	Indemnity	270.2	38.28			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Aetna	Better Health	214.86	30.44			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Horizon	NJ Health	20.05			17.56	15.8		670.55 fee schedule	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Americare	Americare	529.38	75			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Consumer	Consumer	670.55	95			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Qualcare	Qualcare	529.38	75			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Aetna	Medicare	19.75				15.8		670.55 fee schedule	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Amerihealth	Medicare	19.75				15.8		670.55 fee schedule	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Wellcare	Medicaid	15.8				15.8		670.55 fee schedule	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Corrections	Corrections	564.67	80			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	First Health	First Health	494.09	70			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	First Trenton	First Trenton	635.26	90			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	UHC	Medicare	19.75				15.8		670.55 fee schedule	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Horizon	MGD	270.2	38.28			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Horizon	Medicare Blue	211.75	30			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Horizon	PPO	270.2	38.28			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	UHC	Medicaid	15.8				15.8		670.55 fee schedule	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Managed Care Inc	Managed Care Inc	635.26	90			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Wellcare	Medicare	19.75				15.8		670.55 fee schedule	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	Three Rivers	Three Rivers	670.55	95			15.8		670.55 percent of total billed charges	
VERY LONG CHAIN FATTY ACIDS	82726	CPT				both			705.84	22.71	WellPoint	WellPoint	219.09	31.04			15.8		670.55 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Aetna	Commercial	220.93	38		27.22	10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	First Trenton	First Trenton	523.26	90			10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Consumer	Consumer	552.33	95			10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Aetna	Medicare	13.63			14.29	10.9		552.33 fee schedule	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Americare	Americare	436.05	75			10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Aetna	Better Health	176.98	30.44		25.64	10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Corrections	Corrections	465.12	80			10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	First Health	First Health	406.98	70			10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Amerihealth	HMO/PPO	21.3			15.74	10.9		552.33 fee schedule	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Horizon	Medicare Blue	174.42	30		11.29	10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Horizon	PPO	222.56	38.28		27.26	10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Horizon	MGD	222.56	38.28		28.83	10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Amerihealth	Medicare	13.63			4.83	10.9		552.33 fee schedule	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	WellPoint	WellPoint	180.47	31.04		25.83	10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Horizon	Indemnity	222.56	38.28		27.6	10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Multiplan	Multiplan	465.12	80			10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	UHC	Medicaid	10.9			24.46	10.9		552.33 fee schedule	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Horizon	NJ Health	31.36			6.58	10.9		552.33 fee schedule	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Three Rivers	Three Rivers	552.33	95			10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Qualcare	Qualcare	436.05	75			10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	UHC	Medicare	13.63			10.75	10.9		552.33 fee schedule	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Managed Care Inc	Managed Care Inc	523.26	90			10.9		552.33 percent of total billed charges	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Wellcare	Medicaid	10.9			25.24	10.9		552.33 fee schedule	
ASSAY OF FERRITIN	82728	CPT				both			581.4	15.67	Wellcare	Medicare	13.63			15.5	10.9		552.33 fee schedule	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Americare	Americare	736.7	75			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Aetna	Better Health	299	30.44			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Horizon	MGD	376.01	38.28			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Aetna	Medicare	302.54	30.8			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Aetna	Commercial	373.26	38			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Amerihealth	HMO/PPO	89				64.41		933.15 fee schedule	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Consumer	Consumer	933.15	95			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	WellPoint	WellPoint	304.89	31.04			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Wellcare	Medicare	64.41				64.41		933.15 fee schedule	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	First Health	First Health	687.58	70			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Multiplan	Multiplan	785.81	80			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Horizon	NJ Health	139.55			161.5	64.41		933.15 fee schedule	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Wellcare	Medicaid	299	30.44			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Amerihealth	Medicare	64.41				64.41		933.15 fee schedule	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Corrections	Corrections	785.81	80			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	UHC	Medicaid	299	30.44		140.54	64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Qualcare	Qualcare	736.7	75			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Horizon	Indemnity	376.01	38.28			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	First Trenton	First Trenton	884.03	90			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	UHC	Medicare	64.41				64.41		933.15 fee schedule	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Horizon	Medicare Blue	294.68	30			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Horizon	PPO	376.01	38.28			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Managed Care Inc	Managed Care Inc	884.03	90			64.41		933.15 percent of total billed charges	
FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	82731	CPT				both			982.26	74.07	Three Rivers	Three Rivers	933.15	95			64.41		933.15 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Amerihealth	HMO/PPO	22.6			14.34	11.02		256.79 fee schedule	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Horizon	Indemnity	103.47	38.28		28.91	11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Aetna	Better Health	82.28	30.44		20.27	11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Aetna	Commercial	102.71	38		24.26	11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	First Health	First Health	189.21	70			11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Amerihealth	Medicare	14.7				11.02		256.79 fee schedule	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Aetna	Medicare	14.7			12.52	11.02		256.79 fee schedule	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Horizon	NJ Health	20.58			3.46	11.02		256.79 fee schedule	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Three Rivers	Three Rivers	256.79	95			11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Corrections	Corrections	216.24	80		9.39	11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Consumer	Consumer	256.79	95			11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Americare	Americare	202.73	75			11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	UHC	Medicaid	11.76			20.79	11.02		256.79 fee schedule	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Horizon	MGD	103.47	38.28		20.64	11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Horizon	Medicare Blue	81.09	30		7.63	11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Multiplan	Multiplan	216.24	80			11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Wellcare	Medicare	14.7			8.94	11.02		256.79 fee schedule	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Horizon	PPO	103.47	38.28		21.74	11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	First Trenton	First Trenton	243.27	90			11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	WellPoint	WellPoint	83.9	31.04		15.83	11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Qualcare	Qualcare	202.73	75			11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	UHC	Medicare	14.7			12.2	11.02		256.79 fee schedule	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Managed Care Inc	Managed Care Inc	243.27	90			11.02		256.79 percent of total billed charges	
ASSAY OF FOLIC ACID SERUM	82746	CPT				both			270.3	16.91	Wellcare	Medicaid	11.76			22.87	11.02		256.79 fee schedule	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Aetna	Commercial	121.71	38		11.51	17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Americare	Americare	240.21	75			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Aetna	Medicare	98.65	30.8			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	First Health	First Health	224.2	70			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	UHC	Medicaid	97.49	30.44		22.02	17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Corrections	Corrections	256.22	80			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	First Trenton	First Trenton	288.25	90			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Aetna	Better Health	97.49	30.44			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Amerihealth	Medicare	17.65				17.65		304.27 fee schedule	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Amerihealth	HMO/PPO	22.6			6.72	17.65		304.27 fee schedule	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Managed Care Inc	Managed Care Inc	288.25	90			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Horizon	MGD	122.6	38.28		19.37	17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Horizon	PPO	122.6	38.28		19.41	17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Horizon	Indemnity	122.6	38.28			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Three Rivers	Three Rivers	304.27	95			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Horizon	NJ Health	35.28			1.92	17.65		304.27 fee schedule	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	WellPoint	WellPoint	99.41	31.04		29.2	17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Consumer	Consumer	304.27	95			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Multiplan	Multiplan	256.22	80			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Horizon	Medicare Blue	96.08	30		9.29	17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Qualcare	Qualcare	240.21	75			17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Wellcare	Medicaid	97.49	30.44		17.49	17.65		304.27 percent of total billed charges	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	UHC	Medicare	17.65			11.57	17.65		304.27 fee schedule	
ASSAY OF FOLIC ACID RBC	82747	CPT				both			320.28	20.3	Wellcare	Medicare	17.65			9.15	17.65		304.27 fee schedule	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Aetna	Better Health	358.61	30.44			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Corrections	Corrections	942.48	80			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Aetna	Commercial	447.68	38			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Americare	Americare	883.58	75			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	First Health	First Health	824.67	70			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	First Trenton	First Trenton	1060.29	90			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	WellPoint	WellPoint	365.68	31.04			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Aetna	Medicare	21.48				17.18		1119.2 fee schedule	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Consumer	Consumer	1119.2	95			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Horizon	MGD	450.98	38.28			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Multiplan	Multiplan	942.48	80			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Amerihealth	HMO/PPO	33.5				17.18		1119.2 fee schedule	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Horizon	Medicare Blue	353.43	30			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Horizon	NJ Health	24.79				17.18		1119.2 fee schedule	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Qualcare	Qualcare	883.58	75			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Horizon	Indemnity	450.98	38.28			17.18		1119.2 percent of total billed charges	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	UHC	Medicaid	17.18				17.18		1119.2 fee schedule	
ASSAY OF GALACTOKINASE RBC	82759	CPT				outpatient			1178.1	24.7	Horizon	PPO	450.98	38.28			17.18		1119.2 percent of total billed charges	

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

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	82803	CPT				both			353.94	29.98	Wellcare	Medicaid	20.86			102.39	20.86	336.24	fee schedule	
BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	82803	CPT				both			353.94	29.98	Wellcare	Medicare	26.07				20.86	336.24	fee schedule	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Americare	Americare	378.68	75			29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Consumer	Consumer	479.66	95			29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	First Trenton	First Trenton	454.41	90			29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Aetna	Commercial	191.86	38		27.78	29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Aetna	Better Health	153.69	30.44		27.89	29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	First Health	First Health	353.43	70			29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Aetna	Medicare	78.77			16.51	29.68	479.66	fee schedule	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Horizon	MGD	193.28	38.28		17.69	29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Amerihealth	HMO/PPO	41			17.11	29.68	479.66	fee schedule	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Wellcare	Medicare	78.77			17.65	29.68	479.66	fee schedule	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Horizon	Medicare Blue	151.47	30		14.98	29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Corrections	Corrections	403.92	80			29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Horizon	NJ Health	54.25			5.77	29.68	479.66	fee schedule	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Multiplan	Multiplan	403.92	80			29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	WellPoint	WellPoint	156.72	31.04		28.09	29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	UHC	Medicare	78.77			11.56	29.68	479.66	fee schedule	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Amerihealth	Medicare	78.77				29.68	479.66	fee schedule	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Qualcare	Qualcare	378.68	75			29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Managed Care Inc	Managed Care Inc	454.41	90			29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Horizon	PPO	193.28	38.28		30.98	29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Horizon	Indemnity	193.28	38.28		29.32	29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Three Rivers	Three Rivers	479.66	95			29.68	479.66	percent of total billed charges	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	Wellcare	Medicaid	63.02			29.81	29.68	479.66	fee schedule	
GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	82805	CPT				both			504.9	90.59	UHC	Medicaid	63.02			28.98	29.68	479.66	fee schedule	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Amerihealth	Medicare	9.77				7.82	103.68	fee schedule	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Aetna	Commercial	41.47	38		16.18	7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	First Health	First Health	76.4	70			7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Aetna	Better Health	33.22	30.44		14.56	7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	First Trenton	First Trenton	98.23	90			7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Consumer	Consumer	103.68	95			7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Aetna	Medicare	9.77			10.09	7.82	103.68	fee schedule	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Horizon	NJ Health	28.73			6.13	7.82	103.68	fee schedule	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Managed Care Inc	Managed Care Inc	98.23	90			7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Corrections	Corrections	87.31	80			7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Horizon	Indemnity	41.78	38.28		12.81	7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Americare	Americare	81.86	75			7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Horizon	PPO	41.78	38.28		14.67	7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Horizon	MGD	41.78	38.28		6.11	7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Three Rivers	Three Rivers	103.68	95			7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	UHC	Medicare	9.77			13.13	7.82	103.68	fee schedule	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Multiplan	Multiplan	87.31	80			7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Amerihealth	HMO/PPO	12.1				7.82	103.68	fee schedule	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Wellcare	Medicaid	7.82			12.96	7.82	103.68	fee schedule	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Horizon	Medicare Blue	32.74	30		7.66	7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Qualcare	Qualcare	81.86	75			7.82	103.68	percent of total billed charges	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	Wellcare	Medicare	9.77				7.82	103.68	fee schedule	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	UHC	Medicaid	7.82			13.02	7.82	103.68	fee schedule	
GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	82810	CPT				both			109.14	11.24	WellPoint	WellPoint	33.88	31.04		15.16	7.82	103.68	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Consumer	Consumer	44.57	95			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Americare	Americare	35.19	75			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Aetna	Better Health	14.28	30.44			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Horizon	MGD	17.96	38.28			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Horizon	Indemnity	17.96	38.28			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Amerihealth	HMO/PPO	15				10.67	44.57	fee schedule	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Multiplan	Multiplan	37.54	80			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Aetna	Commercial	17.83	38			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	UHC	Medicaid	10.67				10.67	44.57	fee schedule	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Horizon	PPO	17.96	38.28			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Corrections	Corrections	37.54	80			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Aetna	Medicare	13.34				10.67	44.57	fee schedule	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Wellcare	Medicaid	10.67				10.67	44.57	fee schedule	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Amerihealth	Medicare	13.34				10.67	44.57	fee schedule	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Qualcare	Qualcare	35.19	75			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Three Rivers	Three Rivers	44.57	95			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	First Trenton	First Trenton	42.23	90			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	First Health	First Health	32.84	70			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	UHC	Medicare	13.34				10.67	44.57	fee schedule	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Wellcare	Medicare	13.34				10.67	44.57	fee schedule	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Horizon	Medicare Blue	14.08	30			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Horizon	NJ Health	11.09				10.67	44.57	fee schedule	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	Managed Care Inc	Managed Care Inc	42.23	90			10.67	44.57	percent of total billed charges	
HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	82820	CPT				outpatient			46.92	15.34	WellPoint	WellPoint	14.56	31.04			10.67	44.57	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Horizon	Indemnity	16.4	38.28			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	First Trenton	First Trenton	38.56	90			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Aetna	Medicare	17.63				12.85	40.7	fee schedule	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Aetna	Better Health	13.04	30.44			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Americare	Americare	32.13	75			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Horizon	MGD	16.4	38.28			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Aetna	Commercial	16.28	38			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	First Health	First Health	29.99	70			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Wellcare	Medicaid	14.1				12.85	40.7	fee schedule	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Horizon	NJ Health	31.36			1.94	12.85	40.7	fee schedule	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Corrections	Corrections	34.27	80			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Consumer	Consumer	40.7	95			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Amerihealth	HMO/PPO	26.7				12.85	40.7	fee schedule	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	UHC	Medicare	17.63				12.85	40.7	fee schedule	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	UHC	Medicaid	14.1				12.85	40.7	fee schedule	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Horizon	PPO	16.4	38.28			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Amerihealth	Medicare	17.63				12.85	40.7	fee schedule	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Managed Care Inc	Managed Care Inc	38.56	90			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Horizon	Medicare Blue	12.85	30			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Wellcare	Medicare	17.63				12.85	40.7	fee schedule	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Multiplan	Multiplan	34.27	80			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	WellPoint	WellPoint	13.3	31.04			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Qualcare	Qualcare	32.13	75			12.85	40.7	percent of total billed charges	
ASSAY OF GASTRIN	82941	CPT				both			42.84	20.27	Three Rivers	Three Rivers	40.7	95			12.85	40.7	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Amerihealth	Medicare	14.29				11.43	243.22	fee schedule	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Aetna	Better Health	77.93	30.44			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Aetna	Commercial	97.29	38			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Aetna	Medicare	14.29				11.43	243.22	fee schedule	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Americare	Americare	192.02	75			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Amerihealth	HMO/PPO	21.7				11.43	243.22	fee schedule	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Corrections	Corrections	204.82	80			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Horizon	Indemnity	98	38.28			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Consumer	Consumer	243.22	95			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	First Health	First Health	179.21	70			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Horizon	MGD	98	38.28			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Horizon	PPO	98	38.28			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Horizon	Medicare Blue	76.81	30			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	First Trenton	First Trenton	230.42	90			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Multiplan	Multiplan	204.82	80			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Three Rivers	Three Rivers	243.22	95			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	UHC	Medicaid	11.43				11.43	243.22	fee schedule	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Horizon	NJ Health	45.39				11.43	243.22	fee schedule	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Qualcare	Qualcare	192.02	75			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Managed Care Inc	Managed Care Inc	230.42	90			11.43	243.22	percent of total billed charges	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Wellcare	Medicare	14.29				11.43	243.22	fee schedule	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	Wellcare	Medicaid	11.43				11.43	243.22	fee schedule	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	UHC	Medicare	14.29				11.43	243.22	fee schedule	
ASSAY OF GLUCAGON	82943	CPT				both			256.02	16.43	WellPoint	WellPoint	79.47	31.04			11.43	243.22	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Aetna	Medicare	3.93			4.01	3.14	121.13	fee schedule	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	First Trenton	First Trenton	114.75	90			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Amerihealth	HMO/PPO	5.4			3.1	3.14	121.13	fee schedule	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Aetna	Better Health	38.81	30.44		7.3	3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	UHC	Medicaid	3.14			0.52	3.14	121.13	fee schedule	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Americare	Americare	95.63	75			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Consumer	Consumer	121.13	95			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Amerihealth	Medicare	3.93				3.14	121.13	fee schedule	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Horizon	Medicare Blue	38.25	30		6.47	3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Horizon	PPO	48.81	38.28			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Horizon	NJ Health	4.33			1.88	3.14	121.13	fee schedule	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Aetna	Commercial	48.45	38		4.58	3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Wellcare	Medicare	3.93				3.14	121.13	fee schedule	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Horizon	Indemnity	48.81	38.28		2.49	3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	First Health	First Health	89.25	70			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Managed Care Inc	Managed Care Inc	114.75	90			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Corrections	Corrections	102	80			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Three Rivers	Three Rivers	121.13	95			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Multiplan	Multiplan	102	80			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Horizon	MGD	48.81	38.28		8.39	3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Qualcare	Qualcare	95.63	75			3.14	121.13	percent of total billed charges	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	UHC	Medicare	3.93			3.5	3.14	121.13	fee schedule	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	Wellcare	Medicaid	3.14			7.24	3.14	121.13	fee schedule	
GLUCOSE BODY FLUID OTHER THAN BLOOD	82945	CPT				both			127.5	4.52	WellPoint	WellPoint	39.58	31.04		4	3.14	121.13	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	First Health	First Health	59.26	70			1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Corrections	Corrections	67.73	80			1.7	80.43	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Aetna	Commercial	32.17	38		10.97	1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Amerihealth	HMO/PPO	1.7			3.75	1.7	80.43	fee schedule	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Aetna	Medicare	3.93			7.74	1.7	80.43	fee schedule	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Horizon	Medicare Blue	25.4	30		6.08	1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Aetna	Better Health	25.77	30.44		12.13	1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Americare	Americare	63.5	75			1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Horizon	PPO	32.41	38.28		5.69	1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Horizon	MGD	32.41	38.28		8.68	1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	First Trenton	First Trenton	76.19	90			1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Amerihealth	Medicare	3.93				1.7	80.43	fee schedule	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Consumer	Consumer	80.43	95			1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Wellcare	Medicare	3.93			4.43	1.7	80.43	fee schedule	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Horizon	NJ Health	8.51			3.7	1.7	80.43	fee schedule	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	UHC	Medicare	3.93			4.63	1.7	80.43	fee schedule	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Multiplan	Multiplan	67.73	80			1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Wellcare	Medicaid	3.14			11.32	1.7	80.43	fee schedule	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Horizon	Indemnity	32.41	38.28		7.4	1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	UHC	Medicaid	3.14			11.67	1.7	80.43	fee schedule	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Qualcare	Qualcare	63.5	75			1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Managed Care Inc	Managed Care Inc	76.19	90			1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	Three Rivers	Three Rivers	80.43	95			1.7	80.43	percent of total billed charges	
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	CPT				both			84.66	4.52	WellPoint	WellPoint	26.28	31.04		11.17	1.7	80.43	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Aetna	Better Health	13.62	30.44		11.33	2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Horizon	NJ Health	2.94			4.36	2.94	42.49	fee schedule	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Americare	Americare	33.55	75			2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Aetna	Commercial	17	38		11.27	2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Corrections	Corrections	35.78	80		8.32	2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Aetna	Medicare	5.04			6.68	2.94	42.49	fee schedule	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	First Trenton	First Trenton	40.26	90			2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	First Health	First Health	31.31	70			2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Horizon	MGD	17.12	38.28		13.64	2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	UHC	Medicaid	4.03			11.84	2.94	42.49	fee schedule	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Amerihealth	HMO/PPO	3			7.42	2.94	42.49	fee schedule	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Consumer	Consumer	42.49	95			2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Multiplan	Multiplan	35.78	80			2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Amerihealth	Medicare	5.04				2.94	42.49	fee schedule	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Managed Care Inc	Managed Care Inc	40.26	90			2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Three Rivers	Three Rivers	42.49	95			2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Qualcare	Qualcare	33.55	75			2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	UHC	Medicare	5.04			6.31	2.94	42.49	fee schedule	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Horizon	Medicare Blue	13.42	30		6.53	2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Horizon	Indemnity	17.12	38.28		14.04	2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	WellPoint	WellPoint	13.88	31.04		10.01	2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Wellcare	Medicaid	4.03			12.02	2.94	42.49	fee schedule	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Horizon	PPO	17.12	38.28		13.94	2.94	42.49	percent of total billed charges	
GLUCOSE BLOOD REAGENT STRIP	82948	CPT				both			44.73	5.8	Wellcare	Medicare	5.04			6.28	2.94	42.49	fee schedule	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Horizon	MGD	57.01	38.28		14.75	3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Americare	Americare	111.69	75			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Aetna	Medicare	4.75				3.8	141.47	fee schedule	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Horizon	Medicare Blue	44.68	30			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Consumer	Consumer	141.47	95			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Aetna	Commercial	56.59	38		8.81	3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Aetna	Better Health	45.33	30.44		10.42	3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Wellcare	Medicaid	3.8			8.7	3.8	141.47	fee schedule	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Horizon	NJ Health	5.88			2.27	3.8	141.47	fee schedule	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Amerihealth	HMO/PPO	7				3.8	141.47	fee schedule	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Corrections	Corrections	119.14	80			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Wellcare	Medicare	4.75				3.8	141.47	fee schedule	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	First Health	First Health	104.24	70			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	UHC	Medicaid	3.8			9.79	3.8	141.47	fee schedule	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Amerihealth	Medicare	4.75				3.8	141.47	fee schedule	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Multiplan	Multiplan	119.14	80			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Horizon	Indemnity	57.01	38.28		10.55	3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Qualcare	Qualcare	111.69	75			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	First Trenton	First Trenton	134.03	90			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Horizon	PPO	57.01	38.28		7.45	3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Managed Care Inc	Managed Care Inc	134.03	90			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	Three Rivers	Three Rivers	141.47	95			3.8	141.47	percent of total billed charges	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	UHC	Medicare	4.75			3.52	3.8	141.47	fee schedule	
GLUCOSE POST GLUCOSE DOSE	82950	CPT				both			148.92	5.46	WellPoint	WellPoint	46.22	31.04		12.54	3.8	141.47	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Consumer	Consumer	106.59	95			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Aetna	Commercial	42.64	38		35.15	9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Americare	Americare	84.15	75			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	First Trenton	First Trenton	100.98	90			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Aetna	Better Health	34.15	30.44			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Horizon	MGD	42.95	38.28			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Aetna	Medicare	12.87				9.8	106.59	fee schedule	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Amerihealth	HMO/PPO	20			4.36	9.8	106.59	fee schedule	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Corrections	Corrections	89.76	80			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Amerihealth	Medicare	12.87				9.8	106.59	fee schedule	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Horizon	NJ Health	9.8			6.02	9.8	106.59	fee schedule	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Wellcare	Medicare	12.87				9.8	106.59	fee schedule	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Horizon	Indemnity	42.95	38.28			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Multiplan	Multiplan	89.76	80			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Horizon	PPO	42.95	38.28			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	WellPoint	WellPoint	34.83	31.04		19.15	9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Managed Care Inc	Managed Care Inc	100.98	90			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	First Health	First Health	78.54	70			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Three Rivers	Three Rivers	106.59	95			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	UHC	Medicaid	10.3			15.05	9.8	106.59	fee schedule	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Horizon	Medicare Blue	33.66	30			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Wellcare	Medicaid	10.3			30.4	9.8	106.59	fee schedule	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	Qualcare	Qualcare	84.15	75			9.8	106.59	percent of total billed charges	
GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	82951	CPT				both			112.2	14.8	UHC	Medicare	12.87				9.8	106.59	fee schedule	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Aetna	Medicare	3.92				1.96	28.1	fee schedule	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Aetna	Commercial	11.24	38		4.73	1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	UHC	Medicare	3.92				1.96	28.1	fee schedule	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Americare	Americare	22.19	75			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Aetna	Better Health	9	30.44			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Multiplan	Multiplan	23.66	80			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Amerihealth	Medicare	3.92				1.96	28.1	fee schedule	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Horizon	Medicare Blue	8.87	30			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Consumer	Consumer	28.1	95			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Qualcare	Qualcare	22.19	75			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Amerihealth	HMO/PPO	3			1.15	1.96	28.1	fee schedule	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Wellcare	Medicare	3.92				1.96	28.1	fee schedule	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Corrections	Corrections	23.66	80			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Wellcare	Medicaid	3.14			5.4	1.96	28.1	fee schedule	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	First Health	First Health	20.71	70			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Horizon	MGD	11.32	38.28		6.09	1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	First Trenton	First Trenton	26.62	90			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Horizon	NJ Health	1.96			1.61	1.96	28.1	fee schedule	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Horizon	Indemnity	11.32	38.28			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Horizon	PPO	11.32	38.28		7.45	1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Managed Care Inc	Managed Care Inc	26.62	90			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	Three Rivers	Three Rivers	28.1	95			1.96	28.1	percent of total billed charges	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	UHC	Medicaid	3.14			6.62	1.96	28.1	fee schedule	
GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	82952	CPT				both			29.58	4.51	WellPoint	WellPoint	9.18	31.04		5.05	1.96	28.1	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Aetna	Medicare	9.7				7.04	173.45	fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Amerihealth	HMO/PPO	14.8				7.04	173.45	fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Consumer	Consumer	173.45	95			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Aetna	Better Health	55.58	30.44			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Amerihealth	Medicare	9.7				7.04	173.45	fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Americare	Americare	136.94	75			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Aetna	Commercial	69.38	38			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	UHC	Medicaid	7.76				7.04	173.45	fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Horizon	Indemnity	69.89	38.28			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Horizon	Medicare Blue	54.77	30			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	First Health	First Health	127.81	70			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Wellcare	Medicare	9.7				7.04	173.45	fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Corrections	Corrections	146.06	80			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Horizon	MGD	69.89	38.28			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Multiplan	Multiplan	146.06	80			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Horizon	PPO	69.89	38.28			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Qualcare	Qualcare	136.94	75			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Three Rivers	Three Rivers	173.45	95			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Wellcare	Medicaid	7.76				7.04	173.45	fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	First Trenton	First Trenton	164.32	90			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	UHC	Medicare	9.7				7.04	173.45	fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Horizon	NJ Health	11.76				7.04	173.45	fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	WellPoint	WellPoint	56.67	31.04			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	82955	CPT				both			182.58	11.16	Managed Care Inc	Managed Care Inc	164.32	90			7.04	173.45	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72	6.96	Horizon	Indemnity	14.06	38.28			6.05	34.88	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72	6.96	Horizon	MGD	14.06	38.28		8.81	6.05	34.88	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72	6.96	Multiplan	Multiplan	29.38	80			6.05	34.88	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72	6.96	Aetna	Commercial	13.95	38		12.05	6.05	34.88	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72	6.96	Americare	Americare	27.54	75			6.05	34.88	percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72	6.96	Aetna	Better Health	11.18	30.44			6.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 First Trenton	First Trenton	33.05	90				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Consumer	Consumer	34.88	95				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Horizon	PPO	14.06	38.28				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 UHC	Medicare	6.05					6.05	34.88 fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Qualcare	Qualcare	27.54	75				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Aetna	Medicare	11.31	30.8				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Amerihealth	HMO/PPO	9.4					6.05	34.88 fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Horizon	NJ Health	19.6				1.38	6.05	34.88 fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Horizon	Medicare Blue	11.02	30				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Corrections	Corrections	29.38	80				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Amerihealth	Medicare	6.05					6.05	34.88 fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 WellPoint	WellPoint	11.4	31.04				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Managed Care Inc	Managed Care Inc	33.05	90				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 First Health	First Health	25.7	70				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Wellcare	Medicare	6.05					6.05	34.88 fee schedule	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Three Rivers	Three Rivers	34.88	95				6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 UHC	Medicaid	11.18	30.44			10.27	6.05	34.88 percent of total billed charges	
GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	82960	CPT				both			36.72		6.96 Wellcare	Medicaid	11.18	30.44				6.05	34.88 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Amerihealth	HMO/PPO	3					2.62	9.69 fee schedule	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Americare	Americare	7.65	75				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Wellcare	Medicaid	2.62					2.62	9.69 fee schedule	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Multiplan	Multiplan	8.16	80				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 First Health	First Health	7.14	70				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Aetna	Medicare	3.28					2.62	9.69 fee schedule	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Aetna	Better Health	3.1	30.44				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Amerihealth	Medicare	3.28					2.62	9.69 fee schedule	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Horizon	MGD	3.9	38.28				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 First Trenton	First Trenton	9.18	90				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Aetna	Commercial	3.88	38				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Qualcare	Qualcare	7.65	75				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Wellcare	Medicare	3.28					2.62	9.69 fee schedule	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Corrections	Corrections	8.16	80				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 WellPoint	WellPoint	3.17	31.04				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Consumer	Consumer	9.69	95				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Horizon	Indemnity	3.9	38.28				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 UHC	Medicare	3.28					2.62	9.69 fee schedule	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Horizon	Medicare Blue	3.06	30				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Horizon	NJ Health	5.63					2.62	9.69 fee schedule	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 UHC	Medicaid	2.62					2.62	9.69 fee schedule	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Horizon	PPO	3.9	38.28				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Managed Care Inc	Managed Care Inc	9.18	90				2.62	9.69 percent of total billed charges	
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	CPT				outpatient			10.2		3.77 Three Rivers	Three Rivers	9.69	95				2.62	9.69 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Aetna	Medicare	21.48					11.02	590.12 fee schedule	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 First Health	First Health	434.83	70				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Aetna	Commercial	236.05	38				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Corrections	Corrections	496.94	80				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Americare	Americare	465.89	75				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Aetna	Better Health	189.09	30.44				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 UHC	Medicaid	17.18					11.02	590.12 fee schedule	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Horizon	MGD	237.79	38.28				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Horizon	Indemnity	237.79	38.28				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Multiplan	Multiplan	496.94	80				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 UHC	Medicare	21.48					11.02	590.12 fee schedule	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 First Trenton	First Trenton	559.06	90				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Amerihealth	HMO/PPO	33.5					11.02	590.12 fee schedule	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Consumer	Consumer	590.12	95				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 WellPoint	WellPoint	192.81	31.04				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Qualcare	Qualcare	465.89	75				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Horizon	PPO	237.79	38.28				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Wellcare	Medicare	21.48					11.02	590.12 fee schedule	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Amerihealth	Medicare	21.48					11.02	590.12 fee schedule	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Horizon	Medicare Blue	186.35	30				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Three Rivers	Three Rivers	590.12	95				11.02	590.12 percent of total billed charges	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Horizon	NJ Health	57.13					11.02	590.12 fee schedule	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Wellcare	Medicaid	17.18					11.02	590.12 fee schedule	
ASSAY OF GLUCOSIDASE BETA	82963	CPT				outpatient			621.18		24.7 Managed Care Inc	Managed Care Inc	559.06	90				11.02	590.12 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Amerihealth	HMO/PPO	1.7				6.22	1.7	297.48 fee schedule	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Aetna	Commercial	118.99	38			8.45	1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Corrections	Corrections	250.51	80				1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Consumer	Consumer	297.48	95				1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Aetna	Better Health	95.32	30.44			7.25	1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Horizon	Medicare Blue	93.94	30			5.91	1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Aetna	Medicare	7.2				4.83	1.7	297.48 fee schedule	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Americare	Americare	234.86	75				1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Amerihealth	Medicare	7.2					1.7	297.48 fee schedule	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 First Trenton	First Trenton	281.83	90				1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Wellcare	Medicaid	5.76				9.58	1.7	297.48 fee schedule	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Horizon	PPO	119.67	38.28			17.6	1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Three Rivers	Three Rivers	297.48	95				1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Horizon	MGD	119.87	38.28			14.56	1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 WellPoint	WellPoint	97.2	31.04			16.22	1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Multiplan	Multiplan	250.51	80				1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 First Health	First Health	219.2	70				1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Managed Care Inc	Managed Care Inc	281.83	90				1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Horizon	Indemnity	119.87	38.28			16.09	1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Qualcare	Qualcare	234.86	75				1.7	297.48 percent of total billed charges	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Horizon	NJ Health	9.41				3.84	1.7	297.48 fee schedule	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 Wellcare	Medicare	7.2				5.24	1.7	297.48 fee schedule	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 UHC	Medicaid	5.76				10.45	1.7	297.48 fee schedule	
ASSAY OF GLUTAMYLTRASE GAMMA	82977	CPT				both			313.14		8.28 UHC	Medicare	7.2				6.32	1.7	297.48 fee schedule	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Consumer	Consumer	40.7	95				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Aetna	Medicare	16.76					12.85	40.7 fee schedule	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Aetna	Commercial	16.28	38			4.61	12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Horizon	MGD	16.4	38.28			12.06	12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Aetna	Better Health	13.04	30.44				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Americare	Americare	32.13	75				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Amerihealth	HMO/PPO	19					12.85	40.7 fee schedule	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 First Trenton	First Trenton	38.56	90				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Corrections	Corrections	34.27	80				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Horizon	NJ Health	12.94				1.85	12.85	40.7 fee schedule	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Amerihealth	Medicare	16.76					12.85	40.7 fee schedule	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Wellcare	Medicare	16.76					12.85	40.7 fee schedule	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Horizon	Indemnity	16.4	38.28				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Horizon	Medicare Blue	12.85	30			4.45	12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 First Health	First Health	29.99	70				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 UHC	Medicare	16.76				4.74	12.85	40.7 fee schedule	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Managed Care Inc	Managed Care Inc	38.56	90				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Multiplan	Multiplan	34.27	80				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Wellcare	Medicaid	13.41				7.11	12.85	40.7 fee schedule	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Horizon	PPO	16.4	38.28				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Qualcare	Qualcare	32.13	75				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 Three Rivers	Three Rivers	40.7	95				12.85	40.7 percent of total billed charges	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 UHC	Medicaid	13.41				9.18	12.85	40.7 fee schedule	
ASSAY OF GLYCATED PROTEIN	82985	CPT				both			42.84		19.27 WellPoint	WellPoint	13.3	31.04			4.22	12.85	40.7 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 UHC	Medicaid	14.86				32.75	7.34	186.05 fee schedule	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Aetna	Commercial	74.42	38			18.9	7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Aetna	Better Health	59.61	30.44			9.6	7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Horizon	MGD	74.97	38.28			62.62	7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Consumer	Consumer	186.05	95				7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Aetna	Medicare	18.58				11.11	7.34	186.05 fee schedule	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 First Health	First Health	137.09	70				7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Horizon	NJ Health	33.32				6.6	7.34	186.05 fee schedule	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Corrections	Corrections	156.67	80				7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Americare	Americare	146.88	75				7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Horizon	PPO	74.97	38.28			33.39	7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Wellcare	Medicare	18.58					7.34	186.05 fee schedule	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Horizon	Medicare Blue	58.75	30			11.28	7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 First Trenton	First Trenton	176.26	90				7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Three Rivers	Three Rivers	186.05	95				7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Multiplan	Multiplan	156.67	80				7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 UHC	Medicare	18.58				18.03	7.34	186.05 fee schedule	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Amerihealth	HMO/PPO	29				23.44	7.34	186.05 fee schedule	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Qualcare	Qualcare	146.88	75				7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Managed Care Inc	Managed Care Inc	176.26	90				7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Wellcare	Medicaid	14.86				31.05	7.34	186.05 fee schedule	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Amerihealth	Medicare	18.58					7.34	186.05 fee schedule	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 WellPoint	WellPoint	60.79	31.04			46.23	7.34	186.05 percent of total billed charges	
GONADOTROPIN FOLLICLE STIMULATING HORMONE	83001	CPT				both			195.84		21.37 Horizon	Indemnity	74.97	38.28			15.25	7.34	186.05 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Americare	Americare	126.99	75				7.34	160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Amerihealth	HMO/PPO	29.5				23.44	7.34	160.85 fee schedule	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 First Trenton	First Trenton	152.39	90				7.34	160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Horizon	Medicare Blue	50.8	30			11.28	7.34	160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Aetna	Better Health	51.54	30.44			18.48	7.34	160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 UHC	Medicaid	14.82				35.07	7.34	160.85 fee schedule	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Horizon	NJ Health	33.32				6.14	7.34	160.85 fee schedule	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Multiplan	Multiplan	135.46	80				7.34	160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Three Rivers	Three Rivers	160.85	95				7.34	160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Amerihealth	Medicare	18.52					7.34	160.85 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Horizon	Indemnity	64.82	38.28			7.34		160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 UHC	Medicare	18.52			16.88	7.34		160.85 fee schedule	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Aetna	Commercial	64.34	38		24.74	7.34		160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 First Health	First Health	118.52	70			7.34		160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Qualcare	Qualcare	126.99	75			7.34		160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Wellcare	Medicare	18.52				7.34		160.85 fee schedule	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Aetna	Medicare	18.52			11.11	7.34		160.85 fee schedule	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Horizon	MGD	64.82	38.28		65.77	7.34		160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Horizon	PPO	64.82	38.28		32.53	7.34		160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Consumer	Consumer	160.85	95			7.34		160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 WellPoint	WellPoint	52.56	31.04		45.68	7.34		160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Corrections	Corrections	135.46	80			7.34		160.85 percent of total billed charges	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Wellcare	Medicaid	14.82			30.98	7.34		160.85 fee schedule	
GONADOTROPIN LUTEINIZING HORMONE	83002	CPT				both			169.32		21.3 Managed Care Inc	Managed Care Inc	152.39	90			7.34		160.85 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Americare	Americare	31.37	75			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Aetna	Better Health	12.73	30.44		8.51	12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Corrections	Corrections	33.46	80			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Amerihealth	HMO/PPO	25.8				12.55		39.73 fee schedule	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Aetna	Commercial	15.89	38			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Horizon	Medicare Blue	12.55	30			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Consumer	Consumer	39.73	95			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Aetna	Medicare	16.67			3.63	12.55		39.73 fee schedule	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Wellcare	Medicare	16.67				12.55		39.73 fee schedule	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 First Health	First Health	29.27	70			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Horizon	Indemnity	16.01	38.28			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Amerihealth	Medicare	16.67				12.55		39.73 fee schedule	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Three Rivers	Three Rivers	39.73	95			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Horizon	PPO	16.01	38.28		6.07	12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Horizon	NJ Health	31.36			0.98	12.55		39.73 fee schedule	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 First Trenton	First Trenton	37.64	90			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 WellPoint	WellPoint	12.98	31.04		4.19	12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Multiplan	Multiplan	33.46	80			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Wellcare	Medicaid	13.34				12.55		39.73 fee schedule	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Horizon	MGD	16.01	38.28		2.66	12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 UHC	Medicaid	13.34			10.32	12.55		39.73 fee schedule	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Managed Care Inc	Managed Care Inc	37.64	90			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 Qualcare	Qualcare	31.37	75			12.55		39.73 percent of total billed charges	
ASSAY OF GROWTH HORMONE HUMAN	83003	CPT				both			41.82		19.17 UHC	Medicare	16.67			2.11	12.55		39.73 fee schedule	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Aetna	Medicare	96.45	30.8		11.3	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Consumer	Consumer	297.48	95			8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Amerihealth	HMO/PPO	19.3				8.87		297.48 fee schedule	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Horizon	MGD	119.87	38.28		10.7	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Aetna	Commercial	118.99	38		4.8	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Aetna	Better Health	95.32	30.44		6.11	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Americare	Americare	234.86	75			8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 UHC	Medicaid	95.32	30.44		12.01	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Corrections	Corrections	250.51	80			8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 First Health	First Health	219.2	70			8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Amerihealth	Medicare	12.58				8.87		297.48 fee schedule	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Wellcare	Medicaid	95.32	30.44		14.87	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Multiplan	Multiplan	250.51	80			8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Horizon	Indemnity	119.87	38.28		7.04	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 First Trenton	First Trenton	281.83	90			8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Horizon	Medicare Blue	93.94	30		4.52	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Horizon	PPO	119.87	38.28		11.77	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Wellcare	Medicare	12.58			2.8	8.87		297.48 fee schedule	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Horizon	NJ Health	23.52			2.93	8.87		297.48 fee schedule	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Qualcare	Qualcare	234.86	75			8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Managed Care Inc	Managed Care Inc	281.83	90			8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 WellPoint	WellPoint	97.2	31.04		12.17	8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 Three Rivers	Three Rivers	297.48	95			8.87		297.48 percent of total billed charges	
ASSAY OF HAPTOGLOBIN QUANTITATIVE	83010	CPT				both			313.14		14.47 UHC	Medicare	12.58			7.92	8.87		297.48 fee schedule	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Americare	Americare	485.01	75			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 First Health	First Health	452.68	70			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Amerihealth	HMO/PPO	60				48.22		614.35 fee schedule	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Aetna	Medicare	67.36				48.22		614.35 fee schedule	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Wellcare	Medicaid	53.89				48.22		614.35 fee schedule	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Aetna	Better Health	196.85	30.44			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Wellcare	Medicare	67.36				48.22		614.35 fee schedule	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Aetna	Commercial	245.74	38			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Horizon	MGD	247.55	38.28			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Horizon	PPO	247.55	38.28			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 UHC	Medicare	67.36				48.22		614.35 fee schedule	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Corrections	Corrections	517.34	80			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 WellPoint	WellPoint	200.73	31.04			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Amerihealth	Medicare	67.36				48.22		614.35 fee schedule	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Multiplan	Multiplan	517.34	80			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Three Rivers	Three Rivers	614.35	95			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Horizon	Indemnity	247.55	38.28			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Consumer	Consumer	614.35	95			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Qualcare	Qualcare	485.01	75			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 First Trenton	First Trenton	582.01	90			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Horizon	Medicare Blue	194	30			48.22		614.35 percent of total billed charges	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Horizon	NJ Health	48.22				48.22		614.35 fee schedule	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 UHC	Medicaid	53.89				48.22		614.35 fee schedule	
HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	83013	CPT				both			646.68		77.46 Managed Care Inc	Managed Care Inc	582.01	90			48.22		614.35 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Aetna	Medicare	21.96				17.57		514.54 fee schedule	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Horizon	PPO	207.33	38.28			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Consumer	Consumer	514.54	95			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Aetna	Commercial	205.82	38			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Aetna	Better Health	164.87	30.44			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Amerihealth	HMO/PPO	35.3				17.57		514.54 fee schedule	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Americare	Americare	406.22	75			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 UHC	Medicaid	17.57				17.57		514.54 fee schedule	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Horizon	NJ Health	49			15.03	17.57		514.54 fee schedule	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Amerihealth	Medicare	21.96				17.57		514.54 fee schedule	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Corrections	Corrections	433.3	80			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Wellcare	Medicare	21.96				17.57		514.54 fee schedule	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 First Trenton	First Trenton	487.46	90			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 First Health	First Health	379.13	70			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Three Rivers	Three Rivers	514.54	95			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Multiplan	Multiplan	433.3	80			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Horizon	Indemnity	207.33	38.28			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Horizon	Medicare Blue	162.49	30			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Horizon	MGD	207.33	38.28		54.36	17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Qualcare	Qualcare	406.22	75			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Wellcare	Medicaid	17.57				17.57		514.54 fee schedule	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 Managed Care Inc	Managed Care Inc	487.46	90			17.57		514.54 percent of total billed charges	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 UHC	Medicare	21.96				17.57		514.54 fee schedule	
HEAVY METAL QUANTITATIVE EACH NES	83018	CPT				both			541.62		25.25 WellPoint	WellPoint	168.12	31.04			17.57		514.54 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Aetna	Medicare	74.46	30.8			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Aetna	Commercial	91.86	38		17.23	8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Horizon	Indemnity	92.54	38.28		17.75	8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Amerihealth	Medicare	12.87				8.87		229.65 fee schedule	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Corrections	Corrections	193.39	80			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Aetna	Better Health	73.59	30.44		18.46	8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 First Health	First Health	169.22	70			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Horizon	MGD	92.54	38.28		14.85	8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Multiplan	Multiplan	193.39	80			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Americare	Americare	181.31	75			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Horizon	NJ Health	11.76			2.69	8.87		229.65 fee schedule	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Horizon	Medicare Blue	72.52	30		6.18	8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Wellcare	Medicare	12.87				8.87		229.65 fee schedule	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Amerihealth	HMO/PPO	16.7			19.27	8.87		229.65 fee schedule	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Horizon	PPO	92.54	38.28		15.2	8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 WellPoint	WellPoint	75.04	31.04		20.41	8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Qualcare	Qualcare	181.31	75			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Consumer	Consumer	229.65	95			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Wellcare	Medicaid	73.59	30.44		15.18	8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 First Trenton	First Trenton	217.57	90			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Managed Care Inc	Managed Care Inc	217.57	90			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 Three Rivers	Three Rivers	229.65	95			8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 UHC	Medicaid	73.59	30.44		16.14	8.87		229.65 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ ELECTROPHORESIS	83020	CPT				both			241.74		14.8 UHC	Medicare	12.87			2.55	8.87		229.65 fee schedule	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Americare	Americare	455.18	75			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 First Health	First Health	424.83	70			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Aetna	Better Health	184.74	30.44			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Aetna	Medicare	18.06				8.87		576.56 fee schedule	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Horizon	Indemnity	232.32	38.28			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Consumer	Consumer	576.56	95			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Aetna	Commercial	230.62	38			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Horizon	MGD	232.32	38.28			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Amerihealth	HMO/PPO	25				8.87		576.56 fee schedule	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Corrections	Corrections	485.52	80			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Horizon	NJ Health	20.05			4.95	8.87		576.56 fee schedule	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 First Trenton	First Trenton	546.21	90			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 Horizon	PPO	232.32	38.28			8.87		576.56 percent of total billed charges	
HEMOGLOBIN FRACTI/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9		20.77 UHC	Medicaid	14.45			3.43	8.87		576.56 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	UHC	Medicare	18.06				8.87	576.56	fee schedule	
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	Multiplan	Multiplan	485.52	80			8.87	576.56	percent of total billed charges	
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	Amerihealth	Medicare	18.06				8.87	576.56	fee schedule	
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	Wellcare	Medicare	18.06				8.87	576.56	fee schedule	
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	Three Rivers	Three Rivers	576.56	95			8.87	576.56	percent of total billed charges	
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	Managed Care Inc	Managed Care Inc	546.21	90			8.87	576.56	percent of total billed charges	
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	Horizon	Medicare Blue	182.07	30		3.97	8.87	576.56	percent of total billed charges	
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	Qualcare	Qualcare	455.18	75			8.87	576.56	percent of total billed charges	
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	Wellcare	Medicaid	14.45				8.87	576.56	fee schedule	
HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	83021	CPT				both			606.9	20.77	WellPoint	WellPoint	188.38	31.04		9.33	8.87	576.56	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	First Trenton	First Trenton	288.25	90			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Horizon	Indemnity	122.6	38.28			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	First Health	First Health	224.2	70			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Aetna	Medicare	10.74				8.59	304.27	fee schedule	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Americare	Americare	240.21	75			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Multiplan	Multiplan	256.22	80			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Aetna	Commercial	121.71	38			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Aetna	Better Health	97.49	30.44			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Horizon	PPO	122.6	38.28			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Qualcare	Qualcare	240.21	75			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	UHC	Medicare	10.74				8.59	304.27	fee schedule	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Consumer	Consumer	304.27	95			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Amerihealth	HMO/PPO	12.9				8.59	304.27	fee schedule	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Horizon	Medicare Blue	96.08	30			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Amerihealth	Medicare	10.74				8.59	304.27	fee schedule	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Corrections	Corrections	256.22	80			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Managed Care Inc	Managed Care Inc	288.25	90			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Horizon	NJ Health	23.52				8.59	304.27	fee schedule	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Horizon	MGD	122.6	38.28			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Three Rivers	Three Rivers	304.27	95			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	UHC	Medicaid	8.59				8.59	304.27	fee schedule	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	WellPoint	WellPoint	99.41	31.04			8.59	304.27	percent of total billed charges	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Wellcare	Medicaid	8.59				8.59	304.27	fee schedule	
HEMOGLOBIN F FETAL CHEMICAL	83030	CPT				outpatient			320.28	12.35	Wellcare	Medicare	10.74				8.59	304.27	fee schedule	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Consumer	Consumer	174.42	95			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Americare	Americare	137.7	75			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Aetna	Commercial	69.77	38			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Multiplan	Multiplan	146.88	80			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	First Health	First Health	128.52	70			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Amerihealth	Medicare	8				6.4	174.42	fee schedule	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Amerihealth	HMO/PPO	7.6				6.4	174.42	fee schedule	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Aetna	Better Health	55.89	30.44			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Wellcare	Medicaid	6.4				6.4	174.42	fee schedule	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Horizon	MGD	70.28	38.28			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Aetna	Medicare	8				6.4	174.42	fee schedule	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Qualcare	Qualcare	137.7	75			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Horizon	Indemnity	70.28	38.28			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	First Trenton	First Trenton	165.24	90			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Corrections	Corrections	146.88	80			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Horizon	NJ Health	15.09				6.4	174.42	fee schedule	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	UHC	Medicare	8				6.4	174.42	fee schedule	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Horizon	PPO	70.28	38.28			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Horizon	Medicare Blue	55.08	30			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Managed Care Inc	Managed Care Inc	165.24	90			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	UHC	Medicaid	6.4				6.4	174.42	fee schedule	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Three Rivers	Three Rivers	174.42	95			6.4	174.42	percent of total billed charges	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	Wellcare	Medicare	8				6.4	174.42	fee schedule	
HEMOGLOBIN F FETAL QUALITATIVE	83033	CPT				outpatient			183.6	9.2	WellPoint	WellPoint	56.99	31.04			6.4	174.42	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Consumer	Consumer	109.5	95			7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	First Health	First Health	80.68	70			7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Corrections	Corrections	92.21	80		5.46	7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Aetna	Medicare	9.71			7.22	7.77	109.5	fee schedule	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Aetna	Better Health	35.09	30.44		12.92	7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Aetna	Commercial	43.8	38		13.86	7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Wellcare	Medicaid	7.77			14.19	7.77	109.5	fee schedule	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	First Trenton	First Trenton	103.73	90			7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Americare	Americare	86.45	75			7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Horizon	PPO	44.12	38.28		13.9	7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	WellPoint	WellPoint	35.78	31.04		12.62	7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Amerihealth	Medicare	9.71			7.73	7.77	109.5	fee schedule	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Amerihealth	HMO/PPO	14.8			7.02	7.77	109.5	fee schedule	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Horizon	Indemnity	44.12	38.28		8.36	7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Three Rivers	Three Rivers	109.5	95			7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Horizon	NJ Health	12.94			2.92	7.77	109.5	fee schedule	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	UHC	Medicaid	7.77			14.03	7.77	109.5	fee schedule	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Horizon	Medicare Blue	34.58	30		7.21	7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Wellcare	Medicare	9.71			6.4	7.77	109.5	fee schedule	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Multiplan	Multiplan	92.21	80			7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Horizon	MGD	44.12	38.28		12.94	7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Managed Care Inc	Managed Care Inc	103.73	90			7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	Qualcare	Qualcare	86.45	75			7.77	109.5	percent of total billed charges	
HEMOGLOBIN GLYCOSYLATED A1C	83036	CPT				both			115.26	11.17	UHC	Medicare	9.71			7.31	7.77	109.5	fee schedule	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Horizon	NJ Health	5.88			3.6	5.88	42.64	fee schedule	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Aetna	Commercial	17.05	38		13.96	5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Aetna	Medicare	8.2			7.8	5.88	42.64	fee schedule	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Americare	Americare	33.66	75			5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	First Health	First Health	31.42	70			5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Aetna	Better Health	13.66	30.44		12.69	5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Consumer	Consumer	42.64	95			5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Amerihealth	HMO/PPO	6.2				5.88	42.64	fee schedule	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Horizon	PPO	17.18	38.28		12.65	5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Horizon	Medicare Blue	13.46	30		8.59	5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Corrections	Corrections	35.9	80			5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Wellcare	Medicare	8.2				5.88	42.64	fee schedule	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Multiplan	Multiplan	35.9	80			5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Amerihealth	Medicare	8.2				5.88	42.64	fee schedule	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Qualcare	Qualcare	33.66	75			5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Three Rivers	Three Rivers	42.64	95			5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	UHC	Medicaid	6.56			11.22	5.88	42.64	fee schedule	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	First Trenton	First Trenton	40.39	90			5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	UHC	Medicare	8.2			5.23	5.88	42.64	fee schedule	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Horizon	Indemnity	17.18	38.28		11.05	5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Wellcare	Medicaid	6.56			11.18	5.88	42.64	fee schedule	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Horizon	MGD	17.18	38.28		5.27	5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	Managed Care Inc	Managed Care Inc	40.39	90			5.88	42.64	percent of total billed charges	
HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	83050	CPT				both			44.88	9.43	WellPoint	WellPoint	13.93	31.04		13.08	5.88	42.64	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Aetna	Better Health	25.77	30.44			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Corrections	Corrections	67.73	80			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Aetna	Medicare	7.31				2.35	80.43	fee schedule	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Amerihealth	Medicare	7.31				2.35	80.43	fee schedule	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	First Health	First Health	59.26	70			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Aetna	Commercial	32.17	38			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Wellcare	Medicaid	5.85				2.35	80.43	fee schedule	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Americare	Americare	63.5	75			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Amerihealth	HMO/PPO	6.1				2.35	80.43	fee schedule	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Horizon	Medicare Blue	25.4	30			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Horizon	Indemnity	32.41	38.28			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Horizon	MGD	32.41	38.28			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Multiplan	Multiplan	67.73	80			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Consumer	Consumer	80.43	95			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	UHC	Medicaid	5.85				2.35	80.43	fee schedule	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	First Trenton	First Trenton	76.19	90			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Qualcare	Qualcare	63.5	75			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Horizon	NJ Health	2.35				2.35	80.43	fee schedule	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Wellcare	Medicare	7.31				2.35	80.43	fee schedule	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Horizon	PPO	32.41	38.28			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	UHC	Medicare	7.31				2.35	80.43	fee schedule	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Managed Care Inc	Managed Care Inc	76.19	90			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	WellPoint	WellPoint	26.28	31.04			2.35	80.43	percent of total billed charges	
HEMOGLOBIN PLASMA	83051	CPT				outpatient			84.66	8.41	Three Rivers	Three Rivers	80.43	95			2.35	80.43	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Aetna	Medicare	9.47				3.1	117.25	fee schedule	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Aetna	Commercial	46.9	38			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Consumer	Consumer	117.25	95			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Americare	Americare	92.57	75			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Horizon	Indemnity	47.25	38.28			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Aetna	Better Health	37.57	30.44			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	First Health	First Health	86.39	70			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Amerihealth	Medicare	9.47				3.1	117.25	fee schedule	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Wellcare	Medicaid	7.58				3.1	117.25	fee schedule	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Multiplan	Multiplan	98.74	80			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Amerihealth	HMO/PPO	3.1				3.1	117.25	fee schedule	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Corrections	Corrections	98.74	80			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	First Trenton	First Trenton	111.08	90			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Qualcare	Qualcare	92.57	75			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Horizon	MGD	47.25	38.28			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Horizon	Medicare Blue	37.03	30			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Horizon	NJ Health	6.49				3.1	117.25	fee schedule	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	UHC	Medicare	9.47				3.1	117.25	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Horizon	PPO	47.25	38.28			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	UHC	Medicaid	7.58				3.1	117.25	fee schedule	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Managed Care Inc	Managed Care Inc	111.08	90			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Wellcare	Medicare	9.47				3.1	117.25	fee schedule	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	Three Rivers	Three Rivers	117.25	95			3.1	117.25	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCREEN	83068	CPT				outpatient			123.42	10.89	WellPoint	WellPoint	38.31	31.04			3.1	117.25	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Amerihealth	Medicare	4.75				3.8	85.27	fee schedule	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Horizon	Indemnity	34.36	38.28			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	First Health	First Health	62.83	70			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Aetna	Commercial	34.11	38			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	First Trenton	First Trenton	80.78	90			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Aetna	Medicare	4.75				3.8	85.27	fee schedule	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Aetna	Better Health	27.32	30.44			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	UHC	Medicaid	3.8				3.8	85.27	fee schedule	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Corrections	Corrections	71.81	80			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Multiplan	Multiplan	71.81	80			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	UHC	Medicare	4.75				3.8	85.27	fee schedule	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Horizon	MGD	34.36	38.28			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Horizon	NJ Health	11.76				3.8	85.27	fee schedule	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Americare	Americare	67.32	75			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Amerihealth	HMO/PPO	7.4				3.8	85.27	fee schedule	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Qualcare	Qualcare	67.32	75			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	WellPoint	WellPoint	27.86	31.04			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Consumer	Consumer	85.27	95			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Wellcare	Medicare	4.75				3.8	85.27	fee schedule	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Horizon	Medicare Blue	26.93	30			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Horizon	PPO	34.36	38.28			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Managed Care Inc	Managed Care Inc	80.78	90			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Three Rivers	Three Rivers	85.27	95			3.8	85.27	percent of total billed charges	
ASSAY OF HEMOSIDERIN QUALITATIVE	83070	CPT				both			89.76	5.46	Wellcare	Medicaid	3.8				3.8	85.27	fee schedule	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Aetna	Better Health	82.28	30.44			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Amerihealth	HMO/PPO	23.3				13.5	256.79	fee schedule	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Americare	Americare	202.73	75			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Aetna	Commercial	102.71	38			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Aetna	Medicare	16.87				13.5	256.79	fee schedule	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	First Trenton	First Trenton	243.27	90			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Consumer	Consumer	256.79	95			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	UHC	Medicaid	13.5				13.5	256.79	fee schedule	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Horizon	Medicare Blue	81.09	30			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Amerihealth	Medicare	16.87				13.5	256.79	fee schedule	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Three Rivers	Three Rivers	256.79	95			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Wellcare	Medicare	16.87				13.5	256.79	fee schedule	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Multiplan	Multiplan	216.24	80			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Horizon	PPO	103.47	38.28			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Corrections	Corrections	216.24	80			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	First Health	First Health	189.21	70			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	WellPoint	WellPoint	83.9	31.04			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Managed Care Inc	Managed Care Inc	243.27	90			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Horizon	Indemnity	103.47	38.28			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Horizon	MGD	103.47	38.28			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Qualcare	Qualcare	202.73	75			13.5	256.79	percent of total billed charges	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Horizon	NJ Health	18.74				13.5	256.79	fee schedule	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	UHC	Medicare	16.87				13.5	256.79	fee schedule	
ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	83080	CPT				outpatient			270.3	19.4	Wellcare	Medicaid	13.5				13.5	256.79	fee schedule	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Amerihealth	Medicare	29.53				20.5	78.4	fee schedule	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Aetna	Better Health	20.8	30.44			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Aetna	Medicare	29.53				20.5	78.4	fee schedule	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Horizon	MGD	26.16	38.28			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Horizon	Indemnity	26.16	38.28			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Corrections	Corrections	54.67	80			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Consumer	Consumer	64.92	95			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Amerihealth	HMO/PPO	43.5				20.5	78.4	fee schedule	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	First Trenton	First Trenton	61.51	90			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Aetna	Commercial	25.97	38			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Americare	Americare	51.26	75			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	First Health	First Health	47.84	70			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	WellPoint	WellPoint	21.21	31.04			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	UHC	Medicare	29.53			6	20.5	78.4	fee schedule	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Horizon	NJ Health	78.4				20.5	78.4	fee schedule	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Wellcare	Medicare	29.53				20.5	78.4	fee schedule	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Horizon	PPO	26.16	38.28			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Horizon	Medicare Blue	20.5	30			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Multiplan	Multiplan	54.67	80			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Managed Care Inc	Managed Care Inc	61.51	90			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Three Rivers	Three Rivers	64.92	95			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Qualcare	Qualcare	51.26	75			20.5	78.4	percent of total billed charges	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	Wellcare	Medicaid	23.62				20.5	78.4	fee schedule	
ASSAY OF HISTAMINE	83088	CPT				outpatient			68.34	33.96	UHC	Medicaid	23.62				20.5	78.4	fee schedule	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Aetna	Better Health	36.33	30.44			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Amerihealth	HMO/PPO	30				17.92	113.37	fee schedule	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Americare	Americare	89.51	75			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Corrections	Corrections	95.47	80			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Aetna	Medicare	36.76	30.8			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	First Trenton	First Trenton	107.41	90			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Aetna	Commercial	45.35	38		13.38	17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Multiplan	Multiplan	95.47	80			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Wellcare	Medicare	17.92				17.92	113.37	fee schedule	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Amerihealth	Medicare	17.92				17.92	113.37	fee schedule	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	UHC	Medicare	17.92			18.03	17.92	113.37	fee schedule	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Horizon	Medicare Blue	35.8	30			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	First Health	First Health	83.54	70			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Horizon	Indemnity	45.68	38.28			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Consumer	Consumer	113.37	95			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Qualcare	Qualcare	89.51	75			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Horizon	PPO	45.68	38.28		32.3	17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Managed Care Inc	Managed Care Inc	107.41	90			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Horizon	MGD	45.68	38.28		24.62	17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Three Rivers	Three Rivers	113.37	95			17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	UHC	Medicaid	36.33	30.44		22.71	17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	WellPoint	WellPoint	37.04	31.04		17.53	17.92	113.37	percent of total billed charges	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Horizon	NJ Health	18.74			2.8	17.92	113.37	fee schedule	
ASSAY OF HOMOCYSTEINE	83090	CPT				both			119.34	20.61	Wellcare	Medicaid	36.33	30.44		15.63	17.92	113.37	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Horizon	Medicare Blue	67.93	30			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Aetna	Better Health	68.93	30.44			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	First Health	First Health	158.51	70			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Americare	Americare	169.83	75			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Aetna	Commercial	86.05	38			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Aetna	Medicare	22.41				15.3	215.12	fee schedule	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	WellPoint	WellPoint	70.29	31.04			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Amerihealth	Medicare	22.41				15.3	215.12	fee schedule	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Multiplan	Multiplan	181.15	80			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Horizon	Indemnity	86.68	38.28			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Qualcare	Qualcare	169.83	75			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	First Trenton	First Trenton	203.8	90			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	UHC	Medicaid	17.93				15.3	215.12	fee schedule	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Amerihealth	HMO/PPO	15.3				15.3	215.12	fee schedule	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	UHC	Medicare	22.41				15.3	215.12	fee schedule	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Consumer	Consumer	215.12	95			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Wellcare	Medicare	22.41				15.3	215.12	fee schedule	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Horizon	MGD	86.68	38.28			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Corrections	Corrections	181.15	80			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Horizon	PPO	86.68	38.28			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Horizon	NJ Health	23.52				15.3	215.12	fee schedule	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Managed Care Inc	Managed Care Inc	203.8	90			15.3	215.12	percent of total billed charges	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Wellcare	Medicaid	17.93				15.3	215.12	fee schedule	
ASSAY OF HOMOVANILLIC ACID	83150	CPT				outpatient			226.44	25.77	Three Rivers	Three Rivers	215.12	95			15.3	215.12	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Wellcare	Medicaid	9.94	30.44			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Aetna	Medicare	10.05	30.8			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Horizon	MGD	12.49	38.28			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Consumer	Consumer	31.01	95			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Americare	Americare	24.48	75			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Corrections	Corrections	26.11	80			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		UHC	Medicaid	9.94	30.44			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Aetna	Better Health	9.94	30.44			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		First Trenton	First Trenton	29.38	90			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		First Health	First Health	22.85	70			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		WellPoint	WellPoint	10.13	31.04			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Aetna	Commercial	12.4	38			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Horizon	PPO	12.49	38.28			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Horizon	Medicare Blue	9.79	30			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Managed Care Inc	Managed Care Inc	29.38	90			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Amerihealth	HMO/PPO	21.22	65			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Three Rivers	Three Rivers	31.01	95			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Horizon	Indemnity	12.49	38.28			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Multiplan	Multiplan	26.11	80			9.79	31.01	percent of total billed charges	
BKR CHG PHENCYCLIDINE	83992	CPT				outpatient			32.64		Qualcare	Qualcare	24.48	75			9.79	31.01	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Amerihealth	HMO/PPO	28.1				14.32	206.4	fee schedule	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Aetna	Commercial	82.56	38			14.32	206.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	WellPoint	WellPoint	67.44	31.04			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Consumer	Consumer	206.4	95			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Aetna	Better Health	66.13	30.44			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Corrections	Corrections	173.81	80			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Aetna	Medicare	17.9				14.32	206.4	fee schedule	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Americare	Americare	162.95	75			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Amerihealth	Medicare	17.9				14.32	206.4	fee schedule	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Horizon	MGD	83.17	38.28			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	First Trenton	First Trenton	195.53	90			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Horizon	Indemnity	83.17	38.28			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Horizon	PPO	83.17	38.28			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	UHC	Medicaid	14.32				14.32	206.4	fee schedule	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Managed Care Inc	Managed Care Inc	195.53	90			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Multiplan	Multiplan	173.81	80			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	First Health	First Health	152.08	70			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Wellcare	Medicare	17.9				14.32	206.4	fee schedule	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	UHC	Medicare	17.9				14.32	206.4	fee schedule	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Horizon	Medicare Blue	65.18	30			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Qualcare	Qualcare	162.95	75			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Horizon	NJ Health	24.7				14.32	206.4	fee schedule	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Three Rivers	Three Rivers	206.4	95			14.32	206.4	percent of total billed charges	
ASSAY OF HYDROXYCORTICOSTEROIDS 17	83491	CPT				outpatient			217.26	20.59	Wellcare	Medicaid	14.32				14.32	206.4	fee schedule	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	First Health	First Health	127.81	70			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Americare	Americare	136.94	75			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Aetna	Medicare	56.23	30.8			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Amerihealth	HMO/PPO	16.7				9.18	173.45	fee schedule	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Corrections	Corrections	146.06	80			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Aetna	Better Health	55.58	30.44			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Multiplan	Multiplan	146.06	80			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Aetna	Commercial	69.38	38			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Horizon	Indemnity	69.89	38.28			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Consumer	Consumer	173.45	95			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Qualcare	Qualcare	136.94	75			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Amerihealth	Medicare	12.9				9.18	173.45	fee schedule	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	First Trenton	First Trenton	164.32	90			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Horizon	Medicare Blue	54.77	30			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Three Rivers	Three Rivers	173.45	95			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Horizon	MGD	69.89	38.28			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Horizon	NJ Health	11.76				9.18	173.45	fee schedule	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Wellcare	Medicare	12.9				9.18	173.45	fee schedule	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Managed Care Inc	Managed Care Inc	164.32	90			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Wellcare	Medicaid	55.58	30.44			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	UHC	Medicaid	55.58	30.44			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	Horizon	PPO	69.89	38.28		9.76	9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	UHC	Medicare	12.9			12.65	9.18	173.45	fee schedule	
ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	83497	CPT				both			182.58	14.84	WellPoint	WellPoint	56.67	31.04			9.18	173.45	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	First Health	First Health	104.96	70			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Aetna	Medicare	27.17				5.11	142.44	fee schedule	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Aetna	Commercial	56.98	38		5.14	5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Horizon	Indemnity	57.4	38.28			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Aetna	Better Health	45.64	30.44			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Americare	Americare	112.46	75			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Horizon	Medicare Blue	44.98	30		2.92	5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Wellcare	Medicaid	21.74			6.74	5.11	142.44	fee schedule	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Multiplan	Multiplan	119.95	80			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Amerihealth	HMO/PPO	42.3			4.27	5.11	142.44	fee schedule	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	First Trenton	First Trenton	134.95	90			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Amerihealth	Medicare	27.17				5.11	142.44	fee schedule	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Consumer	Consumer	142.44	95			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	WellPoint	WellPoint	46.54	31.04		12.85	5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Qualcare	Qualcare	112.46	75			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Three Rivers	Three Rivers	142.44	95			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Horizon	MGD	57.4	38.28		5.28	5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Corrections	Corrections	119.95	80			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	UHC	Medicaid	21.74			6.61	5.11	142.44	fee schedule	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Horizon	NJ Health	59.78			2.2	5.11	142.44	fee schedule	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Horizon	PPO	57.4	38.28		5.81	5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Managed Care Inc	Managed Care Inc	134.95	90			5.11	142.44	percent of total billed charges	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	UHC	Medicare	27.17				5.11	142.44	fee schedule	
ASSAY OF HYDROXYPROGESTERONE 17-D	83498	CPT				both			149.94	31.25	Wellcare	Medicare	27.17				5.11	142.44	fee schedule	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Horizon	MGD	807.85	38.28		14.47	8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Americare	Americare	1582.79	75			8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Consumer	Consumer	2004.86	95			8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Horizon	Medicare Blue	633.11	30		1.96	8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Aetna	Better Health	642.4	30.44		20.02	8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Amerihealth	Medicare	11.53				8.26	2004.86	fee schedule	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Amerihealth	HMO/PPO	15			2.51	8.26	2004.86	fee schedule	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Aetna	Medicare	11.53			2.37	8.26	2004.86	fee schedule	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Aetna	Commercial	801.94	38		7.48	8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Horizon	PPO	807.85	38.28		7.72	8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Managed Care Inc	Managed Care Inc	1899.34	90			8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Multiplan	Multiplan	1688.3	80			8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	First Trenton	First Trenton	1899.34	90			8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Wellcare	Medicare	11.53			0.96	8.26	2004.86	fee schedule	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	First Health	First Health	1477.27	70			8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Corrections	Corrections	1688.3	80			8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Wellcare	Medicaid	9.22			8.27	8.26	2004.86	fee schedule	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Qualcare	Qualcare	1582.79	75			8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Three Rivers	Three Rivers	2004.86	95			8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Horizon	NJ Health	17.64			2.92	8.26	2004.86	fee schedule	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	WellPoint	WellPoint	655.06	31.04		9.61	8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	UHC	Medicare	11.53			4.03	8.26	2004.86	fee schedule	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	Horizon	Indemnity	807.85	38.28		2.54	8.26	2004.86	percent of total billed charges	
IMMUNOASSAY ANALYTE QUAL/SEMIQUAN MULTIPLE STEP	83516	CPT				both			2110.38	13.26	UHC	Medicaid	9.22			19.12	8.26	2004.86	fee schedule	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Aetna	Commercial	1347.69	38		6.07	14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Amerihealth	Medicare	18.4				14.72	3369.21	fee schedule	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Consumer	Consumer	3369.21	95			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Aetna	Better Health	1079.57	30.44		54.13	14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Americare	Americare	2659.91	75			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Wellcare	Medicare	18.4				14.72	3369.21	fee schedule	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Horizon	Indemnity	1357.62	38.28			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Aetna	Medicare	18.4				14.72	3369.21	fee schedule	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Horizon	Medicare Blue	1063.96	30			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	UHC	Medicaid	14.72			92.09	14.72	3369.21	fee schedule	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Corrections	Corrections	2837.23	80			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	First Health	First Health	2482.58	70			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Multiplan	Multiplan	2837.23	80			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	WellPoint	WellPoint	1100.85	31.04		13.78	14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Horizon	NJ Health	15.01			26.21	14.72	3369.21	fee schedule	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Amerihealth	HMO/PPO	19.5				14.72	3369.21	fee schedule	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	First Trenton	First Trenton	3191.89	90			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Horizon	MGD	1357.62	38.28			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Qualcare	Qualcare	2659.91	75			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Horizon	PPO	1357.62	38.28			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Managed Care Inc	Managed Care Inc	3191.89	90			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Three Rivers	Three Rivers	3369.21	95			14.72	3369.21	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	UHC	Medicare	18.4			6.14	14.72	3369.21	fee schedule	
IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	83519	CPT				both			3546.54	21.16	Wellcare	Medicaid	14.72			285.47	14.72	3369.21	fee schedule	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Horizon	Medicare Blue	1529.08	30		5.55	12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Americare	Americare	3822.71	75			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Consumer	Consumer	4842.09	95			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Amerihealth	Medicare	17.27				12.85	4842.09	fee schedule	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	UHC	Medicaid	13.82			13.55	12.85	4842.09	fee schedule	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Aetna	Commercial	1596.84	38		77.66	12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Horizon	Indemnity	1951.11	38.28		67.69	12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Aetna	Better Health	1551.51	30.44			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Wellcare	Medicare	17.27				12.85	4842.09	fee schedule	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Amerihealth	HMO/PPO	19.2			19.42	12.85	4842.09	fee schedule	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	First Health	First Health	3567.86	70			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Corrections	Corrections	4077.55	80			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	WellPoint	WellPoint	1582.09	31.04		29.98	12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Aetna	Medicare	17.27				12.85	4842.09	fee schedule	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Horizon	MGD	1951.11	38.28		84.46	12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	First Trenton	First Trenton	4587.25	90			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Managed Care Inc	Managed Care Inc	4587.25	90			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Horizon	NJ Health	14.39			14.48	12.85	4842.09	fee schedule	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Multiplan	Multiplan	4077.55	80			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Three Rivers	Three Rivers	4842.09	95			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Wellcare	Medicaid	13.82			49.19	12.85	4842.09	fee schedule	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Horizon	PPO	1951.11	38.28		147.54	12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	Qualcare	Qualcare	3822.71	75			12.85	4842.09	percent of total billed charges	
IMMUNOASSAY ANALYTE QUANTITATIVE NOS	83520	CPT				both			5096.94	19.86	UHC	Medicare	17.27			8.68	12.85	4842.09	fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Aetna	Commercial	21.71	38			13.54	54.26	percent of total billed charges	
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hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Amerihealth	Medicare	17.27				13.54		54.26 fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Americare	Americare	42.84	75			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Amerihealth	HMO/PPO	37.13	65			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Horizon	Indemnity	21.87	38.28			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	First Health	First Health	39.98	70			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Horizon	Medicare Blue	17.14	30			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	UHC	Medicaid	13.82				13.54		54.26 fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Horizon	NJ Health	13.54				13.54		54.26 fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Horizon	MGD	21.87	38.28			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Horizon	PPO	21.87	38.28			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Wellcare	Medicare	17.27				13.54		54.26 fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Managed Care Inc	Managed Care Inc	51.41	90			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Multiplan	Multiplan	45.7	80			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Three Rivers	Three Rivers	54.26	95			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	WellPoint	WellPoint	17.73	31.04			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Wellcare	Medicaid	13.82				13.54		54.26 fee schedule	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	Qualcare	Qualcare	42.84	75			13.54		54.26 percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS FREE EACH	83521	CPT				both			57.12	19.86	UHC	Medicare	17.27				13.54		54.26 fee schedule	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Aetna	Medicare	11.43				7.96		187.99 fee schedule	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Aetna	Better Health	60.23	30.44			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Amerihealth	Medicare	11.43				7.96		187.99 fee schedule	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Consumer	Consumer	187.99	95			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	UHC	Medicaid	9.14			7.93	7.96		187.99 fee schedule	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Amerihealth	HMO/PPO	17.4				7.96		187.99 fee schedule	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Americare	Americare	148.41	75			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Aetna	Commercial	75.19	38			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Wellcare	Medicaid	9.14				7.96		187.99 fee schedule	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	First Health	First Health	138.52	70			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Horizon	MGD	75.75	38.28			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Corrections	Corrections	158.3	80			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	First Trenton	First Trenton	178.09	90			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Horizon	Indemnity	75.75	38.28			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Horizon	NJ Health	23.52			0.5	7.96		187.99 fee schedule	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Multiplan	Multiplan	158.3	80			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Horizon	PPO	75.75	38.28			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Horizon	Medicare Blue	59.36	30			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Managed Care Inc	Managed Care Inc	178.09	90			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Qualcare	Qualcare	148.41	75			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Three Rivers	Three Rivers	187.99	95			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	WellPoint	WellPoint	61.42	31.04			7.96		187.99 percent of total billed charges	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	Wellcare	Medicare	11.43				7.96		187.99 fee schedule	
ASSAY OF INSULIN TOTAL	83525	CPT				both			197.88	13.14	UHC	Medicare	11.43				7.96		187.99 fee schedule	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Americare	Americare	32.9	75			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Amerihealth	Medicare	12.95				12.95		41.67 fee schedule	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Aetna	Commercial	16.67	38			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Consumer	Consumer	41.67	95			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Horizon	Medicare Blue	13.16	30			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Horizon	MGD	16.79	38.28			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Aetna	Medicare	13.51	30.8			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Aetna	Better Health	13.35	30.44			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Amerihealth	HMO/PPO	40				12.95		41.67 fee schedule	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Wellcare	Medicaid	13.35	30.44			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Multiplan	Multiplan	35.09	80			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Corrections	Corrections	35.09	80			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Wellcare	Medicare	12.95				12.95		41.67 fee schedule	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	UHC	Medicare	12.95				12.95		41.67 fee schedule	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Qualcare	Qualcare	32.9	75			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	First Health	First Health	30.7	70			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	First Trenton	First Trenton	39.47	90			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Horizon	Indemnity	16.79	38.28			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Horizon	NJ Health	14.39				12.95		41.67 fee schedule	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Horizon	PPO	16.79	38.28			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Managed Care Inc	Managed Care Inc	39.47	90			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	Three Rivers	Three Rivers	41.67	95			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	UHC	Medicaid	13.35	30.44			12.95		41.67 percent of total billed charges	
ASSAY OF INSULIN FREE	83527	CPT				outpatient			43.86	14.89	WellPoint	WellPoint	13.61	31.04			12.95		41.67 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Aetna	Medicare	17.27				13.54		181.2 fee schedule	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Amerihealth	Medicare	17.27				13.54		181.2 fee schedule	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Americare	Americare	143.06	75			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Aetna	Commercial	72.48	38			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	First Trenton	First Trenton	171.67	90			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Aetna	Better Health	58.06	30.44			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Consumer	Consumer	181.2	95			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Corrections	Corrections	152.59	80			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Horizon	Indemnity	73.02	38.28			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	First Health	First Health	133.52	70			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Multiplan	Multiplan	152.59	80			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Amerihealth	HMO/PPO	123.98	65			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	UHC	Medicare	17.27			13.61	13.54		181.2 fee schedule	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	UHC	Medicaid	13.82				13.54		181.2 fee schedule	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Horizon	Medicare Blue	57.22	30			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Horizon	MGD	73.02	38.28			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Qualcare	Qualcare	143.06	75			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Wellcare	Medicare	17.27				13.54		181.2 fee schedule	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Horizon	NJ Health	13.54				13.54		181.2 fee schedule	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	WellPoint	WellPoint	59.21	31.04			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Horizon	PPO	73.02	38.28			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Managed Care Inc	Managed Care Inc	171.67	90			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Three Rivers	Three Rivers	181.2	95			13.54		181.2 percent of total billed charges	
ASSAY OF INTERLEUKIN-6 (IL-6)	83529	CPT				both			190.74	19.86	Wellcare	Medicaid	13.82				13.54		181.2 fee schedule	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Corrections	Corrections	594.05	80			6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Americare	Americare	556.92	75			6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Amerihealth	HMO/PPO	10.1			2.68	6.43		705.43 fee schedule	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Aetna	Better Health	226.04	30.44		9.98	6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Consumer	Consumer	705.43	95			6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Horizon	MGD	284.25	38.28		8.91	6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	First Health	First Health	519.79	70			6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Aetna	Commercial	282.17	38		8.83	6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Horizon	PPO	284.25	38.28		9.54	6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Horizon	NJ Health	8.82			2.24	6.43		705.43 fee schedule	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Multiplan	Multiplan	594.05	80			6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Horizon	Indemnity	284.25	38.28		4.98	6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Three Rivers	Three Rivers	705.43	95			6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	UHC	Medicare	6.47			3.77	6.43		705.43 fee schedule	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Qualcare	Qualcare	556.92	75			6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Aetna	Medicare	228.71	30.8		4.33	6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Wellcare	Medicare	6.47			4.52	6.43		705.43 fee schedule	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Horizon	Medicare Blue	222.77	30		3.08	6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	UHC	Medicaid	226.04	30.44		9.23	6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Amerihealth	Medicare	6.47				6.43		705.43 fee schedule	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Wellcare	Medicaid	226.04	30.44		8.85	6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	First Trenton	First Trenton	668.3	90			6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	Managed Care Inc	Managed Care Inc	668.3	90			6.43		705.43 percent of total billed charges	
ASSAY OF IRON	83540	CPT				both			742.56	7.44	WellPoint	WellPoint	230.49	31.04		7.58	6.43		705.43 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Horizon	NJ Health	14.11			1.53	6.99		156.98 fee schedule	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Wellcare	Medicare	8.74			3.12	6.99		156.98 fee schedule	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Consumer	Consumer	156.98	95			6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Aetna	Commercial	62.79	38		6.09	6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	First Health	First Health	115.67	70			6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Aetna	Better Health	50.3	30.44		6.89	6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Aetna	Medicare	8.74			2.99	6.99		156.98 fee schedule	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Americare	Americare	123.93	75			6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	UHC	Medicaid	6.99			6.38	6.99		156.98 fee schedule	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Amerihealth	HMO/PPO	13.6			1.85	6.99		156.98 fee schedule	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Horizon	Indemnity	63.25	38.28		3.44	6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Qualcare	Qualcare	123.93	75			6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Corrections	Corrections	132.19	80			6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Amerihealth	Medicare	8.74				6.99		156.98 fee schedule	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Horizon	MGD	63.25	38.28		6.2	6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Horizon	Medicare Blue	49.57	30		2.13	6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Wellcare	Medicaid	6.99			6.13	6.99		156.98 fee schedule	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	First Trenton	First Trenton	148.72	90			6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Horizon	PPO	63.25	38.28		6.59	6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Managed Care Inc	Managed Care Inc	148.72	90			6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Multiplan	Multiplan	132.19	80			6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	Three Rivers	Three Rivers	156.98	95			6.99		156.98 percent of total billed charges	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	UHC	Medicare	8.74			2.6	6.99		156.98 fee schedule	
IRON BINDING CAPACITY	83550	CPT				both			165.24	10.05	WellPoint	WellPoint	51.29	31.04		5.24	6.99		156.98 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Corrections	Corrections	161.57	80			12.38		191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Horizon	MGD	77.31	38.28			12.38		191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Consumer	Consumer	191.86	95			12.38		191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Amerihealth	Medicare	15.47				12.38		191.86 fee schedule	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Aetna	Better Health	61.48	30.44			12.38		191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Americare	Americare	151.47	75			12.38		191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Aetna	Medicare	15.47				12.38		191.86 fee schedule	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	WellPoint	WellPoint	62.69	31.04			12.38		191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Aetna	Commercial	76.74	38			12.38		191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Wellcare	Medicaid	12.38				12.38		191.86 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	First Trenton	First Trenton	181.76			90		12.38	191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Horizon	Medicare Blue	60.59			30		12.38	191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Multiplan	Multiplan	161.57			80		12.38	191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Amerihealth	HMO/PPO	22.1					12.38	191.86 fee schedule	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	First Health	First Health	141.37			70		12.38	191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	UHC	Medicare	15.47					12.38	191.86 fee schedule	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Qualcare	Qualcare	151.47			75		12.38	191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	UHC	Medicaid	12.38					12.38	191.86 fee schedule	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Horizon	NJ Health	12.94					12.38	191.86 fee schedule	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Wellcare	Medicare	15.47					12.38	191.86 fee schedule	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Horizon	Indemnity	77.31	38.28				12.38	191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Horizon	PPO	77.31	38.28				12.38	191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Managed Care Inc	Managed Care Inc	181.76	90				12.38	191.86 percent of total billed charges	
ASSAY OF KETOGENIC STEROIDS FRACTIONATION	83582	CPT				outpatient			201.96	17.79	Three Rivers	Three Rivers	191.86	95				12.38	191.86 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Americare	Americare	313.65	75				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Aetna	Medicare	12.8					10.24	397.29 fee schedule	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	First Trenton	First Trenton	376.38	90				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Horizon	MGD	160.09	38.28				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Amerihealth	HMO/PPO	20.2					10.24	397.29 fee schedule	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Aetna	Better Health	127.3	30.44				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Corrections	Corrections	334.56	80				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Consumer	Consumer	397.29	95				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Wellcare	Medicare	12.8					10.24	397.29 fee schedule	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Aetna	Commercial	158.92	38				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Horizon	NJ Health	14.7					10.24	397.29 fee schedule	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	First Health	First Health	292.74	70				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Amerihealth	Medicare	12.8					10.24	397.29 fee schedule	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Multiplan	Multiplan	334.56	80				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	WellPoint	WellPoint	129.81	31.04				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Horizon	Indemnity	160.09	38.28				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	UHC	Medicare	12.8					10.24	397.29 fee schedule	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Qualcare	Qualcare	313.65	75				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Horizon	PPO	160.09	38.28				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Horizon	Medicare Blue	125.46	30				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Managed Care Inc	Managed Care Inc	376.38	90				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	UHC	Medicaid	10.24					10.24	397.29 fee schedule	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Three Rivers	Three Rivers	397.29	95				10.24	397.29 percent of total billed charges	
ASSAY OF KETOSTEROIDS 17- TOTAL	83586	CPT				outpatient			418.2	14.72	Wellcare	Medicaid	10.24					10.24	397.29 fee schedule	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Multiplan	Multiplan	765.41	80				6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Corrections	Corrections	765.41	80			4.48	6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Aetna	Commercial	363.57	38			10.81	6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Aetna	Medicare	11.57				5.69	6.12	908.92 fee schedule	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Aetna	Better Health	291.24	30.44			11.34	6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	First Trenton	First Trenton	861.08	90				6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Wellcare	Medicaid	9.26				13.45	6.12	908.92 fee schedule	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	First Health	First Health	669.73	70				6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Qualcare	Qualcare	717.57	75				6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Horizon	Medicare Blue	287.03	30			5.92	6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Horizon	NJ Health	29.4				2.69	6.12	908.92 fee schedule	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Amerihealth	Medicare	11.57					6.12	908.92 fee schedule	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Americare	Americare	717.57	75				6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Horizon	Indemnity	366.25	38.28			11.64	6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Horizon	PPO	366.25	38.28			20.72	6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Horizon	MGD	366.25	38.28			16.79	6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	WellPoint	WellPoint	296.98	31.04			12.43	6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Managed Care Inc	Managed Care Inc	861.08	90				6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	UHC	Medicare	11.57				6.33	6.12	908.92 fee schedule	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	UHC	Medicaid	9.26				13.74	6.12	908.92 fee schedule	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Amerihealth	HMO/PPO	16.5				8.33	6.12	908.92 fee schedule	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Wellcare	Medicare	11.57				7.74	6.12	908.92 fee schedule	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Consumer	Consumer	908.92	95				6.12	908.92 percent of total billed charges	
ASSAY OF LACTATE	83605	CPT				both			956.76	13.31	Three Rivers	Three Rivers	908.92	95				6.12	908.92 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Amerihealth	Medicare	6.04					1.7	78.49 fee schedule	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	First Health	First Health	57.83	70				1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Aetna	Commercial	31.4	38			8.84	1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Horizon	NJ Health	8.23				3.42	1.7	78.49 fee schedule	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	First Trenton	First Trenton	74.36	90				1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Aetna	Better Health	25.15	30.44			15.38	1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Americare	Americare	61.97	75				1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Wellcare	Medicare	6.04				6.32	1.7	78.49 fee schedule	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Corrections	Corrections	66.1	80			4.85	1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Multiplan	Multiplan	66.1	80				1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Aetna	Medicare	6.04				5.37	1.7	78.49 fee schedule	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	UHC	Medicare	6.04				6.78	1.7	78.49 fee schedule	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Horizon	Medicare Blue	24.79	30			9.82	1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Consumer	Consumer	78.49	95				1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Amerihealth	HMO/PPO	1.7					1.7	78.49 fee schedule	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	WellPoint	WellPoint	25.65	31.04			16.27	1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Horizon	PPO	31.63	38.28			15.07	1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Qualcare	Qualcare	61.97	75				1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Horizon	Indemnity	31.63	38.28			16.17	1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Three Rivers	Three Rivers	78.49	95				1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Managed Care Inc	Managed Care Inc	74.36	90				1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Wellcare	Medicaid	4.83				9.66	1.7	78.49 fee schedule	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	Horizon	MGD	31.63	38.28			16.26	1.7	78.49 percent of total billed charges	
LACTATE DEHYDROGENASE LDH	83615	CPT				both			82.62	6.95	UHC	Medicaid	4.83				13.65	1.7	78.49 fee schedule	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	UHC	Medicaid	10.23				11.83	10.23	185.08 fee schedule	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Americare	Americare	146.12	75				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Amerihealth	Medicare	12.79					10.23	185.08 fee schedule	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Aetna	Commercial	74.03	38				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Aetna	Better Health	59.3	30.44				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Horizon	Indemnity	74.58	38.28				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Aetna	Medicare	12.79					10.23	185.08 fee schedule	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Consumer	Consumer	185.08	95				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	UHC	Medicare	12.79					10.23	185.08 fee schedule	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Horizon	Medicare Blue	58.45	30				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	First Trenton	First Trenton	175.34	90				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Horizon	MGD	74.58	38.28				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Amerihealth	HMO/PPO	19.9					10.23	185.08 fee schedule	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Multiplan	Multiplan	155.86	80				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Horizon	PPO	74.58	38.28				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Corrections	Corrections	155.86	80				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	WellPoint	WellPoint	60.47	31.04			61.47	10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Horizon	NJ Health	17.64				2.75	10.23	185.08 fee schedule	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Managed Care Inc	Managed Care Inc	175.34	90				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Qualcare	Qualcare	146.12	75				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	First Health	First Health	136.37	70				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Three Rivers	Three Rivers	185.08	95				10.23	185.08 percent of total billed charges	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Wellcare	Medicaid	10.23					10.23	185.08 fee schedule	
LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	83625	CPT				both			194.82	14.71	Wellcare	Medicare	12.79					10.23	185.08 fee schedule	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Aetna	Better Health	92.53	30.44				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Aetna	Commercial	115.5	38				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Qualcare	Qualcare	227.97	75				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Corrections	Corrections	243.17	80				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Consumer	Consumer	288.76	95				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Americare	Americare	227.97	75				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Amerihealth	Medicare	19.63					19.63	288.76 fee schedule	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Horizon	Indemnity	116.36	38.28				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Wellcare	Medicare	19.63					19.63	288.76 fee schedule	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Aetna	Medicare	93.62	30.8				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	UHC	Medicaid	92.53	30.44				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	First Trenton	First Trenton	273.56	90				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	First Health	First Health	212.77	70				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Amerihealth	HMO/PPO	29.6					19.63	288.76 fee schedule	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	UHC	Medicare	19.63					19.63	288.76 fee schedule	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Horizon	PPO	116.36	38.28				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Multiplan	Multiplan	243.17	80				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Horizon	MGD	116.36	38.28				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	WellPoint	WellPoint	94.35	31.04				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Horizon	Medicare Blue	91.19	30				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Wellcare	Medicaid	92.53	30.44				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Three Rivers	Three Rivers	288.76	95				19.63	288.76 percent of total billed charges	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Horizon	NJ Health	25.21					19.63	288.76 fee schedule	
LACTOFERRIN FECAL QUANTITATIVE	83631	CPT				both			303.96	22.57	Managed Care Inc	Managed Care Inc	273.56	90				19.63	288.76 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Aetna	Medicare	12.11				1.49	7.96	751.94 fee schedule	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Americare	Americare	593.64	75				7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Aetna	Commercial	300.78	38			3.74	7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Corrections	Corrections	633.22	80				7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	First Trenton	First Trenton	712.37	90				7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Aetna	Better Health	240.94	30.44			6.94	7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Amerihealth	Medicare	12.11					7.96	751.94 fee schedule	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Amerihealth	HMO/PPO	18.9				1.05	7.96	751.94 fee schedule	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Horizon	Medicare Blue	237.46	30				7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	UHC	Medicare	12.11				7.34	7.96	751.94 fee schedule	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	First Health	First Health	554.06	70				7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Horizon	MGD	302.99	38.28			8.59	7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Managed Care Inc	Managed Care Inc	712.37	90				7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Horizon	PPO	302.99	38.28			9.12	7.96	751.94 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Consumer	Consumer	751.94	95			7.96	7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Wellcare	Medicare	12.11			3.74	7.96	7.96	751.94 fee schedule	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Horizon	NJ Health	17.64			1.56	7.96	7.96	751.94 fee schedule	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	WellPoint	WellPoint	245.69	31.04		6.99	7.96	7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Multiplan	Multiplan	633.22	80			7.96	7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Wellcare	Medicaid	9.69			7.42	7.96	7.96	751.94 fee schedule	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Horizon	Indemnity	302.99	38.28		9.17	7.96	7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Qualcare	Qualcare	593.64	75			7.96	7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	Three Rivers	Three Rivers	751.94	95			7.96	7.96	751.94 percent of total billed charges	
ASSAY OF LEAD	83655	CPT				both			791.52	13.93	UHC	Medicaid	9.69			6.68	7.96	7.96	751.94 fee schedule	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Aetna	Better Health	121.4	30.44			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Consumer	Consumer	378.88	95			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Amerihealth	Medicare	21.99				17.59	17.59	378.88 fee schedule	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Americare	Americare	299.12	75			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	First Health	First Health	279.17	70			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Horizon	NJ Health	20.58				17.59	17.59	378.88 fee schedule	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Amerihealth	HMO/PPO	33.5				17.59	17.59	378.88 fee schedule	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Aetna	Commercial	151.55	38			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Corrections	Corrections	319.06	80			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Wellcare	Medicaid	17.59				17.59	17.59	378.88 fee schedule	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	First Trenton	First Trenton	358.94	90			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	UHC	Medicaid	17.59				17.59	17.59	378.88 fee schedule	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Multiplan	Multiplan	319.06	80			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Aetna	Medicare	21.99				17.59	17.59	378.88 fee schedule	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Horizon	MGD	152.67	38.28			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Horizon	Indemnity	152.67	38.28			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Horizon	Medicare Blue	119.65	30			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Horizon	PPO	152.67	38.28			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Qualcare	Qualcare	299.12	75			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Managed Care Inc	Managed Care Inc	358.94	90			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Wellcare	Medicare	21.99				17.59	17.59	378.88 fee schedule	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	Three Rivers	Three Rivers	378.88	95			17.59	17.59	378.88 percent of total billed charges	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	UHC	Medicare	21.99				17.59	17.59	378.88 fee schedule	
FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	83661	CPT				outpatient			398.82	25.29	WellPoint	WellPoint	123.79	31.04			17.59	17.59	378.88 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Aetna	Commercial	83.33	38			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Americare	Americare	164.48	75			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Horizon	Indemnity	83.95	38.28			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Consumer	Consumer	208.34	95			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Amerihealth	HMO/PPO	14.6				4.53	4.53	208.34 fee schedule	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Qualcare	Qualcare	164.48	75			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	First Trenton	First Trenton	197.37	90			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Aetna	Better Health	66.75	30.44			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Horizon	MGD	83.95	38.28			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Horizon	PPO	83.95	38.28			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Wellcare	Medicaid	7.85				4.53	4.53	208.34 fee schedule	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Corrections	Corrections	175.44	80			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Amerihealth	Medicare	9.81				4.53	4.53	208.34 fee schedule	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Multiplan	Multiplan	175.44	80			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Managed Care Inc	Managed Care Inc	197.37	90			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Aetna	Medicare	9.81				4.53	4.53	208.34 fee schedule	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	First Health	First Health	153.51	70			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Three Rivers	Three Rivers	208.34	95			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	UHC	Medicaid	7.85				4.53	4.53	208.34 fee schedule	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Horizon	NJ Health	4.53				4.53	4.53	208.34 fee schedule	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Wellcare	Medicare	9.81				4.53	4.53	208.34 fee schedule	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	Horizon	Medicare Blue	65.79	30			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	WellPoint	WellPoint	68.07	31.04			4.53	4.53	208.34 percent of total billed charges	
LEUCINE AMINOPEPTIDASE LAP	83670	CPT				outpatient			219.3	11.28	UHC	Medicare	9.81				4.53	4.53	208.34 fee schedule	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Horizon	Indemnity	32.41	38.28		13.91	5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Aetna	Commercial	32.17	38		11.93	5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Americare	Americare	63.5	75			5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Amerihealth	HMO/PPO	10.8			9.14	5.51	5.51	80.43 fee schedule	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	First Trenton	First Trenton	76.19	90			5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Aetna	Medicare	6.89			7.43	5.51	5.51	80.43 fee schedule	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Horizon	PPO	32.41	38.28		16.58	5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Aetna	Better Health	25.77	30.44		16.29	5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Horizon	Medicare Blue	25.4	30		6.71	5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Horizon	MGD	32.41	38.28		15.37	5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Consumer	Consumer	80.43	95			5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	First Health	First Health	59.26	70			5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Managed Care Inc	Managed Care Inc	76.19	90			5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Corrections	Corrections	67.73	80		7.06	5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Multiplan	Multiplan	67.73	80			5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Amerihealth	Medicare	6.89				5.51	5.51	80.43 fee schedule	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Three Rivers	Three Rivers	80.43	95			5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Horizon	NJ Health	8.82			4.23	5.51	5.51	80.43 fee schedule	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Qualcare	Qualcare	63.5	75			5.51	5.51	80.43 percent of total billed charges	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	UHC	Medicaid	5.51			15.45	5.51	5.51	80.43 fee schedule	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	UHC	Medicare	6.89			7.59	5.51	5.51	80.43 fee schedule	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Wellcare	Medicaid	5.51			15.25	5.51	5.51	80.43 fee schedule	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	Wellcare	Medicare	6.89			9.43	5.51	5.51	80.43 fee schedule	
ASSAY OF LIPASE	83690	CPT				both			84.66	7.92	WellPoint	WellPoint	26.28	31.04		14.56	5.51	5.51	80.43 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Americare	Americare	76.5	75			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	First Health	First Health	71.4	70			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Aetna	Commercial	38.76	38		9.23	9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Aetna	Better Health	31.05	30.44			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Aetna	Medicare	14.32				9.66	9.66	96.9 fee schedule	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Amerihealth	Medicare	14.32				9.66	9.66	96.9 fee schedule	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Amerihealth	HMO/PPO	9.66				9.66	9.66	96.9 fee schedule	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Horizon	Medicare Blue	30.6	30		5.3	9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	First Trenton	First Trenton	91.8	90			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Horizon	PPO	39.05	38.28		17.63	9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	UHC	Medicaid	11.46			14.67	9.66	9.66	96.9 fee schedule	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Wellcare	Medicare	14.32				9.66	9.66	96.9 fee schedule	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Corrections	Corrections	81.6	80			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Consumer	Consumer	96.9	95			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Horizon	MGD	39.05	38.28		22.82	9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	WellPoint	WellPoint	31.66	31.04			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Horizon	Indemnity	39.05	38.28			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Multiplan	Multiplan	81.6	80			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Managed Care Inc	Managed Care Inc	91.8	90			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Horizon	NJ Health	16.58			8.29	9.66	9.66	96.9 fee schedule	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Three Rivers	Three Rivers	96.9	95			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Qualcare	Qualcare	76.5	75			9.66	9.66	96.9 percent of total billed charges	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	UHC	Medicare	14.32			13.52	9.66	9.66	96.9 fee schedule	
LIPOPROTEIN (A)	83695	CPT				both			102	16.47	Wellcare	Medicaid	11.46			14.12	9.66	9.66	96.9 fee schedule	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Aetna	Commercial	260.47	38		17.12	37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Aetna	Medicare	46.31				37.05	37.05	651.17 fee schedule	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Aetna	Better Health	208.65	30.44			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Corrections	Corrections	548.35	80			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Consumer	Consumer	651.17	95			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	First Trenton	First Trenton	616.9	90			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Wellcare	Medicaid	37.05				37.05	37.05	651.17 fee schedule	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Amerihealth	Medicare	46.31				37.05	37.05	651.17 fee schedule	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Wellcare	Medicare	46.31				37.05	37.05	651.17 fee schedule	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Americare	Americare	514.08	75			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	WellPoint	WellPoint	212.76	31.04		24.84	37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Horizon	NJ Health	92.96			4.67	37.05	37.05	651.17 fee schedule	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Horizon	MGD	262.39	38.28		11.92	37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	First Health	First Health	479.81	70			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Amerihealth	HMO/PPO	47.43				37.05	37.05	651.17 fee schedule	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Multiplan	Multiplan	548.35	80			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Horizon	PPO	262.39	38.28			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Qualcare	Qualcare	514.08	75			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Horizon	Indemnity	262.39	38.28			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	UHC	Medicare	46.31				37.05	37.05	651.17 fee schedule	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Managed Care Inc	Managed Care Inc	616.9	90			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Horizon	Medicare Blue	205.63	30			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	Three Rivers	Three Rivers	651.17	95			37.05	37.05	651.17 percent of total billed charges	
LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	83698	CPT				both			685.44	53.26	UHC	Medicaid	37.05				37.05	37.05	651.17 fee schedule	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Amerihealth	Medicare	11.26				8.4	8.4	35.85 fee schedule	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Corrections	Corrections	30.19	80			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Amerihealth	HMO/PPO	8.4				8.4	8.4	35.85 fee schedule	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Consumer	Consumer	35.85	95			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	First Health	First Health	26.42	70			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Aetna	Better Health	11.49	30.44			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Horizon	MGD	14.45	38.28			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Aetna	Medicare	11.26				8.4	8.4	35.85 fee schedule	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Wellcare	Medicare	11.26				8.4	8.4	35.85 fee schedule	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	WellPoint	WellPoint	11.71	31.04			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	First Trenton	First Trenton	33.97	90			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Aetna	Commercial	14.34	38			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Americare	Americare	28.31	75			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Horizon	Medicare Blue	11.32	30			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Horizon	NJ Health	14.27				8.4	8.4	35.85 fee schedule	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Multiplan	Multiplan	30.19	80			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Horizon	Indemnity	14.45	38.28			8.4	8.4	35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Qualcare	Qualcare	28.31	75			8.4	8.4	35.85 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Horizon	PPO	14.45	38.28			8.4		35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	UHC	Medicare	11.26				8.4		35.85 fee schedule	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	UHC	Medicaid	9.01				8.4		35.85 fee schedule	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Managed Care Inc	Managed Care Inc	33.97	90			8.4		35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Three Rivers	Three Rivers	35.85	95			8.4		35.85 percent of total billed charges	
LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	83700	CPT				both			37.74	12.95	Wellcare	Medicaid	9.01				8.4		35.85 fee schedule	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	First Trenton	First Trenton	48.65	90			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Aetna	Commercial	20.54	38			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Amerihealth	HMO/PPO	23.54				16.22		51.36 fee schedule	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Consumer	Consumer	51.36	95			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	UHC	Medicaid	16.46	30.44			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Corrections	Corrections	43.25	80			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Aetna	Better Health	16.46	30.44			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Americare	Americare	40.55	75			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Horizon	PPO	20.69	38.28			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Aetna	Medicare	16.65	30.8			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Amerihealth	Medicare	34.19				16.22		51.36 fee schedule	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Horizon	Indemnity	20.69	38.28			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Managed Care Inc	Managed Care Inc	48.65	90			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Wellcare	Medicare	34.19				16.22		51.36 fee schedule	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Wellcare	Medicaid	16.46	30.44			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Multiplan	Multiplan	43.25	80			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	First Health	First Health	37.84	70			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Horizon	MGD	20.69	38.28			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	UHC	Medicare	34.19				16.22		51.36 fee schedule	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Horizon	Medicare Blue	16.22	30			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	WellPoint	WellPoint	16.78	31.04			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Qualcare	Qualcare	40.55	75			16.22		51.36 percent of total billed charges	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Horizon	NJ Health	40.47				16.22		51.36 fee schedule	
LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	83704	CPT				outpatient			54.06	39.32	Three Rivers	Three Rivers	51.36	95			16.22		51.36 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Amerihealth	Medicare	8.19				6.55		68.8 fee schedule	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Aetna	Better Health	22.04	30.44			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Multiplan	Multiplan	57.94	80			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Americare	Americare	54.32	75			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Aetna	Medicare	8.19				6.55		68.8 fee schedule	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Aetna	Commercial	27.52	38			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Consumer	Consumer	68.8	95			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	UHC	Medicare	8.19				6.55		68.8 fee schedule	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	First Trenton	First Trenton	65.18	90			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Horizon	Medicare Blue	21.73	30			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Qualcare	Qualcare	54.32	75			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Amerihealth	HMO/PPO	12.8				6.55		68.8 fee schedule	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Corrections	Corrections	57.94	80			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	UHC	Medicaid	6.55				6.55		68.8 fee schedule	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	First Health	First Health	50.69	70			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Wellcare	Medicare	8.19				6.55		68.8 fee schedule	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Horizon	MGD	27.72	38.28		23.12	6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Horizon	Indemnity	27.72	38.28			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Horizon	PPO	27.72	38.28			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Horizon	NJ Health	15.68			2.67	6.55		68.8 fee schedule	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Managed Care Inc	Managed Care Inc	65.18	90			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	WellPoint	WellPoint	22.48	31.04			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Three Rivers	Three Rivers	68.8	95			6.55		68.8 percent of total billed charges	
LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	83718	CPT				both			72.42	9.42	Wellcare	Medicaid	6.55				6.55		68.8 fee schedule	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Corrections	Corrections	57.12	80			8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Aetna	Better Health	21.73	30.44		20.13	8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Aetna	Commercial	27.13	38		10.03	8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Horizon	PPO	27.33	38.28		3.3	8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Americare	Americare	53.55	75			8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Amerihealth	Medicare	10.5				8.4		67.83 fee schedule	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Horizon	MGD	27.33	38.28		16.25	8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Amerihealth	HMO/PPO	12.8			9.41	8.4		67.83 fee schedule	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Horizon	Indemnity	27.33	38.28		17.51	8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Aetna	Medicare	10.5			2.54	8.4		67.83 fee schedule	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	First Health	First Health	49.98	70			8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	UHC	Medicare	10.5			8.94	8.4		67.83 fee schedule	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Consumer	Consumer	67.83	95			8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	First Trenton	First Trenton	64.26	90			8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Multiplan	Multiplan	57.12	80			8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Horizon	NJ Health	19.6			2.44	8.4		67.83 fee schedule	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	UHC	Medicaid	8.4			11.81	8.4		67.83 fee schedule	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Horizon	Medicare Blue	21.42	30		11.79	8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Qualcare	Qualcare	53.55	75			8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Wellcare	Medicare	10.5				8.4		67.83 fee schedule	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Three Rivers	Three Rivers	67.83	95			8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Managed Care Inc	Managed Care Inc	64.26	90			8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	WellPoint	WellPoint	22.16	31.04		17.64	8.4		67.83 percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	83721	CPT				both			71.4	12.08	Wellcare	Medicaid	8.4			8.87	8.4		67.83 fee schedule	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	First Trenton	First Trenton	908.82	90			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Horizon	Medicare Blue	302.94	30			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Americare	Americare	757.35	75			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Amerihealth	HMO/PPO	26.8				17.19		959.31 fee schedule	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Horizon	Indemnity	386.55	38.28			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Aetna	Better Health	307.38	30.44			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Qualcare	Qualcare	757.35	75			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Aetna	Commercial	383.72	38			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Managed Care Inc	Managed Care Inc	908.82	90			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Consumer	Consumer	959.31	95			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Multiplan	Multiplan	807.84	80			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Amerihealth	Medicare	17.19				17.19		959.31 fee schedule	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Horizon	PPO	386.55	38.28			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Corrections	Corrections	807.84	80			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Three Rivers	Three Rivers	959.31	95			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Aetna	Medicare	311.02	30.8			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Wellcare	Medicare	17.19				17.19		959.31 fee schedule	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Horizon	NJ Health	33.32				17.19		959.31 fee schedule	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	First Health	First Health	706.86	70			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Horizon	MGD	386.55	38.28			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	Wellcare	Medicaid	307.38	30.44			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	UHC	Medicaid	307.38	30.44			17.19		959.31 percent of total billed charges	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	UHC	Medicare	17.19				17.19		959.31 fee schedule	
LUTEINIZING RELEASING FACTOR	83727	CPT				outpatient			1009.8	19.77	WellPoint	WellPoint	313.44	31.04			17.19		959.31 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Aetna	Better Health	39.74	30.44		12.67	5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Aetna	Commercial	49.61	38		12.74	5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Aetna	Medicare	6.7			5.93	5.36		124.03 fee schedule	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Americare	Americare	97.92	75			5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Amerihealth	Medicare	6.7				5.36		124.03 fee schedule	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Amerihealth	HMO/PPO	10.5			7.13	5.36		124.03 fee schedule	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	First Health	First Health	91.39	70			5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Horizon	Indemnity	49.98	38.28		15.15	5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	First Trenton	First Trenton	117.5	90			5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Horizon	Medicare Blue	39.17	30		5.54	5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Multiplan	Multiplan	104.45	80			5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Consumer	Consumer	124.03	95			5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Corrections	Corrections	104.45	80		3.9	5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Horizon	PPO	49.98	38.28		15.62	5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Qualcare	Qualcare	97.92	75			5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Horizon	MGD	49.98	38.28		12.45	5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Managed Care Inc	Managed Care Inc	117.5	90			5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Wellcare	Medicaid	5.36			12.56	5.36		124.03 fee schedule	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	WellPoint	WellPoint	40.53	31.04		11.25	5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	UHC	Medicare	6.7			5.96	5.36		124.03 fee schedule	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	UHC	Medicaid	5.36			12.77	5.36		124.03 fee schedule	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Horizon	NJ Health	8.82			3.72	5.36		124.03 fee schedule	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Three Rivers	Three Rivers	124.03	95			5.36		124.03 percent of total billed charges	
ASSAY OF MAGNESIUM	83735	CPT				both			130.56	7.71	Wellcare	Medicare	6.7			7.82	5.36		124.03 fee schedule	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Aetna	Better Health	130.72	30.44			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Americare	Americare	322.07	75			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	First Trenton	First Trenton	386.48	90			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Aetna	Medicare	26.65				12.3		407.95 fee schedule	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Qualcare	Qualcare	322.07	75			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Amerihealth	HMO/PPO	12.3				12.3		407.95 fee schedule	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Amerihealth	Medicare	26.65				12.3		407.95 fee schedule	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Aetna	Commercial	163.18	38			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	First Health	First Health	300.59	70			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	UHC	Medicaid	21.32				12.3		407.95 fee schedule	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Horizon	MGD	164.38	38.28			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Consumer	Consumer	407.95	95			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Horizon	Indemnity	164.38	38.28			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Wellcare	Medicare	26.65				12.3		407.95 fee schedule	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	UHC	Medicare	26.65				12.3		407.95 fee schedule	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Multiplan	Multiplan	343.54	80			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Horizon	Medicare Blue	128.83	30			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Corrections	Corrections	343.54	80			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	WellPoint	WellPoint	133.29	31.04			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Horizon	NJ Health	68.6				12.3		407.95 fee schedule	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Horizon	PPO	164.38	38.28			12.3		407.95 percent of total billed charges	
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Managed Care Inc	Managed Care Inc	386.48	90			12.3		407.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Three Rivers	Three Rivers	407.95	95			12.3	407.95	percent of total billed charges						
ASSAY OF MANGANESE	83785	CPT				both			429.42	30.65	Wellcare	Medicaid	21.32				12.3	407.96	fee schedule						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Corrections	Corrections	733.58	80			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	First Trenton	First Trenton	825.28	90			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Consumer	Consumer	871.13	95			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Aetna	Commercial	348.45	38			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Horizon	Indemnity	351.02	38.28			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Aetna	Medicare	24.11				19.29	871.13	fee schedule						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Aetna	Better Health	279.13	30.44			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	UHC	Medicare	24.11				19.29	871.13	fee schedule						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Multiplan	Multiplan	733.58	80			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Horizon	MGD	351.02	38.28			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Horizon	NJ Health	20.05				19.29	871.13	fee schedule						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Amerihealth	Medicare	24.11				19.29	871.13	fee schedule						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Qualcare	Qualcare	687.74	75			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Americare	Americare	687.74	75			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	First Health	First Health	641.89	70			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Wellcare	Medicare	24.11				19.29	871.13	fee schedule						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Horizon	Medicare Blue	275.09	30			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Horizon	PPO	351.02	38.28			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	WellPoint	WellPoint	284.63	31.04			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Amerihealth	HMO/PPO	25				19.29	871.13	fee schedule						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Managed Care Inc	Managed Care Inc	825.28	90			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	UHC	Medicaid	19.29				19.29	871.13	fee schedule						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Three Rivers	Three Rivers	871.13	95			19.29	871.13	percent of total billed charges						
MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	83789	CPT				both			916.98	27.73	Wellcare	Medicaid	19.29				19.29	871.13	fee schedule						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Amerihealth	HMO/PPO	25.2				7.96	276.17	fee schedule						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Horizon	Indemnity	111.28	38.28			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	First Trenton	First Trenton	261.63	90			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Aetna	Medicare	89.54	30.8			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	First Health	First Health	203.49	70			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Aetna	Commercial	110.47	38		9.75	7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Aetna	Better Health	88.49	30.44		19.43	7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Corrections	Corrections	232.56	80			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	UHC	Medicaid	88.49	30.44		12.07	7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Horizon	NJ Health	16.46			3.09	7.96	276.17	fee schedule						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Managed Care Inc	Managed Care Inc	261.63	90			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Wellcare	Medicare	16.26				7.96	276.17	fee schedule						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Horizon	MGD	111.28	38.28		32.93	7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Americare	Americare	218.03	75			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Amerihealth	Medicare	16.26				7.96	276.17	fee schedule						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Multiplan	Multiplan	232.56	80			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	UHC	Medicare	16.26				7.96	276.17	fee schedule						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Consumer	Consumer	276.17	95			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Three Rivers	Three Rivers	276.17	95			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Qualcare	Qualcare	218.03	75			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	WellPoint	WellPoint	90.23	31.04			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Horizon	Medicare Blue	87.21	30			7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Wellcare	Medicaid	88.49	30.44		18.89	7.96	276.17	percent of total billed charges						
ASSAY OF MERCURY QUANTITATIVE	83825	CPT				both			290.7	18.7	Horizon	PPO	111.28	38.28		10.29	7.96	276.17	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Corrections	Corrections	66.1	80			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Aetna	Commercial	31.4	38		12.88	10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Amerihealth	HMO/PPO	26.1				10.37	78.49	fee schedule						
METANEPHRINES	83835	CPT				both			82.62	19.48	Aetna	Better Health	25.15	30.44			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Aetna	Medicare	16.94				10.37	78.49	fee schedule						
METANEPHRINES	83835	CPT				both			82.62	19.48	Americare	Americare	61.97	75			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	First Health	First Health	57.83	70			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Amerihealth	Medicare	16.94				10.37	78.49	fee schedule						
METANEPHRINES	83835	CPT				both			82.62	19.48	First Trenton	First Trenton	74.36	90			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Horizon	Medicare Blue	24.79	30			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Horizon	MGD	31.63	38.28		16.04	10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Horizon	PPO	31.63	38.28		9.71	10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Horizon	Indemnity	31.63	38.28			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Consumer	Consumer	78.49	95			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Three Rivers	Three Rivers	78.49	95			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	UHC	Medicare	16.94			11.77	10.37	78.49	fee schedule						
METANEPHRINES	83835	CPT				both			82.62	19.48	Managed Care Inc	Managed Care Inc	74.36	90			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Multiplan	Multiplan	66.1	80			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Qualcare	Qualcare	61.97	75			10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Wellcare	Medicare	16.94				10.37	78.49	fee schedule						
METANEPHRINES	83835	CPT				both			82.62	19.48	UHC	Medicaid	13.55			7.51	10.37	78.49	fee schedule						
METANEPHRINES	83835	CPT				both			82.62	19.48	Horizon	NJ Health	19.99			2.25	10.37	78.49	fee schedule						
METANEPHRINES	83835	CPT				both			82.62	19.48	WellPoint	WellPoint	25.65	31.04		15.99	10.37	78.49	percent of total billed charges						
METANEPHRINES	83835	CPT				both			82.62	19.48	Wellcare	Medicaid	13.55			9.59	10.37	78.49	fee schedule						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Aetna	Better Health	156.8	30.44			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Aetna	Commercial	195.74	38		54.58	22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Horizon	MGD	197.18	38.28			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Horizon	Indemnity	197.18	38.28			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Aetna	Medicare	28.5				22.8	489.35	fee schedule						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Americare	Americare	386.33	75			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Amerihealth	HMO/PPO	31.7				22.8	489.35	fee schedule						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	First Trenton	First Trenton	463.59	90			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Consumer	Consumer	489.35	95			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Multiplan	Multiplan	412.08	80			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	WellPoint	WellPoint	159.89	31.04			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Wellcare	Medicaid	22.8			8.39	22.8	489.35	fee schedule						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Corrections	Corrections	412.08	80			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Qualcare	Qualcare	386.33	75			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Amerihealth	Medicare	28.5				22.8	489.35	fee schedule						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Horizon	PPO	197.18	38.28			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Horizon	Medicare Blue	154.53	30			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Managed Care Inc	Managed Care Inc	463.59	90			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	First Health	First Health	360.57	70			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	UHC	Medicaid	22.8			22.09	22.8	489.35	fee schedule						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Three Rivers	Three Rivers	489.35	95			22.8	489.35	percent of total billed charges						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Wellcare	Medicare	28.5				22.8	489.35	fee schedule						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	Horizon	NJ Health	25.48			9.71	22.8	489.35	fee schedule						
MUCOPOLYSACCHARIDES ACID QUANTITATIVE	83864	CPT				outpatient			515.1	32.78	UHC	Medicare	28.5				22.8	489.35	fee schedule						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Qualcare	Qualcare	35.96	75			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Consumer	Consumer	45.54	95			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Americare	Americare	35.96	75			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Horizon	MGD	18.35	38.28			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Aetna	Commercial	18.22	38			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Aetna	Better Health	14.59	30.44			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Aetna	Medicare	14.77	30.8			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Amerihealth	Medicare	5.86				5.86	45.54	fee schedule						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Multiplan	Multiplan	38.35	80			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Corrections	Corrections	38.35	80			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Amerihealth	HMO/PPO	9				5.86	45.54	fee schedule						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	UHC	Medicare	5.86				5.86	45.54	fee schedule						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Horizon	Medicare Blue	14.38	30			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	First Health	First Health	33.56	70			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Wellcare	Medicare	5.86				5.86	45.54	fee schedule						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Wellcare	Medicaid	14.59	30.44			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	First Trenton	First Trenton	43.15	90			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Horizon	Indemnity	18.35	38.28			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Horizon	NJ Health	6.27				5.86	45.54	fee schedule						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Horizon	PPO	18.35	38.28			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Managed Care Inc	Managed Care Inc	43.15	90			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	Three Rivers	Three Rivers	45.54	95			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	UHC	Medicaid	14.59	30.44			5.86	45.54	percent of total billed charges						
MUCIN SYNOVIAL FLUID ROPES TEST	83872	CPT				outpatient			47.94	6.74	WellPoint	WellPoint	14.88	31.04			5.86	45.54	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Multiplan	Multiplan	346.8	80			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	First Health	First Health	303.45	70			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Aetna	Better Health	131.96	30.44			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Amerihealth	Medicare	17.2				17.2	411.83	fee schedule						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Americare	Americare	325.13	75			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Aetna	Medicare	133.52	30.8			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Corrections	Corrections	346.8	80			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	WellPoint	WellPoint	134.56	31.04			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Qualcare	Qualcare	325.13	75			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	UHC	Medicare	17.2				17.2	411.83	fee schedule						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Aetna	Commercial	164.73	38			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	First Trenton	First Trenton	390.15	90			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Consumer	Consumer	411.83	95			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Amerihealth	HMO/PPO	22.8				17.2	411.83	fee schedule						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Horizon	Medicare Blue	130.05	30			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Horizon	Indemnity	165.94	38.28			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Horizon	NJ Health	56.06				17.2	411.83	fee schedule						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Wellcare	Medicare	17.2				17.2	411.83	fee schedule						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Horizon	PPO	165.94	38.28			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Horizon	MGD	165.94	38.28			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Managed Care Inc	Managed Care Inc	390.15	90			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	UHC	Medicaid	131.96	30.44			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Three Rivers	Three Rivers	411.83	95			17.2	411.83	percent of total billed charges						
MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	83873	CPT				both			433.5	19.78	Wellcare	Medicaid	131.96	30.44			17.2	411.83	percent of total billed charges						
MYOGLOBIN	83874	CPT				both			240.72	14.86	Aetna	Commercial	91.47	38			9.18	228.68	percent of total billed charges						
MYOGLOBIN	83874	CPT				both			240.72	14.86	Amerihealth	Medicare	12.92				9.18

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYOGLOBIN	83874	CPT				both			240.72	14.86	Aetna	Better Health	73.28	30.44			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Horizon	Indemnity	92.15	38.28			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Americare	Americare	180.54	75			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	First Health	First Health	168.5	70			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Aetna	Medicare	12.92				9.18		228.68 fee schedule	
MYOGLOBIN	83874	CPT				both			240.72	14.86	First Trenton	First Trenton	216.65	90			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Horizon	MGD	92.15	38.28			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Horizon	PPO	92.15	38.28		1.69	9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Consumer	Consumer	228.68	95			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Horizon	Medicare Blue	72.22	30			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Amerihealth	HMO/PPO	20.1				9.18		228.68 fee schedule	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Multiplan	Multiplan	192.58	80			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Corrections	Corrections	192.58	80			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Managed Care Inc	Managed Care Inc	216.65	90			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Horizon	NJ Health	25.87				9.18		228.68 fee schedule	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Quallcare	Quallcare	180.54	75			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	UHC	Medicaid	10.34				9.18		228.68 fee schedule	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Wellcare	Medicare	12.92				9.18		228.68 fee schedule	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Wellcare	Medicaid	10.34				9.18		228.68 fee schedule	
MYOGLOBIN	83874	CPT				both			240.72	14.86	Three Rivers	Three Rivers	228.68	95			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	WellPoint	WellPoint	74.72	31.04			9.18		228.68 percent of total billed charges	
MYOGLOBIN	83874	CPT				both			240.72	14.86	UHC	Medicare	12.92				9.18		228.68 fee schedule	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Consumer	Consumer	117.25	95			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Multiplan	Multiplan	98.74	80			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Aetna	Better Health	37.57	30.44			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	First Trenton	First Trenton	111.08	90			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Horizon	MGD	47.25	38.28			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Aetna	Medicare	50.86				20.1		117.25 fee schedule	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	First Health	First Health	86.39	70			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Americare	Americare	92.57	75			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Aetna	Commercial	46.9	38			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Quallcare	Quallcare	92.57	75			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	UHC	Medicaid	40.69				20.1		117.25 fee schedule	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Horizon	Indemnity	47.25	38.28			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Wellcare	Medicare	50.86				20.1		117.25 fee schedule	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Corrections	Corrections	98.74	80			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	UHC	Medicare	50.86				20.1		117.25 fee schedule	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Amerihealth	HMO/PPO	20.1				20.1		117.25 fee schedule	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	WellPoint	WellPoint	38.31	31.04			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Horizon	Medicare Blue	37.03	30			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Horizon	NJ Health	37.69				20.1		117.25 fee schedule	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Amerihealth	Medicare	50.86				20.1		117.25 fee schedule	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Horizon	PPO	47.25	38.28			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Managed Care Inc	Managed Care Inc	111.08	90			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Three Rivers	Three Rivers	117.25	95			20.1		117.25 percent of total billed charges	
MYELOPEROXIDASE MPO	83876	CPT				both			123.42	58.49	Wellcare	Medicaid	40.69				20.1		117.25 fee schedule	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Aetna	Better Health	98.11	30.44		43.98	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Corrections	Corrections	257.86	80			37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Aetna	Commercial	122.48	38		39.39	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Amerihealth	Medicare	39.26				37.18		306.2 fee schedule	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Americare	Americare	241.74	75			37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Horizon	PPO	123.38	38.28		55.03	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Horizon	MGD	123.38	38.28		48.44	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Aetna	Medicare	99.27	30.8		20.22	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Horizon	Medicare Blue	96.7	30		17.79	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	UHC	Medicare	39.26			21.61	37.18		306.2 fee schedule	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	First Trenton	First Trenton	290.09	90			37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Consumer	Consumer	306.2	95			37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	WellPoint	WellPoint	100.05	31.04		33.16	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Wellcare	Medicaid	98.11	30.44		43.82	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Horizon	NJ Health	37.18			8.48	37.18		306.2 fee schedule	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Amerihealth	HMO/PPO	47.43			5.86	37.18		306.2 fee schedule	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Managed Care Inc	Managed Care Inc	290.09	90			37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Horizon	Indemnity	123.38	38.28		46.66	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Three Rivers	Three Rivers	306.2	95			37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	First Health	First Health	225.62	70			37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	UHC	Medicaid	98.11	30.44		44.3	37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Multiplan	Multiplan	257.86	80			37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Quallcare	Quallcare	241.74	75			37.18		306.2 percent of total billed charges	
NATRIURETIC PEPTIDE	83880	CPT				both			322.32	45.15	Wellcare	Medicare	39.26			22.87	37.18		306.2 fee schedule	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Three Rivers	Three Rivers	297.48	95			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Horizon	MGD	119.87	38.28		34.66	9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Aetna	Better Health	95.32	30.44			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Consumer	Consumer	297.48	95			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Aetna	Commercial	118.99	38		27.44	9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Americare	Americare	294.86	75			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Amerihealth	HMO/PPO	20.2				9.79		297.48 fee schedule	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Aetna	Medicare	13.6			23.48	9.79		297.48 fee schedule	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Wellcare	Medicare	13.6			18.58	9.79		297.48 fee schedule	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Horizon	PPO	119.87	38.28		22.81	9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	First Health	First Health	219.2	70			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Horizon	Medicare Blue	93.94	30		17.95	9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Amerihealth	Medicare	13.6				9.79		297.48 fee schedule	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Multiplan	Multiplan	250.51	80			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Horizon	Indemnity	119.87	38.28		7.04	9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Corrections	Corrections	250.51	80			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	First Trenton	First Trenton	281.83	90			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Quallcare	Quallcare	234.86	75			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Horizon	NJ Health	173.62			9.68	9.79		297.48 fee schedule	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	UHC	Medicaid	10.88			16.24	9.79		297.48 fee schedule	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Managed Care Inc	Managed Care Inc	281.83	90			9.79		297.48 percent of total billed charges	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	Wellcare	Medicaid	10.88			18.76	9.79		297.48 fee schedule	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	UHC	Medicare	13.6			14.73	9.79		297.48 fee schedule	
ASSAY OF NEPHELOMETRY EACH ANALYTE NES	83883	CPT				both			313.14	15.64	WellPoint	WellPoint	97.2	31.04		16	9.79		297.48 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Consumer	Consumer	25.19	95			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	WellPoint	WellPoint	8.23	31.04			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Aetna	Commercial	10.08	38			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Aetna	Better Health	8.07	30.44			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Horizon	MGD	10.15	38.28			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Aetna	Medicare	11.15				7.96		25.19 fee schedule	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Americare	Americare	19.89	75			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Amerihealth	Medicare	11.15				7.96		25.19 fee schedule	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Corrections	Corrections	21.22	80			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	First Health	First Health	18.56	70			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Multiplan	Multiplan	21.22	80			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Horizon	Indemnity	10.15	38.28			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Quallcare	Quallcare	19.89	75			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Horizon	PPO	10.15	38.28			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Amerihealth	HMO/PPO	17.4				7.96		25.19 fee schedule	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Three Rivers	Three Rivers	25.19	95			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	First Trenton	First Trenton	23.87	90			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	UHC	Medicare	11.15				7.96		25.19 fee schedule	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Horizon	NJ Health	11.76				7.96		25.19 fee schedule	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Horizon	Medicare Blue	7.96	30			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Managed Care Inc	Managed Care Inc	23.87	90			7.96		25.19 percent of total billed charges	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	UHC	Medicaid	8.92				7.96		25.19 fee schedule	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Wellcare	Medicaid	8.92				7.96		25.19 fee schedule	
ASSAY OF NUCLEOTIDASE 5'-	83915	CPT				both			26.52	12.82	Wellcare	Medicare	11.15				7.96		25.19 fee schedule	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Aetna	Medicare	27.39				14.38		341.09 fee schedule	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Wellcare	Medicaid	21.91				14.38		341.09 fee schedule	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Amerihealth	HMO/PPO	30.7				14.38		341.09 fee schedule	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Amerihealth	Medicare	27.39				14.38		341.09 fee schedule	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Americare	Americare	269.28	75			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Aetna	Better Health	109.29	30.44			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	First Health	First Health	251.33	70			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Aetna	Commercial	136.44	38			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Corrections	Corrections	287.23	80			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Wellcare	Medicare	27.39				14.38		341.09 fee schedule	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Horizon	MGD	137.44	38.28			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Consumer	Consumer	341.09	95			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	First Trenton	First Trenton	323.14	90			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	WellPoint	WellPoint	111.45	31.04			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Horizon	Medicare Blue	107.71	30			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Multiplan	Multiplan	287.23	80			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Horizon	Indemnity	137.44	38.28			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Quallcare	Quallcare	269.28	75			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	UHC	Medicaid	21.91				14.38		341.09 fee schedule	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	UHC	Medicare	27.39				14.38		341.09 fee schedule	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Horizon	NJ Health	43.22				14.38		341.09 fee schedule	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Horizon	PPO	137.44	38.28			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Managed Care Inc	Managed Care Inc	323.14	90			14.38		341.09 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT				inpatient			359.04	31.5	Three Rivers	Three Rivers	341.09	95			14.38		341.09 percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32	27.14	Amerihealth	Medicare	23.6				15.3		742.25 fee schedule	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32	27.14	Amerihealth	HMO/PPO	25.7				15.3		742.25 fee schedule	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32	27.14	Americare	Americare	585.99	75			15.3		742.25 percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32	27.14	Aetna	Medicare	23.6				15.3		742.25 fee schedule	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32	27.14	Aetna	Better Health	237.83	30.44			15.3		742.25 percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32	27.14	First Health	First Health	546.92	70			15.3		742.25 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Aetna	Commercial	38				15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Corrections	Corrections	625.06				15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 UHC	Medicare	23.6				15.3	742.25	fee schedule	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Horizon	MGD	299.09	38.28			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Consumer	Consumer	742.25	95			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Horizon	Indemnity	299.09	38.28			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Wellcare	Medicare	23.6				15.3	742.25	fee schedule	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Horizon	PPO	299.09	38.28			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Horizon	Medicare Blue	30				15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 First Trenton	First Trenton	703.19	90			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 WellPoint	WellPoint	242.52	31.04			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Three Rivers	Three Rivers	742.25	95			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Multiplan	Multiplan	625.06	80			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Qualcare	Qualcare	585.99	75			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Wellcare	Medicaid	18.88				15.3	742.25	fee schedule	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Horizon	NJ Health	37.24				15.3	742.25	fee schedule	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 UHC	Medicaid	18.88				15.3	742.25	fee schedule	
ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	83918	CPT				outpatient			781.32		27.14 Managed Care Inc	Managed Care Inc	703.19	90			15.3	742.25	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Amerihealth	Medicare	16.45				16.45	622.1	fee schedule	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 First Health	First Health	458.39	70			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Aetna	Medicare	201.69	30.8			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Aetna	Better Health	199.33	30.44			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 UHC	Medicare	16.45				16.45	622.1	fee schedule	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 First Trenton	First Trenton	589.36	90			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Horizon	Medicare Blue	196.45	30			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Aetna	Commercial	248.84	38		34.26	16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Horizon	MGD	250.67	38.28			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Horizon	PPO	250.67	38.28			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Americare	Americare	491.13	75			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Horizon	Indemnity	250.67	38.28			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Wellcare	Medicare	16.45				16.45	622.1	fee schedule	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Managed Care Inc	Managed Care Inc	589.36	90			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Horizon	NJ Health	18.27			3.96	16.45	622.1	fee schedule	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Consumer	Consumer	622.1	95			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Amerihealth	HMO/PPO	22.8				16.45	622.1	fee schedule	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Three Rivers	Three Rivers	622.1	95			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Wellcare	Medicaid	199.33	30.44		5.94	16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Multiplan	Multiplan	523.87	80			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 WellPoint	WellPoint	203.26	31.04		4.41	16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Corrections	Corrections	523.87	80			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 Qualcare	Qualcare	491.13	75			16.45	622.1	percent of total billed charges	
ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	83919	CPT				both			654.84		18.92 UHC	Medicaid	199.33	30.44		11.06	16.45	622.1	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Aetna	Commercial	79.85	38			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Americare	Americare	157.59	75			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Consumer	Consumer	199.61	95			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Horizon	Indemnity	80.43	38.28			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 UHC	Medicare	21.21			5.18	9.18	199.61	fee schedule	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 First Trenton	First Trenton	189.11	90			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Aetna	Better Health	63.96	30.44			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Multiplan	Multiplan	168.1	80			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Aetna	Medicare	64.72	30.8			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Amerihealth	HMO/PPO	25.7				9.18	199.61	fee schedule	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Corrections	Corrections	168.1	80			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Qualcare	Qualcare	157.59	75			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Amerihealth	Medicare	21.21				9.18	199.61	fee schedule	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Horizon	PPO	80.43	38.28			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 First Health	First Health	147.08	70			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Horizon	MGD	80.43	38.28		13.66	9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 UHC	Medicaid	63.96	30.44		11.3	9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Managed Care Inc	Managed Care Inc	189.11	90			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Horizon	Medicare Blue	63.04	30			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Horizon	NJ Health	18.27			1.36	9.18	199.61	fee schedule	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 WellPoint	WellPoint	65.22	31.04		2.9	9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Wellcare	Medicaid	63.96	30.44		7.4	9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Three Rivers	Three Rivers	199.61	95			9.18	199.61	percent of total billed charges	
ORGANIC ACID 1 QUANTITATIVE	83921	CPT				both			210.12		24.39 Wellcare	Medicare	21.21				9.18	199.61	fee schedule	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Horizon	Indemnity	24.6	38.28			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Amerihealth	HMO/PPO	10.3				5.2	61.05	fee schedule	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Aetna	Medicare	6.61				5.2	61.05	fee schedule	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Consumer	Consumer	61.05	95			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Americare	Americare	48.2	75			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 First Health	First Health	44.98	70			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Aetna	Commercial	24.42	38		15.36	5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Aetna	Better Health	19.56	30.44		13.93	5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Multiplan	Multiplan	51.41	80			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Horizon	Medicare Blue	19.28	30		7.91	5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Horizon	PPO	24.6	38.28			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Corrections	Corrections	51.41	80			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Three Rivers	Three Rivers	61.05	95			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Horizon	NJ Health	19.4			5.69	5.2	61.05	fee schedule	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Amerihealth	Medicare	6.61				5.2	61.05	fee schedule	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Wellcare	Medicaid	5.29			16.82	5.2	61.05	fee schedule	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Qualcare	Qualcare	48.2	75			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 UHC	Medicaid	5.29			17.15	5.2	61.05	fee schedule	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Wellcare	Medicare	6.61			5.31	5.2	61.05	fee schedule	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 UHC	Medicare	6.61			8.42	5.2	61.05	fee schedule	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 WellPoint	WellPoint	19.95	31.04		11.52	5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 First Trenton	First Trenton	57.83	90			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Horizon	MGD	24.6	38.28		19.66	5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY BLOOD	83930	CPT				both			64.26		7.6 Managed Care Inc	Managed Care Inc	57.83	90			5.2	61.05	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 First Trenton	First Trenton	59.67	90			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Aetna	Medicare	20.42	30.8			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Aetna	Better Health	20.18	30.44		5.03	6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 UHC	Medicaid	20.18	30.44		6.03	6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Americare	Americare	49.73	75			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Aetna	Commercial	25.19	38		20.42	6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Corrections	Corrections	53.04	80			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Horizon	MGD	25.38	38.28		19.81	6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Horizon	NJ Health	19.4			2.83	6.82	62.99	fee schedule	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Consumer	Consumer	62.99	95			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Amerihealth	Medicare	6.82				6.82	62.99	fee schedule	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 First Health	First Health	46.41	70			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Amerihealth	HMO/PPO	10.6				6.82	62.99	fee schedule	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 UHC	Medicare	6.82			5.89	6.82	62.99	fee schedule	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 WellPoint	WellPoint	20.58	31.04			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Wellcare	Medicare	6.82				6.82	62.99	fee schedule	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Horizon	PPO	25.38	38.28			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Horizon	Medicare Blue	19.89	30		8.42	6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Horizon	Indemnity	25.38	38.28			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Multiplan	Multiplan	53.04	80			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Managed Care Inc	Managed Care Inc	59.67	90			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Qualcare	Qualcare	49.73	75			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Three Rivers	Three Rivers	62.99	95			6.82	62.99	percent of total billed charges	
ASSAY OF OSMOLALITY URINE	83935	CPT				both			66.3		7.84 Wellcare	Medicaid	20.18	30.44		6.7	6.82	62.99	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Americare	Americare	54.32	75			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 First Health	First Health	50.69	70			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Wellcare	Medicaid	22.04	30.44		12.31	21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Aetna	Better Health	22.04	30.44			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Aetna	Commercial	27.52	38		4.53	21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Horizon	Medicare Blue	21.73	30		6.75	21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Amerihealth	Medicare	29.85				21.73	85	fee schedule	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Corrections	Corrections	57.94	80			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Consumer	Consumer	68.8	95			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Horizon	MGD	27.72	38.28			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Wellcare	Medicare	29.85				21.73	85	fee schedule	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 First Trenton	First Trenton	65.18	90			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Aetna	Medicare	22.31	30.8			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Three Rivers	Three Rivers	68.8	95			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 UHC	Medicaid	22.04	30.44		8.16	21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Horizon	Indemnity	27.72	38.28			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Horizon	NJ Health	33.14			2.35	21.73	85	fee schedule	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 UHC	Medicare	29.85			7.1	21.73	85	fee schedule	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 WellPoint	WellPoint	22.48	31.04		7.3	21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Managed Care Inc	Managed Care Inc	65.18	90			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Amerihealth	HMO/PPO	85			3.1	21.73	85	fee schedule	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Horizon	PPO	27.72	38.28		12.87	21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Multiplan	Multiplan	57.94	80			21.73	85	percent of total billed charges	
ASSAY OF OSTEOCALCIN	83937	CPT				both			72.42		34.33 Qualcare	Qualcare	54.32	75			21.73	85	percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 Amerihealth	Medicare	14.45				10.1	78.49	fee schedule	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 Aetna	Better Health	25.15	30.44			10.1	78.49	percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 Horizon	MGD	31.63	38.28			10.1	78.49	percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 Aetna	Commercial	31.4	38			10.1	78.49	percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 Horizon	Indemnity	31.63	38.28			10.1	78.49	percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 Aetna	Medicare	14.45				10.1	78.49	fee schedule	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 Amerihealth	HMO/PPO	20.1				10.1	78.49	fee schedule	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 UHC	Medicare	14.45				10.1	78.49	fee schedule	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 First Trenton	First Trenton	74.36	90			10.1	78.49	percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62		16.62 Americare	Americare	61.97	75			10.1	78.49	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	WellPoint	WellPoint	25.65	31.04			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Consumer	Consumer	78.49	95			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Multiplan	Multiplan	66.1	80			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Horizon	PPO	31.63	38.28			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	First Health	First Health	57.83	70			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Corrections	Corrections	66.1	80			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Managed Care Inc	Managed Care Inc	74.36	90			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Three Rivers	Three Rivers	78.49	95			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Horizon	Medicare Blue	24.79	30			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Horizon	NJ Health	33.32				10.1		78.49 fee schedule	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Qualcare	Qualcare	61.97	75			10.1		78.49 percent of total billed charges	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	UHC	Medicaid	11.56				10.1		78.49 fee schedule	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Wellcare	Medicare	14.45				10.1		78.49 fee schedule	
ASSAY OF OXALATE	83945	CPT				both			82.62	16.62	Wellcare	Medicaid	11.56				10.1		78.49 fee schedule	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Aetna	Better Health	123.57	30.44			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Aetna	Medicare	64.41			11.82	29.4		385.66 fee schedule	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Americare	Americare	304.47	75			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Horizon	Medicare Blue	121.79	30		30.07	29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	UHC	Medicare	64.41			13.85	29.4		385.66 fee schedule	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Amerihealth	HMO/PPO	29.4			10.83	29.4		385.66 fee schedule	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Qualcare	Qualcare	304.47	75			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Amerihealth	Medicare	64.41				29.4		385.66 fee schedule	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Aetna	Commercial	154.26	38		65.42	29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	First Trenton	First Trenton	365.36	90			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Multiplan	Multiplan	324.77	80			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	WellPoint	WellPoint	126.01	31.04		26.41	29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Consumer	Consumer	385.66	95			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Horizon	Indemnity	155.4	38.28		35.81	29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Three Rivers	Three Rivers	385.66	95			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	First Health	First Health	284.17	70			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Corrections	Corrections	324.77	80			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Managed Care Inc	Managed Care Inc	365.36	90			29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Wellcare	Medicaid	51.53			93.97	29.4		385.66 fee schedule	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Horizon	MGD	155.4	38.28		46.38	29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Horizon	PPO	155.4	38.28		24.45	29.4		385.66 percent of total billed charges	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Wellcare	Medicare	64.41				29.4		385.66 fee schedule	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	UHC	Medicaid	51.53			67.93	29.4		385.66 fee schedule	
ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	83951	CPT				both			405.96	74.07	Horizon	NJ Health	71.52			10.51	29.4		385.66 fee schedule	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Aetna	Commercial	227.91	38		55.86	16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Aetna	Medicare	41.28			22.2	16.52		569.77 fee schedule	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Aetna	Better Health	182.57	30.44		14.95	16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Amerihealth	Medicare	41.28				16.52		569.77 fee schedule	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Horizon	PPO	229.59	38.28		138.28	16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Horizon	Medicare Blue	179.93	30		43.97	16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	First Health	First Health	419.83	70			16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Horizon	NJ Health	105.84			20.47	16.52		569.77 fee schedule	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Amerihealth	HMO/PPO	64.3			37.84	16.52		569.77 fee schedule	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Americare	Americare	449.82	75			16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Consumer	Consumer	569.77	95			16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Horizon	MGD	229.59	38.28		85.12	16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Multiplan	Multiplan	479.81	80			16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	UHC	Medicare	41.28			32.91	16.52		569.77 fee schedule	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Three Rivers	Three Rivers	569.77	95			16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	UHC	Medicaid	33.02			77.17	16.52		569.77 fee schedule	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	First Trenton	First Trenton	539.78	90			16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Corrections	Corrections	479.81	80		112	16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Wellcare	Medicaid	33.02			32.47	16.52		569.77 fee schedule	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Wellcare	Medicare	41.28			15.37	16.52		569.77 fee schedule	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Qualcare	Qualcare	449.82	75			16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Horizon	Indemnity	229.59	38.28		56.26	16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	Managed Care Inc	Managed Care Inc	539.78	90			16.52		569.77 percent of total billed charges	
ASSAY OF PARATHORMONE	83970	CPT				both			599.76	47.47	WellPoint	WellPoint	186.17	31.04		48.43	16.52		569.77 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Americare	Americare	81.09	75			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Aetna	Commercial	41.09	38			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Aetna	Better Health	32.91	30.44			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Aetna	Medicare	33.3	30.8			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Corrections	Corrections	86.5	80			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Wellcare	Medicaid	32.91	30.44			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	First Health	First Health	75.68	70			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	WellPoint	WellPoint	33.56	31.04			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Consumer	Consumer	102.71	95			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Multiplan	Multiplan	86.5	80			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Horizon	Indemnity	41.39	38.28			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Amerihealth	HMO/PPO	3.7				3.58		102.71 fee schedule	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	First Trenton	First Trenton	97.31	90			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Wellcare	Medicare	3.58				3.58		102.71 fee schedule	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Horizon	Medicare Blue	32.44	30			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Amerihealth	Medicare	3.58				3.58		102.71 fee schedule	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Horizon	NJ Health	8.43			17.81	3.58		102.71 fee schedule	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Qualcare	Qualcare	81.09	75			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Horizon	PPO	41.39	38.28			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Horizon	MGD	41.39	38.28			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Managed Care Inc	Managed Care Inc	97.31	90			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	UHC	Medicare	3.58			10.11	3.58		102.71 fee schedule	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	Three Rivers	Three Rivers	102.71	95			3.58		102.71 percent of total billed charges	
PH BODY FLUID NOT ELSEWHERE SPECIFIED	83986	CPT				both			108.12	4.12	UHC	Medicaid	32.91	30.44			3.58		102.71 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Aetna	Commercial	18.6	38			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		WellPoint	WellPoint	15.2	31.04			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Aetna	Better Health	14.9	30.44			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Americare	Americare	36.72	75			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Consumer	Consumer	46.51	95			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		First Trenton	First Trenton	44.06	90			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Amerihealth	HMO/PPO	22.9				14.69		46.51 fee schedule	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Horizon	Indemnity	18.74	38.28			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Aetna	Medicare	15.08	30.8			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Horizon	PPO	18.74	38.28			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		First Health	First Health	34.27	70			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Horizon	Medicare Blue	14.69	30			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Corrections	Corrections	39.17	80			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Managed Care Inc	Managed Care Inc	44.06	90			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Horizon	MGD	18.74	38.28			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Multiplan	Multiplan	39.17	80			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Horizon	NJ Health	35.28				14.69		46.51 fee schedule	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Three Rivers	Three Rivers	46.51	95			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		UHC	Medicaid	18				14.69		46.51 fee schedule	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Qualcare	Qualcare	36.72	75			14.69		46.51 percent of total billed charges	
ASSAY OF PHENCYCLIDINE	83992	CPT				outpatient			48.96		Wellcare	Medicaid	18				14.69		46.51 fee schedule	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Aetna	Commercial	178.07	38		65.46	15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Amerihealth	HMO/PPO	306.31	65			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Consumer	Consumer	447.68	95			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Horizon	Indemnity	180.39	38.28			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Amerihealth	Medicare	19.63				15.7		447.68 fee schedule	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Americare	Americare	353.43	75			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Aetna	Better Health	143.45	30.44			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Aetna	Medicare	19.63				15.7		447.68 fee schedule	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	First Health	First Health	329.87	70			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Horizon	NJ Health	21.5			20.21	15.7		447.68 fee schedule	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Corrections	Corrections	376.99	80			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Three Rivers	Three Rivers	447.68	95			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Horizon	Medicare Blue	141.37	30			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Horizon	PPO	180.39	38.28		185.66	15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Horizon	MGD	180.39	38.28		95.93	15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	First Trenton	First Trenton	424.12	90			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Wellcare	Medicare	19.63				15.7		447.68 fee schedule	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Multiplan	Multiplan	376.99	80			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Managed Care Inc	Managed Care Inc	424.12	90			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Qualcare	Qualcare	353.43	75			15.7		447.68 percent of total billed charges	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	UHC	Medicaid	15.7			72.13	15.7		447.68 fee schedule	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	Wellcare	Medicaid	15.7			132.19	15.7		447.68 fee schedule	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	UHC	Medicare	19.63			66.64	15.7		447.68 fee schedule	
ASSAY OF CALPROTECTIN FECAL	83993	CPT				both			471.24	22.57	WellPoint	WellPoint	146.27	31.04			15.7		447.68 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Consumer	Consumer	396.32	95			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Amerihealth	HMO/PPO	8.4				4.4		396.32 fee schedule	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Aetna	Commercial	158.53	38			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Multiplan	Multiplan	333.74	80			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	First Health	First Health	292.03	70			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Americare	Americare	312.89	75			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Aetna	Medicare	5.5				4.4		396.32 fee schedule	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Aetna	Better Health	126.99	30.44			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Horizon	Indemnity	159.7	38.28			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Amerihealth	Medicare	5.5				4.4		396.32 fee schedule	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Wellcare	Medicaid	4.4				4.4		396.32 fee schedule	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Qualcare	Qualcare	312.89	75			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	First Trenton	First Trenton	375.46	90			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Corrections	Corrections	333.74	80			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Horizon	MGD	159.7	38.28			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	UHC	Medicare	5.5				4.4		396.32 fee schedule	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18	6.33	Horizon	PPO	159.7	38.28			4.4		396.32 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18		6.33 Horizon	Medicare Blue	125.15				4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18		6.33 Managed Care Inc	Managed Care Inc	375.46	90			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18		6.33 Horizon	NJ Health	11.76				4.4		396.32 fee schedule	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18		6.33 Three Rivers	Three Rivers	396.32	95			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18		6.33 UHC	Medicaid	4.4				4.4		396.32 fee schedule	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18		6.33 Wellcare	Medicare	5.5				4.4		396.32 fee schedule	
ASSAY OF PHENYLALANINE BLOOD	84030	CPT				outpatient			417.18		6.33 WellPoint	WellPoint	129.49	31.04			4.4		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Aetna	Commercial	158.53	38			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Amerihealth	HMO/PPO	6.4				3.18		396.32 fee schedule	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Multiplan	Multiplan	333.74	80			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Qualcare	Qualcare	312.89	75			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Aetna	Medicare	3.98				3.18		396.32 fee schedule	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Americare	Americare	312.89	75			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Consumer	Consumer	396.32	95			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Aetna	Better Health	126.99	30.44			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Horizon	MCD	159.7	38.28			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Amerihealth	Medicare	3.98				3.18		396.32 fee schedule	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 First Health	First Health	292.03	70			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 UHC	Medicare	3.98				3.18		396.32 fee schedule	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Horizon	Indemnity	159.7	38.28			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Horizon	PPO	159.7	38.28			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 UHC	Medicaid	3.18				3.18		396.32 fee schedule	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Corrections	Corrections	333.74	80			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Wellcare	Medicaid	3.18				3.18		396.32 fee schedule	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Three Rivers	Three Rivers	396.32	95			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 First Trenton	First Trenton	375.46	90			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Wellcare	Medicare	3.98				3.18		396.32 fee schedule	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Horizon	Medicare Blue	125.15	30			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Horizon	NJ Health	10.58				3.18		396.32 fee schedule	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 Managed Care Inc	Managed Care Inc	375.46	90			3.18		396.32 percent of total billed charges	
ASSAY OF PHENYLKETONES QUALITATIVE	84035	CPT				outpatient			417.18		4.58 WellPoint	WellPoint	129.49	31.04			3.18		396.32 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Aetna	Medicare	7.64				6.11		216.09 fee schedule	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Amerihealth	HMO/PPO	11.4				6.11		216.09 fee schedule	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Americare	Americare	170.6	75			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Wellcare	Medicaid	6.11				6.11		216.09 fee schedule	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Aetna	Better Health	69.24	30.44			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Aetna	Commercial	86.43	38			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 UHC	Medicare	7.64				6.11		216.09 fee schedule	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 UHC	Medicaid	6.11				6.11		216.09 fee schedule	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Horizon	Indemnity	87.07	38.28			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Amerihealth	Medicare	7.64				6.11		216.09 fee schedule	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Horizon	PPO	87.07	38.28			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Wellcare	Medicare	7.64				6.11		216.09 fee schedule	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Consumer	Consumer	216.09	95			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Horizon	MCD	87.07	38.28			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Three Rivers	Three Rivers	216.09	95			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 First Health	First Health	159.22	70			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Horizon	Medicare Blue	68.24	30			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Multiplan	Multiplan	181.97	80			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Corrections	Corrections	181.97	80			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Qualcare	Qualcare	170.6	75			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 First Trenton	First Trenton	204.71	90			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 WellPoint	WellPoint	70.6	31.04			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Horizon	NJ Health	7.06				6.11		216.09 fee schedule	
ASSAY OF PHOSPHATASE ACID TOTAL	84060	CPT				outpatient			227.46		8.79 Managed Care Inc	Managed Care Inc	204.71	90			6.11		216.09 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Corrections	Corrections	18.77	80			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Aetna	Medicare	9.66				7.04		27.44 fee schedule	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Horizon	Indemnity	8.98	38.28			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Amerihealth	HMO/PPO	15.3				7.04		27.44 fee schedule	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Consumer	Consumer	22.29	95			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Aetna	Better Health	7.14	30.44			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Americare	Americare	17.6	75			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Amerihealth	Medicare	9.66				7.04		27.44 fee schedule	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 WellPoint	WellPoint	7.26	31.04			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 First Health	First Health	16.42	70			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Horizon	Medicare Blue	7.04	30			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Wellcare	Medicaid	7.73				7.04		27.44 fee schedule	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Horizon	MCD	8.98	38.28			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Aetna	Commercial	8.91	38			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Multiplan	Multiplan	18.77	80			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 First Trenton	First Trenton	21.11	90			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Horizon	NJ Health	27.44				7.04		27.44 fee schedule	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 UHC	Medicaid	7.73				7.04		27.44 fee schedule	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Qualcare	Qualcare	17.6	75			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Horizon	PPO	8.98	38.28			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Three Rivers	Three Rivers	22.29	95			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 UHC	Medicare	9.66				7.04		27.44 fee schedule	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Wellcare	Medicare	9.66				7.04		27.44 fee schedule	
ASSAY OF PHOSPHATASE ACID PROSTATIC	84066	CPT				outpatient			23.46		11.11 Managed Care Inc	Managed Care Inc	21.11	90			7.04		27.44 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Aetna	Medicare	5.18				1.7		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Horizon	MCD	41.78	38.28			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Consumer	Consumer	103.68	95			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Amerihealth	HMO/PPO	1.7			2.91	1.7		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Horizon	Indemnity	41.78	38.28			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Aetna	Commercial	41.47	38		12.05	1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Wellcare	Medicare	5.18			1.98	1.7		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Aetna	Better Health	33.22	30.44			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Americare	Americare	81.86	75			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Horizon	PPO	41.78	38.28			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Wellcare	Medicaid	4.14				1.7		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Horizon	NJ Health	7.06			2.58	1.7		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Amerihealth	Medicare	5.18				1.7		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 First Health	First Health	76.4	70			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Three Rivers	Three Rivers	103.68	95			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Multiplan	Multiplan	87.31	80			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Corrections	Corrections	87.31	80			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Horizon	Medicare Blue	32.74	30			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 First Trenton	First Trenton	98.23	90			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Qualcare	Qualcare	81.86	75			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 Managed Care Inc	Managed Care Inc	98.23	90			1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 UHC	Medicare	5.18			6.11	1.7		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 UHC	Medicaid	4.14			12.03	1.7		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE	84075	CPT				both			109.14		5.96 WellPoint	WellPoint	33.88	31.04		15.34	1.7		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Americare	Americare	104.04	75			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Amerihealth	Medicare	8.26				6.61		131.78 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Corrections	Corrections	110.98	80			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Horizon	Medicare Blue	41.62	30			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 UHC	Medicaid	6.61				6.61		131.78 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Aetna	Medicare	8.26				6.61		131.78 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Aetna	Better Health	42.23	30.44			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 First Trenton	First Trenton	124.85	90			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Amerihealth	HMO/PPO	11.4				6.61		131.78 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Consumer	Consumer	131.78	95			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Wellcare	Medicaid	6.61				6.61		131.78 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Horizon	Indemnity	53.1	38.28			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Wellcare	Medicare	8.26				6.61		131.78 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 First Health	First Health	97.1	70			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Aetna	Commercial	52.71	38			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Horizon	PPO	53.1	38.28			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Horizon	MCD	53.1	38.28			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Horizon	NJ Health	7.06				6.61		131.78 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Managed Care Inc	Managed Care Inc	124.85	90			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Multiplan	Multiplan	110.98	80			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 WellPoint	WellPoint	43.06	31.04			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Three Rivers	Three Rivers	131.78	95			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 Qualcare	Qualcare	104.04	75			6.61		131.78 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	84078	CPT				outpatient			138.72		9.5 UHC	Medicare	8.26				6.61		131.78 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Consumer	Consumer	103.68	95			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Amerihealth	Medicare	14.78				7.06		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Aetna	Medicare	14.78				7.06		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Corrections	Corrections	87.31	80			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Americare	Americare	81.86	75			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Aetna	Better Health	33.22	30.44			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 First Trenton	First Trenton	98.23	90			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Aetna	Commercial	41.47	38			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Horizon	Medicare Blue	32.74	30			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 First Health	First Health	76.4	70			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Horizon	PPO	41.78	38.28			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 UHC	Medicaid	11.82				7.06		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Multiplan	Multiplan	87.31	80			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Amerihealth	HMO/PPO	23.5				7.06		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Managed Care Inc	Managed Care Inc	98.23	90			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Horizon	MCD	41.78	38.28			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Horizon	NJ Health	7.06				7.06		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 UHC	Medicare	14.78				7.06		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Qualcare	Qualcare	81.86	75			7.06		103.68 percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Wellcare	Medicare	14.78				7.06		103.68 fee schedule	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Three Rivers	Three Rivers	103.68	95			7.06		103.68 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																			
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																			
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Horizon	Indemnity	41.78	38.28			27.34	7.06	103.68	percent of total billed charges	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 Wellcare	Medicaid	11.82					7.06	103.68	fee schedule	
ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	84080	CPT				both			109.14		17 WellPoint	WellPoint	33.88	31.04				7.06	103.68	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 First Health	First Health	62.83	70				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Amerihealth	HMO/PPO	25.8					13.22	85.27	fee schedule	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Americare	Americare	67.32	75				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 UHC	Medicaid	13.22					13.22	85.27	fee schedule	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Aetna	Better Health	27.32	30.44				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 First Trenton	First Trenton	80.78	90				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Consumer	Consumer	85.27	95				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Aetna	Commercial	34.11	38				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Multiplan	Multiplan	71.81	80				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Amerihealth	Medicare	16.52					13.22	85.27	fee schedule	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Horizon	NJ Health	49					13.22	85.27	fee schedule	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Wellcare	Medicare	16.52					13.22	85.27	fee schedule	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Horizon	Medicare Blue	26.93	30				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Horizon	PPO	34.36	38.28				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Corrections	Corrections	71.81	80				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Aetna	Medicare	16.52					13.22	85.27	fee schedule	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Qualcare	Qualcare	67.32	75				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Horizon	MGD	34.36	38.28				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Horizon	Indemnity	34.36	38.28				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Managed Care Inc	Managed Care Inc	80.78	90				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 WellPoint	WellPoint	27.86	31.04				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Three Rivers	Three Rivers	85.27	95				13.22	85.27	percent of total billed charges	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 Wellcare	Medicaid	13.22					13.22	85.27	fee schedule	
PHOSPHATIDYLGLYCEROL	84081	CPT				outpatient			89.76		19 UHC	Medicare	16.52					13.22	85.27	fee schedule	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 First Trenton	First Trenton	111.08	90				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Americare	Americare	92.57	75				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Aetna	Medicare	38.01	30.8				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Aetna	Better Health	37.57	30.44				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Corrections	Corrections	98.74	80				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Multiplan	Multiplan	98.74	80				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 First Health	First Health	86.39	70				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Aetna	Commercial	46.9	38				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Horizon	Indemnity	47.25	38.28				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Consumer	Consumer	117.25	95				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Amerihealth	HMO/PPO	15.6					10.73	117.25	fee schedule	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Horizon	Medicare Blue	37.03	30				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 WellPoint	WellPoint	38.31	31.04				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Qualcare	Qualcare	92.57	75				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 UHC	Medicare	10.73					10.73	117.25	fee schedule	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Wellcare	Medicare	10.73					10.73	117.25	fee schedule	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Horizon	NJ Health	32.34					10.73	117.25	fee schedule	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Amerihealth	Medicare	10.73					10.73	117.25	fee schedule	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Horizon	PPO	47.25	38.28				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Horizon	MGD	47.25	38.28				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Managed Care Inc	Managed Care Inc	111.08	90				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 UHC	Medicaid	37.57	30.44				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Three Rivers	Three Rivers	117.25	95				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHOHEXOSE ISOMERASE	84087	CPT				outpatient			123.42		12.34 Wellcare	Medicaid	37.57	30.44				10.73	117.25	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Aetna	Medicare	4.74				5.74	1.01	82.37	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Consumer	Consumer	82.37	95				1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 First Trenton	First Trenton	78.03	90				1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Amerihealth	HMO/PPO	1.7				6.27	1.01	82.37	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 WellPoint	WellPoint	26.91	31.04			11.11	1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Americare	Americare	65.03	75				1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Aetna	Better Health	26.39	30.44			12.08	1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Aetna	Commercial	32.95	38			9.99	1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Managed Care Inc	Managed Care Inc	78.03	90				1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Corrections	Corrections	69.36	80			3.9	1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Amerihealth	Medicare	4.74					1.01	82.37	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Horizon	Indemnity	33.19	38.28			10.31	1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Three Rivers	Three Rivers	82.37	95				1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Horizon	NJ Health	5.88				3.15	1.01	82.37	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 First Health	First Health	60.69	70				1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Horizon	MGD	33.19	38.28			11.19	1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Wellcare	Medicare	4.74				6.19	1.01	82.37	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Horizon	Medicare Blue	26.01	30			5.22	1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Multiplan	Multiplan	69.36	80				1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 UHC	Medicare	4.74				5.76	1.01	82.37	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Horizon	PPO	33.19	38.28			12.51	1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 UHC	Medicaid	3.79				12.72	1.01	82.37	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Qualcare	Qualcare	65.03	75				1.01	82.37	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC	84100	CPT				both			86.7		5.45 Wellcare	Medicaid	3.79				12.41	1.01	82.37	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 UHC	Medicare	5.78					4.62	195.74	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Americare	Americare	154.53	75				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Amerihealth	HMO/PPO	7.8					4.62	195.74	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Aetna	Commercial	78.3	38				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Wellcare	Medicare	5.78					4.62	195.74	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Horizon	MGD	78.87	38.28				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Aetna	Better Health	62.72	30.44				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Aetna	Medicare	5.78					4.62	195.74	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 WellPoint	WellPoint	63.95	31.04				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Horizon	NJ Health	5.88				3.46	4.62	195.74	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Amerihealth	Medicare	5.78					4.62	195.74	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Corrections	Corrections	164.83	80				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Consumer	Consumer	195.74	95				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Multiplan	Multiplan	164.83	80				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 First Health	First Health	144.23	70				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Horizon	Medicare Blue	61.81	30				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 First Trenton	First Trenton	185.44	90				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Qualcare	Qualcare	154.53	75				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Horizon	Indemnity	78.87	38.28				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 UHC	Medicaid	4.62					4.62	195.74	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Horizon	PPO	78.87	38.28				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Wellcare	Medicaid	4.62					4.62	195.74	fee schedule	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Managed Care Inc	Managed Care Inc	185.44	90				4.62	195.74	percent of total billed charges	
ASSAY OF PHOSPHORUS INORGANIC URINE	84105	CPT				both			206.04		6.65 Three Rivers	Three Rivers	195.74	95				4.62	195.74	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Aetna	Better Health	16.77	30.44				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 UHC	Medicare	5.82					3.88	52.33	fee schedule	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Aetna	Commercial	20.93	38				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 First Trenton	First Trenton	49.57	90				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Aetna	Medicare	5.82					3.88	52.33	fee schedule	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Americare	Americare	41.31	75				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Amerihealth	Medicare	5.82					3.88	52.33	fee schedule	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Amerihealth	HMO/PPO	6.7					3.88	52.33	fee schedule	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Consumer	Consumer	52.33	95				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Horizon	Indemnity	21.08	38.28				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Horizon	MGD	21.08	38.28				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Managed Care Inc	Managed Care Inc	49.57	90				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Corrections	Corrections	44.06	80				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Multiplan	Multiplan	44.06	80				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 First Health	First Health	38.56	70				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 UHC	Medicaid	4.66					3.88	52.33	fee schedule	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Horizon	Medicare Blue	16.52	30				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Qualcare	Qualcare	41.31	75				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 WellPoint	WellPoint	17.1	31.04				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Wellcare	Medicaid	4.66					3.88	52.33	fee schedule	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Horizon	NJ Health	3.88					3.88	52.33	fee schedule	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Wellcare	Medicare	5.82					3.88	52.33	fee schedule	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Horizon	PPO	21.08	38.28				3.88	52.33	percent of total billed charges	
PORPHOBILINOGEN URINE QUALITATIVE	84106	CPT				outpatient			55.08		6.69 Three Rivers	Three Rivers	52.33	95				3.88	52.33	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Corrections	Corrections	17.14	80				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Amerihealth	Medicare	8.44					6.43	20.35	fee schedule	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 First Health	First Health	14.99	70				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Aetna	Medicare	6.6	30.8				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Horizon	Indemnity	8.2	38.28				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Aetna	Better Health	6.52	30.44				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Consumer	Consumer	20.35	95				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Americare	Americare	16.07	75				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 First Trenton	First Trenton	19.28	90				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 WellPoint	WellPoint	6.65	31.04				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Horizon	Medicare Blue	6.43	30				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Horizon	MGD	8.2	38.28				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Qualcare	Qualcare	16.07	75				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Aetna	Commercial	8.14	38				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 UHC	Medicaid	6.52	30.44				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Amerihealth	HMO/PPO	13.2					6.43	20.35	fee schedule	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Horizon	NJ Health	16.17					6.43	20.35	fee schedule	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 UHC	Medicare	8.44					6.43	20.35	fee schedule	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Multiplan	Multiplan	17.14	80				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Horizon	PPO	8.2	38.28				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Managed Care Inc	Managed Care Inc	19.28	90				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Wellcare	Medicare	8.44					6.43	20.35	fee schedule	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Wellcare	Medicaid	6.52	30.44				6.43	20.35	percent of total billed charges	
ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	84110	CPT				both			21.42		9.71 Three Rivers	Three Rivers	20.35	95				6.43	20.35	percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78		16.92 Aetna	Better Health	27.63	30.44				10.4	86.24	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Horizon	MCD	38.28	34.75			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	First Health	First Health	70	63.55			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Horizon	Indemnity	34.75	38.28			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Aetna	Commercial	38	34.5			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Aetna	Medicare		14.71			10.4		86.24 fee schedule	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Americare	Americare	75	68.09			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Amerihealth	HMO/PPO		16.5			10.4		86.24 fee schedule	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	WellPoint	WellPoint	31.04	28.18			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Qualcare	Qualcare	75	68.09			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Multiplan	Multiplan	80	72.62			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Horizon	PPO	38.28	34.75			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	UHC	Medicare		14.71			10.4		86.24 fee schedule	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Corrections	Corrections	80	72.62			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Consumer	Consumer	95	86.24			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Amerihealth	Medicare		14.71			10.4		86.24 fee schedule	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	UHC	Medicaid		11.77			10.4		86.24 fee schedule	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	First Trenton	First Trenton	90	81.7			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Wellcare	Medicare		14.71			10.4		86.24 fee schedule	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Three Rivers	Three Rivers	95	86.24			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Horizon	Medicare Blue	30	27.23			10.4		86.24 percent of total billed charges	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Wellcare	Medicaid		11.77			10.4		86.24 fee schedule	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Horizon	NJ Health		14.7			10.4		86.24 fee schedule	
PORPHYRINS URINE QUANTITATION & FRACTIONATION	84120	CPT				both			90.78	16.92	Managed Care Inc	Managed Care Inc	90	81.7			10.4		86.24 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Horizon	NJ Health		7.64		1.72	1.7		67.83 fee schedule	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Americare	Americare	75	53.55			1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Aetna	Better Health	30.44	21.73		6.74	1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Amerihealth	HMO/PPO		1.7		4.44	1.7		67.83 fee schedule	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Aetna	Commercial	38	27.13		7.65	1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Aetna	Medicare		4.76		4.03	1.7		67.83 fee schedule	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Consumer	Consumer	95	67.83			1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Horizon	Indemnity	38.28	27.33		6.72	1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	WellPoint	WellPoint	31.04	22.16		7.16	1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Amerihealth	Medicare		4.76			1.7		67.83 fee schedule	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	First Health	First Health	70	49.98			1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Multiplan	Multiplan	80	57.12			1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Horizon	MGD	38.28	27.33		4.79	1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Corrections	Corrections	80	57.12		3.03	1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Three Rivers	Three Rivers	95	67.83			1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Managed Care Inc	Managed Care Inc	90	64.26			1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Horizon	PPO	38.28	27.33		10.82	1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	UHC	Medicaid		3.81		7.73	1.7		67.83 fee schedule	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Wellcare	Medicare		4.76		3.76	1.7		67.83 fee schedule	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Qualcare	Qualcare	75	53.55			1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	First Trenton	First Trenton	90	64.26			1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Wellcare	Medicaid		3.81		7.93	1.7		67.83 fee schedule	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	Horizon	Medicare Blue	30	21.42		4.56	1.7		67.83 percent of total billed charges	
POTASSIUM SERUM PLASMA/WHOLE BLOOD	84132	CPT				both			71.4	5.47	UHC	Medicare		4.76		3.28	1.7		67.83 fee schedule	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Corrections	Corrections	71.81	80			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Aetna	Better Health	27.32	30.44		4.83	3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Americare	Americare	67.32	75			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Aetna	Medicare	4.73			5.31	3.78		85.27 fee schedule	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Aetna	Commercial	34.11	38		12.66	3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Amerihealth	Medicare	4.73				3.78		85.27 fee schedule	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Consumer	Consumer	85.27	95			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Amerihealth	HMO/PPO	6.7				3.78		85.27 fee schedule	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Horizon	Indemnity	34.36	38.28			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Horizon	NJ Health	7.64			2.57	3.78		85.27 fee schedule	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Horizon	MGD	34.36	38.28		12.74	3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	First Trenton	First Trenton	80.78	90			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Multiplan	Multiplan	71.81	80			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	UHC	Medicaid	3.78			6.68	3.78		85.27 fee schedule	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Horizon	PPO	34.36	38.28		9.33	3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	First Health	First Health	62.83	70			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Qualcare	Qualcare	67.32	75			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	UHC	Medicare	4.73			7.94	3.78		85.27 fee schedule	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Wellcare	Medicare	4.73			7.18	3.78		85.27 fee schedule	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Managed Care Inc	Managed Care Inc	80.78	90			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	WellPoint	WellPoint	27.86	31.04			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Horizon	Medicare Blue	26.93	30		8.27	3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Three Rivers	Three Rivers	85.27	95			3.78		85.27 percent of total billed charges	
POTASSIUM URINE	84133	CPT				both			89.76	5.44	Wellcare	Medicaid	3.78				3.78		85.27 fee schedule	
PREALBUMIN	84134	CPT				both			33.66	16.78	First Trenton	First Trenton	90	30.29			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Aetna	Medicare	10.37	30.8		3.08	10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Aetna	Commercial	12.79	38		3.48	10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Horizon	Indemnity	12.89	38.28		8.26	10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Amerihealth	HMO/PPO	25				10.1		39.2 fee schedule	
PREALBUMIN	84134	CPT				both			33.66	16.78	Consumer	Consumer	31.98	95			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Horizon	PPO	12.89	38.28			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Aetna	Better Health	10.25	30.44		6.85	10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Amerihealth	Medicare	14.59				10.1		39.2 fee schedule	
PREALBUMIN	84134	CPT				both			33.66	16.78	Americare	Americare	25.25	75			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Managed Care Inc	Managed Care Inc	30.29	90			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Horizon	MCD	12.89	38.28		2.86	10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	First Health	First Health	23.56	70			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Horizon	Medicare Blue	10.1	30		4.29	10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Three Rivers	Three Rivers	31.98	95			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Corrections	Corrections	26.93	80			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Wellcare	Medicare	14.59				10.1		39.2 fee schedule	
PREALBUMIN	84134	CPT				both			33.66	16.78	Wellcare	Medicaid	10.25	30.44		3.56	10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Horizon	NJ Health	39.2			0.79	10.1		39.2 fee schedule	
PREALBUMIN	84134	CPT				both			33.66	16.78	WellPoint	WellPoint	10.45	31.04		3.38	10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	UHC	Medicare	14.59			3.99	10.1		39.2 fee schedule	
PREALBUMIN	84134	CPT				both			33.66	16.78	Multiplan	Multiplan	26.93	80			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	Qualcare	Qualcare	25.25	75			10.1		39.2 percent of total billed charges	
PREALBUMIN	84134	CPT				both			33.66	16.78	UHC	Medicaid	10.25	30.44		6.78	10.1		39.2 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Aetna	Medicare	20.67				16.54		123.06 fee schedule	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Horizon	MGD	49.59	38.28			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Consumer	Consumer	123.06	95			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Aetna	Commercial	49.23	38			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Aetna	Better Health	39.43	30.44			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Amerihealth	Medicare	20.67				16.54		123.06 fee schedule	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Corrections	Corrections	103.63	80			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Americare	Americare	97.16	75			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	First Health	First Health	90.68	70			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Horizon	PPO	49.59	38.28			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Horizon	NJ Health	22.97				16.54		123.06 fee schedule	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Horizon	Indemnity	49.59	38.28			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Qualcare	Qualcare	97.16	75			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	First Trenton	First Trenton	116.59	90			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Wellcare	Medicaid	16.54				16.54		123.06 fee schedule	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Amerihealth	HMO/PPO	70				16.54		123.06 fee schedule	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Horizon	Medicare Blue	38.86	30			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Managed Care Inc	Managed Care Inc	116.59	90			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	UHC	Medicare	20.67				16.54		123.06 fee schedule	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	UHC	Medicaid	16.54				16.54		123.06 fee schedule	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Multiplan	Multiplan	103.63	80			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	WellPoint	WellPoint	40.21	31.04			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Three Rivers	Three Rivers	123.06	95			16.54		123.06 percent of total billed charges	
PREGNENOLONE	84140	CPT				outpatient			129.54	23.77	Wellcare	Medicare	20.67				16.54		123.06 fee schedule	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Aetna	Commercial	46.9	38			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Wellcare	Medicare	22.81				18.25		117.25 fee schedule	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Americare	Americare	92.57	75			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	First Health	First Health	86.39	70			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Aetna	Medicare	22.81				18.25		117.25 fee schedule	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	UHC	Medicare	22.81				18.25		117.25 fee schedule	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Wellcare	Medicaid	18.25				18.25		117.25 fee schedule	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Aetna	Better Health	37.57	30.44			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Multiplan	Multiplan	98.74	80			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	WellPoint	WellPoint	38.31	31.04			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Amerihealth	HMO/PPO	80				18.25		117.25 fee schedule	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Horizon	NJ Health	25.34			3.92	18.25		117.25 fee schedule	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Corrections	Corrections	98.74	80			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Amerihealth	Medicare	22.81				18.25		117.25 fee schedule	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Horizon	MGD	47.25	38.28			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Horizon	PPO	47.25	38.28			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Qualcare	Qualcare	92.57	75			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Consumer	Consumer	117.25	95			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Horizon	Indemnity	47.25	38.28			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Three Rivers	Three Rivers	117.25	95			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Horizon	Medicare Blue	37.03	30			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	First Trenton	First Trenton	111.08	90			18.25		117.25 percent of total billed charges	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	UHC	Medicaid	18.25				18.25		117.25 fee schedule	
17-HYDROXYPREGNENOLONE	84143	CPT				both			123.42	26.23	Managed Care Inc	Managed Care Inc	111.08	90			18.25		117.25 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Amerihealth	Medicare	20.86				14.99		47.48 fee schedule	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Aetna	Better Health	15.21	30.44			14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Aetna	Commercial	18.99	38		12.43	14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Americare	Americare	37.49	75			14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	First Health	First Health	34.99	70			14.99		47.48 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Amerihealth	HMO/PPO	32.5			4.66	14.99		47.48 fee schedule	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Multiplan	Multiplan	39.98	80			14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Horizon	Medicare Blue	14.99	30		6.67	14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Corrections	Corrections	39.98	80			14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Horizon	Indemnity	19.13	38.28		4.5	14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Aetna	Medicare	20.86				14.99		47.48 fee schedule	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Consumer	Consumer	47.48	95			14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	First Trenton	First Trenton	44.98	90			14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	UHC	Medicare	20.86				14.99		47.48 fee schedule	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Qualcare	Qualcare	37.49	75			14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Horizon	MGD	19.13	38.28		16.21	14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	WellPoint	WellPoint	15.51	31.04		13.59	14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Horizon	NJ Health	39.2			2.41	14.99		47.48 fee schedule	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Managed Care Inc	Managed Care Inc	44.98	90			14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Wellcare	Medicaid	16.69			11.01	14.99		47.48 fee schedule	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Three Rivers	Three Rivers	47.48	95			14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Horizon	PPO	19.13	38.28		8.77	14.99		47.48 percent of total billed charges	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	UHC	Medicaid	16.69			14.06	14.99		47.48 fee schedule	
ASSAY OF PROGESTERONE	84144	CPT				both			49.98	23.99	Wellcare	Medicare	20.86				14.99		47.48 fee schedule	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Americare	Americare	821.61	75			16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Qualcare	Qualcare	821.61	75			16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Horizon	Indemnity	419.35	38.28		124.23	16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	First Trenton	First Trenton	985.93	90			16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Aetna	Medicare	337.41	30.8		59.88	16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Aetna	Better Health	333.46	30.44		148.23	16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Aetna	Commercial	416.28	38		115.69	16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	First Health	First Health	766.84	70			16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Amerihealth	HMO/PPO	16.88			90.24	16.88		1040.71 fee schedule	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Amerihealth	Medicare	27.22				16.88		1040.71 fee schedule	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Multiplan	Multiplan	876.38	80			16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Horizon	Medicare Blue	328.64	30		50.24	16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Consumer	Consumer	1040.71	95			16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Wellcare	Medicare	27.22			72.09	16.88		1040.71 fee schedule	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Horizon	MGD	419.35	38.28		60.88	16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	UHC	Medicaid	333.46	30.44		142.12	16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Managed Care Inc	Managed Care Inc	985.93	90			16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Horizon	NJ Health	29.73			23.72	16.88		1040.71 fee schedule	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Horizon	PPO	419.35	38.28		79.36	16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	WellPoint	WellPoint	340.04	31.04		136.48	16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Corrections	Corrections	876.38	80			16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	UHC	Medicare	27.22			70.32	16.88		1040.71 fee schedule	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Three Rivers	Three Rivers	1040.71	95			16.88		1040.71 percent of total billed charges	
PROCALCITONIN (PCT)	84145	CPT				both			1095.48	31.3	Wellcare	Medicaid	333.46	30.44		150.29	16.88		1040.71 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Horizon	Indemnity	70.67	38.28		16.08	13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Horizon	Medicare Blue	55.39	30		15.53	13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Americare	Americare	138.47	75			13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	First Health	First Health	129.23	70			13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Aetna	Better Health	56.2	30.44		19.46	13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	UHC	Medicare	19.38			19.75	13.46		175.39 fee schedule	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Aetna	Commercial	70.16	38		18.4	13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	UHC	Medicaid	15.5			37.87	13.46		175.39 fee schedule	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Horizon	PPO	70.67	38.28		26.04	13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Horizon	MGD	70.67	38.28		61.86	13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Amerihealth	HMO/PPO	30.2			14.24	13.46		175.39 fee schedule	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	WellPoint	WellPoint	57.31	31.04		51.69	13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Amerihealth	Medicare	19.38				13.46		175.39 fee schedule	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Aetna	Medicare	19.38				13.46		175.39 fee schedule	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Multiplan	Multiplan	147.7	80			13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	First Trenton	First Trenton	166.16	90			13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Consumer	Consumer	175.39	95			13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Wellcare	Medicaid	15.5			41.05	13.46		175.39 fee schedule	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Qualcare	Qualcare	138.47	75			13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Managed Care Inc	Managed Care Inc	166.16	90			13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Corrections	Corrections	147.7	80			13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Three Rivers	Three Rivers	175.39	95			13.46		175.39 percent of total billed charges	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Horizon	NJ Health	39.2			6.7	13.46		175.39 fee schedule	
ASSAY OF PROLACTIN	84146	CPT				both			184.62	22.29	Wellcare	Medicare	19.38			13.7	13.46		175.39 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Horizon	PPO	87.46	38.28		26.75	13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	UHC	Medicare	18.39			16.74	13.46		217.06 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Aetna	Better Health	69.55	30.44		28.39	13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	First Health	First Health	159.94	70			13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	UHC	Medicaid	14.71			39.36	13.46		217.06 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Aetna	Medicare	18.39			11.9	13.46		217.06 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Corrections	Corrections	182.78	80		39.96	13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Aetna	Commercial	86.82	38		6.75	13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	WellPoint	WellPoint	70.92	31.04		23.75	13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Wellcare	Medicaid	14.71			36.69	13.46		217.06 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Americare	Americare	171.36	75			13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Amerihealth	Medicare	18.39				13.46		217.06 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Multiplan	Multiplan	182.78	80			13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Amerihealth	HMO/PPO	26.1			16.27	13.46		217.06 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Consumer	Consumer	217.06	95			13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Horizon	Indemnity	87.46	38.28		23.04	13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Qualcare	Qualcare	171.36	75			13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	First Trenton	First Trenton	205.63	90			13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Horizon	MGD	87.46	38.28		29.97	13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Horizon	Medicare Blue	68.54	30		19.82	13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Wellcare	Medicare	18.39			20.51	13.46		217.06 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Managed Care Inc	Managed Care Inc	205.63	90			13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Horizon	NJ Health	48.02			8.34	13.46		217.06 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	84153	CPT				both			228.48	21.15	Three Rivers	Three Rivers	217.06	95			13.46		217.06 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Horizon	Indemnity	11.71	38.28			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Corrections	Corrections	24.48	80			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Amerihealth	HMO/PPO	25.4			4.99	9.18		29.07 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Aetna	Better Health	9.31	30.44			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Aetna	Commercial	11.63	38		2.25	9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Consumer	Consumer	29.07	95			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Aetna	Medicare	9.42	30.8			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	First Health	First Health	21.42	70			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Horizon	MGD	11.71	38.28		12.54	9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Horizon	Medicare Blue	9.18	30		5.77	9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Amerihealth	Medicare	18.39				9.18		29.07 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	UHC	Medicare	18.39			5.98	9.18		29.07 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Americare	Americare	22.95	75			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Horizon	NJ Health	20.42			1.98	9.18		29.07 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	UHC	Medicaid	9.31	30.44		5.78	9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Multiplan	Multiplan	24.48	80			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	First Trenton	First Trenton	27.54	90			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Three Rivers	Three Rivers	29.07	95			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Horizon	PPO	11.71	38.28			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Qualcare	Qualcare	22.95	75			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Managed Care Inc	Managed Care Inc	27.54	90			9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Wellcare	Medicaid	9.31	30.44		10	9.18		29.07 percent of total billed charges	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	Wellcare	Medicare	18.39			5.92	9.18		29.07 fee schedule	
ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	84154	CPT				both			30.6	21.15	WellPoint	WellPoint	9.5	31.04		5.21	9.18		29.07 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Horizon	Medicare Blue	37.03	30			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Aetna	Medicare	3.67				1.7		117.25 fee schedule	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Aetna	Commercial	46.9	38			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Horizon	MGD	47.25	38.28			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Americare	Americare	92.57	75			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Aetna	Better Health	37.57	30.44			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Multiplan	Multiplan	98.74	80			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Amerihealth	Medicare	3.67				1.7		117.25 fee schedule	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Wellcare	Medicaid	2.94				1.7		117.25 fee schedule	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Consumer	Consumer	117.25	95			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Qualcare	Qualcare	92.57	75			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Horizon	NJ Health	3.53			1.75	1.7		117.25 fee schedule	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Amerihealth	HMO/PPO	1.7				1.7		117.25 fee schedule	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	First Health	First Health	86.39	70			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	UHC	Medicare	3.67			9.7	1.7		117.25 fee schedule	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Corrections	Corrections	98.74	80			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	UHC	Medicaid	2.94				1.7		117.25 fee schedule	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	First Trenton	First Trenton	111.08	90			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Wellcare	Medicare	3.67				1.7		117.25 fee schedule	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	WellPoint	WellPoint	38.31	31.04			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Horizon	Indemnity	47.25	38.28			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Horizon	PPO	47.25	38.28			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Managed Care Inc	Managed Care Inc	111.08	90			1.7		117.25 percent of total billed charges	
PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	84155	CPT				both			123.42	4.22	Three Rivers	Three Rivers	117.25	95			1.7		117.25 percent of total billed charges	
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32	4.22	Consumer	Consumer	63.95	95			1.7		63.95 percent of total billed charges	
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32	4.22	First Trenton	First Trenton	60.59	90			1.7		63.95 percent of total billed charges	
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32	4.22	Qualcare	Qualcare	50.49	75			1.7		63.95 percent of total billed charges	
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32	4.22	Horizon	Medicare Blue	20.2	30		3.62	1.7		63.95 percent of total billed charges	
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32	4.22	Aetna	Commercial	25.58	38		9.09	1.7		63.95 percent of total billed charges	
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32	4.22	Aetna	Better Health	20.49	30.44		6.08	1.7		63.95 percent of total billed charges	
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32	4.22	Aetna	Medicare	3.67			2.72	1.7		63.95 fee schedule	
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32	4.22	Multiplan	Multiplan	53.86	80			1.7		63.95 percent of total billed charges	
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32	4.22	Corrections	Corrections	53.86	80			1.7		63.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 First Health	First Health	47.12	70			1.7		63.95 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 UHC	Medicare	3.67			3.41	1.7		63.95 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Wellcare	Medicare	3.67			2.26	1.7		63.95 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Americare	Americare	50.49	75			1.7		63.95 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Amerihealth	Medicare	3.67				1.7		63.95 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Horizon	MGD	25.77	38.28		6.4	1.7		63.95 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 WellPoint	WellPoint	20.9	31.04		8.27	1.7		63.95 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Amerihealth	HMO/PPO	1.7			7.64	1.7		63.95 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Horizon	Indemnity	25.77	38.28		5.98	1.7		63.95 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Horizon	NJ Health	5.12			5.87	1.7		63.95 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Wellcare	Medicaid	2.94			3.89	1.7		63.95 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Horizon	PPO	25.77	38.28		5.94	1.7		63.95 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Managed Care Inc	Managed Care Inc	60.59	90			1.7		63.95 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 Three Rivers	Three Rivers	63.95	95			1.7		63.95 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY URINE	84156	CPT				both			67.32		4.22 UHC	Medicaid	2.94			6.52	1.7		63.95 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Aetna	Commercial	18.22	38		5.18	1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Aetna	Better Health	14.59	30.44		8.14	1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Horizon	PPO	18.35	38.28			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Consumer	Consumer	45.54	95			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 First Health	First Health	33.56	70			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Americare	Americare	35.96	75			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Amerihealth	Medicare	4				1.7		45.54 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Horizon	MGD	18.35	38.28		9.33	1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Aetna	Medicare	4			4.47	1.7		45.54 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Amerihealth	HMO/PPO	1.7				1.7		45.54 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Three Rivers	Three Rivers	45.54	95			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Horizon	Indemnity	18.35	38.28		5.93	1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Multiplan	Multiplan	38.35	80			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Wellcare	Medicaid	3.2			8.08	1.7		45.54 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 First Trenton	First Trenton	43.15	90			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Horizon	NJ Health	5.12			1.35	1.7		45.54 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Corrections	Corrections	36.35	80			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 WellPoint	WellPoint	14.88	31.04		4.32	1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 UHC	Medicaid	3.2			8.25	1.7		45.54 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Qualcare	Qualcare	35.96	75			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Managed Care Inc	Managed Care Inc	43.15	90			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Horizon	Medicare Blue	14.38	30			1.7		45.54 percent of total billed charges		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 UHC	Medicare	4			3.89	1.7		45.54 fee schedule		
PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	84157	CPT				both			47.94		4.6 Wellcare	Medicare	4				1.7		45.54 fee schedule		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Americare	Americare	120.11	75			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Amerihealth	Medicare	10.74				7.65		152.13 fee schedule		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 First Trenton	First Trenton	144.13	90			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Aetna	Better Health	48.75	30.44			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Multiplan	Multiplan	128.11	80			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 UHC	Medicare	10.74			14.8	7.65		152.13 fee schedule		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Aetna	Commercial	60.85	38		27.7	7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Corrections	Corrections	128.11	80			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Qualcare	Qualcare	120.11	75			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 First Health	First Health	112.1	70			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Managed Care Inc	Managed Care Inc	144.13	90			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Aetna	Medicare	49.32	30.8		26.24	7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Wellcare	Medicaid	48.75	30.44		21.34	7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Horizon	Medicare Blue	48.04	30		20.69	7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Amerihealth	HMO/PPO	17.4				7.65		152.13 fee schedule		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Horizon	NJ Health	11.76			8.84	7.65		152.13 fee schedule		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Three Rivers	Three Rivers	152.13	95			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Horizon	PPO	61.3	38.28		11.44	7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Horizon	Indemnity	61.3	38.28			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Consumer	Consumer	152.13	95			7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Horizon	MGD	61.3	38.28		25.4	7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 UHC	Medicaid	48.75	30.44		21.73	7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 WellPoint	WellPoint	49.71	31.04		17.7	7.65		152.13 percent of total billed charges		
PROTEIN ELECTROPHORETIC FRACT,&QUANTJ SERUM	84165	CPT				both			160.14		12.35 Wellcare	Medicare	10.74			22.45	7.65		152.13 fee schedule		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Horizon	MGD	65.21	38.28		5.03	6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 First Health	First Health	119.24	70			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Aetna	Better Health	51.85	30.44			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Amerihealth	Medicare	17.83				6.43		161.82 fee schedule		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Americare	Americare	127.76	75			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Amerihealth	HMO/PPO	27.8				6.43		161.82 fee schedule		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Aetna	Medicare	17.83			5.25	6.43		161.82 fee schedule		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 UHC	Medicaid	14.26			1.81	6.43		161.82 fee schedule		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Wellcare	Medicare	17.83			3.51	6.43		161.82 fee schedule		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 UHC	Medicare	17.83			1.62	6.43		161.82 fee schedule		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Aetna	Commercial	64.73	38		6.97	6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Wellcare	Medicaid	14.26				6.43		161.82 fee schedule		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Consumer	Consumer	161.82	95			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Corrections	Corrections	136.27	80			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 First Trenton	First Trenton	153.31	90			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Horizon	Indemnity	65.21	38.28			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Horizon	NJ Health	37.24			1.65	6.43		161.82 fee schedule		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 WellPoint	WellPoint	52.87	31.04		2.65	6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Horizon	PPO	65.21	38.28			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Horizon	Medicare Blue	51.1	30			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Managed Care Inc	Managed Care Inc	153.31	90			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Multiplan	Multiplan	136.27	80			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Three Rivers	Three Rivers	161.82	95			6.43		161.82 percent of total billed charges		
PROTEIN ELECTROP FXJ&QUAN OTH FLUIS CONCENTRATI	84166	CPT				both			170.34		20.5 Qualcare	Qualcare	127.76	75			6.43		161.82 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Americare	Americare	925.65	75			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 First Trenton	First Trenton	1110.78	90			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Aetna	Better Health	375.69	30.44			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 UHC	Medicaid	13.62				13.62		1172.49 fee schedule		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Corrections	Corrections	987.36	80			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Amerihealth	HMO/PPO	30.2				13.62		1172.49 fee schedule		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Aetna	Medicare	17.03				13.62		1172.49 fee schedule		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Aetna	Commercial	469	38			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Consumer	Consumer	1172.49	95			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Horizon	PPO	472.45	38.28			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Horizon	Medicare Blue	370.26	30			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Wellcare	Medicare	17.03				13.62		1172.49 fee schedule		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Horizon	Indemnity	472.45	38.28			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Amerihealth	Medicare	17.03				13.62		1172.49 fee schedule		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 First Health	First Health	863.94	70			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Managed Care Inc	Managed Care Inc	1110.78	90			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Horizon	NJ Health	57.82				13.62		1172.49 fee schedule		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Horizon	MGD	472.45	38.28			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 WellPoint	WellPoint	383.1	31.04			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Wellcare	Medicaid	13.62				13.62		1172.49 fee schedule		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Multiplan	Multiplan	987.36	80			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Three Rivers	Three Rivers	1172.49	95			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 Qualcare	Qualcare	925.65	75			13.62		1172.49 percent of total billed charges		
PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	84181	CPT				inpatient			1234.2		19.58 UHC	Medicare	17.03				13.62		1172.49 fee schedule		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Aetna	Commercial	628.69	38			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Amerihealth	Medicare	29.21				23.37		1571.72 fee schedule		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Corrections	Corrections	1323.55	80			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Aetna	Better Health	503.61	30.44			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 UHC	Medicaid	23.37				23.37		1571.72 fee schedule		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Amerihealth	HMO/PPO	26.8				23.37		1571.72 fee schedule		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Americare	Americare	1240.83	75			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Aetna	Medicare	29.21				23.37		1571.72 fee schedule		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Multiplan	Multiplan	1323.55	80			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 WellPoint	WellPoint	513.54	31.04			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Wellcare	Medicaid	23.37				23.37		1571.72 fee schedule		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Horizon	Indemnity	633.32	38.28			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Wellcare	Medicare	29.21				23.37		1571.72 fee schedule		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Horizon	MGD	633.32	38.28			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Consumer	Consumer	1571.72	95			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 First Health	First Health	1158.11	70			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Qualcare	Qualcare	1240.83	75			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Horizon	Medicare Blue	496.33	30			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 First Trenton	First Trenton	1489	90			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 UHC	Medicare	29.21				23.37		1571.72 fee schedule		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Horizon	NJ Health	57.82				23.37		1571.72 fee schedule		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Horizon	PPO	633.32	38.28			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Managed Care Inc	Managed Care Inc	1489	90			23.37		1571.72 percent of total billed charges		
PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	84182	CPT				both			1654.44		33.59 Three Rivers	Three Rivers	1571.72	95			23.37		1571.72 percent of total billed charges		
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72		16.5 Aetna	Better Health	42.23	30.44			9.79		131.78 percent of total billed charges		
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72		16.5 Amerihealth	Medicare	14.35				9.79		131.78 fee schedule		
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72		16.5 Aetna	Commercial	52.71	38			9.79		131.78 percent of total billed charges		
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72		16.5 Amerihealth	HMO/PPO	22.4				9.79		131.78 fee schedule		
PROTOPORPHYRIN RBC QUANTITATIVE	84202

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	Horizon	Indemnity	53.1	38.28			9.79		131.78 percent of total billed charges	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	Horizon	NJ Health	20.38				9.79		131.78 fee schedule	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	Horizon	PPO	53.1	38.28			9.79		131.78 percent of total billed charges	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	WellPoint	WellPoint	43.06	31.04			9.79		131.78 percent of total billed charges	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	Wellcare	Medicaid	42.23	30.44			9.79		131.78 percent of total billed charges	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	Multiplan	Multiplan	110.98	80			9.79		131.78 percent of total billed charges	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	Managed Care Inc	Managed Care Inc	124.85	90			9.79		131.78 percent of total billed charges	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	Qualcare	Qualcare	104.04	75			9.79		131.78 percent of total billed charges	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	Three Rivers	Three Rivers	131.78	95			9.79		131.78 percent of total billed charges	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	UHC	Medicare	14.35				9.79		131.78 fee schedule	
PROTOPORPHYRIN RBC QUANTITATIVE	84202	CPT				both			138.72	16.5	Wellcare	Medicare	14.35				9.79		131.78 fee schedule	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	First Health	First Health	52.12	70			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Americare	Americare	55.85	75			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Wellcare	Medicare	26.69				21.35		70.74 fee schedule	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Aetna	Commercial	28.29	38			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Aetna	Better Health	22.67	30.44			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Amerihealth	Medicare	26.69				21.35		70.74 fee schedule	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Horizon	MGD	28.5	38.28			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Aetna	Medicare	26.69				21.35		70.74 fee schedule	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Consumer	Consumer	70.74	95			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Amerihealth	HMO/PPO	24.2				21.35		70.74 fee schedule	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	WellPoint	WellPoint	23.11	31.04			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Multiplan	Multiplan	59.57	80			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	First Trenton	First Trenton	67.01	90			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Corrections	Corrections	59.57	80			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	UHC	Medicare	26.69				21.35		70.74 fee schedule	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Qualcare	Qualcare	55.85	75			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Horizon	Indemnity	28.5	38.28			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	UHC	Medicaid	21.35				21.35		70.74 fee schedule	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Horizon	Medicare Blue	22.34	30			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Wellcare	Medicaid	21.35				21.35		70.74 fee schedule	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Horizon	NJ Health	37.24				21.35		70.74 fee schedule	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Horizon	PPO	28.5	38.28			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Managed Care Inc	Managed Care Inc	67.01	90			21.35		70.74 percent of total billed charges	
ASSAY OF PROINSULIN	84206	CPT				both			74.46	30.69	Three Rivers	Three Rivers	70.74	95			21.35		70.74 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Consumer	Consumer	388.57	95			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Aetna	Better Health	124.51	30.44		13.69	20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Americare	Americare	306.77	75			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Aetna	Medicare	125.98	30.8		5.85	20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Aetna	Commercial	155.43	38			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Amerihealth	HMO/PPO	43.2				20.2		388.57 fee schedule	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Horizon	Indemnity	156.57	38.28			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Amerihealth	Medicare	28.1				20.2		388.57 fee schedule	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Corrections	Corrections	327.22	80			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	First Health	First Health	286.31	70			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Three Rivers	Three Rivers	388.57	95			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Horizon	Medicare Blue	122.71	30		9.59	20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Horizon	NJ Health	78.4			1.47	20.2		388.57 fee schedule	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	First Trenton	First Trenton	368.12	90			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	UHC	Medicare	28.1			4.36	20.2		388.57 fee schedule	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Horizon	PPO	156.57	38.28			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Multiplan	Multiplan	327.22	80			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Horizon	MGD	156.57	38.28		6.78	20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Wellcare	Medicaid	124.51	30.44		17.6	20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	UHC	Medicaid	124.51	30.44		13.04	20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Qualcare	Qualcare	306.77	75			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Managed Care Inc	Managed Care Inc	368.12	90			20.2		388.57 percent of total billed charges	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	Wellcare	Medicare	28.1				20.2		388.57 fee schedule	
ASSAY OF PYRIDOXAL PHOSPHATE	84207	CPT				both			409.02	32.32	WellPoint	WellPoint	126.96	31.04		6.89	20.2		388.57 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	First Health	First Health	353.43	70			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Consumer	Consumer	479.66	95			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Aetna	Medicare	155.51	30.8			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Americare	Americare	378.68	75			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Aetna	Better Health	153.69	30.44			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	UHC	Medicaid	153.69	30.44		5.86	6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Amerihealth	Medicare	14.48				6.73		479.66 fee schedule	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Aetna	Commercial	191.86	38			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Horizon	Medicare Blue	151.47	30			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Corrections	Corrections	403.92	80			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Horizon	MGD	193.28	38.28			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Amerihealth	HMO/PPO	15.3				6.73		479.66 fee schedule	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Horizon	PPO	193.28	38.28		14.03	6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Horizon	NJ Health	31.36				6.73		479.66 fee schedule	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	First Trenton	First Trenton	454.41	90			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Horizon	Indemnity	193.28	38.28			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Multiplan	Multiplan	403.92	80			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Wellcare	Medicare	14.48				6.73		479.66 fee schedule	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Managed Care Inc	Managed Care Inc	454.41	90			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Wellcare	Medicaid	153.69	30.44		9.32	6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Qualcare	Qualcare	378.68	75			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	WellPoint	WellPoint	156.72	31.04		9.8	6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	Three Rivers	Three Rivers	479.66	95			6.73		479.66 percent of total billed charges	
ASSAY OF PYRUVATE	84210	CPT				both			504.9	16.65	UHC	Medicare	14.48				6.73		479.66 fee schedule	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Amerihealth	Medicare	9.44				7.55		117.25 fee schedule	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	WellPoint	WellPoint	38.31	31.04			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Aetna	Medicare	9.44				7.55		117.25 fee schedule	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Horizon	Medicare Blue	37.03	30			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Americare	Americare	92.57	75			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Aetna	Commercial	46.9	38			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Aetna	Better Health	37.57	30.44			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	UHC	Medicaid	7.55				7.55		117.25 fee schedule	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Corrections	Corrections	98.74	80			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Multiplan	Multiplan	98.74	80			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Amerihealth	HMO/PPO	14.7				7.55		117.25 fee schedule	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Wellcare	Medicare	9.44				7.55		117.25 fee schedule	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Consumer	Consumer	117.25	95			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Qualcare	Qualcare	92.57	75			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Horizon	Indemnity	47.25	38.28			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	UHC	Medicare	9.44				7.55		117.25 fee schedule	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Horizon	MGD	47.25	38.28			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	First Health	First Health	86.39	70			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	First Trenton	First Trenton	111.08	90			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Wellcare	Medicaid	7.55				7.55		117.25 fee schedule	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Horizon	NJ Health	28.03				7.55		117.25 fee schedule	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Horizon	PPO	47.25	38.28			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Managed Care Inc	Managed Care Inc	111.08	90			7.55		117.25 percent of total billed charges	
ASSAY OF PYRUVATE KINASE	84220	CPT				inpatient			123.42	10.86	Three Rivers	Three Rivers	117.25	95			7.55		117.25 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Horizon	Indemnity	193.28	38.28			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	First Trenton	First Trenton	454.41	90			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	First Health	First Health	353.43	70			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Aetna	Commercial	191.86	38			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Aetna	Better Health	153.69	30.44		18.89	21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Americare	Americare	378.68	75			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Consumer	Consumer	479.66	95			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Aetna	Medicare	36.57			15.25	21.73		479.66 fee schedule	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Multiplan	Multiplan	403.92	80			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Horizon	Medicare Blue	151.47	30		8.73	21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Corrections	Corrections	403.92	80			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Amerihealth	Medicare	36.57				21.73		479.66 fee schedule	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Qualcare	Qualcare	378.68	75			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Amerihealth	HMO/PPO	54.9				21.73		479.66 fee schedule	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Managed Care Inc	Managed Care Inc	454.41	90			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	UHC	Medicaid	29.26			13.57	21.73		479.66 fee schedule	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Horizon	PPO	193.28	38.28			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Horizon	MGD	193.28	38.28		21.75	21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Horizon	NJ Health	92.71			2.62	21.73		479.66 fee schedule	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Wellcare	Medicare	36.57				21.73		479.66 fee schedule	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Three Rivers	Three Rivers	479.66	95			21.73		479.66 percent of total billed charges	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	UHC	Medicare	36.57			5.05	21.73		479.66 fee schedule	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	Wellcare	Medicaid	29.26			8.97	21.73		479.66 fee schedule	
RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	84238	CPT				both			504.9	42.06	WellPoint	WellPoint	156.72	31.04		14.18	21.73		479.66 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	UHC	Medicare	21.99			5.72	15.3		68.8 fee schedule	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Multiplan	Multiplan	57.94	80			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Aetna	Medicare	22.31	30.8			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Americare	Americare	54.32	75			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Aetna	Better Health	22.04	30.44			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Qualcare	Qualcare	54.32	75			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	UHC	Medicaid	22.04	30.44		7.8	15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Consumer	Consumer	68.8	95			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Aetna	Commercial	27.52	38		10.71	15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Wellcare	Medicaid	22.04	30.44		9.46	15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Amerihealth	HMO/PPO	34.2				15.3		68.8 fee schedule	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	First Trenton	First Trenton	65.18	90			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Horizon	Indemnity	27.72	38.28		10.25	15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Corrections	Corrections	57.94	80			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Amerihealth	Medicare	21.99				15.3		68.8 fee schedule	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Horizon	MGD	27.72	38.28		13.28	15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Wellcare	Medicare	21.99			6.43	15.3		68.8 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	WellPoint	WellPoint	22.48	31.04		9.44	15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	First Health	First Health	50.69	70			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Horizon	NJ Health	49			3.76	15.3		68.8 fee schedule	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Horizon	Medicare Blue	21.73	30		5.83	15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Managed Care Inc	Managed Care Inc	65.18	90			15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Horizon	PPO	27.72	38.28		10.11	15.3		68.8 percent of total billed charges	
ASSAY OF RENIN	84244	CPT				both			72.42	25.29	Three Rivers	Three Rivers	68.8	95			15.3		68.8 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Aetna	Medicare	20.24				16.19		288.76 fee schedule	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	UHC	Medicaid	16.19				16.19		288.76 fee schedule	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Consumer	Consumer	288.76	95			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	WellPoint	WellPoint	94.35	31.04			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Aetna	Better Health	92.53	30.44			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Aetna	Commercial	115.5	38			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Americare	Americare	227.97	75			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Amerihealth	HMO/PPO	31.5				16.19		288.76 fee schedule	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Horizon	Indemnity	116.36	38.28			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Multiplan	Multiplan	243.17	80			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Corrections	Corrections	243.17	80			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Amerihealth	Medicare	20.24				16.19		288.76 fee schedule	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Horizon	Medicare Blue	91.19	30			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Qualcare	Qualcare	227.97	75			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	First Trenton	First Trenton	273.56	90			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	First Health	First Health	212.77	70			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Wellcare	Medicaid	16.19				16.19		288.76 fee schedule	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	UHC	Medicare	20.24				16.19		288.76 fee schedule	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Horizon	NJ Health	64.68				16.19		288.76 fee schedule	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Horizon	MGD	116.36	38.28			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Horizon	PPO	116.36	38.28			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Wellcare	Medicare	20.24				16.19		288.76 fee schedule	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Managed Care Inc	Managed Care Inc	273.56	90			16.19		288.76 percent of total billed charges	
ASSAY OF RIBOFLAVIN-VITAMIN B-2	84252	CPT				both			303.96	23.28	Three Rivers	Three Rivers	288.76	95			16.19		288.76 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Aetna	Better Health	25.46	30.44		13.9	20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Amerihealth	Medicare	25.53				20.42		79.46 fee schedule	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Americare	Americare	62.73	75			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Consumer	Consumer	79.46	95			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Aetna	Medicare	25.53			5.93	20.42		79.46 fee schedule	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Aetna	Commercial	31.78	38			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	First Trenton	First Trenton	75.28	90			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Horizon	Medicare Blue	25.09	30		14.41	20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Amerihealth	HMO/PPO	38				20.42		79.46 fee schedule	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Corrections	Corrections	66.91	80			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Managed Care Inc	Managed Care Inc	75.28	90			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	First Health	First Health	58.55	70			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	UHC	Medicare	25.53			5.67	20.42		79.46 fee schedule	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Horizon	Indemnity	32.02	38.28			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Three Rivers	Three Rivers	79.46	95			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Wellcare	Medicaid	20.42				20.42		79.46 fee schedule	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Horizon	MGD	32.02	38.28		4.35	20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Wellcare	Medicare	25.53				20.42		79.46 fee schedule	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Horizon	NJ Health	58.02			1.38	20.42		79.46 fee schedule	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	WellPoint	WellPoint	25.96	31.04		6.82	20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Horizon	PPO	32.02	38.28		6.63	20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Multiplan	Multiplan	66.91	80			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	Qualcare	Qualcare	62.73	75			20.42		79.46 percent of total billed charges	
ASSAY OF SELENIUM	84255	CPT				both			83.64	29.36	UHC	Medicaid	20.42			15.76	20.42		79.46 fee schedule	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Horizon	MGD	19.13	38.28			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Consumer	Consumer	47.48	95			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Americare	Americare	37.49	75			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Multiplan	Multiplan	39.98	80			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Aetna	Commercial	18.99	38			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	First Health	First Health	34.99	70			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Amerihealth	HMO/PPO	46.9				14.99		99.18 fee schedule	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Aetna	Better Health	15.21	30.44			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Aetna	Medicare	30.98				14.99		99.18 fee schedule	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Horizon	Indemnity	19.13	38.28			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	First Trenton	First Trenton	44.98	90			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Qualcare	Qualcare	37.49	75			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Amerihealth	Medicare	30.98				14.99		99.18 fee schedule	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Horizon	PPO	19.13	38.28		15.94	14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Three Rivers	Three Rivers	47.48	95			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Corrections	Corrections	39.98	80			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Wellcare	Medicare	30.98				14.99		99.18 fee schedule	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	UHC	Medicaid	24.78				14.99		99.18 fee schedule	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	UHC	Medicare	30.98				14.99		99.18 fee schedule	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Wellcare	Medicaid	24.78				14.99		99.18 fee schedule	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Horizon	Medicare Blue	14.99	30			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Horizon	NJ Health	99.18				14.99		99.18 fee schedule	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	Managed Care Inc	Managed Care Inc	44.98	90			14.99		99.18 percent of total billed charges	
ASSAY OF SEROTONIN	84260	CPT				outpatient			49.98	35.63	WellPoint	WellPoint	15.51	31.04			14.99		99.18 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Aetna	Medicare	74.14	30.8		3.49	4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Horizon	MGD	92.15	38.28		3.77	4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Aetna	Commercial	91.47	38		5.04	4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	First Health	First Health	168.5	70			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Aetna	Better Health	73.28	30.44			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Multiplan	Multiplan	192.58	80			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Amerihealth	HMO/PPO	25.9			2.62	4.99		228.68 fee schedule	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Corrections	Corrections	192.58	80			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Americare	Americare	180.54	75			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	UHC	Medicaid	73.28	30.44		11.03	4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Amerihealth	Medicare	21.73				4.99		228.68 fee schedule	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Horizon	Indemnity	92.15	38.28			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Horizon	Medicare Blue	72.22	30			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Qualcare	Qualcare	180.54	75			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Horizon	NJ Health	49			3.02	4.99		228.68 fee schedule	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	First Trenton	First Trenton	216.65	90			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Consumer	Consumer	228.68	95			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Three Rivers	Three Rivers	228.68	95			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	UHC	Medicare	21.73			2.14	4.99		228.68 fee schedule	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Horizon	PPO	92.15	38.28		12.05	4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Wellcare	Medicaid	73.28	30.44		8.1	4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Managed Care Inc	Managed Care Inc	216.65	90			4.99		228.68 percent of total billed charges	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	Wellcare	Medicare	21.73				4.99		228.68 fee schedule	
ASSAY OF SEX HORMONE BINDING GLOBULIN	84270	CPT				both			240.72	24.99	WellPoint	WellPoint	74.72	31.04			4.99		228.68 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	UHC	Medicare	4.81			3.25	1.7		67.83 fee schedule	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Amerihealth	HMO/PPO	1.7			4.59	1.7		67.83 fee schedule	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Aetna	Medicare	4.81			4.09	1.7		67.83 fee schedule	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Aetna	Commercial	27.13	38		7.84	1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Consumer	Consumer	67.83	95			1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Amerihealth	Medicare	4.81				1.7		67.83 fee schedule	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Americare	Americare	53.55	75			1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Aetna	Better Health	21.73	30.44		6.97	1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Wellcare	Medicare	4.81			3.89	1.7		67.83 fee schedule	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Horizon	PPO	27.33	38.28		10.69	1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Horizon	MGD	27.33	38.28		4.96	1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Corrections	Corrections	57.12	80		3.13	1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Horizon	NJ Health	7.64			1.65	1.7		67.83 fee schedule	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	First Trenton	First Trenton	64.26	90			1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Horizon	Medicare Blue	21.42	30		4.33	1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Managed Care Inc	Managed Care Inc	64.26	90			1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	First Health	First Health	49.98	70			1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	WellPoint	WellPoint	22.16	31.04		7.28	1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Horizon	Indemnity	27.33	38.28		6.95	1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Multiplan	Multiplan	57.12	80			1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Qualcare	Qualcare	53.55	75			1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Three Rivers	Three Rivers	67.83	95			1.7		67.83 percent of total billed charges	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	UHC	Medicaid	3.85			7.76	1.7		67.83 fee schedule	
SODIUM SERUM PLASMA OR WHOLE BLOOD	84295	CPT				both			71.4	5.53	Wellcare	Medicaid	3.85			7.96	1.7		67.83 fee schedule	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Consumer	Consumer	96.9	95			5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Aetna	Commercial	38.76	38		16.59	5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Aetna	Medicare	31.42	30.8		7.88	5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Horizon	PPO	39.05	38.28		11.71	5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Horizon	MGD	39.05	38.28		13.3	5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Americare	Americare	76.5	75			5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Aetna	Better Health	31.05	30.44		12.66	5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Amerihealth	Medicare	5.06				5.06		96.9 fee schedule	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Corrections	Corrections	81.6	80			5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Horizon	Indemnity	39.05	38.28			5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Amerihealth	HMO/PPO	7.6				5.06		96.9 fee schedule	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	WellPoint	WellPoint	31.66	31.04		10.79	5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	UHC	Medicaid	31.05	30.44		14.49	5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Multiplan	Multiplan	81.6	80			5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Horizon	Medicare Blue	30.6	30		6.87	5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	First Trenton	First Trenton	91.8	90			5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	First Health	First Health	71.4	70			5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Qualcare	Qualcare	76.5	75			5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Wellcare	Medicare	5.06			4.3	5.06		96.9 fee schedule	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Horizon	NJ Health	7.64			2.09	5.06		96.9 fee schedule	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Three Rivers	Three Rivers	96.9	95			5.06		96.9 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Managed Care Inc	Managed Care Inc	91.8	90			5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	Wellcare	Medicaid	31.05	30.44		9.02	5.06		96.9 percent of total billed charges	
ASSAY OF URINE SODIUM	84300	CPT				both			102	5.82	UHC	Medicare	5.06			7.18	5.06		96.9 fee schedule	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Aetna	Medicare	4.86				3.89		271.32 fee schedule	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Consumer	Consumer	271.32	95			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Horizon	MGD	109.33	38.28			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Aetna	Better Health	86.94	30.44			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Amerihealth	Medicare	4.86				3.89		271.32 fee schedule	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Americare	Americare	214.2	75			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Amerihealth	HMO/PPO	6.79				3.89		271.32 fee schedule	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Aetna	Commercial	108.53	38			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Horizon	Indemnity	109.33	38.28			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Wellcare	Medicaid	3.89				3.89		271.32 fee schedule	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Horizon	PPO	109.33	38.28			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Wellcare	Medicare	4.86				3.89		271.32 fee schedule	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Corrections	Corrections	228.48	80			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Multiplan	Multiplan	228.48	80			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	First Health	First Health	199.92	70			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	UHC	Medicaid	3.89				3.89		271.32 fee schedule	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Qualcare	Qualcare	214.2	75			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Three Rivers	Three Rivers	271.32	95			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	First Trenton	First Trenton	257.04	90			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Horizon	Medicare Blue	85.68	30			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	UHC	Medicare	4.86				3.89		271.32 fee schedule	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Horizon	NJ Health	5.33				3.89		271.32 fee schedule	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	Managed Care Inc	Managed Care Inc	257.04	90			3.89		271.32 percent of total billed charges	
ASSAY OF SODIUM OTHER SOURCE	84302	CPT				both			285.6	5.59	WellPoint	WellPoint	88.65	31.04			3.89		271.32 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	First Health	First Health	314.16	70			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Wellcare	Medicare	21.26				15.61		426.36 fee schedule	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Horizon	Medicare Blue	134.64	30			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Aetna	Commercial	170.54	38		17.01	15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Aetna	Medicare	21.26			4.52	15.61		426.36 fee schedule	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Aetna	Better Health	136.61	30.44		10.58	15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	First Trenton	First Trenton	403.92	90			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Americare	Americare	336.6	75			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Multiplan	Multiplan	359.04	80			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Corrections	Corrections	359.04	80			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Horizon	Indemnity	171.8	38.28			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Amerihealth	HMO/PPO	25.8				15.61		426.36 fee schedule	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Amerihealth	Medicare	21.26				15.61		426.36 fee schedule	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Horizon	NJ Health	31.36			0.96	15.61		426.36 fee schedule	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Horizon	PPO	171.8	38.28		8.12	15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Horizon	MGD	171.8	38.28		4.5	15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Qualcare	Qualcare	336.6	75			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	UHC	Medicaid	17.01			11.09	15.61		426.36 fee schedule	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Managed Care Inc	Managed Care Inc	403.92	90			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Wellcare	Medicaid	17.01				15.61		426.36 fee schedule	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Consumer	Consumer	426.36	95			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	Three Rivers	Three Rivers	426.36	95			15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	UHC	Medicare	21.26			2.62	15.61		426.36 fee schedule	
ASSAY OF SOMATOMEDIN	84305	CPT				both			448.8	24.45	WellPoint	WellPoint	139.31	31.04		5.21	15.61		426.36 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Aetna	Better Health	18.32	30.44			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Americare	Americare	45.14	75			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	First Trenton	First Trenton	54.16	90			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Consumer	Consumer	57.17	95			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Qualcare	Qualcare	45.14	75			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Amerihealth	HMO/PPO	25.8				18.05		57.17 fee schedule	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Aetna	Medicare	18.54	30.8			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Aetna	Commercial	22.87	38			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	First Health	First Health	42.13	70			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Wellcare	Medicare	18.28				18.05		57.17 fee schedule	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	UHC	Medicaid	18.32	30.44			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Corrections	Corrections	48.14	80			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Horizon	Indemnity	23.04	38.28			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Multiplan	Multiplan	48.14	80			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Amerihealth	Medicare	18.28				18.05		57.17 fee schedule	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Horizon	NJ Health	31.36				18.05		57.17 fee schedule	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Horizon	Medicare Blue	18.05	30			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	WellPoint	WellPoint	18.68	31.04			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Horizon	PPO	23.04	38.28			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Horizon	MGD	23.04	38.28			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Managed Care Inc	Managed Care Inc	54.16	90			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	UHC	Medicare	18.28				18.05		57.17 fee schedule	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Three Rivers	Three Rivers	57.17	95			18.05		57.17 percent of total billed charges	
ASSAY OF SOMATOSTATIN	84307	CPT				outpatient			60.18	21.02	Wellcare	Medicaid	18.32	30.44			18.05		57.17 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Multiplan	Multiplan	399.84	80			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Americare	Americare	374.85	75			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Aetna	Commercial	189.92	38			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Horizon	Indemnity	191.32	38.28			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Aetna	Better Health	152.14	30.44			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Amerihealth	Medicare	8.1				6.48		474.81 fee schedule	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Wellcare	Medicaid	6.48				6.48		474.81 fee schedule	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Aetna	Medicare	8.1				6.48		474.81 fee schedule	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Qualcare	Qualcare	374.85	75			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	First Trenton	First Trenton	449.82	90			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	WellPoint	WellPoint	155.14	31.04			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Amerihealth	HMO/PPO	10.2				6.48		474.81 fee schedule	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Consumer	Consumer	474.81	95			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Corrections	Corrections	399.84	80			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	UHC	Medicare	8.1				6.48		474.81 fee schedule	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	First Health	First Health	349.86	70			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Horizon	Medicare Blue	149.94	30			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Horizon	NJ Health	7.76				6.48		474.81 fee schedule	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	UHC	Medicaid	6.48				6.48		474.81 fee schedule	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Horizon	MGD	191.32	38.28			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Wellcare	Medicare	8.1				6.48		474.81 fee schedule	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Horizon	PPO	191.32	38.28			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Managed Care Inc	Managed Care Inc	449.82	90			6.48		474.81 percent of total billed charges	
SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	84311	CPT				both			499.8	9.32	Three Rivers	Three Rivers	474.81	95			6.48		474.81 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Aetna	Better Health	73.28	30.44			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Amerihealth	Medicare	3.28				2.62		228.68 fee schedule	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Amerihealth	HMO/PPO	3.8				2.62		228.68 fee schedule	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Americare	Americare	180.54	75			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Wellcare	Medicaid	2.62				2.62		228.68 fee schedule	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	First Health	First Health	168.5	70			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Horizon	MGD	92.15	38.28			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Aetna	Medicare	3.28				2.62		228.68 fee schedule	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Aetna	Commercial	91.47	38			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Consumer	Consumer	228.68	95			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Wellcare	Medicare	3.28				2.62		228.68 fee schedule	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	First Trenton	First Trenton	216.65	90			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	WellPoint	WellPoint	74.72	31.04			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Multiplan	Multiplan	192.58	80			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Corrections	Corrections	192.58	80			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Qualcare	Qualcare	180.54	75			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Horizon	Indemnity	92.15	38.28			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	UHC	Medicare	3.28				2.62		228.68 fee schedule	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Horizon	Medicare Blue	72.22	30			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Horizon	NJ Health	6.47				2.62		228.68 fee schedule	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	UHC	Medicaid	2.62				2.62		228.68 fee schedule	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Horizon	PPO	92.15	38.28			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Managed Care Inc	Managed Care Inc	216.65	90			2.62		228.68 percent of total billed charges	
SPECIFIC GRAVITY EXCEPT URINE	84315	CPT				outpatient			240.72	3.77	Three Rivers	Three Rivers	228.68	95			2.62		228.68 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Aetna	Medicare	39				30.5		263.57 fee schedule	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	First Health	First Health	194.21	70			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Corrections	Corrections	221.95	80			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Aetna	Commercial	105.43	38			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Amerihealth	HMO/PPO	30.5				30.5		263.57 fee schedule	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Aetna	Better Health	84.45	30.44			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	First Trenton	First Trenton	249.7	90			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	WellPoint	WellPoint	86.12	31.04			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Horizon	Indemnity	106.2	38.28			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Multiplan	Multiplan	221.95	80			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Horizon	MGD	106.2	38.28			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Americare	Americare	208.08	75			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Amerihealth	Medicare	39				30.5		263.57 fee schedule	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Qualcare	Qualcare	208.08	75			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Horizon	NJ Health	58.8				30.5		263.57 fee schedule	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Consumer	Consumer	263.57	95			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Horizon	PPO	106.2	38.28			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	UHC	Medicare	39				30.5		263.57 fee schedule	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Managed Care Inc	Managed Care Inc	249.7	90			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Horizon	Medicare Blue	83.23	30			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Wellcare	Medicaid	31.2				30.5		263.57 fee schedule	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	UHC	Medicaid	31.2				30.5		263.57 fee schedule	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Three Rivers	Three Rivers	263.57	95			30.5		263.57 percent of total billed charges	
SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	84375	CPT				outpatient			277.44	44.85	Wellcare	Medicare	39				30.5		263.57 fee schedule	
SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	84376	CPT				outpatient			763.98	6.33	Americare	Americare	572.99	75			4.4		725.78 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Horizon	Medicare Blue	229.19	30			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Consumer	Consumer	725.78	95			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Amerihealth	Medicare	5.5				4.4	725.78	fee schedule	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Horizon	MGD	292.45	38.28			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 WellPoint	WellPoint	237.14	31.04			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Aetna	Better Health	232.56	30.44			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Aetna	Medicare	5.5				4.4	725.78	fee schedule	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Amerihealth	HMO/PPO	7.6				4.4	725.78	fee schedule	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 UHC	Medicare	5.5				4.4	725.78	fee schedule	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Corrections	Corrections	611.18	80			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 First Health	First Health	534.79	70			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Aetna	Commercial	290.31	38			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Wellcare	Medicare	5.5				4.4	725.78	fee schedule	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Horizon	NJ Health	6.12				4.4	725.78	fee schedule	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 First Trenton	First Trenton	687.58	90			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Horizon	Indemnity	292.45	38.28			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Horizon	PPO	292.45	38.28			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Wellcare	Medicaid	4.4				4.4	725.78	fee schedule	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Managed Care Inc	Managed Care Inc	687.58	90			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Multiplan	Multiplan	611.18	80			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Three Rivers	Three Rivers	725.78	95			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 Qualcare	Qualcare	572.99	75			4.4	725.78	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUALITATAVE EACH SPEC	84376	CPT				outpatient			763.98		6.33 UHC	Medicaid	4.4				4.4	725.78	fee schedule	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 First Health	First Health	195.64	70			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Amerihealth	Medicare	5.5				4.4	265.51	fee schedule	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Corrections	Corrections	223.58	80			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Aetna	Medicare	5.5				4.4	265.51	fee schedule	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Amerihealth	HMO/PPO	7.6				4.4	265.51	fee schedule	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 First Trenton	First Trenton	251.53	90			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Aetna	Better Health	85.07	30.44			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Consumer	Consumer	265.51	95			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 UHC	Medicare	5.5				4.4	265.51	fee schedule	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Horizon	Indemnity	106.98	38.28			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 WellPoint	WellPoint	86.75	31.04			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Americare	Americare	209.61	75			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Horizon	MGD	106.98	38.28			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Horizon	PPO	106.98	38.28			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Aetna	Commercial	166.2	38			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Horizon	NJ Health	6.12				4.4	265.51	fee schedule	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Wellcare	Medicare	5.5				4.4	265.51	fee schedule	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Managed Care Inc	Managed Care Inc	251.53	90			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Horizon	Medicare Blue	83.84	30			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Multiplan	Multiplan	223.58	80			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Wellcare	Medicaid	4.4				4.4	265.51	fee schedule	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Three Rivers	Three Rivers	265.51	95			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 Qualcare	Qualcare	209.61	75			4.4	265.51	percent of total billed charges	
SUGARS MONO D&OLIGOS MLT QUALITATIVE EACH SPE	84377	CPT				outpatient			279.48		6.33 UHC	Medicaid	4.4				4.4	265.51	fee schedule	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Americare	Americare	287.64	75			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Corrections	Corrections	306.82	80			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Amerihealth	HMO/PPO	15.9				7.34	364.34	fee schedule	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Consumer	Consumer	364.34	95			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Amerihealth	Medicare	11.53				7.34	364.34	fee schedule	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Aetna	Commercial	145.74	38			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Horizon	Indemnity	146.81	38.28			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Aetna	Better Health	116.74	30.44			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Horizon	MGD	146.81	38.28			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Horizon	Medicare Blue	115.06	30			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 UHC	Medicaid	116.74	30.44			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 First Health	First Health	268.46	70			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 First Trenton	First Trenton	345.17	90			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Aetna	Medicare	118.12	30.8			7.34	364.34	fee schedule	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Horizon	NJ Health	12.8			0.69	7.34	364.34	fee schedule	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Wellcare	Medicare	11.53				7.34	364.34	fee schedule	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Managed Care Inc	Managed Care Inc	345.17	90			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Horizon	PPO	146.81	38.28		6.23	7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Three Rivers	Three Rivers	364.34	95			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 WellPoint	WellPoint	119.04	31.04			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Multiplan	Multiplan	306.82	80			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Qualcare	Qualcare	287.64	75			7.34	364.34	percent of total billed charges	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 UHC	Medicare	11.53				7.34	364.34	fee schedule	
SUGARS MONO D&OLIGOS 1 QUANTITATIVE EACH SPEC	84378	CPT				both			383.52		13.26 Wellcare	Medicaid	116.74	30.44			7.34	364.34	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Aetna	Medicare	5.49				4.39	42.64	fee schedule	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Corrections	Corrections	35.9	80			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Horizon	MGD	17.18	38.28			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Aetna	Commercial	17.05	38			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Aetna	Better Health	13.66	30.44			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Consumer	Consumer	42.64	95			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Amerihealth	Medicare	5.49				4.39	42.64	fee schedule	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Americare	Americare	33.66	75			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 First Health	First Health	31.42	70			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Horizon	NJ Health	37.73				4.39	42.64	fee schedule	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Horizon	PPO	17.18	38.28			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Horizon	Indemnity	17.18	38.28			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Horizon	Medicare Blue	13.46	30			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Wellcare	Medicaid	4.39				4.39	42.64	fee schedule	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 First Trenton	First Trenton	40.39	90			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Amerihealth	HMO/PPO	7.1				4.39	42.64	fee schedule	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Multiplan	Multiplan	35.9	80			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 UHC	Medicare	5.49				4.39	42.64	fee schedule	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Managed Care Inc	Managed Care Inc	40.39	90			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 UHC	Medicaid	4.39				4.39	42.64	fee schedule	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Qualcare	Qualcare	33.66	75			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Wellcare	Medicare	5.49				4.39	42.64	fee schedule	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 WellPoint	WellPoint	13.93	31.04			4.39	42.64	percent of total billed charges	
ASSAY OF SULFATE URINE	84392	CPT				outpatient			44.88		6.31 Three Rivers	Three Rivers	42.64	95			4.39	42.64	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Horizon	NJ Health	78.4			2.76	6.97	113.37	fee schedule	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 First Trenton	First Trenton	107.41	90			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Horizon	Indemnity	45.68	38.28			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Aetna	Commercial	45.35	38		1.64	6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Corrections	Corrections	95.47	80			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Aetna	Medicare	36.76	30.8			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Americare	Americare	89.51	75			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Aetna	Better Health	36.33	30.44			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 UHC	Medicaid	36.33	30.44		11.5	6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Horizon	PPO	45.68	38.28			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Horizon	Medicare Blue	35.8	30		3.12	6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Amerihealth	HMO/PPO	36.1			6.89	6.97	113.37	fee schedule	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Amerihealth	Medicare	25.47				6.97	113.37	fee schedule	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Consumer	Consumer	113.37	95			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Managed Care Inc	Managed Care Inc	107.41	90			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 First Health	First Health	83.54	70			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 UHC	Medicare	25.47			20.45	6.97	113.37	fee schedule	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Horizon	MGD	45.68	38.28		16.11	6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Wellcare	Medicare	25.47				6.97	113.37	fee schedule	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Multiplan	Multiplan	95.47	80			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Three Rivers	Three Rivers	113.37	95			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Qualcare	Qualcare	89.51	75			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 Wellcare	Medicaid	36.33	30.44			6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE FREE	84402	CPT				both			119.34		29.29 WellPoint	WellPoint	37.04	31.04		2.32	6.97	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 UHC	Medicaid	20.65			20.11	7.58	113.37	fee schedule	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Aetna	Better Health	36.33	30.44		6.06	7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Aetna	Medicare	25.81			8.8	7.58	113.37	fee schedule	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Amerihealth	Medicare	25.81				7.58	113.37	fee schedule	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Aetna	Commercial	45.35	38		17.81	7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Horizon	MGD	45.68	38.28		19.2	7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Horizon	NJ Health	62.72			5.24	7.58	113.37	fee schedule	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Amerihealth	HMO/PPO	40.2			13.21	7.58	113.37	fee schedule	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 UHC	Medicare	25.81			9.45	7.58	113.37	fee schedule	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Horizon	Indemnity	45.68	38.28		14.23	7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Horizon	Medicare Blue	35.8	30		14.68	7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 First Health	First Health	83.54	70			7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Americare	Americare	89.51	75			7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Horizon	PPO	45.68	38.28		22.55	7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Consumer	Consumer	113.37	95			7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Wellcare	Medicare	25.81			10.53	7.58	113.37	fee schedule	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Corrections	Corrections	95.47	80		26.27	7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Multiplan	Multiplan	95.47	80			7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 First Trenton	First Trenton	107.41	90			7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Qualcare	Qualcare	89.51	75			7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Managed Care Inc	Managed Care Inc	107.41	90			7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Wellcare	Medicaid	20.65			25.49	7.58	113.37	fee schedule	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 Three Rivers	Three Rivers	113.37	95			7.58	113.37	percent of total billed charges	
ASSAY OF TESTOSTERONE TOTAL	84403	CPT				both			119.34		29.68 WellPoint	WellPoint	37.04	31.04		19.22	7.58	113.37	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28		58.97 Wellcare	Medicaid	41.02				39.47	158.92	fee schedule	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28		58.97 Horizon	Indemnity	64.03	38.28			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28		58.97 Aetna	Better Health	50.92	30.44			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28		58.97 Americare	Americare	125.46	75			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28		58.97 WellPoint	WellPoint	51.92	31.04			39.47	158.92	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Aetna	Medicare	51.28				39.47	158.92	fee schedule	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Aetna	Commercial	63.57	38			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Amerihealth	Medicare	51.28				39.47	158.92	fee schedule	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Consumer	Consumer	158.92	95			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Amerihealth	HMO/PPO	39.47				39.47	158.92	fee schedule	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Multiplan	Multiplan	133.82	80			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	First Trenton	First Trenton	150.55	90			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Horizon	Medicare Blue	50.18	30			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	First Health	First Health	117.1	70			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Qualcare	Qualcare	125.46	75			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Corrections	Corrections	133.82	80			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	UHC	Medicaid	41.02				39.47	158.92	fee schedule	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Horizon	NJ Health	56.88				39.47	158.92	fee schedule	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	UHC	Medicare	51.28				39.47	158.92	fee schedule	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Horizon	MGD	64.03	38.28			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Wellcare	Medicare	51.28				39.47	158.92	fee schedule	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Horizon	PPO	64.03	38.28			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Managed Care Inc	Managed Care Inc	150.55	90			39.47	158.92	percent of total billed charges	
ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	84410	CPT				outpatient			167.28	58.97	Three Rivers	Three Rivers	158.92	95			39.47	158.92	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Amerihealth	Medicare	21.23				11.02	258.72	fee schedule	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	WellPoint	WellPoint	84.53	31.04		3.95	11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Amerihealth	HMO/PPO	31.9			10.42	11.02	258.72	fee schedule	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Multiplan	Multiplan	217.87	80			11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Aetna	Better Health	82.9	30.44		6.68	11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Consumer	Consumer	258.72	95			11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Aetna	Medicare	21.23			7.3	11.02	258.72	fee schedule	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Aetna	Commercial	103.49	38		12.92	11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	First Health	First Health	190.64	70			11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Corrections	Corrections	217.87	80			11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Horizon	Indemnity	104.25	38.28		10.28	11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Qualcare	Qualcare	294.26	75			11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Wellcare	Medicare	21.23			2.43	11.02	258.72	fee schedule	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Horizon	MGD	104.25	38.28		8.86	11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	First Trenton	First Trenton	245.11	90			11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Americare	Americare	264.26	75			11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Horizon	Medicare Blue	81.7	30		3.26	11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	UHC	Medicare	21.23			3.13	11.02	258.72	fee schedule	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Managed Care Inc	Managed Care Inc	245.11	90			11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Wellcare	Medicaid	16.98			5.56	11.02	258.72	fee schedule	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Horizon	NJ Health	62.72			1.4	11.02	258.72	fee schedule	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Three Rivers	Three Rivers	258.72	95			11.02	258.72	percent of total billed charges	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	UHC	Medicaid	16.98			6.34	11.02	258.72	fee schedule	
ASSAY OF THIAMINE-VITAMIN B-1	84425	CPT				both			272.34	24.41	Horizon	PPO	104.25	38.28		12.06	11.02	258.72	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Aetna	Better Health	90.35	30.44			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Aetna	Medicare	11.63				6.1	281.98	fee schedule	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	First Health	First Health	207.77	70			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Multiplan	Multiplan	237.46	80			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Aetna	Commercial	112.79	38			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	First Trenton	First Trenton	267.14	90			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Amerihealth	HMO/PPO	6.1				6.1	281.98	fee schedule	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Americare	Americare	222.62	75			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Horizon	Medicare Blue	89.05	30			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Corrections	Corrections	237.46	80			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	UHC	Medicare	11.63				6.1	281.98	fee schedule	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Qualcare	Qualcare	222.62	75			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Wellcare	Medicare	11.63				6.1	281.98	fee schedule	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Horizon	Indemnity	113.62	38.28			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Amerihealth	Medicare	11.63				6.1	281.98	fee schedule	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Consumer	Consumer	281.98	95			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Horizon	MGD	113.62	38.28			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	WellPoint	WellPoint	92.13	31.04			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	UHC	Medicaid	9.3				6.1	281.98	fee schedule	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Horizon	NJ Health	7.06				6.1	281.98	fee schedule	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Horizon	PPO	113.62	38.28			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Managed Care Inc	Managed Care Inc	267.14	90			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Three Rivers	Three Rivers	281.98	95			6.1	281.98	percent of total billed charges	
ASSAY OF THIOCYANATE	84430	CPT				outpatient			296.82	13.37	Wellcare	Medicaid	9.3				6.1	281.98	fee schedule	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	First Trenton	First Trenton	267.14	90			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Americare	Americare	222.62	75			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Amerihealth	HMO/PPO	30				12.85	281.98	fee schedule	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Aetna	Better Health	90.35	30.44			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Wellcare	Medicare	16.06				12.85	281.98	fee schedule	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Multiplan	Multiplan	237.46	80			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Amerihealth	Medicare	16.06				12.85	281.98	fee schedule	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Consumer	Consumer	281.98	95			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Wellcare	Medicaid	12.85				12.85	281.98	fee schedule	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Horizon	PPO	113.62	38.28			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	First Health	First Health	207.77	70			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Aetna	Commercial	112.79	38			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Horizon	MGD	113.62	38.28			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Qualcare	Qualcare	222.62	75			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Corrections	Corrections	237.46	80			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Managed Care Inc	Managed Care Inc	267.14	90			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Aetna	Medicare	16.06			3.25	12.85	281.98	fee schedule	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	UHC	Medicaid	12.85				12.85	281.98	fee schedule	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Horizon	NJ Health	25.48				12.85	281.98	fee schedule	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Three Rivers	Three Rivers	281.98	95			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Horizon	Indemnity	113.62	38.28			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	WellPoint	WellPoint	92.13	31.04			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	Horizon	Medicare Blue	89.05	30			12.85	281.98	percent of total billed charges	
ASSAY OF THYROGLOBULIN	84432	CPT				outpatient			296.82	18.47	UHC	Medicare	16.06				12.85	281.98	fee schedule	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Horizon	Medicare Blue	172.89	30			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Horizon	MGD	220.61	38.28			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Amerihealth	HMO/PPO	374.6	65			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Aetna	Medicare	22.17				22.17	547.49	fee schedule	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Americare	Americare	432.23	75			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Amerihealth	Medicare	22.17				22.17	547.49	fee schedule	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Aetna	Better Health	175.43	30.44			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Consumer	Consumer	547.49	95			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Qualcare	Qualcare	432.23	75			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Horizon	PPO	220.61	38.28		152.41	22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Aetna	Commercial	218.99	38			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	First Health	First Health	403.41	70			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Wellcare	Medicare	22.17			44.12	22.17	547.49	fee schedule	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Wellcare	Medicaid	175.43	30.44			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Horizon	Indemnity	220.61	38.28		116.94	22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Corrections	Corrections	461.04	80			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Multiplan	Multiplan	461.04	80			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	UHC	Medicaid	175.43	30.44		154.52	22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Three Rivers	Three Rivers	547.49	95			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	UHC	Medicare	22.17				22.17	547.49	fee schedule	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	First Trenton	First Trenton	518.67	90			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	WellPoint	WellPoint	178.88	31.04			22.17	547.49	percent of total billed charges	
ASSAY THIOPURINE S-METHYLTRANSFERASE	84433	CPT				both			576.3	25.5	Managed Care Inc	Managed Care Inc	518.67	90			22.17	547.49	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Corrections	Corrections	53.04	80		12.3	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	WellPoint	WellPoint	20.58	31.04		10.49	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Aetna	Medicare	20.42	30.8		1.39	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Horizon	MGD	25.38	38.28		12.13	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	UHC	Medicaid	20.18	30.44		11.68	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Aetna	Commercial	25.19	38		17.26	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Aetna	Better Health	20.18	30.44		13.97	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Americare	Americare	49.73	75			5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	First Health	First Health	46.41	70			5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Amerihealth	Medicare	6.87				5.51	62.99	fee schedule	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Amerihealth	HMO/PPO	10.8			2.32	5.51	62.99	fee schedule	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Horizon	PPO	25.38	38.28		23.72	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	UHC	Medicare	6.87			13.23	5.51	62.99	fee schedule	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Horizon	NJ Health	11.76			10.34	5.51	62.99	fee schedule	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Multiplan	Multiplan	53.04	80			5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Wellcare	Medicare	6.87			13.18	5.51	62.99	fee schedule	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Horizon	Medicare Blue	19.89	30		2.09	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Consumer	Consumer	62.99	95			5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Three Rivers	Three Rivers	62.99	95			5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Qualcare	Qualcare	49.73	75			5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	First Trenton	First Trenton	59.67	90			5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Horizon	Indemnity	25.38	38.28		2.69	5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Managed Care Inc	Managed Care Inc	59.67	90			5.51	62.99	percent of total billed charges	
ASSAY OF THYROXINE TOTAL	84436	CPT				both			66.3	7.9	Wellcare	Medicaid	20.18	30.44		8.43	5.51	62.99	percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Americare	Americare	283.05	75			6.12	358.53	percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	First Health	First Health	264.18	70			6.12	358.53	percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Horizon	PPO	144.47	38.28		30.43	6.12	358.53	percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Aetna	Better Health	114.88	30.44		13.48	6.12	358.53	percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Amerihealth	Medicare	9.02				6.12	358.53	fee schedule	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Aetna	Commercial	143.41	38		23.7	6.12	358.53	percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Aetna	Medicare	9.02			11	6.12	358.53	fee schedule	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Horizon	Medicare Blue	113.22	30		12.2	6.12	358.53	percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Corrections	Corrections	301.92	80		7.52	6.12	358.53	percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Horizon	Indemnity	144.47	38.28		29.98	6.12	358.53	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	UHC	Medicare	9.02			15.68	6.12		358.53 fee schedule	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Consumer	Consumer	358.53	95			6.12		358.53 percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	First Trenton	First Trenton	339.66	90			6.12		358.53 percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	UHC	Medicaid	7.22			20.69	6.12		358.53 fee schedule	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Amerihealth	HMO/PPO	13.7			13.9	6.12		358.53 fee schedule	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Horizon	MGD	144.47	38.28		18.85	6.12		358.53 percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Managed Care Inc	Managed Care Inc	339.66	90			6.12		358.53 percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Multiplan	Multiplan	301.92	80			6.12		358.53 percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Horizon	NJ Health	19.6			10.05	6.12		358.53 fee schedule	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Qualcare	Qualcare	283.05	75			6.12		358.53 percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Three Rivers	Three Rivers	358.53	95			6.12		358.53 percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	WellPoint	WellPoint	117.14	31.04		21.32	6.12		358.53 percent of total billed charges	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Wellcare	Medicaid	7.22			20.16	6.12		358.53 fee schedule	
ASSAY OF FREE THYROXINE	84439	CPT				both			377.4	10.37	Wellcare	Medicare	9.02			15.42	6.12		358.53 fee schedule	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Aetna	Medicare	50.58	30.8			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Aetna	Better Health	49.99	30.44			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	First Trenton	First Trenton	147.8	90			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Americare	Americare	123.17	75			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Horizon	MGD	62.86	38.28			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Consumer	Consumer	156.01	95			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Wellcare	Medicare	14.78				10.4		156.01 fee schedule	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Multiplan	Multiplan	131.38	80			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Amerihealth	HMO/PPO	23.1				10.4		156.01 fee schedule	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Aetna	Commercial	62.4	38			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	UHC	Medicaid	49.99	30.44			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Horizon	PPO	62.86	38.28			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Amerihealth	Medicare	14.78				10.4		156.01 fee schedule	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Corrections	Corrections	131.38	80			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	First Health	First Health	114.95	70			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Qualcare	Qualcare	123.17	75			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Wellcare	Medicaid	49.99	30.44			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Horizon	Indemnity	62.86	38.28			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Three Rivers	Three Rivers	156.01	95			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Horizon	NJ Health	23.52				10.4		156.01 fee schedule	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Horizon	Medicare Blue	49.27	30			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	Managed Care Inc	Managed Care Inc	147.8	90			10.4		156.01 percent of total billed charges	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	UHC	Medicare	14.78				10.4		156.01 fee schedule	
ASSAY OF THYROXINE BINDING GLOBULIN	84442	CPT				both			164.22	17	WellPoint	WellPoint	50.97	31.04			10.4		156.01 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Horizon	Medicare Blue	191.25	30		20.91	11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Aetna	Better Health	194.06	30.44		27.66	11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Aetna	Commercial	242.25	38		39.68	11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Aetna	Medicare	16.8			18.04	11.93		605.63 fee schedule	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Consumer	Consumer	605.63	95			11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Amerihealth	HMO/PPO	26.2			23.69	11.93		605.63 fee schedule	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Corrections	Corrections	510	80		14.7	11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Horizon	MGD	244.04	38.28		35.02	11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	UHC	Medicaid	13.44			37.85	11.93		605.63 fee schedule	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	First Health	First Health	446.25	70			11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Americare	Americare	476.13	75			11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	First Trenton	First Trenton	573.75	90			11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Horizon	Indemnity	244.04	38.28		53.91	11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Amerihealth	Medicare	16.8			20.03	11.93		605.63 fee schedule	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	WellPoint	WellPoint	197.88	31.04		38.58	11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Horizon	NJ Health	49			16.65	11.93		605.63 fee schedule	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Multiplan	Multiplan	510	80			11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Managed Care Inc	Managed Care Inc	573.75	90			11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Qualcare	Qualcare	478.13	75			11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Horizon	PPO	244.04	38.28		47.27	11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Three Rivers	Three Rivers	605.63	95			11.93		605.63 percent of total billed charges	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	UHC	Medicare	16.8			26.7	11.93		605.63 fee schedule	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Wellcare	Medicaid	13.44			33.96	11.93		605.63 fee schedule	
ASSAY OF THYROID STIMULATING HORMONE TSH	84443	CPT				both			637.5	19.32	Wellcare	Medicare	16.8			27.3	11.93		605.63 fee schedule	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Aetna	Better Health	99.67	30.44			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Amerihealth	Medicare	50.86				37.64		311.05 fee schedule	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Corrections	Corrections	261.94	80			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	First Trenton	First Trenton	294.68	90			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Aetna	Medicare	100.85	30.8			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	First Health	First Health	229.19	70			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Horizon	Indemnity	125.34	38.28			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Amerihealth	HMO/PPO	73.7				37.64		311.05 fee schedule	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Aetna	Commercial	124.42	38		26.38	37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	UHC	Medicare	50.86			17.31	37.64		311.05 fee schedule	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Multiplan	Multiplan	261.94	80			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Horizon	PPO	125.34	38.28			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Americare	Americare	245.57	75			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Horizon	MGD	125.34	38.28		39.75	37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Qualcare	Qualcare	245.57	75			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	UHC	Medicaid	99.67	30.44		25.06	37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Consumer	Consumer	311.05	95			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Managed Care Inc	Managed Care Inc	294.68	90			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Horizon	Medicare Blue	98.23	30			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Three Rivers	Three Rivers	311.05	95			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Horizon	NJ Health	54.49			21.11	37.64		311.05 fee schedule	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	WellPoint	WellPoint	101.63	31.04		21.6	37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Wellcare	Medicaid	99.67	30.44			37.64		311.05 percent of total billed charges	
THYROID STIMULATING IMMUNE GLOBULINS TSI	84445	CPT				both			327.42	58.49	Wellcare	Medicare	50.86				37.64		311.05 fee schedule	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	UHC	Medicare	14.18			2.99	9.79		250 fee schedule	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Amerihealth	Medicare	14.18				9.79		250 fee schedule	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Americare	Americare	197.37	75			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Qualcare	Qualcare	197.37	75			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Consumer	Consumer	250	95			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Aetna	Better Health	80.11	30.44		6.64	9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Aetna	Commercial	100	38			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Aetna	Medicare	14.18			2.83	9.79		250 fee schedule	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Horizon	Indemnity	100.74	38.28		10.17	9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Corrections	Corrections	210.53	80			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Amerihealth	HMO/PPO	21.5				9.79		250 fee schedule	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Wellcare	Medicare	14.18				9.79		250 fee schedule	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Horizon	NJ Health	41.16			0.76	9.79		250 fee schedule	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Horizon	PPO	100.74	38.28			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	UHC	Medicaid	11.34			8.22	9.79		250 fee schedule	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	First Health	First Health	184.21	70			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Wellcare	Medicaid	11.34				9.79		250 fee schedule	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	First Trenton	First Trenton	236.84	90			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	WellPoint	WellPoint	81.68	31.04		3.34	9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Multiplan	Multiplan	210.53	80			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Three Rivers	Three Rivers	250	95			9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Horizon	Medicare Blue	78.95	30		4.65	9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Horizon	MGD	100.74	38.28		2.47	9.79		250 percent of total billed charges	
ASSAY OF TOCOPHEROL ALPHA VITAMIN E	84446	CPT				both			263.16	16.31	Managed Care Inc	Managed Care Inc	236.84	90			9.79		250 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Aetna	Better Health	30.12	30.44			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Aetna	Commercial	37.6	38			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	First Trenton	First Trenton	89.05	90			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Americare	Americare	74.21	75			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Multiplan	Multiplan	79.15	80			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Horizon	MGD	37.87	38.28			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Amerihealth	HMO/PPO	38				14.4		93.99 fee schedule	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Consumer	Consumer	93.99	95			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Horizon	Medicare Blue	29.68	30			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Aetna	Medicare	18				14.4		93.99 fee schedule	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Horizon	PPO	37.87	38.28			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	UHC	Medicaid	14.4			13.88	14.4		93.99 fee schedule	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Qualcare	Qualcare	74.21	75			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Wellcare	Medicare	18				14.4		93.99 fee schedule	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Amerihealth	Medicare	18				14.4		93.99 fee schedule	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Corrections	Corrections	79.15	80			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	WellPoint	WellPoint	30.71	31.04			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Horizon	Indemnity	37.87	38.28			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Managed Care Inc	Managed Care Inc	89.05	90			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Horizon	NJ Health	19.99				14.4		93.99 fee schedule	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	UHC	Medicare	18				14.4		93.99 fee schedule	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Wellcare	Medicaid	14.4				14.4		93.99 fee schedule	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	First Health	First Health	69.26	70			14.4		93.99 percent of total billed charges	
ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	84449	CPT				both			98.94	20.7	Three Rivers	Three Rivers	93.99	95			14.4		93.99 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Aetna	Better Health	21.73	30.44		15.29	1.7		67.83 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Amerihealth	Medicare	5.18				1.7		67.83 fee schedule	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Corrections	Corrections	57.12	80			1.7		67.83 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	UHC	Medicare	5.18			7.41	1.7		67.83 fee schedule	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Americare	Americare	53.55	75			1.7		67.83 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Aetna	Medicare	5.18				1.7		67.83 fee schedule	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Horizon	MGD	27.33	38.28		17.92	1.7		67.83 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	First Trenton	First Trenton	64.26	90			1.7		67.83 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Aetna	Commercial	27.13	38		4.87	1.7		67.83 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Consumer	Consumer	67.83	95			1.7		67.83 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	WellPoint	WellPoint	22.16	31.04		5.3	1.7		67.83 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Managed Care Inc	Managed Care Inc	64.26	90			1.7		67.83 percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Amerihealth	HMO/PPO	1.7				1.7		67.83 fee schedule	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	First Health	First Health	49.98	70			1.7		67.83 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Horizon	Medicare Blue	21.42	30			6.18	1.7	67.83	percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Horizon	Indemnity	27.33	38.28			7.04	1.7	67.83	percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Horizon	PPO	27.33	38.28			16.74	1.7	67.83	percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Multiplan	Multiplan	57.12	80				1.7	67.83	percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	UHC	Medicaid	4.14				16.31	1.7	67.83	fee schedule	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Horizon	NJ Health	5.88				1.98	1.7	67.83	fee schedule	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Wellcare	Medicaid	4.14				6.73	1.7	67.83	fee schedule	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Qualcare	Qualcare	53.55	75				1.7	67.83	percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Three Rivers	Three Rivers	67.83	95				1.7	67.83	percent of total billed charges	
TRANSFERASE ASPARTATE AMINO AST SGOT	84450	CPT				both			71.4	5.96	Wellcare	Medicare	5.18				4.07	1.7	67.83	fee schedule	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	First Trenton	First Trenton	106.49	90				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Aetna	Medicare	5.3					1.7	112.4	fee schedule	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Amerihealth	Medicare	5.3					1.7	112.4	fee schedule	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Horizon	NJ Health	5.88				2.13	1.7	112.4	fee schedule	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Aetna	Commercial	44.96	38			4.87	1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Aetna	Better Health	36.02	30.44				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Horizon	Medicare Blue	35.5	30			6.18	1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Consumer	Consumer	112.4	95				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Amerihealth	HMO/PPO	1.7					1.7	112.4	fee schedule	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Americare	Americare	88.74	75				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Multiplan	Multiplan	94.66	80				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Corrections	Corrections	94.66	80				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	First Health	First Health	82.82	70				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Horizon	PPO	45.29	38.28			16.74	1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Qualcare	Qualcare	88.74	75				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Horizon	MGD	45.29	38.28			17.92	1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Horizon	Indemnity	45.29	38.28			7.04	1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Managed Care Inc	Managed Care Inc	106.49	90				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Wellcare	Medicare	5.3				4.07	1.7	112.4	fee schedule	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	UHC	Medicaid	4.24				17.25	1.7	112.4	fee schedule	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Three Rivers	Three Rivers	112.4	95				1.7	112.4	percent of total billed charges	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	Wellcare	Medicaid	4.24					1.7	112.4	fee schedule	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	UHC	Medicare	5.3				4.86	1.7	112.4	fee schedule	
TRANSFERASE ALANINE AMINO ALT SGPT	84460	CPT				both			118.32	6.1	WellPoint	WellPoint	36.73	31.04			5.3	1.7	112.4	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Aetna	Commercial	22.87	38			8.29	10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Horizon	PPO	23.04	38.28			13.67	10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	First Health	First Health	42.13	70				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Multiplan	Multiplan	48.14	80				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Amerihealth	Medicare	12.76					10.21	57.17	fee schedule	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Aetna	Better Health	18.32	30.44			12.24	10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	First Trenton	First Trenton	54.16	90				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Aetna	Medicare	12.76				5.45	10.21	57.17	fee schedule	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Horizon	NJ Health	48.22				2.58	10.21	57.17	fee schedule	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Americare	Americare	45.14	75				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Horizon	Indemnity	23.04	38.28				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Qualcare	Qualcare	45.14	75				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	UHC	Medicaid	10.21				8.9	10.21	57.17	fee schedule	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Amerihealth	HMO/PPO	22					10.21	57.17	fee schedule	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Horizon	Medicare Blue	18.05	30				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Consumer	Consumer	57.17	95				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	UHC	Medicare	12.76				5.05	10.21	57.17	fee schedule	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Wellcare	Medicare	12.76					10.21	57.17	fee schedule	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Horizon	MGD	23.04	38.28			5.49	10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Corrections	Corrections	48.14	80				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Three Rivers	Three Rivers	57.17	95				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Managed Care Inc	Managed Care Inc	54.16	90				10.21	57.17	percent of total billed charges	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	Wellcare	Medicaid	10.21				6.73	10.21	57.17	fee schedule	
ASSAY OF L7383TRANSFERRIN	84466	CPT				both			60.18	14.67	WellPoint	WellPoint	18.68	31.04			7.98	10.21	57.17	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Multiplan	Multiplan	94.66	80				1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Aetna	Commercial	44.96	38			4.87	1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Aetna	Medicare	5.74					1.7	112.4	fee schedule	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Amerihealth	Medicare	5.74					1.7	112.4	fee schedule	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Qualcare	Qualcare	88.74	75				1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Aetna	Better Health	36.02	30.44			16.51	1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Horizon	Indemnity	45.29	38.28			7.04	1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	First Health	First Health	82.82	70				1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Consumer	Consumer	112.4	95				1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	First Trenton	First Trenton	106.49	90				1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Three Rivers	Three Rivers	112.4	95				1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	UHC	Medicare	5.74				7.13	1.7	112.4	fee schedule	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Corrections	Corrections	94.66	80				1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Americare	Americare	88.74	75				1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	UHC	Medicaid	4.59				16.22	1.7	112.4	fee schedule	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Wellcare	Medicare	5.74				4.07	1.7	112.4	fee schedule	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Horizon	NJ Health	16.27				4.8	1.7	112.4	fee schedule	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Amerihealth	HMO/PPO	1.7					1.7	112.4	fee schedule	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Managed Care Inc	Managed Care Inc	106.49	90				1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Horizon	Medicare Blue	35.5	30			6.18	1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Wellcare	Medicaid	4.59					1.7	112.4	fee schedule	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Horizon	MGD	45.29	38.28			18.2	1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	Horizon	PPO	45.29	38.28			16.74	1.7	112.4	percent of total billed charges	
ASSAY OF TRIGLYCERIDES	84478	CPT				both			118.32	6.6	WellPoint	WellPoint	36.73	31.04			17.39	1.7	112.4	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Amerihealth	Medicare	6.47					5.18	42.64	fee schedule	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	First Trenton	First Trenton	40.39	90				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	First Health	First Health	31.42	70				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Horizon	NJ Health	11.76				0.63	5.18	42.64	fee schedule	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Aetna	Better Health	13.66	30.44				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Aetna	Medicare	6.47					5.18	42.64	fee schedule	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Consumer	Consumer	42.64	95				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Americare	Americare	33.66	75				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Wellcare	Medicare	6.47				1.82	5.18	42.64	fee schedule	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Managed Care Inc	Managed Care Inc	40.39	90				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Horizon	Medicare Blue	13.46	30				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Horizon	PPO	17.18	38.28				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Aetna	Commercial	17.05	38				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Horizon	Indemnity	17.18	38.28				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Corrections	Corrections	35.9	80				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Amerihealth	HMO/PPO	10.1					5.18	42.64	fee schedule	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Multiplan	Multiplan	35.9	80				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	UHC	Medicaid	5.18				0.79	5.18	42.64	fee schedule	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Three Rivers	Three Rivers	42.64	95				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Horizon	MGD	17.18	38.28			9.92	5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	WellPoint	WellPoint	13.93	31.04			1.37	5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Qualcare	Qualcare	33.66	75				5.18	42.64	percent of total billed charges	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	UHC	Medicare	6.47				5.19	5.18	42.64	fee schedule	
THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	84479	CPT				both			44.88	7.44	Wellcare	Medicaid	5.18				4.27	5.18	42.64	fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Amerihealth	HMO/PPO	21.5				4.95	9.79	71.71	fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Aetna	Medicare	23.25	30.8			1.31	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	First Health	First Health	52.84	70				9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Aetna	Better Health	22.98	30.44			4.61	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Aetna	Commercial	28.68	38			13.4	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	UHC	Medicaid	22.98	30.44			9.82	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Amerihealth	Medicare	14.18					9.79	71.71	fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Horizon	Indemnity	28.89	38.28			20.62	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Consumer	Consumer	71.71	95				9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Americare	Americare	56.61	75				9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Horizon	NJ Health	29.4				8.55	9.79	71.71	fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Wellcare	Medicare	14.18				9.13	9.79	71.71	fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Horizon	Medicare Blue	22.64	30			3.29	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	First Trenton	First Trenton	67.93	90				9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Corrections	Corrections	60.38	80				9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Horizon	MGD	28.89	38.28			13.37	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Horizon	PPO	28.89	38.28			13.63	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Managed Care Inc	Managed Care Inc	67.93	90				9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Multiplan	Multiplan	60.38	80				9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Three Rivers	Three Rivers	71.71	95				9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Wellcare	Medicaid	22.98	30.44			10.84	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	WellPoint	WellPoint	23.43	31.04			10.81	9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	Qualcare	Qualcare	56.61	75				9.79	71.71	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	84480	CPT				both			75.48	16.31	UHC	Medicare	14.18				8.99	9.79	71.71	fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Aetna	Commercial	216.67	38			11.38	1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Consumer	Consumer	541.67	95				1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Aetna	Medicare	175.62	30.8			0.61	1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Wellcare	Medicaid	173.56	30.44			10.81	1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Aetna	Better Health	173.56	30.44			12.11	1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Americare	Americare	427.64	75				1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Horizon	Indemnity	218.26	38.28			7.59	1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Horizon	NJ Health	29.4				2.39	1.86	541.67	fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Amerihealth	Medicare	16.94					1.86	541.67	fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Horizon	Medicare Blue	171.05	30			6.76	1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	First Health	First Health	399.13	70				1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Multiplan	Multiplan	456.14	80				1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Amerihealth	HMO/PPO	26.4				2.9	1.86	541.67	fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Three Rivers	Three Rivers	541.67	95				1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	First Trenton	First Trenton	513.16	90				1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Horizon	PPO	218.26	38.28			2.4	1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	Corrections	Corrections	456.14	80			7.76	1.86	541.67	percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18	19.48	UHC	Medicare	16.94				8.68	1.86	541.67	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18		19.48 Horizon	MGD	218.26	38.28		12.96	1.86		541.67 percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18		19.48 Managed Care Inc	Managed Care Inc	513.16	90			1.86		541.67 percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18		19.48 Qualcare	Qualcare	427.64	75			1.86		541.67 percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18		19.48 Wellcare	Medicare	16.94			8.59	1.86		541.67 fee schedule	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18		19.48 UHC	Medicaid	173.66	30.44		10.37	1.86		541.67 percent of total billed charges	
ASSAY OF TRIIODOTHYRONINE T3 FREE	84481	CPT				both			570.18		19.48 WellPoint	WellPoint	176.98	31.04		12.66	1.86		541.67 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Consumer	Consumer	47.48	95			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Aetna	Better Health	15.21	30.44		14.87	14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Aetna	Commercial	38	38		7.59	14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Americare	Americare	37.49	75			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 First Health	First Health	34.99	70			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Aetna	Medicare	15.39	30.8			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Corrections	Corrections	39.98	80			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 First Trenton	First Trenton	44.98	90			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Wellcare	Medicare	15.76				14.99		47.48 fee schedule	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 WellPoint	WellPoint	15.51	31.04			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Multiplan	Multiplan	39.98	80			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Amerihealth	HMO/PPO	26.4				14.99		47.48 fee schedule	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Horizon	MGD	19.13	38.28			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 UHC	Medicare	15.76				14.99		47.48 fee schedule	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Horizon	Medicare Blue	14.99	30			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Horizon	Indemnity	19.13	38.28			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Wellcare	Medicaid	15.21	30.44			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Amerihealth	Medicare	15.76				14.99		47.48 fee schedule	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Qualcare	Qualcare	37.49	75			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Horizon	NJ Health	32.34			1.88	14.99		47.48 fee schedule	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 UHC	Medicaid	15.21	30.44			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Horizon	PPO	19.13	38.28			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Managed Care Inc	Managed Care Inc	44.98	90			14.99		47.48 percent of total billed charges	
TRIIODOTHYRONINE T3 REVERSE	84482	CPT				both			49.98		18.12 Three Rivers	Three Rivers	47.48	95			14.99		47.48 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Multiplan	Multiplan	156.67	80			9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Amerihealth	HMO/PPO	12			11.71	9.98		186.05 fee schedule	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Aetna	Better Health	59.61	30.44		21.77	9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Aetna	Medicare	12.47			10	9.98		186.05 fee schedule	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Corrections	Corrections	156.67	80		11.85	9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Amerihealth	Medicare	12.47				9.98		186.05 fee schedule	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Consumer	Consumer	186.05	95			9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Horizon	Indemnity	74.97	38.28		17.21	9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Horizon	MGD	74.97	38.28		19.16	9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 First Health	First Health	137.09	70			9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Aetna	Commercial	74.42	38		17.44	9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 First Trenton	First Trenton	176.26	90			9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Horizon	NJ Health	77.62			5.39	9.98		186.05 fee schedule	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Horizon	PPO	74.97	38.28		19.91	9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Managed Care Inc	Managed Care Inc	176.26	90			9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Horizon	Medicare Blue	58.75	30		9.15	9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 WellPoint	WellPoint	60.79	31.04		18.16	9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Wellcare	Medicare	12.47			10.29	9.98		186.05 fee schedule	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Americare	Americare	146.88	75			9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 UHC	Medicare	12.47			9.73	9.98		186.05 fee schedule	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Wellcare	Medicaid	9.98			21.7	9.98		186.05 fee schedule	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Qualcare	Qualcare	146.88	75			9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 Three Rivers	Three Rivers	186.05	95			9.98		186.05 percent of total billed charges	
ASSAY OF TROPONIN QUANTITATIVE	84484	CPT				both			195.84		14.34 UHC	Medicaid	9.98			21.58	9.98		186.05 fee schedule	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Qualcare	Qualcare	107.87	75			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Consumer	Consumer	136.63	95			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 First Trenton	First Trenton	129.44	90			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Aetna	Commercial	54.65	38			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Americare	Americare	107.87	75			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Aetna	Better Health	43.78	30.44			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Wellcare	Medicaid	8.5				8.5		136.63 fee schedule	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Amerihealth	HMO/PPO	16.2				8.5		136.63 fee schedule	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Horizon	PPO	55.05	38.28			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Corrections	Corrections	115.06	80			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 UHC	Medicaid	8.5				8.5		136.63 fee schedule	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Horizon	MGD	55.05	38.28			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Three Rivers	Three Rivers	136.63	95			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Aetna	Medicare	10.63				8.5		136.63 fee schedule	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Wellcare	Medicare	10.63				8.5		136.63 fee schedule	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Amerihealth	Medicare	10.63				8.5		136.63 fee schedule	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Horizon	NJ Health	27.38				8.5		136.63 fee schedule	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Multiplan	Multiplan	115.06	80			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Horizon	Indemnity	55.05	38.28			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 First Health	First Health	100.67	70			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Managed Care Inc	Managed Care Inc	129.44	90			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 Horizon	Medicare Blue	43.15	30			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 WellPoint	WellPoint	44.64	31.04			8.5		136.63 percent of total billed charges	
ASSAY OF TYROSINE	84510	CPT				outpatient			143.82		12.22 UHC	Medicare	10.63				8.5		136.63 fee schedule	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Horizon	NJ Health	5.88			9.14	1.7		67.83 fee schedule	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Aetna	Medicare	3.95			10.19	1.7		67.83 fee schedule	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Aetna	Better Health	21.73	30.44		16.99	1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Aetna	Commercial	27.13	38		12.8	1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 First Trenton	First Trenton	64.26	90			1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Horizon	Indemnity	27.33	38.28		23.24	1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Americare	Americare	53.55	75			1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Amerihealth	Medicare	3.95				1.7		67.83 fee schedule	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 UHC	Medicare	3.95			10.17	1.7		67.83 fee schedule	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Consumer	Consumer	67.83	95			1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Amerihealth	HMO/PPO	1.7			10.61	1.7		67.83 fee schedule	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 First Health	First Health	49.98	70			1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Horizon	Medicare Blue	21.42	30		12.89	1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 UHC	Medicaid	3.16			16.19	1.7		67.83 fee schedule	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Corrections	Corrections	57.12	80		14.65	1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Multiplan	Multiplan	57.12	80			1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Horizon	PPO	27.33	38.28		25.59	1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Wellcare	Medicare	3.95			12.66	1.7		67.83 fee schedule	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Horizon	MGD	27.33	38.28		9.67	1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Qualcare	Qualcare	53.55	75			1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Managed Care Inc	Managed Care Inc	64.26	90			1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Three Rivers	Three Rivers	67.83	95			1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 Wellcare	Medicaid	3.16			14.66	1.7		67.83 fee schedule	
ASSAY OF UREA NITROGEN QUANTITATIVE	84520	CPT				both			71.4		4.54 WellPoint	WellPoint	22.16	31.04		13.54	1.7		67.83 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Aetna	Medicare	5.56			7.54	4.45		90.12 fee schedule	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Consumer	Consumer	90.12	95			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Aetna	Commercial	36.05	38		33.07	4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Americare	Americare	71.15	75			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Aetna	Better Health	28.88	30.44			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Horizon	NJ Health	5.88			4.3	4.45		90.12 fee schedule	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Horizon	Medicare Blue	28.46	30		8.21	4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Horizon	Indemnity	36.31	38.28			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 First Health	First Health	66.4	70			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Wellcare	Medicaid	4.45			13.62	4.45		90.12 fee schedule	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Amerihealth	Medicare	5.56				4.45		90.12 fee schedule	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Amerihealth	HMO/PPO	7.4				4.45		90.12 fee schedule	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Corrections	Corrections	75.89	80			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Horizon	PPO	36.31	38.28			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Multiplan	Multiplan	75.89	80			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 First Trenton	First Trenton	85.37	90			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Qualcare	Qualcare	71.15	75			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Three Rivers	Three Rivers	90.12	95			4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 UHC	Medicaid	4.45			26.78	4.45		90.12 fee schedule	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Horizon	MGD	36.31	38.28		12.3	4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Wellcare	Medicare	5.56				4.45		90.12 fee schedule	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 WellPoint	WellPoint	29.44	31.04		18.59	4.45		90.12 percent of total billed charges	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 UHC	Medicare	5.56			10.34	4.45		90.12 fee schedule	
ASSAY OF UREA NITROGEN URINE	84540	CPT				both			94.86		6.39 Managed Care Inc	Managed Care Inc	85.37	90			4.45		90.12 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 First Health	First Health	89.25	70			1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Consumer	Consumer	121.13	95			1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Horizon	PPO	48.81	38.28		11.35	1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Amerihealth	HMO/PPO	1.7			4.58	1.7		121.13 fee schedule	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Multiplan	Multiplan	102	80			1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Aetna	Better Health	38.81	30.44		12.67	1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Aetna	Commercial	48.45	38		9.7	1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Americare	Americare	95.63	75			1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Wellcare	Medicare	4.52			3.74	1.7		121.13 fee schedule	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Corrections	Corrections	102	80			1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Aetna	Medicare	4.52			6.86	1.7		121.13 fee schedule	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Amerihealth	Medicare	4.52				1.7		121.13 fee schedule	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Horizon	Medicare Blue	38.25	30		5.18	1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Horizon	MGD	48.81	38.28		10.91	1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Horizon	Indemnity	48.81	38.28		5.36	1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 First Trenton	First Trenton	114.75	90			1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 UHC	Medicaid	3.62			10.96	1.7		121.13 fee schedule	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Qualcare	Qualcare	95.63	75			1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Three Rivers	Three Rivers	121.13	95			1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Horizon	NJ Health	5.88			4.9	1.7		121.13 fee schedule	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 Managed Care Inc	Managed Care Inc	114.75	90			1.7		121.13 percent of total billed charges	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5		5.2 UHC	Medicare	4.52			4.28	1.7		121.13 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5	5.2	Wellcare	Medicaid	3.62				9.12	1.7	121.13	fee schedule	
ASSAY OF BLOOD/URIC ACID	84550	CPT				both			127.5	5.2	WellPoint	WellPoint	39.58	31.04		7.61	1.7	1.7	121.13	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Aetna	Better Health	76.38	30.44			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Horizon	Indemnity	96.05	38.28			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Corrections	Corrections	200.74	80			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Aetna	Medicare	5.08				4.06		238.37	fee schedule	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Amerihealth	Medicare	5.08				4.06		238.37	fee schedule	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Americare	Americare	188.19	75			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Aetna	Commercial	95.35	38			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	First Trenton	First Trenton	225.83	90			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Amerihealth	HMO/PPO	4.5				4.06		238.37	fee schedule	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Multiplan	Multiplan	200.74	80			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Horizon	NJ Health	5.88			2.23	4.06		238.37	fee schedule	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Horizon	PPO	96.05	38.28			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	First Health	First Health	175.64	70			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Consumer	Consumer	238.37	95			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Horizon	MGD	96.05	38.28			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Managed Care Inc	Managed Care Inc	225.83	90			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	UHC	Medicare	5.08				4.06		238.37	fee schedule	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Qualcare	Qualcare	188.19	75			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	UHC	Medicaid	4.06				4.06		238.37	fee schedule	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Wellcare	Medicaid	4.06				4.06		238.37	fee schedule	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Wellcare	Medicare	5.08				4.06		238.37	fee schedule	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Horizon	Medicare Blue	75.28	30			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	WellPoint	WellPoint	77.89	31.04			4.06		238.37	percent of total billed charges	
ASSAY OF URIC ACID OTHER SOURCE	84560	CPT				both			250.92	5.84	Three Rivers	Three Rivers	238.37	95			4.06		238.37	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Aetna	Better Health	86.94	30.44			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Aetna	Commercial	108.53	38			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Amerihealth	Medicare	15.5				10.4		271.32	fee schedule	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Americare	Americare	214.2	75			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Consumer	Consumer	271.32	95			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Horizon	MGD	109.33	38.28			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Horizon	Indemnity	109.33	38.28			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Aetna	Medicare	15.5				10.4		271.32	fee schedule	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	First Health	First Health	199.92	70			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	First Trenton	First Trenton	257.04	90			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Corrections	Corrections	228.48	80			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Amerihealth	HMO/PPO	24.1				10.4		271.32	fee schedule	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Wellcare	Medicaid	12.4				10.4		271.32	fee schedule	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Horizon	NJ Health	23.52				10.4		271.32	fee schedule	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Multiplan	Multiplan	228.48	80			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Horizon	Medicare Blue	85.68	30			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Wellcare	Medicare	15.5				10.4		271.32	fee schedule	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Horizon	PPO	109.33	38.28			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	WellPoint	WellPoint	88.65	31.04			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	UHC	Medicaid	12.4				10.4		271.32	fee schedule	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Qualcare	Qualcare	214.2	75			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Managed Care Inc	Managed Care Inc	257.04	90			10.4		271.32	percent of total billed charges	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	UHC	Medicare	15.5				10.4		271.32	fee schedule	
ASSAY OF VANILLYLMANDELIC ACID URINE	84585	CPT				both			285.6	17.83	Three Rivers	Three Rivers	271.32	95			10.4		271.32	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Amerihealth	HMO/PPO	62.5				28.26		343.03	fee schedule	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Aetna	Commercial	137.21	38			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Qualcare	Qualcare	270.81	75			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Aetna	Medicare	35.33				28.26		343.03	fee schedule	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Aetna	Better Health	109.91	30.44			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Horizon	MGD	138.22	38.28			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Corrections	Corrections	288.86	80			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Multiplan	Multiplan	288.86	80			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Amerihealth	Medicare	35.33				28.26		343.03	fee schedule	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Consumer	Consumer	343.03	95			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	UHC	Medicare	35.33				28.26		343.03	fee schedule	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	First Health	First Health	252.76	70			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Americare	Americare	270.81	75			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Horizon	Indemnity	138.22	38.28			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	First Trenton	First Trenton	324.97	90			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Horizon	NJ Health	39.24			13.88	28.26		343.03	fee schedule	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Horizon	PPO	138.22	38.28			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	UHC	Medicaid	28.26				28.26		343.03	fee schedule	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Horizon	Medicare Blue	108.32	30			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Wellcare	Medicaid	28.26				28.26		343.03	fee schedule	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Three Rivers	Three Rivers	343.03	95			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Managed Care Inc	Managed Care Inc	324.97	90			28.26		343.03	percent of total billed charges	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	Wellcare	Medicare	35.33				28.26		343.03	fee schedule	
ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	84586	CPT				both			361.08	40.63	WellPoint	WellPoint	112.08	31.04			28.26		343.03	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Amerihealth	Medicare	33.94				24.17		820.74	fee schedule	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	First Trenton	First Trenton	777.55	90			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Consumer	Consumer	820.74	95			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Aetna	Commercial	328.3	38			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Qualcare	Qualcare	647.96	75			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Aetna	Better Health	262.98	30.44		221.54	24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Corrections	Corrections	691.15	80			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Americare	Americare	647.96	75			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	First Health	First Health	604.76	70			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Horizon	Medicare Blue	259.18	30			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	UHC	Medicaid	262.98	30.44			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Aetna	Medicare	266.09	30.8			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Multiplan	Multiplan	691.15	80			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Horizon	Indemnity	330.72	38.28			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	UHC	Medicare	33.94				24.17		820.74	fee schedule	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Amerihealth	HMO/PPO	53				24.17		820.74	fee schedule	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Three Rivers	Three Rivers	820.74	95			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Managed Care Inc	Managed Care Inc	777.55	90			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Wellcare	Medicaid	262.98	30.44			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Horizon	MGD	330.72	38.28			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Horizon	PPO	330.72	38.28			24.17		820.74	percent of total billed charges	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Horizon	NJ Health	97.02			9.59	24.17		820.74	fee schedule	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	Wellcare	Medicare	33.94				24.17		820.74	fee schedule	
ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	84588	CPT				both			863.94	39.03	WellPoint	WellPoint	268.17	31.04			24.17		820.74	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Aetna	Medicare	11.61			2.75	9.29		204.46	fee schedule	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Corrections	Corrections	172.18	80			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Aetna	Better Health	65.51	30.44		6.43	9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Consumer	Consumer	204.46	95			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Americare	Americare	161.42	75			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Aetna	Commercial	81.78	38		8.25	9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Wellcare	Medicaid	9.29				9.29		204.46	fee schedule	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Multiplan	Multiplan	172.18	80			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Amerihealth	Medicare	11.61				9.29		204.46	fee schedule	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	First Trenton	First Trenton	193.7	90			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Amerihealth	HMO/PPO	18.2				9.29		204.46	fee schedule	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	First Health	First Health	150.65	70			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Horizon	NJ Health	11.76			1.48	9.29		204.46	fee schedule	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Horizon	Medicare Blue	64.57	30		4.51	9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Horizon	Indemnity	82.39	38.28		9.85	9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Qualcare	Qualcare	161.42	75			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	UHC	Medicaid	9.29			5.69	9.29		204.46	fee schedule	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Horizon	PPO	82.39	38.28			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Wellcare	Medicare	11.61				9.29		204.46	fee schedule	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Horizon	MGD	82.39	38.28		3.02	9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Managed Care Inc	Managed Care Inc	193.7	90			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	UHC	Medicare	11.61			2.79	9.29		204.46	fee schedule	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	Three Rivers	Three Rivers	204.46	95			9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN A	84590	CPT				both			215.22	13.35	WellPoint	WellPoint	66.8	31.04		3.24	9.29		204.46	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Multiplan	Multiplan	582.62	80			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Aetna	Commercial	276.75	38			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Amerihealth	HMO/PPO	18.2				12.88		691.87	fee schedule	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Consumer	Consumer	691.87	95			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Aetna	Better Health	221.69	30.44			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Aetna	Medicare	17.06				12.88		691.87	fee schedule	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Horizon	PPO	278.79	38.28			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Americare	Americare	546.21	75			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Qualcare	Qualcare	546.21	75			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Horizon	MGD	278.79	38.28			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Amerihealth	Medicare	17.06				12.88		691.87	fee schedule	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Horizon	Indemnity	278.79	38.28			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Corrections	Corrections	582.62	80			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	UHC	Medicaid	13.65			84.78	12.88		691.87	fee schedule	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Three Rivers	Three Rivers	691.87	95			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Wellcare	Medicaid	13.65				12.88		691.87	fee schedule	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	UHC	Medicare	17.06				12.88		691.87	fee schedule	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	First Health	First Health	509.8	70			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	First Trenton	First Trenton	655.45	90			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Wellcare	Medicare	17.06				12.88		691.87	fee schedule	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Horizon	Medicare Blue	218.48	30			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Horizon	NJ Health	12.88				12.88		691.87	fee schedule	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	Managed Care Inc	Managed Care Inc	655.45	90			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	84591	CPT				both			728.28	19.62	WellPoint	WellPoint	226.06	31.04			12.88		691.87	percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Horizon	Indemnity	153.06	38.28			13.72		379.85	percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Aetna	Medicare	123.15	30.8		34.72	13.72		379.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Consumer	Consumer	379.85	95			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	First Health	First Health	279.89	70			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Amerihealth	HMO/PPO	19.4				13.72		379.85 fee schedule	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Aetna	Better Health	121.71	30.44		81.34	13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Aetna	Commercial	151.94	38			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Multiplan	Multiplan	319.87	80			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Horizon	MGD	153.06	38.28		25.44	13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Americare	Americare	299.88	75			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	UHC	Medicare	13.72			13.65	13.72		379.85 fee schedule	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Horizon	Medicare Blue	119.95	30			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	WellPoint	WellPoint	124.11	31.04		39.92	13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Amerihealth	Medicare	13.72				13.72		379.85 fee schedule	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Qualcare	Qualcare	299.88	75			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	First Trenton	First Trenton	359.86	90			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Horizon	NJ Health	35.28			7.15	13.72		379.85 fee schedule	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Corrections	Corrections	319.87	80			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Wellcare	Medicare	13.72				13.72		379.85 fee schedule	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Horizon	PPO	153.06	38.28			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Wellcare	Medicaid	121.71	30.44			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Managed Care Inc	Managed Care Inc	359.86	90			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	Three Rivers	Three Rivers	379.85	95			13.72		379.85 percent of total billed charges	
ASSAY OF VITAMIN K	84597	CPT				both			399.84	15.78	UHC	Medicaid	121.71	30.44			13.72		379.85 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Horizon	Indemnity	155.79	38.28			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Aetna	Better Health	123.88	30.44			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Qualcare	Qualcare	305.24	75			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Aetna	Commercial	154.65	38			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	First Trenton	First Trenton	366.28	90			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Consumer	Consumer	386.63	95			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Americare	Americare	305.24	75			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Amerihealth	HMO/PPO	25				17.11		386.63 fee schedule	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Horizon	PPO	155.79	38.28			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Horizon	Medicare Blue	122.09	30			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Multiplan	Multiplan	325.58	80			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Aetna	Medicare	125.35	30.8			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Managed Care Inc	Managed Care Inc	366.28	90			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Corrections	Corrections	325.58	80			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Three Rivers	Three Rivers	386.63	95			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Amerihealth	Medicare	17.11				17.11		386.63 fee schedule	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Wellcare	Medicare	17.11				17.11		386.63 fee schedule	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Horizon	NJ Health	35.28				17.11		386.63 fee schedule	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Horizon	MGD	155.79	38.28			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	WellPoint	WellPoint	126.33	31.04			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	First Health	First Health	284.89	70			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	UHC	Medicaid	123.88	30.44			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	Wellcare	Medicaid	123.88	30.44			17.11		386.63 percent of total billed charges	
ASSAY OF VOLATILES	84600	CPT				inpatient			406.98	19.68	UHC	Medicare	17.11				17.11		386.63 fee schedule	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Aetna	Better Health	68.93	30.44			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Aetna	Medicare	12.91				10.33		215.12 fee schedule	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Aetna	Commercial	86.05	38			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Americare	Americare	169.83	75			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Consumer	Consumer	215.12	95			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Amerihealth	Medicare	12.91				10.33		215.12 fee schedule	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	UHC	Medicaid	10.33				10.33		215.12 fee schedule	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Amerihealth	HMO/PPO	18.2				10.33		215.12 fee schedule	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Multiplan	Multiplan	181.15	80			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Horizon	Indemnity	86.68	38.28			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Wellcare	Medicare	12.91				10.33		215.12 fee schedule	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Horizon	MGD	86.68	38.28			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Wellcare	Medicaid	10.33				10.33		215.12 fee schedule	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Corrections	Corrections	181.15	80			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	First Health	First Health	158.51	70			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Qualcare	Qualcare	169.83	75			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Horizon	PPO	86.68	38.28			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	First Trenton	First Trenton	203.8	90			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Horizon	Medicare Blue	67.93	30			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	UHC	Medicare	12.91				10.33		215.12 fee schedule	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Three Rivers	Three Rivers	215.12	95			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Horizon	NJ Health	34.5				10.33		215.12 fee schedule	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	Managed Care Inc	Managed Care Inc	203.8	90			10.33		215.12 percent of total billed charges	
XYLOSE ABSORPTION TEST BLOOD &/URINE	84620	CPT				outpatient			226.44	14.85	WellPoint	WellPoint	70.29	31.04			10.33		215.12 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Americare	Americare	156.06	75			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Horizon	MGD	79.65	38.28		2.61	8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Aetna	Medicare	11.39			2.39	8.26		197.68 fee schedule	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	First Health	First Health	145.66	70			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Amerihealth	Medicare	11.39				8.26		197.68 fee schedule	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Wellcare	Medicaid	9.11				8.26		197.68 fee schedule	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Aetna	Better Health	63.34	30.44		5.6	8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Aetna	Commercial	79.07	38		4.18	8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Amerihealth	HMO/PPO	17.9				8.26		197.68 fee schedule	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	UHC	Medicare	11.39			2.2	8.26		197.68 fee schedule	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Corrections	Corrections	166.46	80			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Multiplan	Multiplan	166.46	80			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Horizon	Indemnity	79.65	38.28			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Consumer	Consumer	197.68	95			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	First Trenton	First Trenton	187.27	90			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Qualcare	Qualcare	156.06	75			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Horizon	Medicare Blue	62.42	30		3.92	8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Wellcare	Medicare	11.39				8.26		197.68 fee schedule	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	UHC	Medicaid	9.11			5.91	8.26		197.68 fee schedule	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	WellPoint	WellPoint	64.59	31.04		2.68	8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Horizon	NJ Health	31.36			0.85	8.26		197.68 fee schedule	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Horizon	PPO	79.65	38.28			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Managed Care Inc	Managed Care Inc	187.27	90			8.26		197.68 percent of total billed charges	
ASSAY OF ZINC	84630	CPT				both			208.08	13.1	Three Rivers	Three Rivers	197.68	95			8.26		197.68 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	First Health	First Health	107.1	70			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Aetna	Better Health	46.57	30.44			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Aetna	Medicare	20.81				14.38		145.35 fee schedule	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Corrections	Corrections	122.4	80			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Aetna	Commercial	58.14	38			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Consumer	Consumer	145.35	95			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	First Trenton	First Trenton	137.7	90			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Horizon	PPO	58.57	38.28		15.05	14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	UHC	Medicaid	16.65			4.36	14.38		145.35 fee schedule	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Horizon	Medicare Blue	45.9	30			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Americare	Americare	114.75	75			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Horizon	MGD	58.57	38.28		11.26	14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Amerihealth	Medicare	20.81				14.38		145.35 fee schedule	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Wellcare	Medicare	20.81			6.97	14.38		145.35 fee schedule	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Horizon	NJ Health	43.12			1.88	14.38		145.35 fee schedule	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Multiplan	Multiplan	122.4	80			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	UHC	Medicare	20.81			5.85	14.38		145.35 fee schedule	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Qualcare	Qualcare	114.75	75			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Amerihealth	HMO/PPO	32.4				14.38		145.35 fee schedule	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Horizon	Indemnity	58.57	38.28		2.74	14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Managed Care Inc	Managed Care Inc	137.7	90			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	WellPoint	WellPoint	47.49	31.04		7.34	14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Three Rivers	Three Rivers	145.35	95			14.38		145.35 percent of total billed charges	
ASSAY OF C-PEPTIDE	84681	CPT				both			153	23.93	Wellcare	Medicaid	16.65				14.38		145.35 fee schedule	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Aetna	Better Health	47.5	30.44		14.2	2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Aetna	Commercial	59.3	38		10.73	2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	First Health	First Health	109.24	70			2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Aetna	Medicare	15.05			10.37	2.31		148.26 fee schedule	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	UHC	Medicaid	12.04			14.06	2.31		148.26 fee schedule	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Consumer	Consumer	148.26	95			2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Americare	Americare	117.05	75			2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Horizon	PPO	59.74	38.28		15.46	2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Wellcare	Medicare	15.05				2.31		148.26 fee schedule	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Corrections	Corrections	124.85	80		11.72	2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Horizon	Indemnity	59.74	38.28		15.04	2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Amerihealth	HMO/PPO	19			7.67	2.31		148.26 fee schedule	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Wellcare	Medicaid	12.04			14.24	2.31		148.26 fee schedule	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Horizon	NJ Health	22.32			6.13	2.31		148.26 fee schedule	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Horizon	Medicare Blue	46.82	30		7.71	2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Multiplan	Multiplan	124.85	80			2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	WellPoint	WellPoint	48.44	31.04		16.08	2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	UHC	Medicare	15.05			7.28	2.31		148.26 fee schedule	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Horizon	MGD	59.74	38.28		15.26	2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Amerihealth	Medicare	15.05				2.31		148.26 fee schedule	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Three Rivers	Three Rivers	148.26	95			2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Qualcare	Qualcare	117.05	75			2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	First Trenton	First Trenton	140.45	90			2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUANTITATIVE	84702	CPT				both			156.06	17.31	Managed Care Inc	Managed Care Inc	140.45	90			2.31		148.26 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52	8.65	Aetna	Better Health	54.65	30.44		14.39	5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52	8.65	Horizon	Medicare Blue	53.86	30		9.78	5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52	8.65	Americare	Americare	134.64	75			5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52	8.65	Amerihealth	HMO/PPO	11.6			10.38	5.88		170.54 fee schedule	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52	8.65	Amerihealth	Medicare	7.52			2.79	5.88		170.54 fee schedule	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52	8.65	Aetna	Commercial	68.22	38		14.95	5.88		170.54 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Corrections	Corrections	143.62	80		19.05	5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 First Health	First Health	125.66	70			5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Aetna	Medicare	7.52			6	5.88		170.54 fee schedule	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 UHC	Medicaid	6.02			16.18	5.88		170.54 fee schedule	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 First Trenton	First Trenton	161.57	90			5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Consumer	Consumer	170.54	95			5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Horizon	MGD	68.72	38.28		21.86	5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Multiplan	Multiplan	143.62	80			5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Horizon	Indemnity	68.72	38.28		21.23	5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Wellcare	Medicare	7.52			8.39	5.88		170.54 fee schedule	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Wellcare	Medicaid	6.02			15.27	5.88		170.54 fee schedule	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Qualcare	Qualcare	134.64	75			5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Horizon	NJ Health	5.88			7.02	5.88		170.54 fee schedule	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 WellPoint	WellPoint	55.72	31.04		16.39	5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Horizon	PPO	68.72	38.28		15.69	5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Managed Care Inc	Managed Care Inc	161.57	90			5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 Three Rivers	Three Rivers	170.54	95			5.88		170.54 percent of total billed charges	
GONADOTROPIN CHORIONIC QUALITATIVE	84703	CPT				both			179.52		8.65 UHC	Medicare	7.52			6.81	5.88		170.54 fee schedule	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Aetna	Better Health	233.18	30.44			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Aetna	Commercial	291.09	38		126.12	4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Aetna	Medicare	235.93	30.8			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Amerihealth	HMO/PPO	497.91	65			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Americare	Americare	574.52	75			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Consumer	Consumer	727.72	95			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Horizon	MGD	293.23	38.28			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		First Trenton	First Trenton	689.42	90			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Horizon	PPO	293.23	38.28			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		First Health	First Health	536.21	70			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Horizon	Indemnity	293.23	38.28			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Corrections	Corrections	612.82	80			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Managed Care Inc	Managed Care Inc	689.42	90			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Horizon	Medicare Blue	229.81	30			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Qualcare	Qualcare	574.52	75			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Multiplan	Multiplan	612.82	80			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		WellPoint	WellPoint	237.77	31.04			4.9		727.72 percent of total billed charges	
UNLISTED CHEMISTRY PROCEDURE	84999	CPT				both			766.02		Three Rivers	Three Rivers	727.72	95			4.9		727.72 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Amerihealth	HMO/PPO	4.9			2.23	3.8		37.79 fee schedule	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 WellPoint	WellPoint	12.35	31.04		5.27	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Aetna	Commercial	15.12	38		5.8	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Corrections	Corrections	31.82	80		1.76	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Multiplan	Multiplan	31.82	80			3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 UHC	Medicaid	12.11	30.44		5.89	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Americare	Americare	29.84	75			3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Aetna	Better Health	12.11	30.44		5.45	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Qualcare	Qualcare	29.84	75			3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 UHC	Medicare	3.8			2.67	3.8		37.79 fee schedule	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Aetna	Medicare	12.25	30.8		2.92	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 First Health	First Health	27.85	70			3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Horizon	Medicare Blue	11.93	30		3.56	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Amerihealth	Medicare	3.8				3.8		37.79 fee schedule	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Horizon	Indemnity	15.23	38.28		4.89	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Horizon	NJ Health	4.7			2.18	3.8		37.79 fee schedule	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Wellcare	Medicaid	12.11	30.44		6.01	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Consumer	Consumer	37.79	95			3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Horizon	PPO	15.23	38.28		7.2	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 First Trenton	First Trenton	35.8	90			3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Three Rivers	Three Rivers	37.79	95			3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Horizon	MGD	15.23	38.28		6.14	3.8		37.79 percent of total billed charges	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Wellcare	Medicare	3.8			2.85	3.8		37.79 fee schedule	
BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	85007	CPT				both			39.78		4.37 Managed Care Inc	Managed Care Inc	35.8	90			3.8		37.79 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Amerihealth	Medicare	3.43				2.35		28.1 fee schedule	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Horizon	Indemnity	11.32	38.28			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Aetna	Better Health	9	30.44			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Aetna	Medicare	9.11	30.8			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Aetna	Commercial	11.24	38			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 First Trenton	First Trenton	26.62	90			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Consumer	Consumer	28.1	95			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Americare	Americare	22.19	75			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 UHC	Medicare	3.43				2.35		28.1 fee schedule	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Qualcare	Qualcare	22.19	75			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 First Health	First Health	20.71	70			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Horizon	MGD	11.32	38.28			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Corrections	Corrections	23.66	80			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Managed Care Inc	Managed Care Inc	26.62	90			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Horizon	Medicare Blue	8.87	30			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Amerihealth	HMO/PPO	5.4				2.35		28.1 fee schedule	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Horizon	NJ Health	2.35				2.35		28.1 fee schedule	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Horizon	PPO	11.32	38.28			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Multiplan	Multiplan	23.66	80			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Wellcare	Medicare	3.43				2.35		28.1 fee schedule	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 UHC	Medicaid	9	30.44			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Three Rivers	Three Rivers	28.1	95			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 WellPoint	WellPoint	9.18	31.04			2.35		28.1 percent of total billed charges	
BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	85008	CPT				outpatient			29.58		3.94 Wellcare	Medicaid	9	30.44			2.35		28.1 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Wellcare	Medicaid	4.06				2.59		29.07 fee schedule	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Aetna	Medicare	5.07				2.59		29.07 fee schedule	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Aetna	Commercial	11.63	38			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Amerihealth	Medicare	5.07				2.59		29.07 fee schedule	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Aetna	Better Health	9.31	30.44			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Americare	Americare	22.95	75			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Horizon	MGD	11.71	38.28			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Corrections	Corrections	24.48	80			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Consumer	Consumer	29.07	95			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Amerihealth	HMO/PPO	5.3				2.59		29.07 fee schedule	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 First Health	First Health	21.42	70			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Horizon	Indemnity	11.71	38.28			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Wellcare	Medicare	5.07				2.59		29.07 fee schedule	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 First Trenton	First Trenton	27.54	90			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 WellPoint	WellPoint	9.5	31.04			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Horizon	Medicare Blue	9.18	30			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Multiplan	Multiplan	24.48	80			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Horizon	NJ Health	2.59				2.59		29.07 fee schedule	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Qualcare	Qualcare	22.95	75			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 UHC	Medicaid	4.06				2.59		29.07 fee schedule	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 UHC	Medicare	5.07				2.59		29.07 fee schedule	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Horizon	PPO	11.71	38.28			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Managed Care Inc	Managed Care Inc	27.54	90			2.59		29.07 percent of total billed charges	
BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	85009	CPT				outpatient			30.6		5.83 Three Rivers	Three Rivers	29.07	95			2.59		29.07 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Horizon	Indemnity	9.37	38.28			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Horizon	Medicare Blue	7.34	30		2.12	2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Aetna	Better Health	7.45	30.44		1.35	2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Amerihealth	HMO/PPO	3			1.54	2.37		23.26 fee schedule	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Amerihealth	Medicare	2.37				2.37		23.26 fee schedule	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Aetna	Commercial	9.3	38		2.63	2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 First Health	First Health	17.14	70			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Aetna	Medicare	7.54	30.8			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Horizon	NJ Health	2.94			0.41	2.37		23.26 fee schedule	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Horizon	MGD	9.37	38.28		4.43	2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Americare	Americare	18.36	75			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Consumer	Consumer	23.26	95			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Corrections	Corrections	19.58	80			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 UHC	Medicaid	7.45	30.44		4.26	2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Horizon	PPO	9.37	38.28		4.44	2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 UHC	Medicare	2.37			2.65	2.37		23.26 fee schedule	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Multiplan	Multiplan	19.58	80			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Wellcare	Medicaid	7.45	30.44		3.19	2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 First Trenton	First Trenton	22.03	90			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Wellcare	Medicare	2.37			2.09	2.37		23.26 fee schedule	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Qualcare	Qualcare	18.36	75			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 WellPoint	WellPoint	7.6	31.04		6.67	2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Managed Care Inc	Managed Care Inc	22.03	90			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMATOCRIT	85014	CPT				both			24.48		2.73 Three Rivers	Three Rivers	23.26	95			2.37		23.26 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Aetna	Better Health	20.18	30.44		5.42	1.9		62.99 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 First Health	First Health	46.41	70			1.9		62.99 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Aetna	Commercial	25.19	38		6.02	1.9		62.99 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Corrections	Corrections	53.04	80			1.9		62.99 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Americare	Americare	49.73	75			1.9		62.99 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Consumer	Consumer	62.99	95			1.9		62.99 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Horizon	Indemnity	25.38	38.28		4.77	1.9		62.99 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Multiplan	Multiplan	53.04	80			1.9		62.99 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Aetna	Medicare	2.37			3.37	1.9		62.99 fee schedule	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Horizon	NJ Health	2.35			1.62	1.9		62.99 fee schedule	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Amerihealth	Medicare	2.37				1.9		62.99 fee schedule	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Qualcare	Qualcare	49.73	75			1.9		62.99 percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Amerihealth	HMO/PPO	3				1.9		62.99 fee schedule	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 UHC	Medicaid	1.9			4.85	1.9		62.99 fee schedule	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3		2.73 Horizon	Medicare Blue	19.89	30		3.71	1.9		62.99 percent of total billed charges

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3	2.73	WellPoint	WellPoint	20.58	31.04		6.65	1.9	62.99	percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3	2.73	Horizon	MGD	25.38	38.28		2.27	1.9	62.99	percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3	2.73	Horizon	PPO	25.38	38.28		5.46	1.9	62.99	percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3	2.73	Managed Care Inc	Managed Care Inc	59.67	90			1.9	62.99	percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3	2.73	Wellcare	Medicare	2.37				1.9	62.99	fee schedule	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3	2.73	Three Rivers	Three Rivers	62.99	95			1.9	62.99	percent of total billed charges	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3	2.73	UHC	Medicare	2.37			7.71	1.9	62.99	fee schedule	
BLOOD COUNT HEMOGLOBIN	85018	CPT				both			66.3	2.73	Wellcare	Medicaid	1.9			4.83	1.9	62.99	fee schedule	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Americare	Americare	33.66	75			6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Aetna	Medicare	7.77			5.98	6.22	42.64	fee schedule	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Amerihealth	HMO/PPO	11			6.33	6.22	42.64	fee schedule	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Aetna	Better Health	13.66	30.44		10.81	6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Aetna	Commercial	17.05	38		10.73	6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Consumer	Consumer	42.64	95			6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	WellPoint	WellPoint	13.93	31.04		10.41	6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Amerihealth	Medicare	7.77			5.58	6.22	42.64	fee schedule	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Corrections	Corrections	35.9	80		7.76	6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Horizon	MGD	17.18	38.28		11.18	6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	First Trenton	First Trenton	40.39	90			6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	First Health	First Health	31.42	70			6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Wellcare	Medicaid	6.22			11.17	6.22	42.64	fee schedule	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Horizon	NJ Health	9.8			4.02	6.22	42.64	fee schedule	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Horizon	PPO	17.18	38.28		13.27	6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Managed Care Inc	Managed Care Inc	40.39	90			6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Horizon	Indemnity	17.18	38.28		12.45	6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	UHC	Medicare	7.77			5.95	6.22	42.64	fee schedule	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	UHC	Medicaid	6.22			11.35	6.22	42.64	fee schedule	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Horizon	Medicare Blue	13.46	30		6.28	6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Wellcare	Medicare	7.77			6.73	6.22	42.64	fee schedule	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Multiplan	Multiplan	35.9	80			6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Qualcare	Qualcare	33.66	75			6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	85025	CPT				both			44.88	8.94	Three Rivers	Three Rivers	42.64	95			6.22	42.64	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Aetna	Commercial	13.18	38		8.59	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Corrections	Corrections	27.74	80		3.17	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Amerihealth	Medicare	6.47			1.33	6.43	32.95	fee schedule	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Horizon	Medicare Blue	10.4	30		5.1	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Amerihealth	HMO/PPO	10			5.22	6.43	32.95	fee schedule	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Aetna	Better Health	10.56	30.44		8.72	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Aetna	Medicare	10.68	30.8		5.29	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Americare	Americare	26.01	75			6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Consumer	Consumer	32.95	95			6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	UHC	Medicare	6.47			4.31	6.43	32.95	fee schedule	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	First Health	First Health	24.28	70			6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Multiplan	Multiplan	27.74	80			6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Qualcare	Qualcare	26.01	75			6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	WellPoint	WellPoint	10.76	31.04		8.31	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Horizon	MGD	13.28	38.28		9.72	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Horizon	NJ Health	9.41			3.15	6.43	32.95	fee schedule	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	First Trenton	First Trenton	31.21	90			6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Wellcare	Medicaid	10.56	30.44		8.76	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Horizon	Indemnity	13.28	38.28		9.61	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Horizon	PPO	13.28	38.28		9.91	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Managed Care Inc	Managed Care Inc	31.21	90			6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	UHC	Medicaid	10.56	30.44		8.97	6.43	32.95	percent of total billed charges	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Wellcare	Medicare	6.47			4.21	6.43	32.95	fee schedule	
BLOOD COUNT COMPLETE AUTOMATED	85027	CPT				both			34.68	7.44	Three Rivers	Three Rivers	32.95	95			6.43	32.95	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Aetna	Commercial	72.09	38			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	UHC	Medicare	3.02				2.35	180.23	fee schedule	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Amerihealth	HMO/PPO	4.7				2.35	180.23	fee schedule	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Horizon	MGD	72.62	38.28			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Aetna	Medicare	3.02				2.35	180.23	fee schedule	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	UHC	Medicaid	2.42			9.19	2.35	180.23	fee schedule	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	First Health	First Health	132.8	70			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Aetna	Better Health	57.75	30.44		6.61	2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Multiplan	Multiplan	151.78	80			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Wellcare	Medicare	3.02				2.35	180.23	fee schedule	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Amerihealth	Medicare	3.02				2.35	180.23	fee schedule	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Horizon	PPO	72.62	38.28		7.86	2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Consumer	Consumer	180.23	95			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	WellPoint	WellPoint	58.89	31.04			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	First Trenton	First Trenton	170.75	90			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Americare	Americare	142.29	75			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Qualcare	Qualcare	142.29	75			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Horizon	Indemnity	72.62	38.28			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Corrections	Corrections	151.78	80			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Horizon	NJ Health	2.35				2.35	180.23	fee schedule	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Horizon	Medicare Blue	56.92	30			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Managed Care Inc	Managed Care Inc	170.75	90			2.35	180.23	percent of total billed charges	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Wellcare	Medicaid	2.42				2.35	180.23	fee schedule	
BLOOD COUNT RED BLOOD CELL AUTOMATED	85041	CPT				outpatient			189.72	3.47	Three Rivers	Three Rivers	180.23	95			2.35	180.23	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	UHC	Medicare	4.31				3.45	19.38	fee schedule	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Aetna	Commercial	7.75	38			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Amerihealth	Medicare	4.31				3.45	19.38	fee schedule	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Horizon	MGD	7.81	38.28			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Wellcare	Medicare	4.31				3.45	19.38	fee schedule	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Aetna	Medicare	4.31				3.45	19.38	fee schedule	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Aetna	Better Health	6.21	30.44			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Americare	Americare	15.3	75			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	WellPoint	WellPoint	6.33	31.04			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Multiplan	Multiplan	16.32	80			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	First Health	First Health	14.28	70			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Amerihealth	HMO/PPO	6.7				3.45	19.38	fee schedule	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	First Trenton	First Trenton	18.36	90			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Consumer	Consumer	19.38	95			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Horizon	Indemnity	7.81	38.28			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Qualcare	Qualcare	15.3	75			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Horizon	NJ Health	5.88				3.45	19.38	fee schedule	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Corrections	Corrections	16.32	80			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Horizon	PPO	7.81	38.28			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Horizon	Medicare Blue	6.12	30			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Managed Care Inc	Managed Care Inc	18.36	90			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	UHC	Medicaid	3.45				3.45	19.38	fee schedule	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Three Rivers	Three Rivers	19.38	95			3.45	19.38	percent of total billed charges	
BLOOD COUNT RETICULOCYTE MANUAL	85044	CPT				outpatient			20.4	4.96	Wellcare	Medicaid	3.45				3.45	19.38	fee schedule	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Aetna	Better Health	13.35	30.44		9.68	3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Aetna	Medicare	3.99			6.43	3.19	41.67	fee schedule	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Managed Care Inc	Managed Care Inc	39.47	90			3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Horizon	Medicare Blue	13.16	30		4.44	3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Amerihealth	Medicare	3.99				3.19	41.67	fee schedule	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Amerihealth	HMO/PPO	6.3			3.21	3.19	41.67	fee schedule	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Aetna	Commercial	16.67	38		6.95	3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Americare	Americare	32.9	75			3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	First Health	First Health	30.7	70			3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Wellcare	Medicaid	3.19			8.32	3.19	41.67	fee schedule	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Wellcare	Medicare	3.99			4.12	3.19	41.67	fee schedule	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Horizon	MGD	16.79	38.28		7.09	3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Horizon	NJ Health	7.84			1.68	3.19	41.67	fee schedule	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Consumer	Consumer	41.67	95			3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	First Trenton	First Trenton	39.47	90			3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Corrections	Corrections	35.09	80		3.44	3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Horizon	Indemnity	16.79	38.28			3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	UHC	Medicaid	3.19			10.73	3.19	41.67	fee schedule	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	UHC	Medicare	3.99			4.26	3.19	41.67	fee schedule	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Multiplan	Multiplan	35.09	80			3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Horizon	PPO	16.79	38.28		12.12	3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Qualcare	Qualcare	32.9	75			3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	Three Rivers	Three Rivers	41.67	95			3.19	41.67	percent of total billed charges	
BLOOD COUNT RETICULOCYTE AUTOMATED	85045	CPT				both			43.86	4.59	WellPoint	WellPoint	13.61	31.04		11.33	3.19	41.67	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Horizon	MGD	1.27	38.28			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Aetna	Commercial	1.26	38			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Amerihealth	HMO/PPO	3				1	3.15	fee schedule	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Aetna	Better Health	1.01	30.44			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Aetna	Medicare	2.54				1	3.15	fee schedule	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Americare	Americare	2.49	75			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	First Health	First Health	2.32	70			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	UHC	Medicare	2.54				1	3.15	fee schedule	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Qualcare	Qualcare	2.49	75			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Multiplan	Multiplan	2.66	80			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Amerihealth	Medicare	2.54				1	3.15	fee schedule	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	WellPoint	WellPoint	1.03	31.04			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Corrections	Corrections	2.66	80			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Consumer	Consumer	3.15	95			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Horizon	Indemnity	1.27	38.28			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	UHC	Medicaid	2.03				1	3.15	fee schedule	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	First Trenton	First Trenton	2.99	90			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Wellcare	Medicare	2.54				1	3.15	fee schedule	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Horizon	PPO	1.27	38.28			1	3.15	percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Horizon	Medicare Blue	1	30			1	3.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Three Rivers	Three Rivers	95				1	1	3.15 percent of total billed charges	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Horizon	NJ Health	2.35				1	1	3.15 fee schedule	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Wellcare	Medicaid	2.03				1	1	3.15 fee schedule	
BLOOD COUNT LEUKOCYTE WBC AUTOMATED	85048	CPT				outpatient			3.32	2.92	Managed Care Inc	Managed Care Inc	2.99	90			1	1	3.15 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Amerihealth	Medicare	4.48				3.58	3.58	41.67 fee schedule	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Americare	Americare	32.9	75			3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Aetna	Commercial	16.67	38		0.96	3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Aetna	Better Health	13.35	30.44		6.8	3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Horizon	Indemnity	16.79	38.28		11.72	3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Horizon	PPO	16.79	38.28		12.92	3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Amerihealth	HMO/PPO	7				3.58	3.58	41.67 fee schedule	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Corrections	Corrections	35.09	80			3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	UHC	Medicaid	3.58			12.75	3.58	3.58	41.67 fee schedule	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Consumer	Consumer	41.67	95			3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	First Health	First Health	30.7	70			3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Aetna	Medicare	4.48			3.01	3.58	3.58	41.67 fee schedule	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Wellcare	Medicare	4.48				3.58	3.58	41.67 fee schedule	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Multiplan	Multiplan	35.09	80			3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Horizon	MGD	16.79	38.28		9.94	3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	First Trenton	First Trenton	39.47	90			3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Horizon	NJ Health	9.8			1.35	3.58	3.58	41.67 fee schedule	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Qualcare	Qualcare	32.9	75			3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Wellcare	Medicaid	3.58				3.58	3.58	41.67 fee schedule	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Horizon	Medicare Blue	13.16	30		7.49	3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	UHC	Medicare	4.48				3.58	3.58	41.67 fee schedule	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Managed Care Inc	Managed Care Inc	39.47	90			3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	Three Rivers	Three Rivers	41.67	95			3.58	3.58	41.67 percent of total billed charges	
BLOOD COUNT PLATELET AUTOMATED	85049	CPT				both			43.86	5.15	WellPoint	WellPoint	13.61	31.04		10.51	3.58	3.58	41.67 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		WellPoint	WellPoint	45.59	31.04				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Aetna	Commercial	55.81	38				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Aetna	Better Health	44.71	30.44				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Americare	Americare	110.16	75				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Aetna	Medicare	45.24	30.8				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Horizon	MGD	56.23	38.28				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Horizon	Indemnity	56.23	38.28				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Consumer	Consumer	139.54	95				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Amerihealth	HMO/PPO	25					15.68	139.54 fee schedule	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Multiplan	Multiplan	117.5	80				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Horizon	Medicare Blue	44.06	30				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		First Trenton	First Trenton	132.19	90				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		First Health	First Health	102.82	70				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Qualcare	Qualcare	110.16	75				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Corrections	Corrections	117.5	80				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		UHC	Medicaid	18.52					15.68	139.54 fee schedule	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Horizon	PPO	56.23	38.28				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Horizon	NJ Health	15.68					15.68	139.54 fee schedule	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Managed Care Inc	Managed Care Inc	132.19	90				15.68	139.54 percent of total billed charges	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Wellcare	Medicaid	18.52					15.68	139.54 fee schedule	
BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	85060	CPT				outpatient			146.88		Three Rivers	Three Rivers	139.54	95				15.68	139.54 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Amerihealth	Medicare	947.87				47.04	47.04	1903.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	First Trenton	First Trenton	1802.95	90			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Amerihealth	HMO/PPO	53				47.04	47.04	1903.12 fee schedule	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Aetna	Commercial	1546.92				47.04	47.04	1903.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Aetna	Better Health	609.8	30.44			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	UHC	Medicare	947.87				47.04	47.04	1903.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	First Health	First Health	1402.3	70			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Consumer	Consumer	1903.12	95			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Corrections	Corrections	1602.62	80			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Horizon	Indemnity	1834.13				47.04	47.04	1903.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Horizon	Medicare Blue	947.87			233.33	47.04	47.04	1903.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Aetna	Medicare	947.87				47.04	47.04	1903.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Horizon	MGD	1834.13			113.46	47.04	47.04	1903.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	WellPoint	WellPoint	621.82	31.04			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Wellcare	Medicare	947.87				47.04	47.04	1903.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Wellcare	Medicaid	55.71				47.04	47.04	1903.12 fee schedule	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Horizon	PPO	1834.13				47.04	47.04	1903.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Americare	Americare	1502.46	75			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Managed Care Inc	Managed Care Inc	1802.95	90			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Horizon	NJ Health	47.04			17.79	47.04	47.04	1903.12 fee schedule	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	UHC	Medicaid	55.71			65.57	47.04	47.04	1903.12 fee schedule	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Multiplan	Multiplan	1602.62	80			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Qualcare	Qualcare	1502.46	75			47.04	47.04	1903.12 percent of total billed charges	
BONE MARROW SMEAR INTERPRETATION	85097	CPT				both			2003.28	1090.05	Three Rivers	Three Rivers	1903.12	95			47.04	47.04	1903.12 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Aetna	Medicare	12.98				6.47	6.47	135.66 fee schedule	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Aetna	Better Health	43.47	30.44			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Horizon	MGD	54.66	38.28			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Consumer	Consumer	135.66	95			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Amerihealth	Medicare	12.98				6.47	6.47	135.66 fee schedule	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Aetna	Commercial	54.26	38			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Amerihealth	HMO/PPO	8				6.47	6.47	135.66 fee schedule	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Americare	Americare	107.1	75			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Corrections	Corrections	114.24	80			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Horizon	Medicare Blue	42.84	30			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	First Health	First Health	99.96	70			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Wellcare	Medicaid	10.38				6.47	6.47	135.66 fee schedule	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	First Trenton	First Trenton	128.52	90			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Horizon	NJ Health	6.47			4.82	6.47	6.47	135.66 fee schedule	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	UHC	Medicare	12.98				6.47	6.47	135.66 fee schedule	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Multiplan	Multiplan	114.24	80			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Horizon	Indemnity	54.66	38.28			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	UHC	Medicaid	10.38				6.47	6.47	135.66 fee schedule	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Horizon	PPO	54.66	38.28			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Qualcare	Qualcare	107.1	75			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	WellPoint	WellPoint	44.33	31.04			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Wellcare	Medicare	12.98				6.47	6.47	135.66 fee schedule	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Managed Care Inc	Managed Care Inc	128.52	90			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR II PROTHROMBIN SPECIFIC	85210	CPT				both			142.8	14.93	Three Rivers	Three Rivers	135.66	95			6.47	6.47	135.66 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Americare	Americare	122.4	75			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Amerihealth	HMO/PPO	26.7				14.12	14.12	155.04 fee schedule	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	First Trenton	First Trenton	146.88	90			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Aetna	Better Health	49.68	30.44			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Aetna	Medicare	17.65				14.12	14.12	155.04 fee schedule	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Horizon	MGD	62.47	38.28			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Aetna	Commercial	62.02	38		30.55	14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Consumer	Consumer	155.04	95			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Horizon	PPO	62.47	38.28			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Amerihealth	Medicare	17.65				14.12	14.12	155.04 fee schedule	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Horizon	Indemnity	62.47	38.28			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Horizon	Medicare Blue	48.96	30			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Multiplan	Multiplan	130.56	80			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	First Health	First Health	114.24	70			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Wellcare	Medicare	17.65				14.12	14.12	155.04 fee schedule	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Corrections	Corrections	130.56	80			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Three Rivers	Three Rivers	155.04	95			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Horizon	NJ Health	56.06			3.29	14.12	14.12	155.04 fee schedule	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Managed Care Inc	Managed Care Inc	146.88	90			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	UHC	Medicare	17.65				14.12	14.12	155.04 fee schedule	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Qualcare	Qualcare	122.4	75			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	WellPoint	WellPoint	50.66	31.04			14.12	14.12	155.04 percent of total billed charges	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	Wellcare	Medicaid	14.12				14.12	14.12	155.04 fee schedule	
CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	85220	CPT				both			163.2	20.3	UHC	Medicaid	14.12			23.96	14.12	14.12	155.04 fee schedule	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Americare	Americare	123.17	75			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Aetna	Better Health	49.99	30.44			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Aetna	Commercial	62.4	38			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Consumer	Consumer	156.01	95			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Amerihealth	Medicare	17.9				17.9	17.9	156.01 fee schedule	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Aetna	Medicare	50.58	30.8			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Horizon	MGD	62.86	38.28			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	First Health	First Health	114.95	70			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	First Trenton	First Trenton	147.8	90			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Corrections	Corrections	131.38	80			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Wellcare	Medicaid	49.99	30.44			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Horizon	Indemnity	62.86	38.28			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Horizon	PPO	62.86	38.28			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Amerihealth	HMO/PPO	25.1			29.05	17.9	17.9	156.01 fee schedule	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Managed Care Inc	Managed Care Inc	147.8	90			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Horizon	Medicare Blue	49.27	30			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Three Rivers	Three Rivers	156.01	95			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Multiplan	Multiplan	131.38	80			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Wellcare	Medicare	17.9				17.9	17.9	156.01 fee schedule	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Horizon	NJ Health	47.04				17.9	17.9	156.01 fee schedule	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	Qualcare	Qualcare	123.17	75			17.9	17.9	156.01 percent of total billed charges	
CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	85230	CPT				both			164.22	20.59	WellPoint	WellPoint	50.97	31.

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

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Qualcare	Qualcare	32.9	75			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	First Health	First Health	30.7	70			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Americare	Americare	32.9	75			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Wellcare	Medicaid	14.32				13.16	52.92	fee schedule	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Aetna	Commercial	16.67	38			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Wellcare	Medicare	17.9				13.16	52.92	fee schedule	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	First Trenton	First Trenton	39.47	90			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	UHC	Medicare	17.9				13.16	52.92	fee schedule	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Horizon	Indemnity	16.79	38.28			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Amerihealth	Medicare	17.9				13.16	52.92	fee schedule	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Horizon	Medicare Blue	13.16	30			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Multiplan	Multiplan	35.09	80			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Horizon	PPO	16.79	38.28			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Horizon	NJ Health	52.92				13.16	52.92	fee schedule	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Three Rivers	Three Rivers	41.67	95			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	Managed Care Inc	Managed Care Inc	39.47	90			13.16	52.92	percent of total billed charges	
CLOTTING FACTOR XI PTA	85270	CPT				both			43.86	20.59	UHC	Medicaid	14.32				13.16	52.92	fee schedule	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Corrections	Corrections	199.1	80			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Horizon	MGD	95.27	38.28			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Amerihealth	Medicare	19.35				15.48	236.44	fee schedule	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Aetna	Better Health	75.76	30.44			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Consumer	Consumer	236.44	95			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Amerihealth	HMO/PPO	26.2				15.48	236.44	fee schedule	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Americare	Americare	186.66	75			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Aetna	Medicare	19.35				15.48	236.44	fee schedule	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	WellPoint	WellPoint	77.25	31.04			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Wellcare	Medicaid	15.48				15.48	236.44	fee schedule	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	UHC	Medicare	19.35				15.48	236.44	fee schedule	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Aetna	Commercial	94.57	38			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	First Trenton	First Trenton	223.99	90			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	First Health	First Health	174.22	70			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Wellcare	Medicare	19.35				15.48	236.44	fee schedule	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Horizon	Indemnity	95.27	38.28			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Horizon	NJ Health	52.92				15.48	236.44	fee schedule	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Horizon	Medicare Blue	74.66	30			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Horizon	PPO	95.27	38.28			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Multiplan	Multiplan	199.1	80			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Managed Care Inc	Managed Care Inc	223.99	90			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	UHC	Medicaid	15.48				15.48	236.44	fee schedule	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Three Rivers	Three Rivers	236.44	95			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII HAGEMAN	85280	CPT				both			248.88	22.25	Qualcare	Qualcare	186.66	75			15.48	236.44	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Amerihealth	Medicare	16.34				11	51.36	fee schedule	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	First Trenton	First Trenton	48.65	90			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Aetna	Better Health	16.46	30.44			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Horizon	Indemnity	20.69	38.28			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Aetna	Commercial	20.54	38			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Americare	Americare	40.55	75			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Corrections	Corrections	43.25	80			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Multiplan	Multiplan	43.25	80			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	First Health	First Health	37.84	70			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Horizon	PPO	20.69	38.28			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Consumer	Consumer	51.36	95			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Qualcare	Qualcare	40.55	75			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Aetna	Medicare	16.65	30.8			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Amerihealth	HMO/PPO	11				11	51.36	fee schedule	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	WellPoint	WellPoint	16.78	31.04			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Managed Care Inc	Managed Care Inc	48.65	90			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	UHC	Medicare	16.34				11	51.36	fee schedule	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Horizon	MGD	20.69	38.28		12.27	11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Horizon	Medicare Blue	16.22	30			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Wellcare	Medicare	16.34				11	51.36	fee schedule	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	UHC	Medicaid	16.46	30.44			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Horizon	NJ Health	17.25				11	51.36	fee schedule	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Three Rivers	Three Rivers	51.36	95			11	51.36	percent of total billed charges	
CLOTTING FACTOR XII FIBRIN STABILIZING	85290	CPT				both			54.06	18.79	Wellcare	Medicaid	16.46	30.44			11	51.36	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Amerihealth	Medicare	9.11				9.11	789.74	fee schedule	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Corrections	Corrections	665.04	80			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Amerihealth	HMO/PPO	11				9.11	789.74	fee schedule	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Americare	Americare	623.48	75			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Aetna	Better Health	253.05	30.44			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	First Trenton	First Trenton	748.17	90			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Horizon	MGD	318.22	38.28			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Aetna	Medicare	256.04	30.8			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Aetna	Commercial	315.89	38			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Horizon	Indemnity	318.22	38.28			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Horizon	NJ Health	15.09			11.06	9.11	789.74	fee schedule	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Consumer	Consumer	789.74	95			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Wellcare	Medicare	9.11				9.11	789.74	fee schedule	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Horizon	PPO	318.22	38.28			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	WellPoint	WellPoint	258.04	31.04			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	First Health	First Health	581.91	70			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Horizon	Medicare Blue	249.39	30			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	UHC	Medicaid	253.05	30.44			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Managed Care Inc	Managed Care Inc	748.17	90			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Multiplan	Multiplan	665.04	80			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Three Rivers	Three Rivers	789.74	95			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Qualcare	Qualcare	623.48	75			9.11	789.74	percent of total billed charges	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	UHC	Medicare	9.11				9.11	789.74	fee schedule	
CLOTTING FACTOR XIII FIBRIN STABILIZ SCREEN SOLUB	85291	CPT				both			831.3	10.48	Wellcare	Medicaid	253.05	30.44			9.11	789.74	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	First Trenton	First Trenton	561.82	90			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Americare	Americare	468.18	75			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Aetna	Commercial	237.21	38			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Aetna	Medicare	18.93				15.14	593.03	fee schedule	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Horizon	Indemnity	238.96	38.28			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Multiplan	Multiplan	499.39	80			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Amerihealth	HMO/PPO	29.5				15.14	593.03	fee schedule	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Aetna	Better Health	190.02	30.44			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Managed Care Inc	Managed Care Inc	561.82	90			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Qualcare	Qualcare	468.18	75			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Horizon	MGD	238.96	38.28			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Corrections	Corrections	499.39	80			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Horizon	PPO	238.96	38.28			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Three Rivers	Three Rivers	593.03	95			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Amerihealth	Medicare	18.93				15.14	593.03	fee schedule	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Consumer	Consumer	593.03	95			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	UHC	Medicaid	15.14				15.14	593.03	fee schedule	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	WellPoint	WellPoint	193.76	31.04			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	First Health	First Health	436.97	70			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Horizon	Medicare Blue	187.27	30			15.14	593.03	percent of total billed charges	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Wellcare	Medicaid	15.14				15.14	593.03	fee schedule	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Horizon	NJ Health	60.37				15.14	593.03	fee schedule	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	UHC	Medicare	18.93				15.14	593.03	fee schedule	
CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	85292	CPT				both			624.24	21.77	Wellcare	Medicare	18.93				15.14	593.03	fee schedule	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Aetna	Commercial	131.4	38			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Amerihealth	Medicare	18.93				15.14	328.49	fee schedule	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Horizon	Indemnity	132.36	38.28			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Aetna	Better Health	105.26	30.44			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Aetna	Medicare	18.93				15.14	328.49	fee schedule	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	First Trenton	First Trenton	311.2	90			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Americare	Americare	259.34	75			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	First Health	First Health	242.05	70			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Corrections	Corrections	276.62	80			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Horizon	MGD	132.36	38.28			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Amerihealth	HMO/PPO	29.5				15.14	328.49	fee schedule	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Consumer	Consumer	328.49	95			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	UHC	Medicaid	15.14				15.14	328.49	fee schedule	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Wellcare	Medicare	18.93				15.14	328.49	fee schedule	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Wellcare	Medicaid	15.14				15.14	328.49	fee schedule	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Multiplan	Multiplan	276.62	80			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	UHC	Medicare	18.93				15.14	328.49	fee schedule	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Horizon	Medicare Blue	103.73	30			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	WellPoint	WellPoint	107.33	31.04			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Qualcare	Qualcare	259.34	75			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Horizon	NJ Health	60.37				15.14	328.49	fee schedule	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Horizon	PPO	132.36	38.28			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Managed Care Inc	Managed Care Inc	311.2	90			15.14	328.49	percent of total billed charges	
CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	85293	CPT				inpatient			345.78	21.77	Three Rivers	Three Rivers	328.49	95			15.14	328.49	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Aetna	Medicare	11.85				9.48	86.24	fee schedule	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Amerihealth	Medicare	11.85				9.48	86.24	fee schedule	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Aetna	Commercial	34.5	38		7.12	9.48	86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Horizon	PPO	34.75	38.28		26.86	9.48	86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Amerihealth	HMO/PPO	11.5				9.48	86.24	fee schedule	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Americare	Americare	68.09	75			9.48	86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	First Health	First Health	63.55	70			9.48	86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Aetna	Better Health	27.63	30.44		16.01	9.48	86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Horizon	Indemnity	34.75	38.28			9.48	86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Consumer	Consumer	86.24	95			9.48	86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	UHC	Medicaid	9.48			14.53	9.48	86.24	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Qualcare		68.09				9.48		86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Horizon		NJ Health		29.4			5.75	9.48		86.24	fee schedule	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Three Rivers		Three Rivers		86.24		95		9.48		86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Horizon		MGD		34.75		38.28		9.48		86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Horizon		Medicare Blue		27.23		30		9.48		86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Corrections		Corrections		72.62		80		9.48		86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	UHC		Medicare		11.85				9.48		86.24	fee schedule	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	First Trenton		First Trenton		81.7		90		9.48		86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Multiplan		Multiplan		72.62		80		9.48		86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Managed Care Inc		Managed Care Inc		81.7		90		9.48		86.24	percent of total billed charges	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Wellcare		Medicaid		9.48			8.73	9.48		86.24	fee schedule	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	Wellcare		Medicare		11.85			3.57	9.48		86.24	fee schedule	
CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	85300	CPT				both			90.78	13.63	WellPoint		WellPoint		28.18		31.04	11.31	9.48		86.24	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Aetna		Commercial		75.58		38		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Amerihealth		HMO/PPO		16.9				10.81		188.96	fee schedule	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Americare		Americare		149.18		75		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Wellcare		Medicare		10.81				10.81		188.96	fee schedule	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Corrections		Corrections		159.12		80		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Aetna		Better Health		60.55		30.44		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Horizon		MGD		76.14		38.28		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Aetna		Medicare		61.26		30.8		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Multiplan		Multiplan		159.12		80		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	First Health		First Health		139.23		70		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Wellcare		Medicaid		60.55		30.44		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	WellPoint		WellPoint		61.74		31.04		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Horizon		Medicare Blue		59.67		30		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Amerihealth		Medicare		10.81				10.81		188.96	fee schedule	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Qualcare		Qualcare		149.18		75		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	UHC		Medicaid		60.55		30.44		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Consumer		Consumer		188.96		95		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	UHC		Medicare		10.81				10.81		188.96	fee schedule	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	First Trenton		First Trenton		179.01		90		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Horizon		Indemnity		76.14		38.28		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Horizon		NJ Health		31.36				10.81		188.96	fee schedule	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Horizon		PPO		76.14		38.28		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Managed Care Inc		Managed Care Inc		179.01		90		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	85301	CPT				outpatient			198.9	12.43	Three Rivers		Three Rivers		188.96		95		10.81		188.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Aetna		Medicare		12.01				9.61		75.58	fee schedule	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Horizon		MGD		30.46		38.28		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Consumer		Consumer		75.58		95		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Aetna		Commercial		30.23		38		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Aetna		Better Health		24.22		30.44		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Amerihealth		Medicare		12.01				9.61		75.58	fee schedule	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Corrections		Corrections		63.65		80		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Americare		Americare		59.67		75		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	First Health		First Health		55.69		70		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Horizon		PPO		30.46		38.28		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Wellcare		Medicaid		9.61				9.61		75.58	fee schedule	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Horizon		Indemnity		30.46		38.28		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Qualcare		Qualcare		59.67		75		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	First Trenton		First Trenton		71.6		90		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Wellcare		Medicare		12.01			3.13	9.61		75.58	fee schedule	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Amerihealth		HMO/PPO		18.8				9.61		75.58	fee schedule	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Horizon		Medicare Blue		23.87		30		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Managed Care Inc		Managed Care Inc		71.6		90		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	UHC		Medicare		12.01				9.61		75.58	fee schedule	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	UHC		Medicaid		9.61			14.82	9.61		75.58	fee schedule	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Horizon		NJ Health		35.28			1.79	9.61		75.58	fee schedule	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	WellPoint		WellPoint		24.7		31.04		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Multiplan		Multiplan		63.65		80		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ANTIGEN	85302	CPT				both			79.56	13.81	Three Rivers		Three Rivers		75.58		95		9.61		75.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Aetna		Better Health		39.12		30.44	22.67	11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	First Trenton		First Trenton		115.67		90		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Americare		Americare		96.39		75		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Amerihealth		Medicare		13.84				11.07		122.09	fee schedule	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Consumer		Consumer		122.09		95		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Horizon		Medicare Blue		38.56		30		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Amerihealth		HMO/PPO		27.2				11.07		122.09	fee schedule	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Aetna		Commercial		48.84		38	16.7	11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Corrections		Corrections		102.82		80		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Horizon		Indemnity		49.2		38.28		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	First Health		First Health		89.96		70		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Managed Care Inc		Managed Care Inc		115.67		90		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Aetna		Medicare		13.84				11.07		122.09	fee schedule	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Horizon		NJ Health		38.81			5.23	11.07		122.09	fee schedule	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Horizon		MGD		49.2		38.28	43.37	11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	UHC		Medicare		13.84				11.07		122.09	fee schedule	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Multiplan		Multiplan		102.82		80		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	WellPoint		WellPoint		39.89		31.04		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Horizon		PPO		49.2		38.28	28.4	11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Wellcare		Medicare		13.84				11.07		122.09	fee schedule	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Qualcare		Qualcare		96.39		75		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Three Rivers		Three Rivers		122.09		95		11.07		122.09	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	Wellcare		Medicaid		11.07			12.36	11.07		122.09	fee schedule	
CLOTTING INHIBITORS PROTEIN C ACTIVITY	85303	CPT				both			128.52	15.92	UHC		Medicaid		11.07			18.26	11.07		122.09	fee schedule	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	First Trenton		First Trenton		160.65		90		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	UHC		Medicare		11.61				11.61		169.58	fee schedule	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Corrections		Corrections		142.8		80		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Consumer		Consumer		169.58		95		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Americare		Americare		133.88		75		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Aetna		Better Health		54.34		30.44		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Horizon		MGD		68.33		38.28		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Aetna		Medicare		54.98		30.8		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Horizon		Indemnity		68.33		38.28		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Aetna		Commercial		67.83		38		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Horizon		Medicare Blue		53.55		30		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	First Health		First Health		124.95		70		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Amerihealth		HMO/PPO		18.1				11.61		169.58	fee schedule	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	WellPoint		WellPoint		55.41		31.04		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Multiplan		Multiplan		142.8		80		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Wellcare		Medicaid		54.34		30.44		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Horizon		PPO		68.33		38.28		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Qualcare		Qualcare		133.88		75		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Amerihealth		Medicare		11.61				11.61		169.58	fee schedule	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	UHC		Medicaid		54.34		30.44	12.98	11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Managed Care Inc		Managed Care Inc		160.65		90		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Wellcare		Medicare		11.61			2.15	11.61		169.58	fee schedule	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Horizon		NJ Health		31.36			1.7	11.61		169.58	fee schedule	
CLOTTING INHIBITORS PROTEIN S TOTAL	85305	CPT				both			178.5	13.35	Three Rivers		Three Rivers		169.58		95		11.61		169.58	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Aetna		Medicare		71.31		30.8		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Americare		Americare		173.66		75		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Aetna		Commercial		87.99		38	23.37	13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Horizon		Medicare Blue		69.46		30		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Aetna		Better Health		70.48		30.44	7.74	13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	First Health		First Health		162.08		70		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Corrections		Corrections		185.23		80		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Horizon		MGD		88.63		38.28	51.97	13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Horizon		PPO		88.63		38.28	29.12	13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Amerihealth		HMO/PPO		27.2				13.16		219.96	fee schedule	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Amerihealth		Medicare		15.32				13.16		219.96	fee schedule	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	UHC		Medicaid		70.48		30.44	21.14	13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Consumer		Consumer		219.96		95		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Wellcare		Medicare		15.32			1.73	13.16		219.96	fee schedule	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Wellcare		Medicaid		70.48		30.44	14.81	13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Horizon		NJ Health		38.81			6.03	13.16		219.96	fee schedule	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Multiplan		Multiplan		185.23		80		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	WellPoint		WellPoint		71.87		31.04	12.34	13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	First Trenton		First Trenton		208.39		90		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Qualcare		Qualcare		173.66		75		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Horizon		Indemnity		88.63		38.28		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	UHC		Medicare		15.32			23.81	13.16		219.96	fee schedule	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Managed Care Inc		Managed Care Inc		208.39		90		13.16		219.96	percent of total billed charges	
CLOTTING INHIBITORS PROTEIN S FREE	85306	CPT				both			231.54	17.62	Three Rivers		Three Rivers		219.96		95		13.16		219.96	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Americare		Americare		50.49		75		15.32		63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Horizon		Indemnity		25.77		38.28		15.32		63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	UHC		Medicare		15.32				15.32		63.95	fee schedule	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Aetna		Medicare		20.73		30.8		15.32		63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Aetna		Commercial		25.58		38		15.32		63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Horizon		Medicare Blue		20.2		30		15.32		63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Aetna		Better Health		20.49		30.44		15.32		63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Amerihealth		Medicare		15.32				15.32		63.95	fee schedule	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Consumer		Consumer		63.95		95		15.32		63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Multiplan		Multiplan		53.86		80		15.32		63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Wellcare		Medicare		15.32				15.32		63.95	fee schedule	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	First Trenton		First Trenton		60.59		90		15.32		63.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Corrections	Corrections	53.86	80			15.32	63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	First Health	First Health	47.12	70			15.32	63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Horizon	PPO	25.77	38.28			15.32	63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Wellcare	Medicaid	20.49	30.44			15.32	63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Horizon	NJ Health	17.01				15.32	63.95	fee schedule	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Managed Care Inc	Managed Care Inc	60.59	90			15.32	63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	WellPoint	WellPoint	20.9	31.04			15.32	63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	Three Rivers	Three Rivers	63.95	95			15.32	63.95	percent of total billed charges	
ACTIVATED PROTEIN C APC RESISTANCE ASSAY	85307	CPT				inpatient			67.32	17.62	UHC	Medicaid	20.49	30.44			15.32	63.95	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Corrections	Corrections	101.18	80			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Aetna	Medicare	12.87				8	120.16	fee schedule	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Aetna	Better Health	38.5	30.44			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Horizon	MGD	48.42	38.28			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Aetna	Commercial	48.06	38			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	First Trenton	First Trenton	113.83	90			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Consumer	Consumer	120.16	95			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Amerihealth	HMO/PPO	8				8	120.16	fee schedule	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	WellPoint	WellPoint	39.26	31.04			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Americare	Americare	94.86	75			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	First Health	First Health	88.54	70			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Horizon	PPO	48.42	38.28			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Amerihealth	Medicare	12.87				8	120.16	fee schedule	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Horizon	Indemnity	48.42	38.28			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Wellcare	Medicaid	10.3				8	120.16	fee schedule	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Managed Care Inc	Managed Care Inc	113.83	90			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Multiplan	Multiplan	101.18	80			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Horizon	Medicare Blue	37.94	30			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Wellcare	Medicare	12.87				8	120.16	fee schedule	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Three Rivers	Three Rivers	120.16	95			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Qualcare	Qualcare	94.86	75			8	120.16	percent of total billed charges	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	Horizon	NJ Health	19.6			1.03	8	120.16	fee schedule	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	UHC	Medicare	12.87				8	120.16	fee schedule	
FACTOR INHIBITOR TEST	85335	CPT				both			126.48	14.8	UHC	Medicaid	10.3				8	120.16	fee schedule	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Amerihealth	HMO/PPO	6.1				4.28	106.59	fee schedule	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Consumer	Consumer	106.59	95			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Horizon	Indemnity	42.95	38.28			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Americare	Americare	84.15	75			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Horizon	MGD	42.95	38.28		22.75	4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Aetna	Commercial	42.64	38		10.57	4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Aetna	Better Health	34.15	30.44		12.23	4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Corrections	Corrections	89.76	80			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Amerihealth	Medicare	4.28				4.28	106.59	fee schedule	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Horizon	Medicare Blue	33.66	30			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Horizon	PPO	42.95	38.28			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Multiplan	Multiplan	89.76	80			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Horizon	NJ Health	6.47			1.43	4.28	106.59	fee schedule	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Aetna	Medicare	34.56	30.8		7.79	4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	First Trenton	First Trenton	100.98	90			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Qualcare	Qualcare	84.15	75			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	First Health	First Health	78.54	70			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Wellcare	Medicare	4.28				4.28	106.59	fee schedule	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Three Rivers	Three Rivers	106.59	95			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	UHC	Medicaid	34.15	30.44		13	4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Managed Care Inc	Managed Care Inc	100.98	90			4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	UHC	Medicare	4.28			9.07	4.28	106.59	fee schedule	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	WellPoint	WellPoint	34.83	31.04		14.75	4.28	106.59	percent of total billed charges	
COAGULATION TIME ACTIVATED	85347	CPT				both			112.2	4.92	Wellcare	Medicaid	34.15	30.44			4.28	106.59	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	WellPoint	WellPoint	59.84	31.04			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Aetna	Commercial	73.26	38			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Amerihealth	Medicare	8.41				6.73	183.14	fee schedule	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Consumer	Consumer	183.14	95			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Horizon	Medicare Blue	57.83	30			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Americare	Americare	144.59	75			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Aetna	Medicare	8.41				6.73	183.14	fee schedule	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Aetna	Better Health	58.68	30.44			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	UHC	Medicare	8.41				6.73	183.14	fee schedule	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Horizon	MGD	73.8	38.28			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	First Health	First Health	134.95	70			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Corrections	Corrections	154.22	80			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Wellcare	Medicare	8.41				6.73	183.14	fee schedule	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Amerihealth	HMO/PPO	9.9				6.73	183.14	fee schedule	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Horizon	PPO	73.8	38.28			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Horizon	Indemnity	73.8	38.28			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Three Rivers	Three Rivers	183.14	95			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Multiplan	Multiplan	154.22	80			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	First Trenton	First Trenton	173.5	90			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Qualcare	Qualcare	144.59	75			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Horizon	NJ Health	21.56				6.73	183.14	fee schedule	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	UHC	Medicaid	6.73				6.73	183.14	fee schedule	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Managed Care Inc	Managed Care Inc	173.5	90			6.73	183.14	percent of total billed charges	
EUGLOBULIN LYSIS	85360	CPT				outpatient			192.78	9.67	Wellcare	Medicaid	6.73				6.73	183.14	fee schedule	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Americare	Americare	58.14	75			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	First Trenton	First Trenton	69.77	90			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Horizon	MGD	29.67	38.28			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Aetna	Better Health	23.6	30.44			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Amerihealth	Medicare	6.89				5.51	73.64	fee schedule	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Corrections	Corrections	62.02	80			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Wellcare	Medicaid	5.51				5.51	73.64	fee schedule	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Aetna	Medicare	6.89				5.51	73.64	fee schedule	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Amerihealth	HMO/PPO	10.6				5.51	73.64	fee schedule	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Horizon	PPO	29.67	38.28			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Horizon	NJ Health	5.88			2.75	5.51	73.64	fee schedule	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Aetna	Commercial	29.46	38			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Wellcare	Medicare	6.89				5.51	73.64	fee schedule	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	UHC	Medicaid	5.51			15.26	5.51	73.64	fee schedule	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	UHC	Medicare	6.89				5.51	73.64	fee schedule	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Consumer	Consumer	73.64	95			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Managed Care Inc	Managed Care Inc	69.77	90			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Multiplan	Multiplan	62.02	80			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	WellPoint	WellPoint	24.06	31.04			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	First Health	First Health	54.26	70			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Three Rivers	Three Rivers	73.64	95			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Qualcare	Qualcare	58.14	75			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Horizon	Indemnity	29.67	38.28			5.51	73.64	percent of total billed charges	
FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	85362	CPT				both			77.52	7.92	Horizon	Medicare Blue	23.26	30			5.51	73.64	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Americare	Americare	179.01	75			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Amerihealth	Medicare	9.72				7.78	226.75	fee schedule	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Aetna	Commercial	90.7	38			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Horizon	NJ Health	18.82			6.7	7.78	226.75	fee schedule	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Horizon	MGD	91.37	38.28		18.25	7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	First Health	First Health	167.08	70			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Aetna	Medicare	9.72				7.78	226.75	fee schedule	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Aetna	Better Health	72.65	30.44		20.17	7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	UHC	Medicare	9.72			7.36	7.78	226.75	fee schedule	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Consumer	Consumer	226.75	95			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Multiplan	Multiplan	190.94	80			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Wellcare	Medicare	9.72				7.78	226.75	fee schedule	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Corrections	Corrections	190.94	80			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Horizon	PPO	91.37	38.28			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Qualcare	Qualcare	179.01	75			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Amerihealth	HMO/PPO	13.7				7.78	226.75	fee schedule	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Horizon	Indemnity	91.37	38.28			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	First Trenton	First Trenton	214.81	90			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Horizon	Medicare Blue	71.6	30			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Three Rivers	Three Rivers	226.75	95			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Wellcare	Medicaid	7.78			12.49	7.78	226.75	fee schedule	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	Managed Care Inc	Managed Care Inc	214.81	90			7.78	226.75	percent of total billed charges	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	UHC	Medicaid	7.78			17.56	7.78	226.75	fee schedule	
FIBRINOGEN ACTIVITY	85384	CPT				both			238.68	11.18	WellPoint	WellPoint	74.09	31.04		15.24	7.78	226.75	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Amerihealth	Medicare	14.46				11.57	183.14	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Americare	Americare	144.59	75			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Aetna	Medicare	14.46				11.57	183.14	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Consumer	Consumer	183.14	95			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Wellcare	Medicaid	11.57				11.57	183.14	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Horizon	Medicare Blue	57.83	30			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Aetna	Better Health	58.68	30.44			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Qualcare	Qualcare	144.59	75			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	First Trenton	First Trenton	173.5	90			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Horizon	PPO	73.8	38.28			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Amerihealth	HMO/PPO	13.7				11.57	183.14	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Corrections	Corrections	154.22	80			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Aetna	Commercial	73.26	38			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Three Rivers	Three Rivers	183.14	95			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	First Health	First Health	134.95	70			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	UHC	Medicare	14.46				11.57	183.14	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Multiplan	Multiplan	154.22	80			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Wellcare	Medicare	14.46				11.57	183.14	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Horizon	Indemnity	73.8	38.28			11.57	183.14	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Horizon	MGD	73.8	38.28			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	UHC	Medicaid	11.57				11.57	183.14	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	WellPoint	WellPoint	59.84	31.04			11.57	183.14	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Horizon	NJ Health	18.82				11.57	183.14	fee schedule	
FIBRINOGEN ANTIGEN	85385	CPT				outpatient			192.78	16.63	Managed Care Inc	Managed Care Inc	173.5	90			11.57	183.14	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	UHC	Medicaid	12.38				8.1	187.02	fee schedule	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Americare	Americare	147.65	75			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Amerihealth	HMO/PPO	8.1				8.1	187.02	fee schedule	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Aetna	Medicare	15.48				8.1	187.02	fee schedule	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Aetna	Commercial	74.81	38			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Consumer	Consumer	187.02	95			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Horizon	PPO	75.36	38.28			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Aetna	Better Health	59.92	30.44			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Wellcare	Medicare	15.48				8.1	187.02	fee schedule	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Multiplan	Multiplan	157.49	80			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Amerihealth	Medicare	15.48				8.1	187.02	fee schedule	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Qualcare	Qualcare	147.65	75			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Horizon	MGD	75.36	38.28			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Corrections	Corrections	157.49	80			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	WellPoint	WellPoint	61.11	31.04			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	First Trenton	First Trenton	177.17	90			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	First Health	First Health	137.8	70			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Three Rivers	Three Rivers	187.02	95			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	UHC	Medicare	15.48				8.1	187.02	fee schedule	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Horizon	Indemnity	75.36	38.28			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Horizon	Medicare Blue	59.06	30			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Horizon	NJ Health	19.46				8.1	187.02	fee schedule	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Managed Care Inc	Managed Care Inc	177.17	90			8.1	187.02	percent of total billed charges	
FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	85390	CPT				outpatient			196.86	17.8	Wellcare	Medicaid	12.38				8.1	187.02	fee schedule	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Americare	Americare	296.82	75			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Consumer	Consumer	375.97	95			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Amerihealth	HMO/PPO	13.7			15.55	13.7	375.97	fee schedule	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Aetna	Medicare	30.86				13.7	375.97	fee schedule	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Horizon	Indemnity	151.5	38.28			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	First Health	First Health	277.03	70			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Aetna	Better Health	120.47	30.44			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Horizon	MGD	151.5	38.28		87.14	13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Amerihealth	Medicare	30.86				13.7	375.97	fee schedule	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Corrections	Corrections	316.61	80			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Horizon	NJ Health	25.48			52.46	13.7	375.97	fee schedule	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	First Trenton	First Trenton	356.18	90			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Three Rivers	Three Rivers	375.97	95			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Horizon	PPO	151.5	38.28		89.07	13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Aetna	Commercial	150.39	38			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Multiplan	Multiplan	316.61	80			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Wellcare	Medicaid	24.69				13.7	375.97	fee schedule	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Wellcare	Medicare	30.86				13.7	375.97	fee schedule	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	UHC	Medicare	30.86				13.7	375.97	fee schedule	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Horizon	Medicare Blue	118.73	30			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	UHC	Medicaid	24.69				13.7	375.97	fee schedule	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Qualcare	Qualcare	296.82	75			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	WellPoint	WellPoint	122.84	31.04			13.7	375.97	percent of total billed charges	
COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	85397	CPT				both			395.76	35.49	Managed Care Inc	Managed Care Inc	356.18	90			13.7	375.97	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Horizon	Indemnity	39.05	38.28			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	First Health	First Health	71.4	70			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Aetna	Commercial	38.76	38			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Amerihealth	Medicare	7.71				6.17	96.9	fee schedule	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Americare	Americare	76.5	75			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Aetna	Better Health	31.05	30.44			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Aetna	Medicare	7.71				6.17	96.9	fee schedule	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	First Trenton	First Trenton	91.8	90			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Amerihealth	HMO/PPO	12				6.17	96.9	fee schedule	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Multiplan	Multiplan	81.6	80			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	WellPoint	WellPoint	31.66	31.04			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Horizon	MGD	39.05	38.28			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Corrections	Corrections	81.6	80			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Consumer	Consumer	96.9	95			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	UHC	Medicaid	6.17				6.17	96.9	fee schedule	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Horizon	PPO	39.05	38.28			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Wellcare	Medicaid	6.17				6.17	96.9	fee schedule	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Qualcare	Qualcare	76.5	75			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Managed Care Inc	Managed Care Inc	91.8	90			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Horizon	Medicare Blue	30.6	30			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Wellcare	Medicare	7.71				6.17	96.9	fee schedule	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	UHC	Medicare	7.71				6.17	96.9	fee schedule	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Horizon	NJ Health	19.4				6.17	96.9	fee schedule	
FIBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	85410	CPT				both			102	8.87	Three Rivers	Three Rivers	96.9	95			6.17	96.9	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Amerihealth	Medicare	17.19				13.75	573.65	fee schedule	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Consumer	Consumer	573.65	95			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	First Trenton	First Trenton	543.46	90			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Americare	Americare	452.88	75			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Aetna	Medicare	17.19				13.75	573.65	fee schedule	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Aetna	Better Health	183.81	30.44			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Horizon	Medicare Blue	181.15	30			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	UHC	Medicaid	13.75				13.75	573.65	fee schedule	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	First Health	First Health	422.69	70			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Corrections	Corrections	483.07	80			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Horizon	Indemnity	231.15	38.28			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Amerihealth	HMO/PPO	19.1				13.75	573.65	fee schedule	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Multiplan	Multiplan	483.07	80			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Aetna	Commercial	229.46	38			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Horizon	PPO	231.15	38.28			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Wellcare	Medicare	17.19				13.75	573.65	fee schedule	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Horizon	NJ Health	19.6				13.75	573.65	fee schedule	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Wellcare	Medicaid	13.75				13.75	573.65	fee schedule	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Managed Care Inc	Managed Care Inc	543.46	90			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Horizon	MGD	231.15	38.28			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Qualcare	Qualcare	452.88	75			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	WellPoint	WellPoint	187.43	31.04			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	Three Rivers	Three Rivers	573.65	95			13.75	573.65	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	85415	CPT				outpatient			603.84	19.77	UHC	Medicare	17.19				13.75	573.65	fee schedule	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Aetna	Medicare	6.53				5.22	45.54	fee schedule	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Aetna	Better Health	14.59	30.44			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Amerihealth	HMO/PPO	10.2				5.22	45.54	fee schedule	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Amerihealth	Medicare	6.53				5.22	45.54	fee schedule	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Americare	Americare	35.96	75			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Consumer	Consumer	45.54	95			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Horizon	MGD	18.35	38.28			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Multiplan	Multiplan	38.35	80			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Corrections	Corrections	38.35	80			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Aetna	Commercial	18.22	38			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	First Trenton	First Trenton	43.15	90			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	First Health	First Health	33.56	70			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Horizon	Medicare Blue	14.38	30			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Wellcare	Medicaid	5.22				5.22	45.54	fee schedule	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Horizon	Indemnity	18.35	38.28			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Qualcare	Qualcare	35.96	75			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Horizon	NJ Health	21.56				5.22	45.54	fee schedule	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	WellPoint	WellPoint	14.88	31.04			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Horizon	PPO	18.35	38.28			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	UHC	Medicare	6.53				5.22	45.54	fee schedule	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Managed Care Inc	Managed Care Inc	43.15	90			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Wellcare	Medicare	6.53				5.22	45.54	fee schedule	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	Three Rivers	Three Rivers	45.54	95			5.22	45.54	percent of total billed charges	
FIBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	85420	CPT				inpatient			47.94	7.51	UHC	Medicaid	5.22				5.22	45.54	fee schedule	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Horizon	Indemnity	76.92	38.28			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Aetna	Better Health	61.17	30.44			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Consumer	Consumer	190.89	95			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	First Trenton	First Trenton	180.85	90			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Aetna	Medicare	4.2				3.36	190.89	fee schedule	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Multiplan	Multiplan	160.75	80			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Aetna	Commercial	76.36	38			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Amerihealth	Medicare	4.2				3.36	190.89	fee schedule	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Americare	Americare	150.71	75			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	First Health	First Health	140.66	70			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Wellcare	Medicaid	3.36				3.36	190.89	fee schedule	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Horizon	MGD	76.92	38.28			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Amerihealth	HMO/PPO	6.6				3.36	190.89	fee schedule	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Qualcare	Qualcare	150.71	75			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	WellPoint	WellPoint	62.37	31.04			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Corrections	Corrections	160.75	80			3.36	190.89	percent of total billed charges	
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEINZ BODIES DIRECT	85441	CPT				outpatient			200.94	4.83	Managed Care Inc	Managed Care Inc	180.85	90			3.36	6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Horizon	Medicare Blue	60.28	30				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Americare	Americare	150.71	75				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Consumer	Consumer	190.89	95				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Aetna	Better Health	61.17	30.44				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	WellPoint	WellPoint	62.37	31.04				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Aetna	Medicare	61.89	30.8				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	First Health	First Health	140.66	70				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Amerihealth	Medicare	6.82					6.82	190.89 fee schedule	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	UHC	Medicare	6.82					6.82	190.89 fee schedule	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Amerihealth	HMO/PPO	7.6					6.82	190.89 fee schedule	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Corrections	Corrections	160.75	80				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Aetna	Commercial	76.36	38				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Wellcare	Medicaid	61.17	30.44				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Horizon	MGD	76.92	38.28				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Horizon	Indemnity	76.92	38.28				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Qualcare	Qualcare	150.71	75				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	First Trenton	First Trenton	180.85	90				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Wellcare	Medicare	6.82					6.82	190.89 fee schedule	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Horizon	PPO	76.92	38.28				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Multiplan	Multiplan	160.75	80				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Horizon	NJ Health	9.8					6.82	190.89 fee schedule	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Three Rivers	Three Rivers	190.89	95				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	Managed Care Inc	Managed Care Inc	180.85	90				6.82	190.89 percent of total billed charges	
HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	85445	CPT				outpatient			200.94	7.84	UHC	Medicaid	61.17	30.44				6.82	190.89 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	First Trenton	First Trenton	251.53	90				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Horizon	Indemnity	106.98	38.28				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Aetna	Commercial	106.2	38				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Aetna	Better Health	85.07	30.44				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Americare	Americare	209.61	75				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Multiplan	Multiplan	223.58	80				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	UHC	Medicare	7.73					6.18	265.51 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Aetna	Medicare	7.73					6.18	265.51 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Horizon	MGD	106.98	38.28				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Qualcare	Qualcare	209.61	75				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Amerihealth	Medicare	7.73					6.18	265.51 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	First Health	First Health	195.64	70				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Amerihealth	HMO/PPO	12					6.18	265.51 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Consumer	Consumer	265.51	95				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Horizon	PPO	106.98	38.28				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Horizon	Medicare Blue	83.84	30				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	UHC	Medicaid	6.18					6.18	265.51 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Corrections	Corrections	223.58	80				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Managed Care Inc	Managed Care Inc	251.53	90				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Three Rivers	Three Rivers	265.51	95				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Wellcare	Medicare	7.73					6.18	265.51 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Horizon	NJ Health	18.42					6.18	265.51 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	Wellcare	Medicaid	6.18					6.18	265.51 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	85460	CPT				inpatient			279.48	8.89	WellPoint	WellPoint	86.75	31.04				6.18	265.51 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Consumer	Consumer	124.03	95				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Amerihealth	HMO/PPO	9.4					7.37	124.03 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Amerihealth	Medicare	9.36					7.37	124.03 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Corrections	Corrections	104.45	80				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Aetna	Medicare	9.36					7.37	124.03 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Horizon	MGD	49.98	38.28				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Horizon	Indemnity	49.98	38.28				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Aetna	Better Health	39.74	30.44				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Wellcare	Medicaid	7.49					7.37	124.03 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	First Health	First Health	91.39	70				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	First Trenton	First Trenton	117.5	90				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	WellPoint	WellPoint	40.53	31.04				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Americare	Americare	97.92	75				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Horizon	PPO	49.98	38.28				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Horizon	NJ Health	7.37				10.73	7.37	124.03 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Aetna	Commercial	49.61	38				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Multiplan	Multiplan	104.45	80				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	UHC	Medicare	9.36					7.37	124.03 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Managed Care Inc	Managed Care Inc	117.5	90				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Horizon	Medicare Blue	39.17	30				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Qualcare	Qualcare	97.92	75				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Wellcare	Medicare	9.36					7.37	124.03 fee schedule	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	Three Rivers	Three Rivers	124.03	95				7.37	124.03 percent of total billed charges	
HGB/BRBCS FETAL FETOMATERNAL HEMRRG ROSETTE	85461	CPT				both			130.56	10.76	UHC	Medicaid	7.49					7.37	124.03 fee schedule	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Americare	Americare	397.04	75				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Amerihealth	HMO/PPO	7.6					7.6	502.91 fee schedule	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Aetna	Better Health	161.14	30.44				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Aetna	Medicare	13.09					7.6	502.91 fee schedule	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Consumer	Consumer	502.91	95				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	First Trenton	First Trenton	476.44	90				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	UHC	Medicare	13.09					7.6	502.91 fee schedule	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Multiplan	Multiplan	423.5	80				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Horizon	MGD	202.65	38.28				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Amerihealth	Medicare	13.09					7.6	502.91 fee schedule	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Aetna	Commercial	201.16	38				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Corrections	Corrections	423.5	80				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Wellcare	Medicare	13.09					7.6	502.91 fee schedule	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Horizon	Indemnity	202.65	38.28				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	WellPoint	WellPoint	164.32	31.04				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Qualcare	Qualcare	397.04	75				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	First Health	First Health	370.57	70				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Horizon	Medicare Blue	158.81	30				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Horizon	NJ Health	17.72				6.96	7.6	502.91 fee schedule	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	UHC	Medicaid	10.47					7.6	502.91 fee schedule	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Horizon	PPO	202.65	38.28				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Managed Care Inc	Managed Care Inc	476.44	90				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Three Rivers	Three Rivers	502.91	95				7.6	502.91 percent of total billed charges	
HEPARIN ASSAY	85520	CPT				both			529.38	15.05	Wellcare	Medicaid	10.47					7.6	502.91 fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Horizon	MGD	12.1	38.28				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Consumer	Consumer	30.04	95				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Americare	Americare	23.72	75				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Aetna	Better Health	9.63	30.44				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Aetna	Commercial	12.02	38				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Horizon	Indemnity	12.1	38.28				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Amerihealth	HMO/PPO	25					9.47	31.36 fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Multiplan	Multiplan	25.3	80				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Horizon	NJ Health	31.36				0.89	9.47	31.36 fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	UHC	Medicaid	9.47					9.47	31.36 fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	First Trenton	First Trenton	28.46	90				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Corrections	Corrections	25.3	80				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Aetna	Medicare	11.84					9.47	31.36 fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Wellcare	Medicaid	9.47					9.47	31.36 fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Amerihealth	Medicare	11.84					9.47	31.36 fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Qualcare	Qualcare	23.72	75				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Horizon	PPO	12.1	38.28				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Horizon	Medicare Blue	9.49	30				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	First Health	First Health	22.13	70				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	UHC	Medicare	11.84					9.47	31.36 fee schedule	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Managed Care Inc	Managed Care Inc	28.46	90				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	WellPoint	WellPoint	9.81	31.04				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Three Rivers	Three Rivers	30.04	95				9.47	31.36 percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT				outpatient			31.62	13.62	Wellcare	Medicare	11.84					9.47	31.36 fee schedule	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Aetna	Better Health	50.3	30.44				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Consumer	Consumer	156.98	95				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Wellcare	Medicaid	6.88					6.88	156.98 fee schedule	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Horizon	Medicare Blue	49.57	30				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Aetna	Medicare	8.6					6.88	156.98 fee schedule	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	First Health	First Health	115.67	70				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Americare	Americare	123.93	75				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Horizon	MGD	63.25	38.28				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Aetna	Commercial	62.79	38				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Corrections	Corrections	132.19	80				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Amerihealth	HMO/PPO	12.9					6.88	156.98 fee schedule	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	UHC	Medicare	8.6					6.88	156.98 fee schedule	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Horizon	Indemnity	63.25	38.28				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Horizon	PPO	63.25	38.28				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Amerihealth	Medicare	8.6					6.88	156.98 fee schedule	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Wellcare	Medicare	8.6					6.88	156.98 fee schedule	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Multiplan	Multiplan	132.19	80				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	First Trenton	First Trenton	148.72	90				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Qualcare	Qualcare	123.93	75				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Three Rivers	Three Rivers	156.98	95				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	UHC	Medicaid	6.88					6.88	156.98 fee schedule	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Horizon	NJ Health	17.44					6.88	156.98 fee schedule	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	Managed Care Inc	Managed Care Inc	148.72	90				6.88	156.98 percent of total billed charges	
WBC ALKALINE PHOSPHATASE COUNT	85540	CPT				outpatient			165.24	9.89	WellPoint	WellPoint	51.29	31.04				6.88	156.98 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Aetna	Commercial	12.79	38				10.1	54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Aetna	Medicare	18.75					10.1	54.88 fee schedule	
MURAMIDASE	85549	CPT				both			33.66	21.56	Aetna	Better Health	10.25	30.44				10.1	54.88 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MURAMIDASE	85549	CPT				both			33.66	21.56	First Trenton	First Trenton	30.29				10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	UHC	Medicaid	15				10.1		54.88 fee schedule	
MURAMIDASE	85549	CPT				both			33.66	21.56	Horizon	Indemnity	12.89	38.28			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Amerihealth	Medicare	18.75				10.1		54.88 fee schedule	
MURAMIDASE	85549	CPT				both			33.66	21.56	Corrections	Corrections	26.93	80			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Horizon	MGD	12.89	38.28			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Americare	Americare	25.25	75			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Amerihealth	HMO/PPO	19				10.1		54.88 fee schedule	
MURAMIDASE	85549	CPT				both			33.66	21.56	Horizon	NJ Health	54.88				10.1		54.88 fee schedule	
MURAMIDASE	85549	CPT				both			33.66	21.56	First Health	First Health	23.56	70			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Multiplan	Multiplan	26.93	80			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Wellcare	Medicare	18.75				10.1		54.88 fee schedule	
MURAMIDASE	85549	CPT				both			33.66	21.56	WellPoint	WellPoint	10.45	31.04			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	UHC	Medicare	18.75				10.1		54.88 fee schedule	
MURAMIDASE	85549	CPT				both			33.66	21.56	Consumer	Consumer	31.98	95			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Horizon	PPO	12.89	38.28			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Qualcare	Qualcare	25.25	75			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Managed Care Inc	Managed Care Inc	30.29	90			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Horizon	Medicare Blue	10.1	30			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Three Rivers	Three Rivers	31.98	95			10.1		54.88 percent of total billed charges	
MURAMIDASE	85549	CPT				both			33.66	21.56	Wellcare	Medicaid	15				10.1		54.88 fee schedule	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Consumer	Consumer	463.18	95			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	UHC	Medicare	7.47				6.9		463.18 fee schedule	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Americare	Americare	365.67	75			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Amerihealth	Medicare	7.47				6.9		463.18 fee schedule	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Aetna	Commercial	185.27	38			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Aetna	Better Health	148.41	30.44			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Horizon	Indemnity	186.64	38.28			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	First Trenton	First Trenton	438.8	90			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Corrections	Corrections	390.05	80			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Amerihealth	HMO/PPO	6.9				6.9		463.18 fee schedule	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Horizon	Medicare Blue	146.27	30			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	WellPoint	WellPoint	151.34	31.04			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Aetna	Medicare	150.17	30.8			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	First Health	First Health	341.29	70			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Multiplan	Multiplan	390.05	80			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Horizon	PPO	186.64	38.28			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Horizon	NJ Health	9.41				6.9		463.18 fee schedule	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Wellcare	Medicaid	148.41	30.44			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Three Rivers	Three Rivers	463.18	95			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Managed Care Inc	Managed Care Inc	438.8	90			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Horizon	MGD	186.64	38.28			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	UHC	Medicaid	148.41	30.44			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Qualcare	Qualcare	365.67	75			6.9		463.18 percent of total billed charges	
OSMOTIC FRAGILITY RBC UNINCUBATED	85555	CPT				outpatient			487.56	8.59	Wellcare	Medicare	7.47				6.9		463.18 fee schedule	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Aetna	Better Health	37.57	30.44			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	First Health	First Health	86.39	70			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Americare	Americare	92.57	75			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Corrections	Corrections	98.74	80			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Aetna	Medicare	38.01	30.8			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Amerihealth	Medicare	13.36				9.41		117.25 fee schedule	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Consumer	Consumer	117.25	95			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Multiplan	Multiplan	98.74	80			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Aetna	Commercial	46.9	38			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Horizon	PPO	47.25	38.28			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Horizon	MGD	47.25	38.28			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Horizon	Indemnity	47.25	38.28			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Amerihealth	HMO/PPO	20.8				9.41		117.25 fee schedule	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	First Trenton	First Trenton	111.08	90			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Wellcare	Medicare	13.36				9.41		117.25 fee schedule	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Qualcare	Qualcare	92.57	75			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	UHC	Medicaid	37.57	30.44			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Three Rivers	Three Rivers	117.25	95			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	WellPoint	WellPoint	38.31	31.04			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Horizon	Medicare Blue	37.03	30			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	UHC	Medicare	13.36				9.41		117.25 fee schedule	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Horizon	NJ Health	9.41				9.41		117.25 fee schedule	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Wellcare	Medicaid	37.57	30.44			9.41		117.25 percent of total billed charges	
OSMOTIC FRAGILITY RBC INCUBATED	85557	CPT				outpatient			123.42	15.36	Managed Care Inc	Managed Care Inc	111.08	90			9.41		117.25 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Horizon	Indemnity	152.67	38.28		70.14	19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Aetna	Medicare	24.91				19.6		378.88 fee schedule	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Wellcare	Medicaid	19.93				19.6		378.88 fee schedule	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Aetna	Commercial	151.55	38		20.53	19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Horizon	NJ Health	19.6			48.06	19.6		378.88 fee schedule	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Americare	Americare	299.12	75			19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Consumer	Consumer	378.88	95			19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Aetna	Better Health	121.4	30.44		49.34	19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	First Health	First Health	279.17	70			19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Amerihealth	HMO/PPO	33.5				19.6		378.88 fee schedule	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Wellcare	Medicare	24.91				19.6		378.88 fee schedule	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Horizon	MGD	152.67	38.28		61.72	19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	First Trenton	First Trenton	358.94	90			19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Amerihealth	Medicare	24.91				19.6		378.88 fee schedule	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	UHC	Medicaid	19.93			44.69	19.6		378.88 fee schedule	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Horizon	PPO	152.67	38.28		62.08	19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Managed Care Inc	Managed Care Inc	358.94	90			19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Corrections	Corrections	319.06	80			19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Three Rivers	Three Rivers	378.88	95			19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Multiplan	Multiplan	319.06	80			19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Horizon	Medicare Blue	119.65	30		20.87	19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	Qualcare	Qualcare	299.12	75			19.6		378.88 percent of total billed charges	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	UHC	Medicare	24.91			17.04	19.6		378.88 fee schedule	
PLATELET AGGREGATION IN VITRO EACH AGENT	85576	CPT				both			398.82	28.65	WellPoint	WellPoint	123.79	31.04		24.51	19.6		378.88 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Americare	Americare	44.37	75			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	UHC	Medicare	17.98				14.38		56.2 fee schedule	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Aetna	Commercial	22.48	38			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Aetna	Medicare	17.98				14.38		56.2 fee schedule	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	UHC	Medicaid	14.38				14.38		56.2 fee schedule	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Aetna	Better Health	18.01	30.44			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Amerihealth	Medicare	17.98				14.38		56.2 fee schedule	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Consumer	Consumer	56.2	95			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Amerihealth	HMO/PPO	25				14.38		56.2 fee schedule	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	First Health	First Health	41.41	70			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Horizon	MGD	22.65	38.28			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Corrections	Corrections	47.33	80			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Wellcare	Medicaid	14.38				14.38		56.2 fee schedule	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	First Trenton	First Trenton	53.24	90			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Multiplan	Multiplan	47.33	80			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	WellPoint	WellPoint	18.36	31.04			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Wellcare	Medicare	17.98				14.38		56.2 fee schedule	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Horizon	Indemnity	22.65	38.28			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Qualcare	Qualcare	44.37	75			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Horizon	Medicare Blue	17.75	30			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Horizon	NJ Health	43.12				14.38		56.2 fee schedule	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Horizon	PPO	22.65	38.28			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Managed Care Inc	Managed Care Inc	53.24	90			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION PLATELET	85597	CPT				outpatient			59.16	20.68	Three Rivers	Three Rivers	56.2	95			14.38		56.2 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Aetna	Medicare	17.98				14.38		218.99 fee schedule	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Consumer	Consumer	218.99	95			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Horizon	MGD	88.24	38.28			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Aetna	Commercial	87.6	38			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Aetna	Better Health	70.17	30.44			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Corrections	Corrections	184.42	80			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	First Health	First Health	161.36	70			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Americare	Americare	172.89	75			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Amerihealth	Medicare	17.98				14.38		218.99 fee schedule	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	First Trenton	First Trenton	207.47	90			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Horizon	Indemnity	88.24	38.28			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Multiplan	Multiplan	184.42	80			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Horizon	PPO	88.24	38.28			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Managed Care Inc	Managed Care Inc	207.47	90			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Three Rivers	Three Rivers	218.99	95			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Amerihealth	HMO/PPO	25				14.38		218.99 fee schedule	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	WellPoint	WellPoint	71.55	31.04		2.41	14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Wellcare	Medicaid	14.38				14.38		218.99 fee schedule	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Qualcare	Qualcare	172.89	75			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Horizon	Medicare Blue	69.16	30			14.38		218.99 percent of total billed charges	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	UHC	Medicare	17.98				14.38		218.99 fee schedule	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Horizon	NJ Health	19.84			1.78	14.38		218.99 fee schedule	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	UHC	Medicaid	14.38			32.27	14.38		218.99 fee schedule	
PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	85598	CPT				both			230.52	20.68	Wellcare	Medicare	17.98				14.38		218.99 fee schedule	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Consumer	Consumer	14.54	95			3.43		14.54 percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Aetna	Better Health	4.66	30.44		3.45	3.43		14.54 percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	First Trenton	First Trenton	13.77	90			3.43		14.54 percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Aetna	Commercial	5.81	38		3	3.43		14.54 percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Amerihealth	HMO/PPO	5.6			2.07	3.43		14.54 fee schedule	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Amerihealth	Medicare	4.29				3.43		14.54 fee schedule	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	UHC	Medicare	4.29			1.74	3.43		14.54 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Horizon	NJ Health	5.88				0.97	3.43	14.54	fee schedule	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Wellcare	Medicare	4.29				1.72	3.43	14.54	fee schedule	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Aetna	Medicare	4.29				1.72	3.43	14.54	fee schedule	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Managed Care Inc	Managed Care Inc	13.77	90				3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	First Health	First Health	10.71	70				3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Corrections	Corrections	12.24	80			2.67	3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Americare	Americare	11.48	75				3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Three Rivers	Three Rivers	14.54	95				3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Horizon	Medicare Blue	4.59	30			1.64	3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	WellPoint	WellPoint	4.75	31.04			3.23	3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Horizon	MGD	5.86	38.28			3.78	3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Wellcare	Medicaid	3.43				3.51	3.43	14.54	fee schedule	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Horizon	PPO	5.86	38.28			4.28	3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Horizon	Indemnity	5.86	38.28			3.78	3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Multiplan	Multiplan	12.24	80				3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	Quelcare	Quelcare	11.48	75				3.43	14.54	percent of total billed charges	
PROTHROMBIN TIME	85610	CPT				both			15.3	4.93	UHC	Medicaid	3.43				3.65	3.43	14.54	fee schedule	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	First Health	First Health	10	70				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Aetna	Commercial	5.43	38				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Horizon	Indemnity	5.47	38.28				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Amerihealth	Medicare	3.94					3.15	13.57	fee schedule	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Aetna	Better Health	4.35	30.44				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Aetna	Medicare	3.94					3.15	13.57	fee schedule	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Consumer	Consumer	13.57	95				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Americare	Americare	10.71	75				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Multiplan	Multiplan	11.42	80				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	First Trenton	First Trenton	12.85	90				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Wellcare	Medicaid	3.15					3.15	13.57	fee schedule	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Amerihealth	HMO/PPO	5.6					3.15	13.57	fee schedule	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Corrections	Corrections	11.42	80				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Horizon	NJ Health	8.82					3.15	13.57	fee schedule	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Quelcare	Quelcare	10.71	75				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Horizon	MGD	5.47	38.28				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Horizon	Medicare Blue	4.28	30				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Horizon	PPO	5.47	38.28				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	UHC	Medicare	3.94					3.15	13.57	fee schedule	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Managed Care Inc	Managed Care Inc	12.85	90				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	UHC	Medicaid	3.15					3.15	13.57	fee schedule	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Three Rivers	Three Rivers	13.57	95				3.15	13.57	percent of total billed charges	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	Wellcare	Medicare	3.94					3.15	13.57	fee schedule	
PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	85611	CPT				outpatient			14.28	4.53	WellPoint	WellPoint	4.43	31.04				3.15	13.57	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Wellcare	Medicaid	13.99					13.3	70.74	fee schedule	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Horizon	Medicare Blue	22.34	30				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Aetna	Better Health	22.67	30.44				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Consumer	Consumer	70.74	95				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Americare	Americare	55.85	75				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Horizon	MGD	28.5	38.28				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Aetna	Medicare	17.49					13.3	70.74	fee schedule	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	First Health	First Health	52.12	70				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Amerihealth	HMO/PPO	13.3					13.3	70.74	fee schedule	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	UHC	Medicare	17.49					13.3	70.74	fee schedule	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Aetna	Commercial	28.29	38				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Corrections	Corrections	59.57	80				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Amerihealth	Medicare	17.49					13.3	70.74	fee schedule	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Wellcare	Medicare	17.49					13.3	70.74	fee schedule	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Horizon	Indemnity	28.5	38.28				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	First Trenton	First Trenton	67.01	90				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Multiplan	Multiplan	59.57	80				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Horizon	NJ Health	28.03					13.3	70.74	fee schedule	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Quelcare	Quelcare	55.85	75				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Horizon	PPO	28.5	38.28				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	UHC	Medicaid	13.99					13.3	70.74	fee schedule	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Managed Care Inc	Managed Care Inc	67.01	90				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	Three Rivers	Three Rivers	70.74	95				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENON TIME UNDILUTED	85612	CPT				outpatient			74.46	20.11	WellPoint	WellPoint	23.11	31.04				13.3	70.74	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Aetna	Medicare	9.58					7.66	244.19	fee schedule	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Aetna	Better Health	78.24	30.44		23.06		7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Consumer	Consumer	244.19	95				7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Americare	Americare	192.78	75				7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Amerihealth	Medicare	9.58					7.66	244.19	fee schedule	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	First Trenton	First Trenton	231.34	90				7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Aetna	Commercial	97.68	38		14.21		7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Horizon	NJ Health	19.6			1.45		7.66	244.19	fee schedule	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Horizon	MGD	98.39	38.28		22.25		7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Managed Care Inc	Managed Care Inc	231.34	90				7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Corrections	Corrections	205.63	80				7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Amerihealth	HMO/PPO	13.3					7.66	244.19	fee schedule	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	First Health	First Health	179.93	70				7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	UHC	Medicare	9.58					7.66	244.19	fee schedule	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Horizon	Medicare Blue	77.11	30		11.23		7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Horizon	PPO	98.39	38.28		10.35		7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Multiplan	Multiplan	205.63	80				7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	WellPoint	WellPoint	79.79	31.04		10.29		7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Wellcare	Medicaid	7.66					7.66	244.19	fee schedule	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Horizon	Indemnity	98.39	38.28		16.58		7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Three Rivers	Three Rivers	244.19	95				7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	UHC	Medicaid	7.66			13.17		7.66	244.19	fee schedule	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Quelcare	Quelcare	192.78	75				7.66	244.19	percent of total billed charges	
RUSSELL VIPER VENOM TIME DILUTED	85613	CPT				both			257.04	11.02	Wellcare	Medicare	9.58			3.69		7.66	244.19	fee schedule	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Aetna	Better Health	20.49	30.44				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	First Trenton	First Trenton	60.59	90				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Americare	Americare	50.49	75				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	WellPoint	WellPoint	20.9	31.04				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Aetna	Medicare	9.85					7.88	63.95	fee schedule	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Horizon	Indemnity	25.77	38.28				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Aetna	Commercial	25.58	38				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Amerihealth	Medicare	9.85					7.88	63.95	fee schedule	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Consumer	Consumer	63.95	95				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Horizon	PPO	25.77	38.28				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Amerihealth	HMO/PPO	9.2					7.88	63.95	fee schedule	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	First Health	First Health	47.12	70				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Corrections	Corrections	53.86	80				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Horizon	Medicare Blue	20.2	30				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Horizon	MGD	25.77	38.28				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Multiplan	Multiplan	53.86	80				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Horizon	NJ Health	16.46					7.88	63.95	fee schedule	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Managed Care Inc	Managed Care Inc	60.59	90				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	UHC	Medicaid	7.88					7.88	63.95	fee schedule	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Quelcare	Quelcare	50.49	75				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Three Rivers	Three Rivers	63.95	95				7.88	63.95	percent of total billed charges	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Wellcare	Medicare	9.85					7.88	63.95	fee schedule	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	Wellcare	Medicaid	7.88					7.88	63.95	fee schedule	
REPTILASE TEST	85635	CPT				inpatient			67.32	11.33	UHC	Medicare	9.85					7.88	63.95	fee schedule	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Horizon	MGD	23.82	38.28		5.66		2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Multiplan	Multiplan	49.78	80				2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Wellcare	Medicaid	2.16			6.52		2.16	59.11	fee schedule	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Americare	Americare	46.67	75				2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Aetna	Commercial	23.64	38		5.19		2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Aetna	Medicare	2.7			2.96		2.16	59.11	fee schedule	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Aetna	Better Health	18.94	30.44		5.17		2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Corrections	Corrections	49.78	80		2.31		2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Horizon	NJ Health	4.43			1.5		2.16	59.11	fee schedule	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Quelcare	Quelcare	46.67	75				2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Amerihealth	Medicare	2.7					2.16	59.11	fee schedule	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Horizon	Indemnity	23.82	38.28		6.12		2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	UHC	Medicaid	2.16			6.01		2.16	59.11	fee schedule	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Amerihealth	HMO/PPO	3.7			2.41		2.16	59.11	fee schedule	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	First Trenton	First Trenton	56	90				2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Horizon	Medicare Blue	18.67	30		2.99		2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Horizon	PPO	23.82	38.28		7.51		2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Wellcare	Medicare	2.7			3.44		2.16	59.11	fee schedule	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Managed Care Inc	Managed Care Inc	56	90				2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	UHC	Medicare	2.7			3.29		2.16	59.11	fee schedule	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Three Rivers	Three Rivers	59.11	95				2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	Consumer	Consumer	59.11	95				2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	WellPoint	WellPoint	19.31	31.04		6.6		2.16	59.11	percent of total billed charges	
SEDIMENTATION RATE RBC AUTOMATED	85652	CPT				both			62.22	3.11	First Health	First Health	43.55	70				2.16	59.11	percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	Aetna	Medicare	5.51					4.41	510.66	fee schedule	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	First Health	First Health	376.28	70				4.41	510.66	percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	Americare	Americare	403.16	75				4.41	510.66	percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	Aetna	Better Health	163.63	30.44		10.25		4.41	510.66	percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	First Trenton	First Trenton	483.79	90				4.41	510.66	percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	Amerihealth	Medicare	5.51					4.41	510.66	fee schedule	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	Horizon	PPO	205.77	38.28		19.05		4.41	510.66	percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	Aetna	Commercial	204.27	38				4.41	510.66	percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	Horizon	Medicare Blue	161.26	30				4.41	510.66	percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	Multiplan	Multiplan	430.03	80				4.41	510.66	percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54	6.34	Amerihealth	HMO/PPO	7					4.41	510.66	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Horizon	NJ Health	5.88			4.56	4.41		510.66 fee schedule	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Horizon	Indemnity	205.77	38.28			4.41		510.66 percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Consumer	Consumer	510.66	95			4.41		510.66 percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Wellcare	Medicare	5.51				4.41		510.66 fee schedule	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 UHC	Medicaid	4.41			14.1	4.41		510.66 fee schedule	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Managed Care Inc	Managed Care Inc	483.79	90			4.41		510.66 percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Qualcare	Qualcare	403.16	75			4.41		510.66 percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Wellcare	Medicaid	4.41			13.39	4.41		510.66 fee schedule	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Corrections	Corrections	430.03	80		14.57	4.41		510.66 percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Three Rivers	Three Rivers	510.66	95			4.41		510.66 percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 Horizon	MGD	205.77	38.28		15.67	4.41		510.66 percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 WellPoint	WellPoint	166.85	31.04		10.23	4.41		510.66 percent of total billed charges	
SICKLING RBC REDUCTION	85660	CPT				both			537.54		6.34 UHC	Medicare	5.51			7.16	4.41		510.66 fee schedule	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Aetna	Commercial	87.6	38			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Aetna	Better Health	70.17	30.44			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 First Trenton	First Trenton	207.47	90			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Amerihealth	Medicare	5.77				4.62		218.99 fee schedule	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Americare	Americare	172.89	75			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Corrections	Corrections	184.42	80			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Aetna	Medicare	5.77				4.62		218.99 fee schedule	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 First Health	First Health	161.36	70			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Horizon	MGD	88.24	38.28		25.54	4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Consumer	Consumer	218.99	95			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Managed Care Inc	Managed Care Inc	207.47	90			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Multiplan	Multiplan	184.42	80			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Amerihealth	HMO/PPO	8.7				4.62		218.99 fee schedule	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Wellcare	Medicaid	4.62				4.62		218.99 fee schedule	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Horizon	Indemnity	88.24	38.28			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Qualcare	Qualcare	172.89	75			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 UHC	Medicaid	4.62			4.32	4.62		218.99 fee schedule	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 UHC	Medicare	5.77				4.62		218.99 fee schedule	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Horizon	Medicare Blue	69.16	30			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Wellcare	Medicare	5.77				4.62		218.99 fee schedule	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Horizon	NJ Health	17.25			1.39	4.62		218.99 fee schedule	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 WellPoint	WellPoint	71.55	31.04		5.14	4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Horizon	PPO	88.24	38.28			4.62		218.99 percent of total billed charges	
THROMBIN TIME PLASMA	85670	CPT				both			230.52		6.64 Three Rivers	Three Rivers	218.99	95			4.62		218.99 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Horizon	Indemnity	98.39	38.28			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Amerihealth	Medicare	9.63				9.63		244.19 fee schedule	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Aetna	Commercial	97.68	38			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 First Health	First Health	179.93	70			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Americare	Americare	192.78	75			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 First Trenton	First Trenton	231.34	90			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Corrections	Corrections	205.63	80			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Aetna	Better Health	78.24	30.44			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Multiplan	Multiplan	205.63	80			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Horizon	MGD	98.39	38.28		85.24	9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Aetna	Medicare	79.17	30.8			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Amerihealth	HMO/PPO	11.2				9.63		244.19 fee schedule	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Consumer	Consumer	244.19	95			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Managed Care Inc	Managed Care Inc	231.34	90			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Wellcare	Medicare	9.63				9.63		244.19 fee schedule	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Wellcare	Medicaid	78.24	30.44			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Qualcare	Qualcare	192.78	75			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 UHC	Medicaid	78.24	30.44			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 UHC	Medicare	9.63				9.63		244.19 fee schedule	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Horizon	Medicare Blue	77.11	30			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 WellPoint	WellPoint	79.79	31.04		10.12	9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Horizon	NJ Health	15.48			4.57	9.63		244.19 fee schedule	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Horizon	PPO	98.39	38.28			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN INHIBITION TISSUE	85705	CPT				both			257.04		11.07 Three Rivers	Three Rivers	244.19	95			9.63		244.19 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Aetna	Commercial	7.75	38		4.08	4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Corrections	Corrections	16.32	80		3.62	4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Aetna	Medicare	6.01			2.33	4.81		19.38 fee schedule	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 First Health	First Health	14.28	70			4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Amerihealth	Medicare	6.01				4.81		19.38 fee schedule	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Horizon	MGD	7.81	38.28		5.13	4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Aetna	Better Health	6.21	30.44		4.68	4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Amerihealth	HMO/PPO	9.4			2.81	4.81		19.38 fee schedule	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Americare	Americare	15.3	75			4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Multiplan	Multiplan	16.32	80			4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Horizon	Medicare Blue	6.12	30		2.22	4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 UHC	Medicare	6.01			2.36	4.81		19.38 fee schedule	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Consumer	Consumer	19.38	95			4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Horizon	NJ Health	5.88			1.32	4.81		19.38 fee schedule	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Horizon	Indemnity	7.81	38.28		5.13	4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Horizon	PPO	7.81	38.28		5.81	4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Three Rivers	Three Rivers	19.38	95			4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Qualcare	Qualcare	15.3	75			4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Wellcare	Medicaid	4.81			4.77	4.81		19.38 fee schedule	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 UHC	Medicaid	4.81			4.95	4.81		19.38 fee schedule	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 First Trenton	First Trenton	18.36	90			4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 WellPoint	WellPoint	6.33	31.04		4.37	4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Managed Care Inc	Managed Care Inc	18.36	90			4.81		19.38 percent of total billed charges	
THROMBOPLASTIN TIME PARTIAL PLASMA\WHOLE BLOOD	85730	CPT				both			20.4		6.91 Wellcare	Medicare	6.01			2.33	4.81		19.38 fee schedule	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 UHC	Medicare	6.47				5.18		180.23 fee schedule	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Aetna	Medicare	6.47				5.18		180.23 fee schedule	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Americare	Americare	142.29	75			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Amerihealth	Medicare	6.47				5.18		180.23 fee schedule	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 UHC	Medicaid	5.18			8.36	5.18		180.23 fee schedule	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Aetna	Better Health	57.75	30.44			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Wellcare	Medicaid	5.18				5.18		180.23 fee schedule	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Aetna	Commercial	72.09	38			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Amerihealth	HMO/PPO	8.4				5.18		180.23 fee schedule	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Corrections	Corrections	151.78	80			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Wellcare	Medicare	6.47				5.18		180.23 fee schedule	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 First Health	First Health	132.8	70			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Consumer	Consumer	180.23	95			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Horizon	MGD	72.62	38.28		23.67	5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 First Trenton	First Trenton	170.75	90			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Horizon	NJ Health	5.88			1.22	5.18		180.23 fee schedule	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Horizon	Indemnity	72.62	38.28			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Multiplan	Multiplan	151.78	80			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Horizon	Medicare Blue	56.92	30			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Qualcare	Qualcare	142.29	75			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Horizon	PPO	72.62	38.28			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 WellPoint	WellPoint	58.89	31.04		5.56	5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Managed Care Inc	Managed Care Inc	170.75	90			5.18		180.23 percent of total billed charges	
THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	85732	CPT				both			189.72		7.44 Three Rivers	Three Rivers	180.23	95			5.18		180.23 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 First Health	First Health	59.98	70			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Corrections	Corrections	68.54	80			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Aetna	Medicare	26.39	30.8			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Americare	Americare	64.26	75			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Aetna	Better Health	26.08	30.44			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Multiplan	Multiplan	68.54	80			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Consumer	Consumer	81.4	95			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 First Trenton	First Trenton	77.11	90			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 UHC	Medicare	11.67				8.26		81.4 fee schedule	
VISCOSITY	85810	CPT				both			85.68		13.42 Horizon	Medicare Blue	25.7	30			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Horizon	MGD	32.8	38.28			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Amerihealth	HMO/PPO	15.9				8.26		81.4 fee schedule	
VISCOSITY	85810	CPT				both			85.68		13.42 Aetna	Commercial	32.56	38			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Qualcare	Qualcare	64.26	75			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Wellcare	Medicaid	26.08	30.44			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Horizon	Indemnity	32.8	38.28			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Wellcare	Medicare	11.67				8.26		81.4 fee schedule	
VISCOSITY	85810	CPT				both			85.68		13.42 Amerihealth	Medicare	11.67				8.26		81.4 fee schedule	
VISCOSITY	85810	CPT				both			85.68		13.42 WellPoint	WellPoint	26.6	31.04			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Horizon	NJ Health	29.4				8.26		81.4 fee schedule	
VISCOSITY	85810	CPT				both			85.68		13.42 UHC	Medicaid	26.08	30.44			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Horizon	PPO	32.8	38.28			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Managed Care Inc	Managed Care Inc	77.11	90			8.26		81.4 percent of total billed charges	
VISCOSITY	85810	CPT				both			85.68		13.42 Three Rivers	Three Rivers	81.4	95			8.26		81.4 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Aetna	Commercial	406.98	38		3.47	1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Aetna	Medicare	5.22			0.81	1.16		1017.45 fee schedule	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Aetna	Better Health	326.01	30.44			1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Wellcare	Medicaid	4.18			8.08	1.16		1017.45 fee schedule	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Corrections	Corrections	856.8	80			1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Amerihealth	Medicare	5.22				1.16		1017.45 fee schedule	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Consumer	Consumer	1017.45	95			1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Americare	Americare	803.25	75			1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Amerihealth	HMO/PPO	7.4			2.62	1.16		1017.45 fee schedule	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 First Trenton	First Trenton	963.9	90			1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 First Health	First Health	749.7	70			1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Horizon	Medicare Blue	321.3	30		3.09	1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Horizon	MGD	409.98	38.28		28.47	1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Horizon	Indemnity	409.98	38.28		5.11	1.16		1017.45 percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Horizon	NJ Health	39.2			4.63	1.16		1017.45 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measure	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Three Rivers	Three Rivers	1017.45	95			1.16	1017.45	percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Qualcare	Qualcare	803.25	75			1.16	1017.45	percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Managed Care Inc	Managed Care Inc	963.9	90			1.16	1017.45	percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Horizon	PPO	409.98	38.28		22.47	1.16	1017.45	percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 UHC	Medicare	5.22			14.16	1.16	1017.45	fee schedule	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 UHC	Medicaid	4.18			12.34	1.16	1017.45	fee schedule	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Multiplan	Multiplan	856.8	80			1.16	1017.45	percent of total billed charges	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 Wellcare	Medicare	5.22				1.16	1017.45	fee schedule	
ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	86003	CPT				both			1071		6 WellPoint	WellPoint	332.44	31.04		15.16	1.16	1017.45	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Horizon	Indemnity	18.74	38.28			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Aetna	Commercial	18.6	38			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Amerihealth	Medicare	7.97				3.21	46.51	fee schedule	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Aetna	Better Health	14.9	30.44			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Aetna	Medicare	7.97				3.21	46.51	fee schedule	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 UHC	Medicaid	6.38				3.21	46.51	fee schedule	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 First Trenton	First Trenton	44.06	90			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 First Health	First Health	34.27	70			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Americare	Americare	36.72	75			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 WellPoint	WellPoint	15.2	31.04			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Corrections	Corrections	39.17	80			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Consumer	Consumer	46.51	95			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Amerihealth	HMO/PPO	3.9				3.21	46.51	fee schedule	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Wellcare	Medicaid	6.38				3.21	46.51	fee schedule	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Horizon	NJ Health	3.21				3.21	46.51	fee schedule	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Multiplan	Multiplan	39.17	80			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Horizon	MGD	18.74	38.28			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Horizon	Medicare Blue	14.69	30			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Horizon	PPO	18.74	38.28			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Qualcare	Qualcare	36.72	75			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Managed Care Inc	Managed Care Inc	44.06	90			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Wellcare	Medicare	7.97				3.21	46.51	fee schedule	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 Three Rivers	Three Rivers	46.51	95			3.21	46.51	percent of total billed charges	
ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	86005	CPT				outpatient			48.96		9.17 UHC	Medicare	7.97				3.21	46.51	fee schedule	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Americare	Americare	160.65	75			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Aetna	Better Health	65.2	30.44			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Amerihealth	Medicare	17.93				1.19	203.49	fee schedule	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 WellPoint	WellPoint	66.49	31.04		16.02	1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Aetna	Commercial	81.4	38			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Aetna	Medicare	17.93				1.19	203.49	fee schedule	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Wellcare	Medicare	17.93				1.19	203.49	fee schedule	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 First Health	First Health	149.94	70			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Consumer	Consumer	203.49	95			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 First Trenton	First Trenton	192.78	90			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Wellcare	Medicaid	14.34			8.79	1.19	203.49	fee schedule	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Horizon	MGD	82	38.28			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Amerihealth	HMO/PPO	139.23	65			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Corrections	Corrections	171.36	80			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Multiplan	Multiplan	171.36	80			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Horizon	NJ Health	17.37			3.99	1.19	203.49	fee schedule	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Qualcare	Qualcare	160.65	75			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Horizon	Indemnity	82	38.28			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 UHC	Medicaid	14.34			10.85	1.19	203.49	fee schedule	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Horizon	Medicare Blue	64.26	30			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 UHC	Medicare	17.93				1.19	203.49	fee schedule	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Horizon	PPO	82	38.28			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Managed Care Inc	Managed Care Inc	192.78	90			1.19	203.49	percent of total billed charges	
ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	86008	CPT				both			214.2		20.62 Three Rivers	Three Rivers	203.49	95			1.19	203.49	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Consumer	Consumer	647.29	95			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Horizon	MGD	260.82	38.28			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Aetna	Better Health	207.41	30.44			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Aetna	Medicare	209.86	30.8			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Americare	Americare	511.02	75			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Amerihealth	HMO/PPO	11.5				11.5	647.29	fee schedule	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Qualcare	Qualcare	511.02	75			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 UHC	Medicaid	207.41	30.44			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Corrections	Corrections	545.09	80			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 First Health	First Health	476.95	70			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Aetna	Commercial	258.92	38			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Wellcare	Medicare	15.05				11.5	647.29	fee schedule	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Horizon	Indemnity	260.82	38.28			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 UHC	Medicare	15.05				11.5	647.29	fee schedule	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 First Trenton	First Trenton	613.22	90			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Amerihealth	Medicare	15.05				11.5	647.29	fee schedule	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Horizon	PPO	260.82	38.28			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 WellPoint	WellPoint	211.49	31.04			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Horizon	Medicare Blue	204.41	30			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Multiplan	Multiplan	545.09	80			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Three Rivers	Three Rivers	647.29	95			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Wellcare	Medicaid	207.41	30.44			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Horizon	NJ Health	17.64				11.5	647.29	fee schedule	
ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	86021	CPT				outpatient			681.36		17.31 Managed Care Inc	Managed Care Inc	613.22	90			11.5	647.29	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Americare	Americare	969.26	75			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Amerihealth	HMO/PPO	11.5				11.5	1227.72	fee schedule	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Aetna	Better Health	393.39	30.44			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 First Trenton	First Trenton	1163.11	90			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 First Health	First Health	904.64	70			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Horizon	MGD	494.71	38.28			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Amerihealth	Medicare	18.37				11.5	1227.72	fee schedule	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Aetna	Medicare	18.37				11.5	1227.72	fee schedule	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Consumer	Consumer	1227.72	95			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Wellcare	Medicaid	14.7				11.5	1227.72	fee schedule	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Aetna	Commercial	491.09	38			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Horizon	NJ Health	17.64				11.5	1227.72	fee schedule	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Multiplan	Multiplan	1033.87	80			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Corrections	Corrections	1033.87	80			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 WellPoint	WellPoint	401.14	31.04		38.54	11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Horizon	PPO	494.71	38.28			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 UHC	Medicaid	14.7			29.88	11.5	1227.72	fee schedule	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Horizon	Medicare Blue	387.7	30			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Horizon	Indemnity	494.71	38.28		45.95	11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Managed Care Inc	Managed Care Inc	1163.11	90			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Qualcare	Qualcare	969.26	75			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Three Rivers	Three Rivers	1227.72	95			11.5	1227.72	percent of total billed charges	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 Wellcare	Medicare	18.37				11.5	1227.72	fee schedule	
ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	86022	CPT				both			1292.34		21.13 UHC	Medicare	18.37				11.5	1227.72	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 First Trenton	First Trenton	36.72	90			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Horizon	MGD	15.62	38.28			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Americare	Americare	30.6	75			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Aetna	Better Health	12.42	30.44			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Wellcare	Medicare	12.05				9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Amerihealth	Medicare	12.05				9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Aetna	Medicare	12.05				9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Consumer	Consumer	38.76	95			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Horizon	Indemnity	15.62	38.28			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 UHC	Medicare	12.05				9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Horizon	NJ Health	9.45			1.9	9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Aetna	Commercial	15.5	38			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 WellPoint	WellPoint	12.66	31.04			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 First Health	First Health	28.56	70			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Amerihealth	HMO/PPO	26.52	65			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Corrections	Corrections	32.64	80			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Horizon	PPO	15.62	38.28			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Horizon	Medicare Blue	12.24	30			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Three Rivers	Three Rivers	38.76	95			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 UHC	Medicaid	9.64			8.52	9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Managed Care Inc	Managed Care Inc	36.72	90			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Multiplan	Multiplan	32.64	80			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Wellcare	Medicaid	9.64				9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB SCREEN EA ANTB	86036	CPT				both			40.8		13.86 Qualcare	Qualcare	30.6	75			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 Aetna	Medicare	12.05				9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 Aetna	Better Health	12.42	30.44			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 Amerihealth	Medicare	12.05				9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 First Health	First Health	28.56	70			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 Consumer	Consumer	38.76	95			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 Corrections	Corrections	32.64	80			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 UHC	Medicare	12.05			3.82	9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 Wellcare	Medicare	12.05				9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 Americare	Americare	30.6	75			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 Aetna	Commercial	15.5	38			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 First Trenton	First Trenton	36.72	90			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8		13.86 Horizon	Medicare Blue	12.24	30		4.63	9.45	38.76	percent of total billed charges	
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hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8	13.86	Multiplan		32.64	80			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8	13.86	UHC		9.64			10.93	9.45	38.76	fee schedule	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8	13.86	Qualcare		30.6	75			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8	13.86	Three Rivers		38.76	95			9.45	38.76	percent of total billed charges	
ANTINEUTROPHIL CYTOPLASMIC ANTB TITER EA ANTB	86037	CPT				both			40.8	13.86	Wellcare		9.64				9.45	38.76	fee schedule	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Aetna		12.09			2.64	8.26	183.14	fee schedule	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Horizon		73.8	38.28		4.34	8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Aetna		73.26	38		5.5	8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	UHC		9.67			8.09	8.26	183.14	fee schedule	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Aetna		58.68	30.44		6.09	8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Americare		144.59	75			8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	First Health		134.95	70			8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Corrections		154.22	80			8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	First Trenton		173.5	90			8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Horizon		57.83	30		2.14	8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Consumer		183.14	95			8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	WellPoint		59.84	31.04		6.8	8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Amerihealth		18.8			2.3	8.26	183.14	fee schedule	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	UHC		12.09			2.2	8.26	183.14	fee schedule	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Horizon		73.8	38.28		7.23	8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Wellcare		9.67			4.4	8.26	183.14	fee schedule	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Managed Care Inc	Managed Care Inc	173.5	90			8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Wellcare	Medicare	12.09			1.62	8.26	183.14	fee schedule	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Three Rivers	Three Rivers	183.14	95			8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Amerihealth	Medicare	12.09				8.26	183.14	fee schedule	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Horizon	NJ Health	15.29			1.23	8.26	183.14	fee schedule	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Horizon	PPO	73.8	38.28		8.21	8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Multiplan	Multiplan	154.22	80			8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA	86038	CPT				both			192.78	13.9	Qualcare	Qualcare	144.59	75			8.26	183.14	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Aetna	Medicare	11.16				8.93	59.11	fee schedule	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Aetna	Better Health	18.94	30.44			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Amerihealth	HMO/PPO	15.9				8.93	59.11	fee schedule	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	First Health	First Health	43.55	70			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	First Trenton	First Trenton	56	90			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Amerihealth	Medicare	11.16				8.93	59.11	fee schedule	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Horizon	MGD	23.82	38.28			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Americare	Americare	46.67	75			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Corrections	Corrections	49.78	80			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Aetna	Commercial	23.64	38			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Horizon	Indemnity	23.82	38.28			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Multiplan	Multiplan	49.78	80			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Horizon	Medicare Blue	18.67	30			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Wellcare	Medicaid	8.93				8.93	59.11	fee schedule	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Horizon	NJ Health	29.4				8.93	59.11	fee schedule	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Consumer	Consumer	59.11	95			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	UHC	Medicaid	8.93				8.93	59.11	fee schedule	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Wellcare	Medicare	11.16				8.93	59.11	fee schedule	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Horizon	PPO	23.82	38.28			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Qualcare	Qualcare	46.67	75			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Managed Care Inc	Managed Care Inc	56	90			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	WellPoint	WellPoint	19.31	31.04			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	Three Rivers	Three Rivers	59.11	95			8.93	59.11	percent of total billed charges	
ANTINUCLEAR ANTIBODIES ANA TITER	86039	CPT				both			62.22	12.83	UHC	Medicare	11.16				8.93	59.11	fee schedule	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Amerihealth	HMO/PPO	25.19	65			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Horizon	Indemnity	14.84	38.28			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Aetna	Medicare	11.53				9.04	36.82	fee schedule	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Americare	Americare	29.07	75			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Amerihealth	Medicare	11.53				9.04	36.82	fee schedule	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	First Trenton	First Trenton	34.88	90			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Aetna	Better Health	11.8	30.44			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Aetna	Commercial	14.73	38			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	First Health	First Health	27.13	70			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Horizon	Medicare Blue	11.63	30			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Corrections	Corrections	31.01	80			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Horizon	MGD	14.84	38.28			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Multiplan	Multiplan	31.01	80			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Managed Care Inc	Managed Care Inc	34.88	90			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Consumer	Consumer	36.82	95			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Horizon	PPO	14.84	38.28			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Qualcare	Qualcare	29.07	75			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Wellcare	Medicare	11.53				9.04	36.82	fee schedule	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	UHC	Medicaid	9.22				9.04	36.82	fee schedule	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	WellPoint	WellPoint	12.03	31.04			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Three Rivers	Three Rivers	36.82	95			9.04	36.82	percent of total billed charges	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Horizon	NJ Health	9.04				9.04	36.82	fee schedule	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	UHC	Medicare	11.53				9.04	36.82	fee schedule	
AQUAPORIN-4 ANTIBODY ELISA	86051	CPT				both			38.76	13.26	Wellcare	Medicaid	9.22				9.04	36.82	fee schedule	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Aetna	Medicare	37.73				9.45	117.25	fee schedule	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Wellcare	Medicaid	30.18				9.45	117.25	fee schedule	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Aetna	Commercial	46.9	38			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Americare	Americare	92.57	75			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Aetna	Better Health	37.57	30.44			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Horizon	Medicare Blue	37.03	30			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	First Health	First Health	86.39	70			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	UHC	Medicare	37.73				9.45	117.25	fee schedule	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Corrections	Corrections	98.74	80			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	UHC	Medicaid	30.18				9.45	117.25	fee schedule	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Amerihealth	HMO/PPO	80.22	65			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Horizon	MGD	47.25	38.28			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Amerihealth	Medicare	37.73				9.45	117.25	fee schedule	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Wellcare	Medicare	37.73				9.45	117.25	fee schedule	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Multiplan	Multiplan	98.74	80			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Horizon	Indemnity	47.25	38.28			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Qualcare	Qualcare	92.57	75			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Consumer	Consumer	117.25	95			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	WellPoint	WellPoint	38.31	31.04			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	First Trenton	First Trenton	111.08	90			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Horizon	NJ Health	9.45				9.45	117.25	fee schedule	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Horizon	PPO	47.25	38.28			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Managed Care Inc	Managed Care Inc	111.08	90			9.45	117.25	percent of total billed charges	
AQUAPORIN-4 ANTIBODY FLOW CYTOMETRY EACH	86053	CPT				both			123.42	43.39	Three Rivers	Three Rivers	117.25	95			9.45	117.25	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Medicare		7.3				5.51	45.54	fee schedule	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Wellcare	Medicaid	5.84				5.51	45.54	fee schedule	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Aetna	Commercial	18.22	38			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Horizon	Indemnity	18.35	38.28			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Americare	Americare	35.96	75			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Aetna	Better Health	14.59	30.44			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Horizon	MGD	18.35	38.28		10.05	5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Amerihealth	Medicare	7.3				5.51	45.54	fee schedule	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Amerihealth	HMO/PPO	11.4				5.51	45.54	fee schedule	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Consumer	Consumer	45.54	95			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Horizon	NJ Health	7.06			2.36	5.51	45.54	fee schedule	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Multiplan	Multiplan	38.35	80			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	First Trenton	First Trenton	43.15	90			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	First Health	First Health	33.56	70			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Horizon	Medicare Blue	14.38	30			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Corrections	Corrections	38.35	80			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Horizon	PPO	18.35	38.28			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Wellcare	Medicare	7.3				5.51	45.54	fee schedule	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Managed Care Inc	Managed Care Inc	43.15	90			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Qualcare	Qualcare	35.96	75			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	Three Rivers	Three Rivers	45.54	95			5.51	45.54	percent of total billed charges	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	UHC	Medicaid	5.84			9.09	5.51	45.54	fee schedule	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	UHC	Medicare	7.3				5.51	45.54	fee schedule	
ANTISTREPTOLYSIN O TITER	86060	CPT				both			47.94	8.4	WellPoint	WellPoint	14.88	31.04			5.51	45.54	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Amerihealth	Medicare	198.83				42.65	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Aetna	Better Health	160.52	30.44			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Aetna	Commercial	324.49	65			42.65	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Three Rivers	Three Rivers	500.97	95			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Aetna	Medicare	162.42	30.8			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	First Health	First Health	369.14	70			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Amerihealth	HMO/PPO	342.77	65			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	First Trenton	First Trenton	474.61	90			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Horizon	Medicare Blue	198.83				42.65	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	WellPoint	WellPoint	163.69	31.04			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Americare	Americare	395.51	75			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	UHC	Medicaid	160.52	30.44			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Consumer	Consumer	500.97	95			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Horizon	MGD	384.74				42.65	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Corrections	Corrections	421.87	80			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Horizon	Indemnity	384.74				42.65	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Multiplan	Multiplan	421.87	80			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	UHC	Medicare	198.83				42.65	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Qualcare	Qualcare	395.51	75			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Horizon	NJ Health	42.65				42.65	500.97	fee schedule	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Wellcare	Medicare	198.83				42.65	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Wellcare	Medicaid	160.52	30.44			42.65	500.97	percent of total billed charges	
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Horizon	PPO	384.74				42.65	500.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	86078	CPT				outpatient			527.34	228.65	Managed Care Inc	Managed Care Inc	474.61			90	42.65		550.97	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Amerihealth	Medicare	5.18						59.11	fee schedule	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Aetna	Better Health	18.94	30.44		7.73	4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Aetna	Commercial	23.64	38		7.66	4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Horizon	Indemnity	23.82	38.28		12.69	4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Amerihealth	HMO/PPO	8.1			3.69	4.14		59.11	fee schedule	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Americare	Americare	46.67	75			4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Corrections	Corrections	49.78	80		3.52	4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Horizon	Medicare Blue	18.67	30		4.67	4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	First Trenton	First Trenton	56	90			4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Aetna	Medicare	5.18			4.49	4.14		59.11	fee schedule	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Horizon	NJ Health	5.88			2.27	4.14		59.11	fee schedule	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Horizon	PPO	23.82	38.28		10.12	4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	UHC	Medicaid	4.14			9.12	4.14		59.11	fee schedule	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Horizon	MGD	23.82	38.28		8.62	4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	First Health	First Health	43.55	70			4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Consumer	Consumer	59.11	95			4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Managed Care Inc	Managed Care Inc	56	90			4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Multiplan	Multiplan	49.78	80			4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	UHC	Medicare	5.18			5.02	4.14		59.11	fee schedule	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Three Rivers	Three Rivers	59.11	95			4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Qualcare	Qualcare	46.67	75			4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Wellcare	Medicaid	4.14			10.4	4.14		59.11	fee schedule	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	Wellcare	Medicare	5.18			5.33	4.14		59.11	fee schedule	
C-REACTIVE PROTEIN	86140	CPT				both			62.22	5.96	WellPoint	WellPoint	19.31	31.04		9.03	4.14		59.11	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Consumer	Consumer	37.79	95			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Aetna	Commercial	15.12	38			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	First Health	First Health	27.85	70			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Amerihealth	Medicare	12.95				10.36		37.79	fee schedule	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Horizon	Medicare Blue	11.93	30		4.32	10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Amerihealth	HMO/PPO	17.89				10.36		37.79	fee schedule	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Aetna	Better Health	12.11	30.44			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Americare	Americare	29.84	75			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Multiplan	Multiplan	31.82	80			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Aetna	Medicare	12.95				10.36		37.79	fee schedule	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Qualcare	Qualcare	29.84	75			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Corrections	Corrections	31.82	80			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	UHC	Medicare	12.95				10.36		37.79	fee schedule	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Horizon	Indemnity	15.23	38.28			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	UHC	Medicaid	10.36				10.36		37.79	fee schedule	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Horizon	PPO	15.23	38.28			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Wellcare	Medicaid	10.36			5.51	10.36		37.79	fee schedule	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Horizon	MGD	15.23	38.28		12.49	10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Wellcare	Medicare	12.95				10.36		37.79	fee schedule	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	First Trenton	First Trenton	35.8	90			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	WellPoint	WellPoint	12.35	31.04			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Three Rivers	Three Rivers	37.79	95			10.36		37.79	percent of total billed charges	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Horizon	NJ Health	14.39				10.36		37.79	fee schedule	
C-REACTIVE PROTEIN HIGH SENSITIVITY	86141	CPT				outpatient			39.78	14.89	Managed Care Inc	Managed Care Inc	35.8	90			10.36		37.79	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Aetna	Medicare	25.45				16.83		218.99	fee schedule	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Amerihealth	HMO/PPO	36.1				16.83		218.99	fee schedule	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Horizon	MGD	88.24	38.28		14	16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Amerihealth	Medicare	25.45				16.83		218.99	fee schedule	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Consumer	Consumer	218.99	95			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Aetna	Commercial	87.6	38		9.77	16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Aetna	Better Health	70.17	30.44		33.63	16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Horizon	PPO	88.24	38.28		21.27	16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Corrections	Corrections	184.42	80			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Horizon	Medicare Blue	69.16	30		28.37	16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Horizon	NJ Health	28.26			3.44	16.83		218.99	fee schedule	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	First Health	First Health	161.36	70			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	First Trenton	First Trenton	207.47	90			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Three Rivers	Three Rivers	218.99	95			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Americare	Americare	172.89	75			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Horizon	Indemnity	88.24	38.28			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Multiplan	Multiplan	184.42	80			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Managed Care Inc	Managed Care Inc	207.47	90			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Qualcare	Qualcare	172.89	75			16.83		218.99	percent of total billed charges	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Wellcare	Medicaid	20.36			21.78	16.83		218.99	fee schedule	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	UHC	Medicaid	20.36			22.62	16.83		218.99	fee schedule	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	Wellcare	Medicare	25.45			5.62	16.83		218.99	fee schedule	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	UHC	Medicare	25.45				16.83		218.99	fee schedule	
BETA 2 GLYCOPROTEIN I ANTIBODY EACH	86146	CPT				both			230.52	29.27	WellPoint	WellPoint	71.55	31.04		9.83	16.83		218.99	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Amerihealth	Medicare	25.45				9.23		224.81	fee schedule	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Aetna	Commercial	89.92	38		4.88	9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	First Health	First Health	165.65	70			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Aetna	Medicare	25.45				9.23		224.81	fee schedule	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	First Trenton	First Trenton	212.98	90			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Consumer	Consumer	224.81	95			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Aetna	Better Health	72.03	30.44		7.69	9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Americare	Americare	177.48	75			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Managed Care Inc	Managed Care Inc	212.98	90			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Horizon	Medicare Blue	70.99	30		6.21	9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Multiplan	Multiplan	189.31	80			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Horizon	Indemnity	90.59	38.28			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Three Rivers	Three Rivers	224.81	95			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Horizon	NJ Health	78.4			1.76	9.23		224.81	fee schedule	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Corrections	Corrections	189.31	80			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Amerihealth	HMO/PPO	36.1				9.23		224.81	fee schedule	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	UHC	Medicaid	20.36			15.53	9.23		224.81	fee schedule	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Horizon	MGD	90.59	38.28		7.42	9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Qualcare	Qualcare	177.48	75			9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Horizon	PPO	90.59	38.28		13.23	9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	UHC	Medicare	25.45				9.23		224.81	fee schedule	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	WellPoint	WellPoint	73.45	31.04		6.39	9.23		224.81	percent of total billed charges	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Wellcare	Medicaid	20.36			7.15	9.23		224.81	fee schedule	
CARDIOLIPIN ANTIBODY EACH IG CLASS	86147	CPT				both			236.64	29.27	Wellcare	Medicare	25.45			1.23	9.23		224.81	fee schedule	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Horizon	Indemnity	20.3	38.28			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	UHC	Medicare	16.07				12.86		50.39	fee schedule	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Aetna	Better Health	16.15	30.44			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	First Trenton	First Trenton	47.74	90			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Multiplan	Multiplan	42.43	80			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Aetna	Commercial	20.16	38			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Consumer	Consumer	50.39	95			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Aetna	Medicare	16.07				12.86		50.39	fee schedule	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Qualcare	Qualcare	39.78	75			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Wellcare	Medicare	16.07				12.86		50.39	fee schedule	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	First Health	First Health	37.13	70			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Horizon	MGD	20.3	38.28			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Corrections	Corrections	42.43	80			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Amerihealth	Medicare	16.07				12.86		50.39	fee schedule	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Horizon	Medicare Blue	15.91	30			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Americare	Americare	39.78	75			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Horizon	NJ Health	17.84				12.86		50.39	fee schedule	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	WellPoint	WellPoint	16.46	31.04			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Horizon	PPO	20.3	38.28			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Amerihealth	HMO/PPO	22.2				12.86		50.39	fee schedule	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Managed Care Inc	Managed Care Inc	47.74	90			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	UHC	Medicaid	12.86				12.86		50.39	fee schedule	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Three Rivers	Three Rivers	50.39	95			12.86		50.39	percent of total billed charges	
ANTI-PHOSPHATIDYLSERINE ANTIBODY	86148	CPT				both			53.04	18.48	Wellcare	Medicaid	12.86				12.86		50.39	fee schedule	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Amerihealth	Medicare	250.78				183.34		1678.31	fee schedule	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Horizon	Indemnity	676.27	38.28			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Aetna	Better Health	537.77	30.44			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Americare	Americare	1324.98	75			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Aetna	Commercial	671.32	38			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	First Trenton	First Trenton	1589.98	90			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Consumer	Consumer	1678.31	95			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Horizon	MGD	676.27	38.28			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	UHC	Medicare	250.78				183.34		1678.31	fee schedule	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Qualcare	Qualcare	1324.98	75			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Aetna	Medicare	250.78				183.34		1678.31	fee schedule	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Amerihealth	HMO/PPO	183.34				183.34		1678.31	fee schedule	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Corrections	Corrections	1413.31	80			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Managed Care Inc	Managed Care Inc	1589.98	90			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	First Health	First Health	1236.65	70			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Horizon	PPO	676.27	38.28			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	WellPoint	WellPoint	548.37	31.04			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	UHC	Medicaid	200.62				183.34		1678.31	fee schedule	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Horizon	Medicare Blue	529.99	30			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Wellcare	Medicaid	200.62				183.34		1678.31	fee schedule	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Multiplan	Multiplan	1413.31	80			183.34		1678.31	percent of total billed charges	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Wellcare	Medicare	250.78				183.34		1678.31	fee schedule	
CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	86152	CPT				outpatient			1766.64	288.4	Three Rivers	Three Rivers	1678.31	95			183.34		1678.31	percent of total billed charges	
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	First Trenton	First Trenton	167.08	90			12.79		176.36	percent of total billed charges	
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Aetna	Commercial	70.54	38			12.79		176.36	percent of total billed charges	
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Americare	Americare	139.23	75			12.79		176.36	percent of total billed charges	
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	First Health	First Health	129.95	70			12.79		176.36	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes				
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Amerihealth	Medicare	15.99				12.79	176.36	fee schedule					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Aetna	Medicare	15.99				12.79	176.36	fee schedule					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Amerihealth	HMO/PPO	18				12.79	176.36	fee schedule					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Aetna	Better Health	56.51	30.44			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Wellcare	Medicare	15.99				12.79	176.36	fee schedule					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Multiplan	Multiplan	148.51	80			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Horizon	MGD	71.06	38.28			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Consumer	Consumer	176.36	95			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	WellPoint	WellPoint	57.62	31.04			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Corrections	Corrections	148.51	80			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	UHC	Medicare	15.99				12.79	176.36	fee schedule					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Horizon	Indemnity	71.06	38.28			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Qualcare	Qualcare	139.23	75			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Horizon	Medicare Blue	55.69	30			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	UHC	Medicaid	12.79				12.79	176.36	fee schedule					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Horizon	NJ Health	30.18				12.79	176.36	fee schedule					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Wellcare	Medicaid	12.79				12.79	176.36	fee schedule					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Horizon	PPO	71.06	38.28			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Managed Care Inc	Managed Care Inc	167.08	90			12.79	176.36	percent of total billed charges					
CHEMOTAXIS ASSAY SPECIFY METHOD	86155	CPT				outpatient			185.64	18.39	Three Rivers	Three Rivers	176.36	95			12.79	176.36	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Aetna	Medicare	8.06				6.45	49.42	fee schedule					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Americare	Americare	39.02	75			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Consumer	Consumer	49.42	95			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Aetna	Better Health	15.63	30.44			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Aetna	Commercial	19.77	38			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Amerihealth	HMO/PPO	11.4				6.45	49.42	fee schedule					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Horizon	Indemnity	19.91	38.28			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Multiplan	Multiplan	41.62	80			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Horizon	MGD	19.91	38.28			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Horizon	PPO	19.91	38.28			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	UHC	Medicaid	6.45				6.45	49.42	fee schedule					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Corrections	Corrections	41.62	80			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Wellcare	Medicaid	6.45				6.45	49.42	fee schedule					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Amerihealth	Medicare	8.06				6.45	49.42	fee schedule					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Quelcare	Qualcare	39.02	75			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Three Rivers	Three Rivers	49.42	95			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	First Trenton	First Trenton	46.82	90			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	First Health	First Health	36.41	70			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	UHC	Medicare	8.06				6.45	49.42	fee schedule					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Wellcare	Medicare	8.06				6.45	49.42	fee schedule					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Horizon	Medicare Blue	15.61	30			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Horizon	NJ Health	17.64				6.45	49.42	fee schedule					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	Managed Care Inc	Managed Care Inc	46.82	90			6.45	49.42	percent of total billed charges					
COLD AGGLUTININ TITER	86157	CPT				inpatient			52.02	9.27	WellPoint	WellPoint	16.15	31.04			6.45	49.42	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Horizon	PPO	174.14	38.28		9.4	8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Aetna	Commercial	172.87	38		39.32	8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	First Health	First Health	318.44	70			8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Aetna	Better Health	138.48	30.44		44.15	8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Horizon	MGD	174.14	38.28		58.09	8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Aetna	Medicare	12				8.57	432.17	fee schedule					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	UHC	Medicaid	9.6			40.51	8.57	432.17	fee schedule					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Multiplan	Multiplan	363.94	80			8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Wellcare	Medicare	12				8.57	432.17	fee schedule					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Americare	Americare	341.19	75			8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Horizon	Indemnity	174.14	38.28		30.01	8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Amerihealth	HMO/PPO	17			15.76	8.57	432.17	fee schedule					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Horizon	NJ Health	17.64			14.52	8.57	432.17	fee schedule					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Horizon	Medicare Blue	136.48	30			8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Qualcare	Qualcare	341.19	75			8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Three Rivers	Three Rivers	432.17	95			8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Amerihealth	Medicare	12				8.57	432.17	fee schedule					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	UHC	Medicare	12			23.45	8.57	432.17	fee schedule					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Wellcare	Medicaid	9.6			14.6	8.57	432.17	fee schedule					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Consumer	Consumer	432.17	95			8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	WellPoint	WellPoint	141.21	31.04		48.77	8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Corrections	Corrections	363.94	80			8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	First Trenton	First Trenton	409.43	90			8.57	432.17	percent of total billed charges					
COMPLEMENT ANTIGEN EACH COMPONENT	86160	CPT				both			454.92	13.8	Managed Care Inc	Managed Care Inc	409.43	90			8.57	432.17	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Qualcare	Qualcare	459	75			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Corrections	Corrections	489.6	80			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Consumer	Consumer	581.4	95			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Americare	Americare	459	75			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Amerihealth	Medicare	12				12	581.4	fee schedule					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Horizon	Indemnity	234.27	38.28			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Aetna	Better Health	186.29	30.44			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Aetna	Commercial	232.56	38			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	UHC	Medicaid	186.29	30.44			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	First Trenton	First Trenton	550.8	90			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Wellcare	Medicare	12				12	581.4	fee schedule					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Amerihealth	HMO/PPO	17				12	581.4	fee schedule					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	First Health	First Health	428.4	70			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Horizon	PPO	234.27	38.28			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Horizon	NJ Health	17.64			10.39	12	581.4	fee schedule					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Aetna	Medicare	188.5	30.8			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	UHC	Medicare	12				12	581.4	fee schedule					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Horizon	Medicare Blue	183.6	30			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	WellPoint	WellPoint	189.96	31.04			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Horizon	MGD	234.27	38.28			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Multiplan	Multiplan	489.6	80			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Three Rivers	Three Rivers	581.4	95			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Wellcare	Medicaid	186.29	30.44			12	581.4	percent of total billed charges					
COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	86161	CPT				both			612	13.8	Managed Care Inc	Managed Care Inc	550.8	90			12	581.4	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	First Trenton	First Trenton	327.73	90			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Consumer	Consumer	345.93	95			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Americare	Americare	273.11	75			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Amerihealth	Medicare	20.32				14.99	345.93	fee schedule					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Aetna	Medicare	20.32				14.99	345.93	fee schedule					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	First Health	First Health	254.9	70			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Horizon	MGD	139.39	38.28			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Aetna	Better Health	110.84	30.44			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Managed Care Inc	Managed Care Inc	327.73	90			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Horizon	NJ Health	30.58			2.83	14.99	345.93	fee schedule					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Amerihealth	HMO/PPO	31.1				14.99	345.93	fee schedule					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	WellPoint	WellPoint	113.03	31.04		14.55	14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Corrections	Corrections	291.31	80			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Multiplan	Multiplan	291.31	80			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Horizon	PPO	139.39	38.28			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Aetna	Commercial	138.37	38			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Horizon	Medicare Blue	109.24	30			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Qualcare	Qualcare	273.11	75			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	UHC	Medicaid	16.26				14.99	345.93	fee schedule					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Horizon	Indemnity	139.39	38.28		8.83	14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Three Rivers	Three Rivers	345.93	95			14.99	345.93	percent of total billed charges					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Wellcare	Medicare	20.32				14.99	345.93	fee schedule					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	UHC	Medicare	20.32			5.04	14.99	345.93	fee schedule					
COMPLEMENT TOTAL HEMOLYTIC	86162	CPT				both			364.14	23.37	Wellcare	Medicaid	16.26				14.99	345.93	fee schedule					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	First Health	First Health	89.25	70			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Amerihealth	Medicare	12.95				10.36	121.13	fee schedule					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Corrections	Corrections	102	80			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Horizon	PPO	48.81	38.28		4.01	10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Aetna	Medicare	12.95				10.36	121.13	fee schedule					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Horizon	NJ Health	16.58			3.39	10.36	121.13	fee schedule					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Aetna	Better Health	38.81	30.44			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Aetna	Commercial	48.45	38		4.31	10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	First Trenton	First Trenton	114.75	90			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	UHC	Medicaid	10.36			9.2	10.36	121.13	fee schedule					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	UHC	Medicare	12.95			5.84	10.36	121.13	fee schedule					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Americare	Americare	95.63	75			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Horizon	Indemnity	48.81	38.28		7.52	10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Consumer	Consumer	121.13	95			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Amerihealth	HMO/PPO	19.2			0.56	10.36	121.13	fee schedule					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Horizon	MGD	48.81	38.28		13.03	10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Managed Care Inc	Managed Care Inc	114.75	90			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Wellcare	Medicare	12.95			6.42	10.36	121.13	fee schedule					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Horizon	Medicare Blue	38.25	30		5.44	10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	WellPoint	WellPoint	39.58	31.04		10.47	10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Multiplan	Multiplan	102	80			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Three Rivers	Three Rivers	121.13	95			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Qualcare	Qualcare	95.63	75			10.36	121.13	percent of total billed charges					
CYCLIC CITRULLINATED PEPTIDE ANTIBODY	86200	CPT				both			127.5	14.89	Wellcare	Medicaid	10.36				10.36	121.13	fee schedule					
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Multiplan	Multiplan	27.74	80			10.4	36.26	percent of total billed charges					
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	First Health	First Health	24.28	70			10.4	36.26	percent of total billed charges					
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Amerihealth	Medicare	13.25				10.4	36.26	fee schedule					
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Aetna	Medicare	10.68	30.8			10.4	36.26	percent of total billed charges					
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Corrections	Corrections	27.74	80			10.4	36.26	percent of total billed charges					
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Aetna	Better Health	10.56	30.44			10.4	36.26	percent of total billed charges					
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Americare	Americare	26.01	75			10.4	36.26	percent of total billed charges					
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Consumer	Consumer	32.95	95			10.4	36.26	percent of total billed charges					

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Qualcare	Qualcare	26.01	75			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Aetna	Commercial	13.18	38			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	First Trenton	First Trenton	31.21	90			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Horizon	MGD	13.28	38.28			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Horizon	Medicare Blue	10.4	30			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Wellcare	Medicare	13.25				10.4		36.26 fee schedule	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Amerihealth	HMO/PPO	20.5				10.4		36.26 fee schedule	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Wellcare	Medicaid	10.56	30.44			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Horizon	Indemnity	13.28	38.28			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	WellPoint	WellPoint	10.76	31.04			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	UHC	Medicaid	10.56	30.44			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Horizon	NJ Health	36.26				10.4		36.26 fee schedule	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	UHC	Medicare	13.25			3.74	10.4		36.26 fee schedule	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Horizon	PPO	13.28	38.28			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Managed Care Inc	Managed Care Inc	31.21	90			10.4		36.26 percent of total billed charges	
DEOXYRIBONUCLEASE ANTIBODY	86215	CPT				both			34.68	15.24	Three Rivers	Three Rivers	32.95	95			10.4		36.26 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Aetna	Medicare	13.74				9.79		371.13 fee schedule	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Corrections	Corrections	312.53	80			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Aetna	Commercial	148.45	38			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Consumer	Consumer	371.13	95			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	First Trenton	First Trenton	351.59	90			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Multiplan	Multiplan	312.53	80			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Wellcare	Medicare	13.74				9.79		371.13 fee schedule	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Aetna	Better Health	118.92	30.44			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Americare	Americare	.293	75			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Horizon	Indemnity	149.54	38.28		44.52	9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Amerihealth	HMO/PPO	18.5			23.9	9.79		371.13 fee schedule	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	First Health	First Health	273.46	70			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Horizon	NJ Health	25.48			5.9	9.79		371.13 fee schedule	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Qualcare	Qualcare	.293	75			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Amerihealth	Medicare	13.74				9.79		371.13 fee schedule	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Horizon	Medicare Blue	117.2	30			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Managed Care Inc	Managed Care Inc	351.59	90			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Horizon	PPO	149.54	38.28		6.49	9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	UHC	Medicaid	10.99			15.62	9.79		371.13 fee schedule	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Horizon	MGD	149.54	38.28		56.12	9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Three Rivers	Three Rivers	371.13	95			9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	WellPoint	WellPoint	121.26	31.04		22.81	9.79		371.13 percent of total billed charges	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	Wellcare	Medicaid	10.99			4.03	9.79		371.13 fee schedule	
DNA ANTIBODY NATIVE/DOUBLE STRANDED	86225	CPT				both			390.66	15.8	UHC	Medicare	13.74			6.93	9.79		371.13 fee schedule	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Amerihealth	HMO/PPO	18				9.69		82.37 fee schedule	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Multiplan	Multiplan	69.36	80			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Aetna	Commercial	32.95	38			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Qualcare	Qualcare	65.03	75			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Aetna	Better Health	26.39	30.44			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Aetna	Medicare	12.11				9.69		82.37 fee schedule	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Horizon	MGD	33.19	38.28			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Corrections	Corrections	69.36	80			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Amerihealth	Medicare	12.11				9.69		82.37 fee schedule	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Consumer	Consumer	82.37	95			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Americare	Americare	65.03	75			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	WellPoint	WellPoint	26.91	31.04			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	First Health	First Health	60.69	70			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Horizon	Indemnity	33.19	38.28			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Horizon	PPO	33.19	38.28			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	First Trenton	First Trenton	78.03	90			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	UHC	Medicare	12.11				9.69		82.37 fee schedule	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Horizon	Medicare Blue	26.01	30			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Three Rivers	Three Rivers	82.37	95			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Horizon	NJ Health	29.4				9.69		82.37 fee schedule	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Wellcare	Medicare	12.11				9.69		82.37 fee schedule	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	UHC	Medicaid	9.69				9.69		82.37 fee schedule	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Managed Care Inc	Managed Care Inc	78.03	90			9.69		82.37 percent of total billed charges	
DNA ANTIBODY SINGLE STRANDED	86226	CPT				outpatient			86.7	13.93	Wellcare	Medicaid	9.69				9.69		82.37 fee schedule	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Amerihealth	Medicare	12.09				9.48		38.76 fee schedule	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Americare	Americare	30.6	75			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Corrections	Corrections	32.64	80			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Aetna	Medicare	12.57	30.8			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Aetna	Better Health	12.42	30.44			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Aetna	Commercial	15.5	38			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Amerihealth	HMO/PPO	26.52	65			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	UHC	Medicare	12.09				9.48		38.76 fee schedule	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	First Health	First Health	28.56	70			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Consumer	Consumer	38.76	95			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	First Trenton	First Trenton	36.72	90			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	UHC	Medicaid	12.42	30.44			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Horizon	Indemnity	15.62	38.28			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Multiplan	Multiplan	32.64	80			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Horizon	MGD	15.62	38.28			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	WellPoint	WellPoint	12.66	31.04			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Horizon	PPO	15.62	38.28			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Wellcare	Medicare	12.09				9.48		38.76 fee schedule	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Horizon	Medicare Blue	12.24	30			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Wellcare	Medicaid	12.42	30.44			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Three Rivers	Three Rivers	38.76	95			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Qualcare	Qualcare	30.6	75			9.48		38.76 percent of total billed charges	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Horizon	NJ Health	9.48				9.48		38.76 fee schedule	
ENDOMYSIAL ANTIBODY EACH IMMUNOGLOBULIN CLASS	86231	CPT				outpatient			40.8	13.9	Managed Care Inc	Managed Care Inc	36.72	90			9.48		38.76 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Amerihealth	Medicare	17.93				10.1		1125.98 fee schedule	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Multiplan	Multiplan	948.19	80			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Aetna	Medicare	17.93				10.1		1125.98 fee schedule	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Aetna	Commercial	450.39	38			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Americare	Americare	888.93	75			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Aetna	Better Health	360.79	30.44			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Amerihealth	HMO/PPO	26.2			19.76	10.1		1125.98 fee schedule	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Consumer	Consumer	1125.98	95			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Corrections	Corrections	948.19	80			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Qualcare	Qualcare	888.93	75			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Horizon	MGD	453.71	38.28		6.51	10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Horizon	Medicare Blue	355.57	30		4.36	10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	First Trenton	First Trenton	1066.72	90			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	First Health	First Health	829.67	70			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Horizon	NJ Health	47.04			6.68	10.1		1125.98 fee schedule	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Horizon	PPO	453.71	38.28		5.54	10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Managed Care Inc	Managed Care Inc	1066.72	90			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Horizon	Indemnity	453.71	38.28		8.82	10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Three Rivers	Three Rivers	1125.98	95			10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	UHC	Medicare	17.93			5.29	10.1		1125.98 fee schedule	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Wellcare	Medicaid	14.34			8.64	10.1		1125.98 fee schedule	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	UHC	Medicaid	14.34			8.87	10.1		1125.98 fee schedule	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	WellPoint	WellPoint	367.9	31.04		21.15	10.1		1125.98 percent of total billed charges	
EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	86235	CPT				both			1185.24	20.62	Wellcare	Medicare	17.93				10.1		1125.98 fee schedule	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Horizon	MGD	1411.5	38.28		19.89	8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Aetna	Medicare	12.05			7.05	8.57		3502.94 fee schedule	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Aetna	Commercial	1401.17	38		21.46	8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Amerihealth	HMO/PPO	17.6			11.33	8.57		3502.94 fee schedule	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	WellPoint	WellPoint	1144.54	31.04		22.36	8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Consumer	Consumer	3502.94	95			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Aetna	Better Health	1122.41	30.44		33.24	8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Amerihealth	Medicare	12.05				8.57		3502.94 fee schedule	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	UHC	Medicare	12.05			6.71	8.57		3502.94 fee schedule	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Americare	Americare	2765.48	75			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	First Health	First Health	2581.11	70			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Horizon	Indemnity	1411.5	38.28			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Horizon	NJ Health	15.29			5.07	8.57		3502.94 fee schedule	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Corrections	Corrections	2949.84	80			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Horizon	Medicare Blue	1106.19	30			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	First Trenton	First Trenton	3318.57	90			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Three Rivers	Three Rivers	3502.94	95			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Multiplan	Multiplan	2949.84	80			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Wellcare	Medicare	12.05				8.57		3502.94 fee schedule	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Qualcare	Qualcare	2765.48	75			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Wellcare	Medicaid	9.64				8.57		3502.94 fee schedule	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Horizon	PPO	1411.5	38.28		43.78	8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	UHC	Medicaid	9.64			36.46	8.57		3502.94 fee schedule	
FLUORESCENT NONINFCT AGT ANTB SCREEN EA ANTIBODY	86255	CPT				both			3687.3	13.86	Managed Care Inc	Managed Care Inc	3318.57	90			8.57		3502.94 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Aetna	Medicare	12.05			0.87	8.57		613.38 fee schedule	
FLUORESCENT NONINFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Horizon	NJ Health	24.5			1.4	8.57		613.38 fee schedule	
FLUORESCENT NONINFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	First Trenton	First Trenton	581.09	90			8.57		613.38 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Amerihealth	HMO/PPO	11.5				8.57		613.38 fee schedule	
FLUORESCENT NONINFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Aetna	Commercial	245.35	38		21.74	8.57		613.38 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Aetna	Better Health	196.54	30.44		92.22	8.57		613.38 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Corrections	Corrections	516.53	80			8.57		613.38 percent of total billed charges	
FLUORESCENT NONINFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	First Health	First Health	451.96	70			8.57		613.38 percent of total billed charges	
FLUORESCENT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Americare	Americare	484.25	75			8.57	613.38	percent of total billed charges	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	WellPoint	WellPoint	200.41	31.04		8.09	8.57	613.38	percent of total billed charges	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Managed Care Inc	Managed Care Inc	581.09	90			8.57	613.38	percent of total billed charges	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Horizon	Indemnity	247.16	38.28			8.57	613.38	percent of total billed charges	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Quelcare	Quelcare	484.25	75			8.57	613.38	percent of total billed charges	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Horizon	PPO	247.16	38.28		22.5	8.57	613.38	percent of total billed charges	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Consumer	Consumer	613.38	95			8.57	613.38	percent of total billed charges	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Three Rivers	Three Rivers	613.38	95			8.57	613.38	percent of total billed charges	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Wellcare	Medicaid	9.64			5.53	8.57	613.38	fee schedule	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	UHC	Medicaid	9.64			11.99	8.57	613.38	fee schedule	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Horizon	Medicare Blue	193.7	30			8.57	613.38	percent of total billed charges	
FLUORESCENT NONIFCT AGT ANTB TITER EA ANTIBODY	86256	CPT				both			645.66	13.86	Wellcare	Medicare	12.05				8.57	613.38	fee schedule	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Corrections	Corrections	31.01	80			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Aetna	Commercial	14.73	38			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Aetna	Better Health	11.8	30.44			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	First Trenton	First Trenton	34.88	90			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Amerihealth	HMO/PPO	25.19	65			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	First Health	First Health	27.13	70			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Consumer	Consumer	36.82	95			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Americare	Americare	29.07	75			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Horizon	Indemnity	14.84	38.28			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Aetna	Medicare	11.94	30.8			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Horizon	Medicare Blue	11.63	30			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Horizon	NJ Health	9.04				9.04	36.82	fee schedule	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Multiplan	Multiplan	31.01	80			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	UHC	Medicare	12.05				9.04	36.82	fee schedule	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Wellcare	Medicaid	11.8	30.44			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Horizon	PPO	14.84	38.28			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Quelcare	Quelcare	29.07	75			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Amerihealth	Medicare	12.05				9.04	36.82	fee schedule	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Wellcare	Medicare	12.05				9.04	36.82	fee schedule	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Managed Care Inc	Managed Care Inc	34.88	90			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Horizon	MGD	14.84	38.28			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	Three Rivers	Three Rivers	36.82	95			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	UHC	Medicaid	11.8	30.44			9.04	36.82	percent of total billed charges	
GLIADIN ANTIBODY EACH IMMUNOGLOBULIN CLASS	86258	CPT				outpatient			38.76	13.86	WellPoint	WellPoint	12.03	31.04			9.04	36.82	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Amerihealth	HMO/PPO	32.6			2.46	14.99	54.1	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Aetna	Medicare	20.81			1.48	14.99	54.1	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Aetna	Better Health	15.52	30.44		9.55	14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Horizon	Indemnity	19.52	38.28		1.36	14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Horizon	NJ Health	54.1			1.66	14.99	54.1	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Horizon	MGD	19.52	38.28		3.97	14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	First Health	First Health	35.7	70			14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Amerihealth	Medicare	20.81				14.99	54.1	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	First Trenton	First Trenton	45.9	90			14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Americare	Americare	38.25	75			14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Aetna	Commercial	19.38	38		8.31	14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	UHC	Medicaid	16.65			13.37	14.99	54.1	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Multiplan	Multiplan	40.8	80			14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Horizon	Medicare Blue	15.3	30		2.1	14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Horizon	PPO	19.52	38.28		15.37	14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Wellcare	Medicaid	16.65			8.55	14.99	54.1	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	WellPoint	WellPoint	15.83	31.04		3.45	14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Consumer	Consumer	48.45	95			14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Quelcare	Quelcare	38.25	75			14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Three Rivers	Three Rivers	48.45	95			14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Wellcare	Medicare	20.81			5.88	14.99	54.1	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Corrections	Corrections	40.8	80			14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	UHC	Medicare	20.81			7.72	14.99	54.1	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	86300	CPT				both			51	23.93	Managed Care Inc	Managed Care Inc	45.9	90			14.99	54.1	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Wellcare	Medicare	20.81			0.83	13.46	126.94	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Aetna	Medicare	20.81			2.79	13.46	126.94	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Amerihealth	HMO/PPO	32.6			0.37	13.46	126.94	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	First Trenton	First Trenton	120.26	90			13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Aetna	Commercial	50.78	38		1.97	13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Amerihealth	Medicare	20.81				13.46	126.94	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Aetna	Better Health	40.67	30.44		3.62	13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Corrections	Corrections	106.9	80			13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Americare	Americare	100.22	75			13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Wellcare	Medicaid	16.65			6.09	13.46	126.94	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Horizon	MGD	51.15	38.28		11.69	13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Horizon	PPO	51.15	38.28		20.3	13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Consumer	Consumer	126.94	95			13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	First Health	First Health	93.53	70			13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Multiplan	Multiplan	106.9	80			13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Horizon	Indemnity	51.15	38.28		13.1	13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Horizon	Medicare Blue	40.09	30		1.61	13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Managed Care Inc	Managed Care Inc	120.26	90			13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Quelcare	Quelcare	100.22	75			13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Horizon	NJ Health	22.97			2.44	13.46	126.94	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	WellPoint	WellPoint	41.48	31.04		13.26	13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	Three Rivers	Three Rivers	126.94	95			13.46	126.94	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	UHC	Medicaid	16.65			8.54	13.46	126.94	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	86301	CPT				both			133.62	23.93	UHC	Medicare	20.81			2.96	13.46	126.94	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	First Trenton	First Trenton	89.05	90			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Aetna	Medicare	20.81			10.41	12.85	93.99	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Americare	Americare	74.21	75			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Aetna	Better Health	30.12	30.44			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	WellPoint	WellPoint	30.71	31.04		4.75	12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Aetna	Commercial	37.6	38		26.05	12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Horizon	Indemnity	37.87	38.28			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	First Health	First Health	69.26	70			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Horizon	MGD	37.87	38.28		31.17	12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Corrections	Corrections	79.15	80			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Amerihealth	HMO/PPO	32.6			17.3	12.85	93.99	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Consumer	Consumer	93.99	95			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Managed Care Inc	Managed Care Inc	89.05	90			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Horizon	Medicare Blue	29.68	30		4.17	12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Horizon	NJ Health	23.11			22.21	12.85	93.99	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Multiplan	Multiplan	79.15	80			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	UHC	Medicare	20.81			12.38	12.85	93.99	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Quelcare	Quelcare	74.21	75			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Amerihealth	Medicare	20.81				12.85	93.99	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Three Rivers	Three Rivers	93.99	95			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Horizon	PPO	37.87	38.28			12.85	93.99	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	UHC	Medicaid	16.65			30.39	12.85	93.99	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Wellcare	Medicare	20.81			6.78	12.85	93.99	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	86304	CPT				both			98.94	23.93	Wellcare	Medicaid	16.65				12.85	93.99	fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Aetna	Better Health	20.18	30.44			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Aetna	Medicare	20.81				16.65	62.99	fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Amerihealth	Medicare	20.81				16.65	62.99	fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Aetna	Commercial	25.19	38			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	UHC	Medicaid	16.65				16.65	62.99	fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	First Trenton	First Trenton	59.67	90			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Amerihealth	HMO/PPO	43.1	65			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Horizon	MGD	25.38	38.28			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Americare	Americare	49.73	75			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Horizon	Medicare Blue	19.89	30			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Corrections	Corrections	53.04	80			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Horizon	NJ Health	39.18				16.65	62.99	fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Wellcare	Medicaid	16.65				16.65	62.99	fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Horizon	PPO	25.38	38.28			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	First Health	First Health	46.41	70			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Managed Care Inc	Managed Care Inc	59.67	90			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Consumer	Consumer	62.99	95			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Three Rivers	Three Rivers	62.99	95			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	WellPoint	WellPoint	20.58	31.04			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Wellcare	Medicare	20.81				16.65	62.99	fee schedule	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Horizon	Indemnity	25.38	38.28			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Multiplan	Multiplan	53.04	80			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	Quelcare	Quelcare	49.73	75			16.65	62.99	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	86305	CPT				both			66.3	23.93	UHC	Medicare	20.81				16.65	62.99	fee schedule	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Multiplan	Multiplan	14.69	80			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Americare	Americare	13.77	75			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Aetna	Commercial	6.98	38			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Aetna	Medicare	5.18				4.14	17.44	fee schedule	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Aetna	Better Health	5.59	30.44			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Amerihealth	Medicare	5.18				4.14	17.44	fee schedule	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Consumer	Consumer	17.44	95			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Horizon	Indemnity	7.03	38.28			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Quelcare	Quelcare	13.77	75			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES S

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	UHC	Medicare	5.18				4.14	17.44	fee schedule	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Horizon	MGD	7.03	38.28			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Horizon	Medicare Blue	5.51	30			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Managed Care Inc	Managed Care Inc	16.52	90			4.14	17.44	percent of total billed charges	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Wellcare	Medicare	5.18				4.14	17.44	fee schedule	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Horizon	NJ Health	5.88				4.14	17.44	fee schedule	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	UHC	Medicaid	4.14				4.14	17.44	fee schedule	
HETEROPHILE ANTIBODIES SCREEN	86308	CPT				both			18.36	5.96	Three Rivers	Three Rivers	17.44	95			4.14	17.44	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Americare	Americare	322.07	75			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Amerihealth	HMO/PPO	32.6			6.87	16.65	407.95	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Aetna	Commercial	163.18	38		8.6	16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Aetna	Medicare	20.81				16.65	407.95	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Horizon	Indemnity	164.38	38.28			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Amerihealth	Medicare	20.81				16.65	407.95	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Corrections	Corrections	343.54	80			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Aetna	Better Health	130.72	30.44			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Multiplan	Multiplan	343.54	80			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Horizon	NJ Health	54.88			4.97	16.65	407.95	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Consumer	Consumer	407.95	95			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	First Health	First Health	300.59	70			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Wellcare	Medicare	20.81			6.09	16.65	407.95	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	First Trenton	First Trenton	386.48	90			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Horizon	MGD	164.38	38.28			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Horizon	Medicare Blue	128.83	30		9.33	16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Qualcare	Qualcare	322.07	75			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Wellcare	Medicaid	16.65			16.54	16.65	407.95	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Horizon	PPO	164.38	38.28		10.97	16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	UHC	Medicare	20.81			19.16	16.65	407.95	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Three Rivers	Three Rivers	407.95	95			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	Managed Care Inc	Managed Care Inc	386.48	90			16.65	407.95	percent of total billed charges	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	UHC	Medicaid	16.65			15.97	16.65	407.95	fee schedule	
IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	86316	CPT				both			429.42	23.93	WellPoint	WellPoint	133.29	31.04		10.69	16.65	407.95	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Amerihealth	Medicare	14.99				10.4	722.87	fee schedule	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	UHC	Medicare	14.99				10.4	722.87	fee schedule	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Aetna	Better Health	231.62	30.44		22.54	10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Consumer	Consumer	722.87	95			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	First Trenton	First Trenton	684.83	90			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Amerihealth	HMO/PPO	20				10.4	722.87	fee schedule	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Aetna	Medicare	14.99				10.4	722.87	fee schedule	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Aetna	Commercial	289.15	38			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Corrections	Corrections	608.74	80			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Wellcare	Medicare	14.99				10.4	722.87	fee schedule	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Horizon	Indemnity	291.28	38.28			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Horizon	MGD	291.28	38.28			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Horizon	PPO	291.28	38.28			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	First Health	First Health	532.64	70			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Americare	Americare	570.69	75			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	UHC	Medicaid	11.99			17.67	10.4	722.87	fee schedule	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Horizon	NJ Health	15.68				10.4	722.87	fee schedule	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Multiplan	Multiplan	608.74	80			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Three Rivers	Three Rivers	722.87	95			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Horizon	Medicare Blue	228.28	30			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Managed Care Inc	Managed Care Inc	684.83	90			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Qualcare	Qualcare	570.69	75			10.4	722.87	percent of total billed charges	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	Wellcare	Medicaid	11.99				10.4	722.87	fee schedule	
IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	86317	CPT				both			760.92	17.24	WellPoint	WellPoint	236.19	31.04			10.4	722.87	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Aetna	Better Health	28.25	30.44			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Aetna	Medicare	18.09				14.47	88.18	fee schedule	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Aetna	Commercial	35.27	38			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Amerihealth	Medicare	18.09				14.47	88.18	fee schedule	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Consumer	Consumer	88.18	95			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	First Trenton	First Trenton	83.54	90			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Amerihealth	HMO/PPO	22.8				14.47	88.18	fee schedule	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Corrections	Corrections	74.26	80			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Wellcare	Medicaid	14.47				14.47	88.18	fee schedule	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Americare	Americare	69.62	75			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Horizon	MGD	35.53	38.28			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	First Health	First Health	64.97	70			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Wellcare	Medicare	18.09				14.47	88.18	fee schedule	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Horizon	NJ Health	31.16				14.47	88.18	fee schedule	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	WellPoint	WellPoint	28.81	31.04			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Horizon	Indemnity	35.53	38.28			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Multiplan	Multiplan	74.26	80			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Managed Care Inc	Managed Care Inc	83.54	90			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Qualcare	Qualcare	69.62	75			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Horizon	Medicare Blue	27.85	30			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	UHC	Medicare	18.09				14.47	88.18	fee schedule	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Horizon	PPO	35.53	38.28			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	Three Rivers	Three Rivers	88.18	95			14.47	88.18	percent of total billed charges	
IA INFECTIOUS AGT ANTIBODY QUAL/SEMIQ 1STEP METH	86318	CPT				inpatient			92.82	20.8	UHC	Medicaid	14.47				14.47	88.18	fee schedule	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Aetna	Medicare	14.05				11.24	134.69	fee schedule	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Aetna	Commercial	53.88	38			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Americare	Americare	106.34	75			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Amerihealth	Medicare	14.05				11.24	134.69	fee schedule	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	First Trenton	First Trenton	127.6	90			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Corrections	Corrections	113.42	80			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Consumer	Consumer	134.69	95			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Aetna	Better Health	43.16	30.44			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Horizon	PPO	54.27	38.28			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Horizon	MGD	54.27	38.28			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Multiplan	Multiplan	113.42	80			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	First Health	First Health	99.25	70			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Managed Care Inc	Managed Care Inc	127.6	90			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	UHC	Medicaid	11.24				11.24	134.69	fee schedule	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Horizon	Indemnity	54.27	38.28			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Amerihealth	HMO/PPO	22				11.24	134.69	fee schedule	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Qualcare	Qualcare	106.34	75			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Wellcare	Medicare	14.05				11.24	134.69	fee schedule	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Horizon	Medicare Blue	42.53	30			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	UHC	Medicare	14.05				11.24	134.69	fee schedule	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Horizon	NJ Health	48.22				11.24	134.69	fee schedule	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	WellPoint	WellPoint	44.01	31.04			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Three Rivers	Three Rivers	134.69	95			11.24	134.69	percent of total billed charges	
IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	86329	CPT				outpatient			141.78	16.16	Wellcare	Medicaid	11.24				11.24	134.69	fee schedule	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Aetna	Commercial	42.64	38			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Aetna	Better Health	34.15	30.44			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Horizon	Indemnity	42.95	38.28			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Americare	Americare	84.15	75			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Amerihealth	HMO/PPO	18.5				8.82	106.59	fee schedule	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Corrections	Corrections	89.76	80			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	First Trenton	First Trenton	100.98	90			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Multiplan	Multiplan	89.76	80			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Aetna	Medicare	34.56	30.8			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Consumer	Consumer	106.59	95			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Horizon	PPO	42.95	38.28			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Qualcare	Qualcare	84.15	75			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Amerihealth	Medicare	11.98				8.82	106.59	fee schedule	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	WellPoint	WellPoint	34.83	31.04			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Managed Care Inc	Managed Care Inc	100.98	90			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Horizon	Medicare Blue	33.66	30			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Horizon	MGD	42.95	38.28			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Horizon	NJ Health	8.82				8.82	106.59	fee schedule	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Wellcare	Medicare	11.98				8.82	106.59	fee schedule	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Three Rivers	Three Rivers	106.59	95			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	First Health	First Health	78.54	70			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	UHC	Medicaid	34.15	30.44			8.82	106.59	percent of total billed charges	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	UHC	Medicare	11.98				8.82	106.59	fee schedule	
IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	86331	CPT				both			112.2	13.78	Wellcare	Medicaid	34.15	30.44			8.82	106.59	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Amerihealth	Medicare	24.37				8.57	121.13	fee schedule	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Aetna	Better Health	38.81	30.44			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Horizon	Indemnity	48.81	38.28			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Aetna	Commercial	48.45	38			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	First Trenton	First Trenton	114.75	90			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	First Health	First Health	89.25	70			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Americare	Americare	95.63	75			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Aetna	Medicare	24.37				8.57	121.13	fee schedule	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Horizon	MGD	48.81	38.28			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Consumer	Consumer	121.13	95			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Amerihealth	HMO/PPO	38				8.57	121.13	fee schedule	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Corrections	Corrections	102	80			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Horizon	PPO	48.81	38.28			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Multiplan	Multiplan	102	80			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	UHC	Medicare	24.37				8.57	121.13	fee schedule	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	UHC	Medicaid	19.5				8.57	121.13	fee schedule	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Managed Care Inc	Managed Care Inc	114

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Qualcare		95.63	75			8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	WellPoint		39.58	31.04		8.3	8.57	121.13	percent of total billed charges	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Horizon		NJ Health	64.68			8.57	121.13	fee schedule	
IMMUNE COMPLEX ASSAY	86332	CPT				both			127.5	28.03	Three Rivers		Three Rivers	121.13	95		8.57	121.13	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	First Trenton		First Trenton	217.57	90		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Aetna		Medicare	22.34		88.29	9.79	229.65	fee schedule	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Aetna		Commercial	91.86	38	142.31	9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Consumer		Consumer	229.65	95		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Americare		Americare	181.31	75		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Horizon		Indemnity	92.54	38.28		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Wellcare		Medicare	22.34		72.86	9.79	229.65	fee schedule	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Aetna		Better Health	73.59	30.44		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Managed Care Inc		Managed Care Inc	217.57	90		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Multiplan		Multiplan	193.39	80		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Amerihealth		Medicare	22.34			9.79	229.65	fee schedule	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Corrections		Corrections	193.39	80		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Amerihealth		HMO/PPO	34.3			9.79	229.65	fee schedule	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Qualcare		Qualcare	181.31	75		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Horizon		Medicare Blue	72.52	30	17.61	9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	First Health		First Health	169.22	70		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Three Rivers		Three Rivers	229.65	95		9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	UHC		Medicaid	17.87		54.89	9.79	229.65	fee schedule	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Horizon		MGD	92.54	38.28	107.44	9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	UHC		Medicare	22.34		27.01	9.79	229.65	fee schedule	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Wellcare		Medicaid	17.87			9.79	229.65	fee schedule	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Horizon		NJ Health	58.8		6.85	9.79	229.65	fee schedule	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	WellPoint		WellPoint	75.04	31.04	51.84	9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS SERUM	86334	CPT				both			241.74	25.69	Horizon		PPO	92.54	38.28	20.93	9.79	229.65	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Aetna		Medicare	29.35		3.8	6.86	274.23	fee schedule	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Aetna		Better Health	87.87	30.44		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	First Trenton		First Trenton	259.79	90		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Horizon		Indemnity	110.5	38.28		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Horizon		MGD	110.5	38.28	17.57	6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Consumer		Consumer	274.23	95		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Americare		Americare	216.5	75		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Corrections		Corrections	230.93	80		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Amerihealth		Medicare	29.35			6.86	274.23	fee schedule	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Aetna		Commercial	109.69	38	40.66	6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Horizon		PPO	110.5	38.28		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Multiplan		Multiplan	230.93	80		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Amerihealth		HMO/PPO	44.7			6.86	274.23	fee schedule	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	WellPoint		WellPoint	89.6	31.04	5.47	6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Managed Care Inc		Managed Care Inc	259.79	90		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	UHC		Medicare	29.35		10.02	6.86	274.23	fee schedule	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	UHC		Medicaid	23.48			6.86	274.23	fee schedule	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	First Health		First Health	202.06	70		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Three Rivers		Three Rivers	274.23	95		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Qualcare		Qualcare	216.5	75		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Wellcare		Medicaid	23.48			6.86	274.23	fee schedule	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Horizon		Medicare Blue	86.6	30		6.86	274.23	percent of total billed charges	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Wellcare		Medicare	29.35		2.98	6.86	274.23	fee schedule	
IMMUNOFIXU ELECTROPHORESIS OTHER FLUIDS	86335	CPT				both			288.66	33.75	Horizon		NJ Health	64.29		2.46	6.86	274.23	fee schedule	
INHIBIN A	86336	CPT				both			528.36	17.93	Wellcare		Medicaid	12.47		14.1	8.1	501.94	fee schedule	
INHIBIN A	86336	CPT				both			528.36	17.93	Aetna		Medicare	15.59			8.1	501.94	fee schedule	
INHIBIN A	86336	CPT				both			528.36	17.93	Horizon		MGD	202.26	38.28		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Aetna		Better Health	160.83	30.44		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Amerihealth		HMO/PPO	8.1			8.1	501.94	fee schedule	
INHIBIN A	86336	CPT				both			528.36	17.93	Consumer		Consumer	501.94	95		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	First Health		First Health	369.85	70		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Aetna		Commercial	200.78	38	32.44	8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Wellcare		Medicare	15.59			8.1	501.94	fee schedule	
INHIBIN A	86336	CPT				both			528.36	17.93	Americare		Americare	396.27	75		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Amerihealth		Medicare	15.59			8.1	501.94	fee schedule	
INHIBIN A	86336	CPT				both			528.36	17.93	First Trenton		First Trenton	475.52	90		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Corrections		Corrections	422.69	80		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Horizon		Indemnity	202.26	38.28		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Multiplan		Multiplan	422.69	80		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Horizon		NJ Health	17.31		5.65	8.1	501.94	fee schedule	
INHIBIN A	86336	CPT				both			528.36	17.93	Qualcare		Qualcare	396.27	75		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Horizon		Medicare Blue	158.51	30		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	UHC		Medicare	15.59			8.1	501.94	fee schedule	
INHIBIN A	86336	CPT				both			528.36	17.93	Managed Care Inc		Managed Care Inc	475.52	90		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Horizon		PPO	202.26	38.28		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	WellPoint		WellPoint	164	31.04	31.39	8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	Three Rivers		Three Rivers	501.94	95		8.1	501.94	percent of total billed charges	
INHIBIN A	86336	CPT				both			528.36	17.93	UHC		Medicaid	12.47		24.17	8.1	501.94	fee schedule	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Horizon		NJ Health	29.56		1.8	15.61	606.75	fee schedule	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Aetna		Commercial	242.7	38		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Horizon		MGD	244.49	38.28	10.73	15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Consumer		Consumer	606.75	95		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Amerihealth		HMO/PPO	18.3			15.61	606.75	fee schedule	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Amerihealth		Medicare	21.41			15.61	606.75	fee schedule	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	WellPoint		WellPoint	198.25	31.04	14.97	15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Aetna		Better Health	194.41	30.44		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	First Health		First Health	447.08	70		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Aetna		Medicare	196.71	30.8		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Wellcare		Medicare	21.41			15.61	606.75	fee schedule	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Corrections		Corrections	510.94	80		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Wellcare		Medicaid	194.41	30.44		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Americare		Americare	479.01	75		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Multiplan		Multiplan	510.94	80		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Horizon		Medicare Blue	191.6	30		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Qualcare		Qualcare	479.01	75		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	First Trenton		First Trenton	574.81	90		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	UHC		Medicaid	194.41	30.44	7.11	15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	UHC		Medicare	21.41		5.4	15.61	606.75	fee schedule	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Horizon		Indemnity	244.49	38.28		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Horizon		PPO	244.49	38.28		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Managed Care Inc		Managed Care Inc	574.81	90		15.61	606.75	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT				both			638.68	24.62	Three Rivers		Three Rivers	606.75	95		15.61	606.75	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Americare		Americare	229.5	75		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Amerihealth		Medicare	15.08			10.4	290.7	fee schedule	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Aetna		Better Health	93.15	30.44		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Aetna		Medicare	15.08			10.4	290.7	fee schedule	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Horizon		MGD	117.14	38.28		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Multiplan		Multiplan	244.8	80		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Consumer		Consumer	290.7	95		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	First Trenton		First Trenton	275.4	90		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Amerihealth		HMO/PPO	22.8			10.4	290.7	fee schedule	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	First Health		First Health	214.2	70		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Aetna		Commercial	116.28	38		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Corrections		Corrections	244.8	80		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	UHC		Medicare	15.08		5.52	10.4	290.7	fee schedule	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Qualcare		Qualcare	229.5	75		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Wellcare		Medicare	15.08			10.4	290.7	fee schedule	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Horizon		Indemnity	117.14	38.28		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	WellPoint		WellPoint	94.98	31.04	7.14	10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Horizon		Medicare Blue	91.8	30		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Horizon		NJ Health	43.12		1.48	10.4	290.7	fee schedule	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Managed Care Inc		Managed Care Inc	275.4	90		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Horizon		PPO	117.14	38.28		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Three Rivers		Three Rivers	290.7	95		10.4	290.7	percent of total billed charges	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	UHC		Medicaid	12.06			10.4	290.7	fee schedule	
INTRINSIC FACTOR ANTIBODIES	86340	CPT				both			306	17.34	Wellcare		Medicaid	12.06		3.79	10.4	290.7	fee schedule	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Amerihealth		Medicare	23.57			16.83	961.25	fee schedule	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Aetna		Better Health	308	30.44		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Americare		Americare	758.88	75		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Consumer		Consumer	961.25	95		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Corrections		Corrections	809.47	80		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Aetna		Commercial	384.5	38		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Amerihealth		HMO/PPO	35			16.83	961.25	fee schedule	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	First Health		First Health	708.29	70		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	First Trenton		First Trenton	910.66	90		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Aetna		Medicare	311.65	30.8		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Horizon		NJ Health	49		2.06	16.83	961.25	fee schedule	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	UHC		Medicare	23.57		19.83	16.83	961.25	fee schedule	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Horizon		Indemnity	387.33	38.28	3.07	16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Horizon		PPO	387.33	38.28	18.01	16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Wellcare		Medicaid	308	30.44		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Multiplan		Multiplan	809.47	80		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Horizon		Medicare Blue	303.55	30	8.37	16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Qualcare		Qualcare	758.88	75		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Three Rivers		Three Rivers	961.25	95		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Horizon		MGD	387.33	38.28	16.7	16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Wellcare		Medicare	23.57		15.43	16.83	961.25	fee schedule	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	Managed Care Inc		Managed Care Inc	910.66	90		16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	WellPoint		WellPoint	314.08	31.04	16.15	16.83	961.25	percent of total billed charges	
ISLET CELL ANTIBODY	86341	CPT				both			1011.84	27.11	UHC		Medicaid	308	30.44	32.71	16.83	961.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Aetna	Medicare	12.46				9.97	580.43	fee schedule	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Aetna	Better Health	185.98	30.44			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Horizon	Medicare Blue	183.29	30			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Americare	Americare	458.24	75			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Amerihealth	Medicare	12.46				9.97	580.43	fee schedule	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Consumer	Consumer	580.43	95			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	WellPoint	WellPoint	189.65	31.04			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Horizon	MGD	233.88	38.28			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	First Health	First Health	427.69	70			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Aetna	Commercial	232.17	38			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	UHC	Medicare	12.46				9.97	580.43	fee schedule	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Corrections	Corrections	488.78	80			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	First Trenton	First Trenton	549.88	90			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Amerihealth	HMO/PPO	397.14	65			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Wellcare	Medicare	12.46				9.97	580.43	fee schedule	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Horizon	NJ Health	12.94				9.97	580.43	fee schedule	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Horizon	PPO	233.88	38.28			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Horizon	Indemnity	233.88	38.28			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Managed Care Inc	Managed Care Inc	549.88	90			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Wellcare	Medicaid	9.97				9.97	580.43	fee schedule	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Three Rivers	Three Rivers	580.43	95			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Multiplan	Multiplan	488.78	80			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	Quakcare	Quakcare	458.24	75			9.97	580.43	percent of total billed charges	
LEUKOCYTE HISTAMINE RELEASE TEST LHR	86343	CPT				outpatient			610.98	14.33	UHC	Medicaid	9.97				9.97	580.43	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Aetna	Medicare	10.39				8.31	93.02	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Amerihealth	Medicare	10.39				8.31	93.02	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Wellcare	Medicaid	8.31				8.31	93.02	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Consumer	Consumer	93.02	95			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Americare	Americare	73.44	75			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Aetna	Better Health	29.81	30.44			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	UHC	Medicaid	8.31				8.31	93.02	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	First Health	First Health	68.54	70			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Amerihealth	HMO/PPO	11.3				8.31	93.02	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Corrections	Corrections	78.34	80			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Wellcare	Medicare	10.39				8.31	93.02	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Aetna	Commercial	37.21	38			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Horizon	MGD	37.48	38.28			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	First Trenton	First Trenton	88.13	90			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Horizon	Medicare Blue	29.38	30			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Horizon	Indemnity	37.48	38.28			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Horizon	PPO	37.48	38.28			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Horizon	NJ Health	23.42				8.31	93.02	fee schedule	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Three Rivers	Three Rivers	93.02	95			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Multiplan	Multiplan	78.34	80			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Managed Care Inc	Managed Care Inc	88.13	90			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	Quakcare	Quakcare	73.44	75			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	WellPoint	WellPoint	30.39	31.04			8.31	93.02	percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT				outpatient			97.92	11.95	UHC	Medicare	10.39				8.31	93.02	fee schedule	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Aetna	Commercial	231.78	38			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Amerihealth	Medicare	135.86				108.69	579.46	fee schedule	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Aetna	Better Health	185.67	30.44			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	First Health	First Health	426.97	70			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Americare	Americare	457.47	75			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Wellcare	Medicare	135.86				108.69	579.46	fee schedule	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Aetna	Medicare	135.86				108.69	579.46	fee schedule	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Horizon	MGD	233.49	38.28			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Multiplan	Multiplan	487.97	80			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	WellPoint	WellPoint	189.33	31.04			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Consumer	Consumer	579.46	95			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Horizon	PPO	233.49	38.28			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Quakcare	Quakcare	457.47	75			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Three Rivers	Three Rivers	579.46	95			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Amerihealth	HMO/PPO	396.47	65			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	UHC	Medicare	135.86				108.69	579.46	fee schedule	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	First Trenton	First Trenton	548.96	90			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Corrections	Corrections	487.97	80			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Horizon	NJ Health	150.86				108.69	579.46	fee schedule	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Horizon	Indemnity	233.49	38.28			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Managed Care Inc	Managed Care Inc	548.96	90			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Horizon	Medicare Blue	182.99	30			108.69	579.46	percent of total billed charges	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	Wellcare	Medicaid	108.69				108.69	579.46	fee schedule	
CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	86352	CPT				both			609.96	156.24	UHC	Medicaid	108.69				108.69	579.46	fee schedule	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Aetna	Medicare	49.03				39.22	1881.8	fee schedule	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	First Trenton	First Trenton	1782.76	90			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Aetna	Commercial	752.72	38			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Aetna	Better Health	602.97	30.44			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Horizon	Indemnity	758.27	38.28			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Amerihealth	Medicare	49.03				39.22	1881.8	fee schedule	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Consumer	Consumer	1881.8	95			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	UHC	Medicare	49.03				39.22	1881.8	fee schedule	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Americare	Americare	1485.63	75			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Horizon	NJ Health	62.72				39.22	1881.8	fee schedule	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Horizon	MGD	758.27	38.28			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Amerihealth	HMO/PPO	76.3				39.22	1881.8	fee schedule	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Multiplan	Multiplan	1584.67	80			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Corrections	Corrections	1584.67	80			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	UHC	Medicaid	39.22				39.22	1881.8	fee schedule	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	First Health	First Health	1386.59	70			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Horizon	Medicare Blue	594.25	30			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Horizon	PPO	758.27	38.28			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Quakcare	Quakcare	1485.63	75			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Wellcare	Medicare	49.03				39.22	1881.8	fee schedule	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	WellPoint	WellPoint	614.85	31.04			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Managed Care Inc	Managed Care Inc	1782.76	90			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Three Rivers	Three Rivers	1881.8	95			39.22	1881.8	percent of total billed charges	
LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	86353	CPT				outpatient			1980.84	56.38	Wellcare	Medicaid	39.22				39.22	1881.8	fee schedule	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	First Health	First Health	122.09	70			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Consumer	Consumer	165.7	95			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Amerihealth	Medicare	37.73				30.18	165.7	fee schedule	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Aetna	Better Health	53.09	30.44		35.48	30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Horizon	NJ Health	41.89			4.2	30.18	165.7	fee schedule	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Aetna	Commercial	66.28	38			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	First Trenton	First Trenton	156.98	90			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Aetna	Medicare	37.73			15.14	30.18	165.7	fee schedule	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Horizon	Medicare Blue	52.33	30			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Corrections	Corrections	139.54	80			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Horizon	PPO	66.77	38.28			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Americare	Americare	130.82	75			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Multiplan	Multiplan	139.54	80			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Horizon	MGD	66.77	38.28		11.1	30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Managed Care Inc	Managed Care Inc	156.98	90			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Horizon	Indemnity	66.77	38.28			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Three Rivers	Three Rivers	165.7	95			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Wellcare	Medicaid	30.18				30.18	165.7	fee schedule	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Quakcare	Quakcare	130.82	75			30.18	165.7	percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Amerihealth	HMO/PPO	50				30.18	165.7	fee schedule	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	UHC	Medicaid	30.18			44.94	30.18	165.7	fee schedule	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	Wellcare	Medicare	37.73				30.18	165.7	fee schedule	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	UHC	Medicare	37.73			5.96	30.18	165.7	fee schedule	
B CELLS TOTAL COUNT	86355	CPT				both			174.42	43.39	WellPoint	WellPoint	54.14	31.04		23.73	30.18	165.7	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	UHC	Medicare	26.78				21.42	567.83	fee schedule	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Aetna	Commercial	227.13	38			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Aetna	Better Health	181.95	30.44			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Wellcare	Medicaid	21.42				21.42	567.83	fee schedule	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Aetna	Medicare	26.78				21.42	567.83	fee schedule	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Amerihealth	Medicare	26.78				21.42	567.83	fee schedule	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	First Health	First Health	418.4	70			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Americare	Americare	448.29	75			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Consumer	Consumer	567.83	95			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Horizon	MGD	228.81	38.28			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	First Trenton	First Trenton	537.95	90			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Amerihealth	HMO/PPO	37				21.42	567.83	fee schedule	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Corrections	Corrections	478.18	80			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Multiplan	Multiplan	478.18	80			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Horizon	Indemnity	228.81	38.28			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	UHC	Medicaid	21.42				21.42	567.83	fee schedule	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Horizon	NJ Health	29.32				21.42	567.83	fee schedule	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Quakcare	Quakcare	448.29	75			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Horizon	Medicare Blue	179.32	30			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Wellcare	Medicare	26.78				21.42	567.83	fee schedule	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	WellPoint	WellPoint	185.53	31.04			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Horizon	PPO	228.81	38.28			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Managed Care Inc	Managed Care Inc	537.95	90			21.42	567.83	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	86356	CPT				both			597.72	30.8	Three Rivers	Three Rivers	567.83	95			21.42	567.83	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Amerihealth	Medicare	37.73				30.18	165.7	fee schedule	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Aetna	Medicare	37.73			15.14	30.18	165.7	fee schedule	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	First Trenton	First Trenton	156.98	90			30.18	165.7	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Corrections	Corrections	139.54	80			30.18	165.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Aetna	Commercial	66.28				30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Amerihealth	HMO/PPO	113.37				65		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Aetna	Better Health	53.09	30.44		35.48	30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Consumer	Consumer	165.7				95		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	First Health	First Health	122.09				70		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Americare	Americare	130.82				75		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Managed Care Inc	Managed Care Inc	156.98				90		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Horizon	MGD	66.77	38.28		11.1	30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Horizon	NJ Health	82.63			4.2	30.18		165.7 fee schedule	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	UHC	Medicare	37.73			5.96	30.18		165.7 fee schedule	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Horizon	Indemnity	66.77	38.28			30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Horizon	Medicare Blue	52.33	30			30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	WellPoint	WellPoint	54.14	31.04		23.73	30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Multiplan	Multiplan	139.54	80			30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Wellcare	Medicare	37.73				30.18		165.7 fee schedule	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Quelcare	Quelcare	130.82	75			30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Horizon	PPO	66.77	38.28			30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Three Rivers	Three Rivers	165.7	95			30.18		165.7 percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	Wellcare	Medicaid	30.18				30.18		165.7 fee schedule	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT				both			174.42	43.39	UHC	Medicaid	30.18			44.94	30.18		165.7 fee schedule	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Aetna	Better Health	53.09	30.44		35.48	30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Aetna	Medicare	37.73			15.14	30.18		165.7 fee schedule	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Aetna	Commercial	66.28	38			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Americare	Americare	130.82	75			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	First Trenton	First Trenton	156.98	90			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Amerihealth	Medicare	37.73				30.18		165.7 fee schedule	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Horizon	MGD	66.77	38.28		11.1	30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Consumer	Consumer	165.7	95			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Amerihealth	HMO/PPO	50				30.18		165.7 fee schedule	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Horizon	Indemnity	66.77	38.28			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	UHC	Medicare	37.73			5.96	30.18		165.7 fee schedule	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Three Rivers	Three Rivers	165.7	95			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Horizon	PPO	66.77	38.28			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Managed Care Inc	Managed Care Inc	156.98	90			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	First Health	First Health	122.09	70			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Corrections	Corrections	139.54	80			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Horizon	Medicare Blue	52.33	30			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Horizon	NJ Health	34.54			4.2	30.18		165.7 fee schedule	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Wellcare	Medicare	37.73				30.18		165.7 fee schedule	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Wellcare	Medicaid	30.18				30.18		165.7 fee schedule	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	WellPoint	WellPoint	54.14	31.04		23.73	30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	UHC	Medicaid	30.18			44.94	30.18		165.7 fee schedule	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Multiplan	Multiplan	139.54	80			30.18		165.7 percent of total billed charges	
T CELLS TOTAL COUNT	86359	CPT				both			174.42	43.39	Quelcare	Quelcare	130.82	75			30.18		165.7 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Corrections	Corrections	172.18	80			36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Aetna	Medicare	46.98			18.69	36.11		204.46 fee schedule	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Amerihealth	HMO/PPO	70				36.11		204.46 fee schedule	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Aetna	Better Health	65.51	30.44		56.08	36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	First Health	First Health	150.65	70			36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Consumer	Consumer	204.46	95			36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Aetna	Commercial	81.78	38		22.4	36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Horizon	MGD	82.39	38.28		27.39	36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Horizon	Medicare Blue	64.57	30		41.46	36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Horizon	Indemnity	82.39	38.28		39.57	36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Amerihealth	Medicare	46.98				36.11		204.46 fee schedule	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	UHC	Medicare	46.98			20.11	36.11		204.46 fee schedule	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Multiplan	Multiplan	172.18	80			36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Horizon	NJ Health	107.8			6.13	36.11		204.46 fee schedule	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Americare	Americare	161.42	75			36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	UHC	Medicaid	37.58			56.67	36.11		204.46 fee schedule	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Wellcare	Medicaid	37.58			24.66	36.11		204.46 fee schedule	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Horizon	PPO	82.39	38.28		60	36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Quelcare	Qualcare	161.42	75			36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	First Trenton	First Trenton	193.7	90			36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Wellcare	Medicare	46.98				36.11		204.46 fee schedule	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Managed Care Inc	Managed Care Inc	193.7	90			36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	Three Rivers	Three Rivers	204.46	95			36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86360	CPT				both			215.22	54.03	WellPoint	WellPoint	66.8	31.04		48.72	36.11		204.46 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Three Rivers	Three Rivers	93.02	95			17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Aetna	Medicare	26.78			7.02	17.14		93.02 fee schedule	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Amerihealth	Medicare	26.78				17.14		93.02 fee schedule	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Corrections	Corrections	78.34	80			17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Aetna	Commercial	37.21	38		14.09	17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Aetna	Better Health	29.81	30.44		19.19	17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	UHC	Medicare	26.78			8.87	17.14		93.02 fee schedule	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	First Trenton	First Trenton	88.13	90			17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Wellcare	Medicare	26.78			8.4	17.14		93.02 fee schedule	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Amerihealth	HMO/PPO	37			15.7	17.14		93.02 fee schedule	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Horizon	MGD	37.48	38.28		16.14	17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Americare	Americare	73.44	75			17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Horizon	Medicare Blue	29.38	30		7.31	17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	First Health	First Health	68.54	70			17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Horizon	PPO	37.48	38.28		19.06	17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Consumer	Consumer	93.02	95			17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Horizon	NJ Health	29.73			4.09	17.14		93.02 fee schedule	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Multiplan	Multiplan	78.34	80			17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	UHC	Medicaid	21.42			18.01	17.14		93.02 fee schedule	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Horizon	Indemnity	37.48	38.28		15.46	17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Managed Care Inc	Managed Care Inc	88.13	90			17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Quelcare	Qualcare	73.44	75			17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	WellPoint	WellPoint	30.39	31.04		20.61	17.14		93.02 percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT				both			97.92	30.8	Wellcare	Medicaid	21.42			19.7	17.14		93.02 fee schedule	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	UHC	Medicaid	380.97	30.44			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Horizon	NJ Health	9.45			38.36	9.45		1188.96 fee schedule	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Aetna	Better Health	380.97	30.44			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Aetna	Commercial	475.59	38		248.48	9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	First Health	First Health	876.08	70			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Wellcare	Medicare	12.05				9.45		1188.96 fee schedule	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Corrections	Corrections	1001.23	80			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Amerihealth	Medicare	12.05				9.45		1188.96 fee schedule	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Horizon	MGD	479.09	38.28			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	WellPoint	WellPoint	388.48	31.04			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Americare	Americare	938.66	75			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Aetna	Medicare	385.47	30.8			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Horizon	Medicare Blue	375.46	30			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Consumer	Consumer	1188.96	95			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	First Trenton	First Trenton	1126.39	90			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Amerihealth	HMO/PPO	813.5	65			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Horizon	Indemnity	479.09	38.28			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Wellcare	Medicaid	380.97	30.44			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Horizon	PPO	479.09	38.28			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Multiplan	Multiplan	1001.23	80			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Managed Care Inc	Managed Care Inc	1126.39	90			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Quelcare	Quelcare	938.66	75			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	Three Rivers	Three Rivers	1188.96	95			9.45		1188.96 percent of total billed charges	
MOG-IGG1 ANTIBODY CELL-BASED IMFLUOR ASSAY EACH	86362	CPT				both			1251.54	13.86	UHC	Medicare	12.05				9.45		1188.96 fee schedule	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Amerihealth	Medicare	37.73				9.45		38.76 fee schedule	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Horizon	Medicare Blue	12.24	30			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Corrections	Corrections	32.64	80			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Aetna	Commercial	15.5	38			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Amerihealth	HMO/PPO	26.52	65			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	First Trenton	First Trenton	36.72	90			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Aetna	Better Health	12.42	30.44			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Aetna	Medicare	12.57	30.8			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	UHC	Medicaid	12.42	30.44			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Horizon	PPO	15.62	38.28			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Americare	Americare	30.6	75			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Horizon	MGD	15.62	38.28			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	First Health	First Health	28.56	70			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Managed Care Inc	Managed Care Inc	36.72	90			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Consumer	Consumer	38.76	95			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Wellcare	Medicare	37.73				9.45		38.76 fee schedule	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	WellPoint	WellPoint	12.66	31.04			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Horizon	NJ Health	9.45				9.45		38.76 fee schedule	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Horizon	Indemnity	15.62	38.28			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Three Rivers	Three Rivers	38.76	95			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Multiplan	Multiplan	32.64	80			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Wellcare	Medicaid	12.42	30.44		2.35	9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	Quelcare	Qualcare	30.6	75			9.45		38.76 percent of total billed charges	
MOG-IGG1 ANTIBODY FLOW CYTOMETRY EACH	86363	CPT				both			40.8	43.39	UHC	Medicare	37.73				9.45		38.76 fee schedule	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Horizon	MGD	14.84	38.28			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Aetna	Medicare	11.53				9.04		36.82 fee schedule	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	UHC	Medicare	11.53				9.04		36.82 fee schedule	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Aetna	Better Health	11.8	30.44			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Americare	Americare	29.07	75			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Aetna	Commercial	14.73	38			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Wellcare	Medicare	11.53				9.04		36.82 fee schedule	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	First Health	First Health	27.13	70			9.04		36.82 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	WellPoint	WellPoint	12.03	31.04			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Corrections	Corrections	31.01	80			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Amerihealth	Medicare	11.53				9.04		36.82 fee schedule	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Amerihealth	HMO/PPO	25.19	65			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Consumer	Consumer	36.82	95			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Horizon	Medicare Blue	11.63	30			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	First Trenton	First Trenton	34.88	90			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Multiplan	Multiplan	31.01	80			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Horizon	Indemnity	14.84	38.28			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	UHC	Medicaid	9.22				9.04		36.82 fee schedule	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Horizon	NJ Health	9.04				9.04		36.82 fee schedule	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Qualcare	Qualcare	29.07	75			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Horizon	PPO	14.84	38.28			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Wellcare	Medicaid	9.22				9.04		36.82 fee schedule	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Managed Care Inc	Managed Care Inc	34.88	90			9.04		36.82 percent of total billed charges	
TISSUE TRANSGLUTAMINASE EA IMMUNOGLOBULIN CLASS	86364	CPT				outpatient			38.76	13.26	Three Rivers	Three Rivers	36.82	95			9.04		36.82 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Americare	Americare	299.12	75			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Qualcare	Qualcare	299.12	75			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Amerihealth	Medicare	14.55				10.1		378.88 fee schedule	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Aetna	Commercial	151.55	38		5.33	10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Horizon	Medicare Blue	119.65	30		2.13	10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Multiplan	Multiplan	319.06	80			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Horizon	PPO	152.67	38.28		3.26	10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Aetna	Better Health	121.4	30.44			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Wellcare	Medicare	14.55				10.1		378.88 fee schedule	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	UHC	Medicare	14.55			3.25	10.1		378.88 fee schedule	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Consumer	Consumer	378.88	95			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Aetna	Medicare	14.55				10.1		378.88 fee schedule	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Corrections	Corrections	319.06	80			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Amerihealth	HMO/PPO	22.8			4.73	10.1		378.88 fee schedule	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	First Trenton	First Trenton	358.94	90			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	First Health	First Health	279.17	70			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Horizon	MGD	152.67	38.28		11.22	10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Horizon	Indemnity	152.67	38.28		20.61	10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Managed Care Inc	Managed Care Inc	358.94	90			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Horizon	NJ Health	12.94			1.23	10.1		378.88 fee schedule	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	UHC	Medicaid	11.64			6.02	10.1		378.88 fee schedule	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Three Rivers	Three Rivers	378.88	95			10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	WellPoint	WellPoint	123.79	31.04		7.13	10.1		378.88 percent of total billed charges	
MICROSOMAL ANTIBODIES EACH	86376	CPT				both			398.82	16.73	Wellcare	Medicaid	11.64			7.36	10.1		378.88 fee schedule	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Horizon	MGD	32.02	38.28			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Amerihealth	HMO/PPO	54.37	65			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Aetna	Medicare	25.45				19.95		79.46 fee schedule	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Aetna	Better Health	25.46	30.44			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Amerihealth	Medicare	25.45				19.95		79.46 fee schedule	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Multiplan	Multiplan	66.91	80			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	First Trenton	First Trenton	75.28	90			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Americare	Americare	62.73	75			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	First Health	First Health	58.55	70			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Qualcare	Qualcare	62.73	75			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Corrections	Corrections	66.91	80			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Aetna	Commercial	31.78	38			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Horizon	Indemnity	32.02	38.28			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	UHC	Medicare	25.45			6.97	19.95		79.46 fee schedule	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Horizon	NJ Health	19.95				19.95		79.46 fee schedule	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Consumer	Consumer	79.46	95			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Horizon	PPO	32.02	38.28			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Horizon	Medicare Blue	25.09	30			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Managed Care Inc	Managed Care Inc	75.28	90			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	UHC	Medicaid	20.36				19.95		79.46 fee schedule	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Three Rivers	Three Rivers	79.46	95			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Wellcare	Medicare	25.45				19.95		79.46 fee schedule	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	WellPoint	WellPoint	25.96	31.04			19.95		79.46 percent of total billed charges	
MITOCHONDRIAL ANTIBODY EACH	86381	CPT				both			83.64	29.27	Wellcare	Medicaid	20.36				19.95		79.46 fee schedule	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Consumer	Consumer	244.19	95			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	UHC	Medicare	16.91				13.53		244.19 fee schedule	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Aetna	Better Health	78.24	30.44			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Aetna	Medicare	16.91				13.53		244.19 fee schedule	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Aetna	Commercial	97.68	38			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Americare	Americare	192.78	75			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Horizon	Medicare Blue	77.11	30			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Amerihealth	Medicare	16.91				13.53		244.19 fee schedule	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	First Health	First Health	179.93	70			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Amerihealth	HMO/PPO	23.9				13.53		244.19 fee schedule	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	UHC	Medicaid	13.53				13.53		244.19 fee schedule	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Corrections	Corrections	205.63	80			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Multiplan	Multiplan	205.63	80			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Horizon	MGD	98.39	38.28			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Wellcare	Medicare	16.91				13.53		244.19 fee schedule	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	First Trenton	First Trenton	231.34	90			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Qualcare	Qualcare	192.78	75			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Horizon	Indemnity	98.39	38.28			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Horizon	NJ Health	39.2				13.53		244.19 fee schedule	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	WellPoint	WellPoint	79.79	31.04			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Horizon	PPO	98.39	38.28			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Managed Care Inc	Managed Care Inc	231.34	90			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Three Rivers	Three Rivers	244.19	95			13.53		244.19 percent of total billed charges	
NEUTRALIZATION TEST VIRAL	86382	CPT				inpatient			257.04	19.45	Wellcare	Medicaid	13.53				13.53		244.19 fee schedule	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Wellcare	Medicaid	9.23			11.17	9.23		184.11 fee schedule	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Amerihealth	HMO/PPO	14.5				9.23		184.11 fee schedule	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Consumer	Consumer	184.11	95			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Aetna	Medicare	11.54				9.23		184.11 fee schedule	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Wellcare	Medicare	11.54				9.23		184.11 fee schedule	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Aetna	Better Health	58.99	30.44		31.85	9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Aetna	Commercial	73.64	38			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Amerihealth	Medicare	11.54				9.23		184.11 fee schedule	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	First Health	First Health	135.66	70			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Horizon	PPO	74.19	38.28		49.22	9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Horizon	NJ Health	15.68			8.07	9.23		184.11 fee schedule	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Corrections	Corrections	155.04	80			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Horizon	Medicare Blue	58.14	30		3.63	9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Americare	Americare	145.35	75			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Multiplan	Multiplan	155.04	80			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	First Trenton	First Trenton	174.42	90			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	WellPoint	WellPoint	60.16	31.04		13.84	9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	UHC	Medicaid	9.23			47.72	9.23		184.11 fee schedule	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Qualcare	Qualcare	145.35	75			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Horizon	Indemnity	74.19	38.28			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Three Rivers	Three Rivers	184.11	95			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Managed Care Inc	Managed Care Inc	174.42	90			9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	UHC	Medicare	11.54				9.23		184.11 fee schedule	
PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	86403	CPT				both			193.8	13.27	Horizon	MGD	74.19	38.28		71.63	9.23		184.11 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Amerihealth	Medicare	10.64				8.51		197.68 fee schedule	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Americare	Americare	156.06	75			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Amerihealth	HMO/PPO	14.6				8.51		197.68 fee schedule	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Horizon	MGD	79.65	38.28			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Aetna	Better Health	63.34	30.44			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Aetna	Medicare	10.64				8.51		197.68 fee schedule	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	First Health	First Health	145.66	70			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Wellcare	Medicaid	8.51				8.51		197.68 fee schedule	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Corrections	Corrections	166.46	80			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Consumer	Consumer	197.68	95			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Wellcare	Medicare	10.64				8.51		197.68 fee schedule	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Horizon	Medicare Blue	62.42	30			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Aetna	Commercial	79.07	38			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	First Trenton	First Trenton	187.27	90			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	WellPoint	WellPoint	64.59	31.04			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	UHC	Medicaid	8.51				8.51		197.68 fee schedule	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Horizon	Indemnity	79.65	38.28			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Horizon	NJ Health	11.82				8.51		197.68 fee schedule	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Multiplan	Multiplan	166.46	80			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Horizon	PPO	79.65	38.28			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Qualcare	Qualcare	156.06	75			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Managed Care Inc	Managed Care Inc	187.27	90			8.51		197.68 percent of total billed charges	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	UHC	Medicare	10.64				8.51		197.68 fee schedule	
PARTICLE AGGLUTINATION TITER EACH ANTIBODY	86406	CPT				inpatient			208.08	12.24	Three Rivers	Three Rivers	197.68	95			8.51		197.68 percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Amerihealth	HMO/PPO	8			5.49	3.53		114.34 fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	UHC	Medicare	6.14			4.9	3.53		114.34 fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Aetna	Commercial	45.74	38		6.2	3.53		114.34 percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Americare	Americare	90.27	75			3.53		114.34 percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Aetna	Better Health	36.64	30.44		17.06	3.53		114.34 percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Wellcare	Medicaid	4.91			6.85	3.53		114.34 fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Amerihealth	Medicare	6.14				3.53		114.34 fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Aetna	Medicare	6.14			6.22	3.53		114.34 fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	UHC	Medicaid	4.91			8.04	3.53		114.34 fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Horizon	Indemnity	46.07	38.28		7.12	3.53		114.34 percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Corrections	Corrections	96.29	80			3.53		114.34 percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	First Trenton	First Trenton	108.32	90			3.53		114.34 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Consumer		114.34	95			3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Horizon	MGD	46.07	38.28		12.25	3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Horizon	NJ Health	3.53			2.76	3.53	114.34	fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Managed Care Inc	Managed Care Inc	108.32	90			3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	WellPoint	WellPoint	37.36	31.04		9.78	3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Horizon	PPO	46.07	38.28		10.78	3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Horizon	Medicare Blue	36.11	30		5.21	3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Three Rivers	Three Rivers	114.34	95			3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	First Health	First Health	84.25	70			3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Multiplan	Multiplan	96.29	80			3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Wellcare	Medicare	6.14			4.26	3.53	114.34	fee schedule	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT				both			120.36	7.06	Qualcare	Qualcare	90.27	75			3.53	114.34	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Aetna	Commercial	70.16	38		2.61	4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Aetna	Better Health	56.2	30.44			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Amerihealth	HMO/PPO	8.7				4.59	175.39	fee schedule	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Horizon	MGD	70.67	38.28			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Corrections	Corrections	147.7	80			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	First Health	First Health	129.23	70			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Americare	Americare	138.47	75			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	UHC	Medicaid	56.2	30.44			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Aetna	Medicare	56.86	30.8			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Horizon	NJ Health	8.82			2.62	4.59	175.39	fee schedule	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Amerihealth	Medicare	5.67				4.59	175.39	fee schedule	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Horizon	Medicare Blue	55.39	30			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	WellPoint	WellPoint	57.31	31.04			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Multiplan	Multiplan	147.7	80			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Wellcare	Medicare	5.67				4.59	175.39	fee schedule	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Qualcare	Qualcare	138.47	75			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Consumer	Consumer	175.39	95			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Horizon	Indemnity	70.67	38.28		4.96	4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	First Trenton	First Trenton	166.16	90			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	UHC	Medicare	5.67				4.59	175.39	fee schedule	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Horizon	PPO	70.67	38.28			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Wellcare	Medicaid	56.2	30.44			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Managed Care Inc	Managed Care Inc	166.16	90			4.59	175.39	percent of total billed charges	
RHEUMATOID FACTOR QUANTITATIVE	86431	CPT				both			184.62	6.52	Three Rivers	Three Rivers	175.39	95			4.59	175.39	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Aetna	Medicare	61.98			12.3	49.58	533.92	fee schedule	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Amerihealth	Medicare	61.98				49.58	533.92	fee schedule	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Amerihealth	HMO/PPO	95			26.67	49.58	533.92	fee schedule	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Aetna	Better Health	171.08	30.44		63.41	49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Wellcare	Medicaid	49.58			49.3	49.58	533.92	fee schedule	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Horizon	Medicare Blue	168.61	30		15.24	49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Consumer	Consumer	533.92	95			49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Horizon	MGD	215.14	38.28		39.34	49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Americare	Americare	421.52	75			49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	First Trenton	First Trenton	505.82	90			49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Corrections	Corrections	449.62	80			49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Aetna	Commercial	213.57	38		50.05	49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	WellPoint	WellPoint	174.45	31.04		56.88	49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Managed Care Inc	Managed Care Inc	505.82	90			49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Horizon	NJ Health	79.28			9.04	49.58	533.92	fee schedule	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Multiplan	Multiplan	449.62	80			49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	First Health	First Health	393.41	70			49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Qualcare	Qualcare	421.52	75			49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Horizon	Indemnity	215.14	38.28		29.53	49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Horizon	PPO	215.14	38.28		40.89	49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Three Rivers	Three Rivers	533.92	95			49.58	533.92	percent of total billed charges	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	UHC	Medicaid	49.58			44.46	49.58	533.92	fee schedule	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	UHC	Medicare	61.98			19.9	49.58	533.92	fee schedule	
TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	86480	CPT				both			562.02	71.28	Wellcare	Medicare	61.98			13.06	49.58	533.92	fee schedule	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Horizon	Indemnity	54.99				5.17	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Aetna	Commercial	46.38				5.17	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Corrections	Corrections	36.72	80			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Aetna	Medicare	28.42				5.17	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	First Health	First Health	32.13	70			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	UHC	Medicare	28.42				5.17	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Aetna	Better Health	13.97	30.44			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Americare	Americare	34.43	75			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Horizon	PPO	54.99				5.17	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Amerihealth	HMO/PPO	29.84	65			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Wellcare	Medicare	28.42				5.17	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	First Trenton	First Trenton	41.31	90			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Horizon	Medicare Blue	28.42				5.17	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Amerihealth	Medicare	28.42				5.17	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Consumer	Consumer	43.61	95			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Horizon	MGD	54.99				5.17	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	WellPoint	WellPoint	14.25	31.04			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Multiplan	Multiplan	36.72	80			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Horizon	NJ Health	5.17				5.17	54.99	fee schedule	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Managed Care Inc	Managed Care Inc	41.31	90			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Three Rivers	Three Rivers	43.61	95			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Qualcare	Qualcare	34.43	75			5.17	54.99	percent of total billed charges	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	UHC	Medicaid	5.22				5.17	54.99	fee schedule	
SKIN TEST UNLISTED ANTIGEN EACH	86486	CPT				outpatient			45.9	32.68	Wellcare	Medicaid	5.22				5.17	54.99	fee schedule	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Amerihealth	HMO/PPO	3.28				3.28	54.99	fee schedule	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Aetna	Better Health	9.94	30.44			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Multiplan	Multiplan	26.11	80			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Amerihealth	Medicare	28.42				3.28	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Americare	Americare	24.48	75			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Aetna	Medicare	10.05	30.8			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Corrections	Corrections	26.11	80			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Aetna	Commercial	46.38				3.28	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	First Health	First Health	22.85	70			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Horizon	MGD	54.99				3.28	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Qualcare	Qualcare	24.48	75			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Horizon	Medicare Blue	28.42				3.28	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	First Trenton	First Trenton	29.38	90			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Consumer	Consumer	31.01	95			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Horizon	Indemnity	54.99				3.28	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Horizon	NJ Health	7.84			7.84	3.28	54.99	fee schedule	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Wellcare	Medicare	28.42				3.28	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Wellcare	Medicaid	9.94	30.44		8.52	3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Horizon	PPO	54.99				3.28	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	UHC	Medicare	28.42				3.28	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Managed Care Inc	Managed Care Inc	29.38	90			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	WellPoint	WellPoint	10.13	31.04			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	Three Rivers	Three Rivers	31.01	95			3.28	54.99	percent of total billed charges	
SKIN TEST TUBERCULOSIS INTRADERMAL	86580	CPT				outpatient			32.64	32.68	UHC	Medicaid	9.94	30.44			3.28	54.99	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Horizon	PPO	36.7	38.28		8.42	2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Aetna	Better Health	29.19	30.44		13.37	2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	UHC	Medicaid	3.42			9.4	2.94	91.09	fee schedule	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Amerihealth	HMO/PPO	6.7			7.72	2.94	91.09	fee schedule	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Aetna	Commercial	36.43	38		8.92	2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Americare	Americare	71.91	75			2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Aetna	Medicare	4.27			3.01	2.94	91.09	fee schedule	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Corrections	Corrections	76.7	80		12.5	2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Consumer	Consumer	91.09	95			2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Horizon	Medicare Blue	28.76	30		4.17	2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Wellcare	Medicaid	3.42			11.8	2.94	91.09	fee schedule	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Amerihealth	Medicare	4.27			1.88	2.94	91.09	fee schedule	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	UHC	Medicare	4.27			4.5	2.94	91.09	fee schedule	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Wellcare	Medicare	4.27			4.98	2.94	91.09	fee schedule	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	First Health	First Health	67.12	70			2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	First Trenton	First Trenton	86.29	90			2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	WellPoint	WellPoint	29.76	31.04		10.66	2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Horizon	Indemnity	36.7	38.28		7.44	2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Horizon	NJ Health	2.94			3.13	2.94	91.09	fee schedule	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Managed Care Inc	Managed Care Inc	86.29	90			2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Multiplan	Multiplan	76.7	80			2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Horizon	MGD	36.7	38.28		7.12	2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Qualcare	Qualcare	71.91	75			2.94	91.09	percent of total billed charges	
SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	86592	CPT				both			95.88	4.91	Three Rivers	Three Rivers	91.09	95			2.94	91.09	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Horizon	MGD	17.96	38.28		8.81	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Aetna	Medicare	14.45	30.8		2.57	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Aetna	Commercial	17.83	38		9.8	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Multiplan	Multiplan	37.54	80			3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Americare	Americare	35.19	75			3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Consumer	Consumer	44.57	95			3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Aetna	Better Health	14.28	30.44		11.66	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Amerihealth	Medicare	4.4				3.98	44.57	fee schedule	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Wellcare	Medicaid	14.28	30.44		10.24	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Amerihealth	HMO/PPO	6.9			4.08	3.98	44.57	fee schedule	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	First Trenton	First Trenton	42.23	90			3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Qualcare	Qualcare	35.19	75			3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Horizon	Indemnity	17.96	38.28		9.96	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Horizon	NJ Health	5.88			2.91	3.98	44.57	fee schedule	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Horizon	Medicare Blue	14.08	30		2.77	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	UHC	Medicaid	14.28	30.44		9.37	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Corrections	Corrections	37.54	80		4.67	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Wellcare	Medicare	4.4			1.97	3.98	44.57	fee schedule	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Managed Care Inc	Managed Care Inc	42.23	90			3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Horizon	PPO	17.96	38.28		8.73	3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	Three Rivers	Three Rivers	44.57	95			3.98	44.57	percent of total billed charges	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	UHC	Medicare	4.4			4.23	3.98	44.57	fee schedule	
SYPHILIS TEST QUANTITATIVE	86593	CPT				both			46.92	5.06	WellPoint	WellPoint	14.56	31.04		10.74	3.98	44.57	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	First Health	First Health	42.13	70			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Wellcare	Medicaid	9.64				9.64	57.17	fee schedule	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	First Trenton	First Trenton	54.16	90			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Aetna	Medicare	12.05				9.64	57.17	fee schedule	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Aetna	Better Health	18.32	30.44			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Americare	Americare	45.14	75			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Qualcare	Qualcare	45.14	75			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Aetna	Commercial	22.87	38			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Horizon	PPO	23.04	38.28			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Amerihealth	Medicare	12.05				9.64	57.17	fee schedule	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Horizon	Medicare Blue	18.05	30			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Amerihealth	HMO/PPO	39.12	65			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Consumer	Consumer	57.17	95			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Horizon	MGD	23.04	38.28		3.97	9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	UHC	Medicare	12.05				9.64	57.17	fee schedule	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Horizon	Indemnity	23.04	38.28			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Three Rivers	Three Rivers	57.17	95			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Multiplan	Multiplan	48.14	80			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Wellcare	Medicare	12.05				9.64	57.17	fee schedule	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	UHC	Medicaid	9.64				9.64	57.17	fee schedule	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Corrections	Corrections	48.14	80			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	WellPoint	WellPoint	18.68	31.04			9.64	57.17	percent of total billed charges	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Horizon	NJ Health	14.43				9.64	57.17	fee schedule	
VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY EACH	86596	CPT				both			60.18	13.86	Managed Care Inc	Managed Care Inc	54.16	90			9.64	57.17	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Aetna	Better Health	34.15	30.44			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Aetna	Commercial	42.64	38			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	UHC	Medicare	10.18				8.14	106.59	fee schedule	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Horizon	Medicare Blue	33.66	30			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Aetna	Medicare	10.18				8.14	106.59	fee schedule	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	First Health	First Health	78.54	70			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Amerihealth	Medicare	10.18				8.14	106.59	fee schedule	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Americare	Americare	84.15	75			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Consumer	Consumer	106.59	95			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Multiplan	Multiplan	89.76	80			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Horizon	MGD	42.95	38.28			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	UHC	Medicaid	8.14				8.14	106.59	fee schedule	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Corrections	Corrections	89.76	80			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Qualcare	Qualcare	84.15	75			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	First Trenton	First Trenton	100.98	90			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Amerihealth	HMO/PPO	15.1				8.14	106.59	fee schedule	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	WellPoint	WellPoint	34.83	31.04			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Wellcare	Medicaid	8.14				8.14	106.59	fee schedule	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Horizon	Indemnity	42.95	38.28			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Wellcare	Medicare	10.18				8.14	106.59	fee schedule	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Horizon	NJ Health	11.31				8.14	106.59	fee schedule	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Horizon	PPO	42.95	38.28			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Managed Care Inc	Managed Care Inc	100.98	90			8.14	106.59	percent of total billed charges	
ANTIBODY ACTINOMYCES	86602	CPT				both			112.2	11.71	Three Rivers	Three Rivers	106.59	95			8.14	106.59	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Horizon	Indemnity	11.71	38.28			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Aetna	Better Health	9.31	30.44			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Amerihealth	Medicare	12.87				9.18	29.07	fee schedule	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Americare	Americare	22.95	75			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Aetna	Medicare	12.87				9.18	29.07	fee schedule	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Aetna	Commercial	11.63	38			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	First Health	First Health	21.42	70			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Consumer	Consumer	29.07	95			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Qualcare	Qualcare	22.95	75			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Amerihealth	HMO/PPO	22.8				9.18	29.07	fee schedule	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Corrections	Corrections	24.48	80			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Horizon	MGD	11.71	38.28			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Horizon	Medicare Blue	9.18	30			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	UHC	Medicare	12.87				9.18	29.07	fee schedule	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Horizon	PPO	11.71	38.28			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Wellcare	Medicare	12.87				9.18	29.07	fee schedule	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	UHC	Medicaid	10.3				9.18	29.07	fee schedule	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	First Trenton	First Trenton	27.54	90			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Multiplan	Multiplan	24.48	80			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Three Rivers	Three Rivers	29.07	95			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Horizon	NJ Health	21.56				9.18	29.07	fee schedule	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Wellcare	Medicaid	10.3				9.18	29.07	fee schedule	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	Managed Care Inc	Managed Care Inc	27.54	90			9.18	29.07	percent of total billed charges	
ANTIBODY ADENOVIRUS	86603	CPT				both			30.6	14.8	WellPoint	WellPoint	9.5	31.04			9.18	29.07	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Aetna	Medicare	15.05				10.4	106.59	fee schedule	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Americare	Americare	84.15	75			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	WellPoint	WellPoint	34.83	31.04			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Multiplan	Multiplan	89.76	80			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Aetna	Better Health	34.15	30.44			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Consumer	Consumer	106.59	95			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Amerihealth	HMO/PPO	39.6				10.4	106.59	fee schedule	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Aetna	Commercial	42.64	38			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Horizon	Indemnity	42.95	38.28			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Horizon	PPO	42.95	38.28			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Amerihealth	Medicare	15.05				10.4	106.59	fee schedule	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Qualcare	Qualcare	84.15	75			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Horizon	Medicare Blue	33.66	30			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Corrections	Corrections	89.76	80			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	First Health	First Health	78.54	70			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Horizon	MGD	42.95	38.28			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Three Rivers	Three Rivers	106.59	95			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	UHC	Medicaid	12.04				10.4	106.59	fee schedule	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	First Trenton	First Trenton	100.98	90			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	UHC	Medicare	15.05				10.4	106.59	fee schedule	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Horizon	NJ Health	21.56				10.4	106.59	fee schedule	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Wellcare	Medicare	15.05				10.4	106.59	fee schedule	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Managed Care Inc	Managed Care Inc	100.98	90			10.4	106.59	percent of total billed charges	
ANTIBODY ASPERGILLUS	86606	CPT				both			112.2	17.31	Wellcare	Medicaid	12.04				10.4	106.59	fee schedule	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Corrections	Corrections	483.89	80			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Aetna	Commercial	229.85	38			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Consumer	Consumer	574.62	95			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Amerihealth	HMO/PPO	22.8				12.85	574.62	fee schedule	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	First Trenton	First Trenton	544.37	90			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Aetna	Medicare	186.3	30.8			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Americare	Americare	453.65	75			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Aetna	Better Health	184.12	30.44			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	UHC	Medicaid	184.12	30.44			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Horizon	MGD	231.54	38.28			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Horizon	Indemnity	231.54	38.28			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Amerihealth	Medicare	12.88				12.85	574.62	fee schedule	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Horizon	NJ Health	19.6				12.85	574.62	fee schedule	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Horizon	PPO	231.54	38.28			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Multiplan	Multiplan	483.89	80			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	First Health	First Health	423.4	70			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	WellPoint	WellPoint	187.75	31.04			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Three Rivers	Three Rivers	574.62	95			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Horizon	Medicare Blue	181.46	30			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	UHC	Medicare	12.88				12.85	574.62	fee schedule	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Managed Care Inc	Managed Care Inc	544.37	90			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Wellcare	Medicare	12.88				12.85	574.62	fee schedule	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Qualcare	Qualcare	453.65	75			12.85	574.62	percent of total billed charges	
ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	86609	CPT				both			604.86	14.81	Wellcare	Medicaid	184.12	30.44			12.85	574.62	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Aetna	Commercial	12.79	38			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Horizon	Indemnity	12.89	38.28			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Aetna	Medicare	10.18				8.14	31.98	fee schedule	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Aetna	Better Health	10.25	30.44			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Wellcare	Medicare	10.18				8.14	31.98	fee schedule	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Amerihealth	Medicare	10.18				8.14	31.98	fee schedule	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	First Trenton	First Trenton	30.29	90			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Consumer	Consumer	31.98	95			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Amerihealth	HMO/PPO	15.1				8.14	31.98	fee schedule	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Multiplan	Multiplan	26.93	80			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Horizon	PPO	12.89	38.28			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Americare	Americare	25.25	75			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	First Health	First Health	23.56	70			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Corrections	Corrections	26.93	80			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Managed Care Inc	Managed Care Inc	30.29	90			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Horizon	NJ Health	11.31				8.14	31.98	fee schedule	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Horizon	Medicare Blue	10.1	30			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Qualcare	Qualcare	25.25	75			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Three Rivers	Three Rivers	31.98	95			8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	UHC	Medicaid	8.14				8.14	31.98	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Horizon	MGD	12.89	38.28		6.49	8.14	31.98	percent of total billed charges	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	UHC	Medicare	10.18				8.14	31.98	fee schedule	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	Wellcare	Medicaid	8.14				8.14	31.98	fee schedule	
ANTIBODY BARTONELLA	86611	CPT				both			33.66	11.71	WellPoint	WellPoint	10.45	31.04		3.77	8.14	31.98	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Aetna	Medicare	12.9				8.87	230.62	fee schedule	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Horizon	MGD	92.93	38.28			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Aetna	Better Health	73.9	30.44			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Amerihealth	Medicare	12.9				8.87	230.62	fee schedule	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	First Health	First Health	169.93	70			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Americare	Americare	182.07	75			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Consumer	Consumer	230.62	95			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Horizon	Medicare Blue	72.83	30			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	First Trenton	First Trenton	218.48	90			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Amerihealth	HMO/PPO	39.6				8.87	230.62	fee schedule	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Aetna	Commercial	92.25	38			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	WellPoint	WellPoint	75.35	31.04			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Horizon	PPO	92.93	38.28			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	UHC	Medicare	12.9				8.87	230.62	fee schedule	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Corrections	Corrections	194.21	80			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Wellcare	Medicare	12.9				8.87	230.62	fee schedule	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Managed Care Inc	Managed Care Inc	218.48	90			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Horizon	Indemnity	92.93	38.28			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Three Rivers	Three Rivers	230.62	95			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Horizon	NJ Health	21.56				8.87	230.62	fee schedule	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Multiplan	Multiplan	194.21	80			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Wellcare	Medicaid	10.32				8.87	230.62	fee schedule	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	Qualcare	Qualcare	182.07	75			8.87	230.62	percent of total billed charges	
ANTIBODY BLASTOMYCES	86612	CPT				both			242.76	14.84	UHC	Medicaid	10.32				8.87	230.62	fee schedule	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Aetna	Commercial	59.69	38			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Amerihealth	Medicare	13.19				10.55	149.23	fee schedule	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Aetna	Better Health	47.82	30.44			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Americare	Americare	117.81	75			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Corrections	Corrections	125.66	80			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Aetna	Medicare	13.19				10.55	149.23	fee schedule	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	First Health	First Health	109.96	70			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Horizon	Indemnity	60.13	38.28			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Horizon	MGD	60.13	38.28			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	First Trenton	First Trenton	141.37	90			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Amerihealth	HMO/PPO	34.2				10.55	149.23	fee schedule	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Consumer	Consumer	149.23	95			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	UHC	Medicaid	10.55				10.55	149.23	fee schedule	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Horizon	PPO	60.13	38.28			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	UHC	Medicare	13.19				10.55	149.23	fee schedule	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Multiplan	Multiplan	125.66	80			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Wellcare	Medicare	13.19				10.55	149.23	fee schedule	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Managed Care Inc	Managed Care Inc	141.37	90			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	WellPoint	WellPoint	48.76	31.04			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Horizon	Medicare Blue	47.12	30			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Wellcare	Medicaid	10.55				10.55	149.23	fee schedule	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Qualcare	Qualcare	117.81	75			10.55	149.23	percent of total billed charges	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Horizon	NJ Health	19.6				10.55	149.23	fee schedule	
ANTIBODY BORDETELLA	86615	CPT				outpatient			157.08	15.17	Three Rivers	Three Rivers	149.23	95			10.55	149.23	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Aetna	Better Health	96.56	30.44		32.76	12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Multiplan	Multiplan	253.78	80			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Horizon	MGD	121.43	38.28		41.96	12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	First Health	First Health	222.05	70			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Amerihealth	Medicare	15.49				12.39	301.36	fee schedule	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Corrections	Corrections	253.78	80			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Aetna	Commercial	120.54	38		23.46	12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Horizon	Indemnity	121.43	38.28			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Americare	Americare	237.92	75			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Qualcare	Qualcare	237.92	75			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Horizon	PPO	121.43	38.28		20.35	12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Horizon	NJ Health	37.24			14.44	12.39	301.36	fee schedule	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Consumer	Consumer	301.36	95			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	UHC	Medicare	15.49			22.98	12.39	301.36	fee schedule	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Aetna	Medicare	15.49			17.49	12.39	301.36	fee schedule	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	WellPoint	WellPoint	98.47	31.04		41.93	12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Amerihealth	HMO/PPO	21.4				12.39	301.36	fee schedule	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Wellcare	Medicare	15.49				12.39	301.36	fee schedule	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Wellcare	Medicaid	12.39				12.39	301.36	fee schedule	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	First Trenton	First Trenton	285.5	90			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Horizon	Medicare Blue	95.17	30		34.48	12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Managed Care Inc	Managed Care Inc	285.5	90			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	Three Rivers	Three Rivers	301.36	95			12.39	301.36	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	86617	CPT				both			317.22	17.81	UHC	Medicaid	12.39			46.5	12.39	301.36	fee schedule	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Wellcare	Medicaid	146.55	30.44			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Americare	Americare	361.08	75			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Aetna	Better Health	146.55	30.44			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Corrections	Corrections	385.15	80			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Aetna	Commercial	182.95	38		36.89	11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Amerihealth	HMO/PPO	24.2				11.02	457.37	fee schedule	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	First Health	First Health	337.01	70			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Multiplan	Multiplan	385.15	80			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Aetna	Medicare	148.28	30.8		41.83	11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Horizon	Medicare Blue	144.43	30		34.48	11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Amerihealth	Medicare	17.03				11.02	457.37	fee schedule	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Horizon	Indemnity	184.3	38.28			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Horizon	MGD	184.3	38.28		91.89	11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Qualcare	Qualcare	361.08	75			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Three Rivers	Three Rivers	457.37	95			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	UHC	Medicaid	146.55	30.44		57.81	11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Horizon	PPO	184.3	38.28		17.56	11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	UHC	Medicare	17.03			10.77	11.02	457.37	fee schedule	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Consumer	Consumer	457.37	95			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Wellcare	Medicare	17.03				11.02	457.37	fee schedule	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	First Trenton	First Trenton	433.3	90			11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	WellPoint	WellPoint	149.44	31.04		44.36	11.02	457.37	percent of total billed charges	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Horizon	NJ Health	57.82			10.88	11.02	457.37	fee schedule	
ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	86618	CPT				both			481.44	19.58	Managed Care Inc	Managed Care Inc	433.3	90			11.02	457.37	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Aetna	Commercial	21.32	38			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Aetna	Better Health	17.08	30.44			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Amerihealth	HMO/PPO	10.8				7.14	53.3	fee schedule	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Horizon	Indemnity	21.48	38.28			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Horizon	MGD	21.48	38.28			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Aetna	Medicare	8.93				7.14	53.3	fee schedule	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	First Health	First Health	39.27	70			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Amerihealth	Medicare	8.93				7.14	53.3	fee schedule	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Horizon	PPO	21.48	38.28			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Americare	Americare	42.08	75			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Horizon	Medicare Blue	16.83	30			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Multiplan	Multiplan	44.88	80			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Wellcare	Medicare	8.93				7.14	53.3	fee schedule	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Consumer	Consumer	53.3	95			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	First Trenton	First Trenton	50.49	90			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Three Rivers	Three Rivers	53.3	95			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Qualcare	Qualcare	42.08	75			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Corrections	Corrections	44.88	80			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Managed Care Inc	Managed Care Inc	50.49	90			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	UHC	Medicaid	7.14				7.14	53.3	fee schedule	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	UHC	Medicare	8.93				7.14	53.3	fee schedule	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Horizon	NJ Health	15.68				7.14	53.3	fee schedule	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	WellPoint	WellPoint	17.41	31.04			7.14	53.3	percent of total billed charges	
ANTIBODY BRUCELLA	86622	CPT				both			56.1	10.27	Wellcare	Medicaid	7.14				7.14	53.3	fee schedule	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Aetna	Better Health	198.71	30.44			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Wellcare	Medicaid	198.71	30.44			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Aetna	Medicare	201.06	30.8			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Americare	Americare	489.6	75			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Consumer	Consumer	620.16	95			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	First Trenton	First Trenton	587.52	90			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Wellcare	Medicare	13.12				13.12	620.16	fee schedule	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Horizon	NJ Health	21.56				13.12	620.16	fee schedule	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Aetna	Commercial	248.06	38			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Horizon	PPO	249.89	38.28			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Amerihealth	HMO/PPO	22.8				13.12	620.16	fee schedule	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Managed Care Inc	Managed Care Inc	587.52	90			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Corrections	Corrections	522.24	80			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Three Rivers	Three Rivers	620.16	95			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Amerihealth	Medicare	13.12				13.12	620.16	fee schedule	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Horizon	Indemnity	249.89	38.28			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	First Health	First Health	456.96	70			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	WellPoint	WellPoint	202.63	31.04			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Horizon	MGD	249.89	38.28			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Horizon	Medicare Blue	195.84	30			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	UHC	Medicaid	198.71	30.44			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Multiplan	Multiplan	522.24	80			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	Qualcare	Qualcare	489.6	75			13.12	620.16	percent of total billed charges	
ANTIBODY CAMPYLOBACTER	86625	CPT				outpatient			652.8	15.09	UHC	Medicare	13.12				13.12	620.16	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	First Trenton	First Trenton	517.75	90			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	First Health	First Health	402.7	70			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Aetna	Medicare	11.82				9.46	546.52	fee schedule	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Corrections	Corrections	460.22	80			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Horizon	Indemnity	220.22	38.28			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Amerihealth	HMO/PPO	11.5				9.46	546.52	fee schedule	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Americare	Americare	431.46	75			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Aetna	Better Health	175.12	30.44			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Horizon	PPO	220.22	38.28			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	UHC	Medicare	11.82				9.46	546.52	fee schedule	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Multiplan	Multiplan	460.22	80			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	WellPoint	WellPoint	178.57	31.04			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Managed Care Inc	Managed Care Inc	517.75	90			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Amerihealth	Medicare	11.82				9.46	546.52	fee schedule	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Consumer	Consumer	546.52	95			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Aetna	Commercial	218.61	38			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	UHC	Medicaid	9.46			38.14	9.46	546.52	fee schedule	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Wellcare	Medicare	11.82				9.46	546.52	fee schedule	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Qualcare	Qualcare	431.46	75			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Horizon	Medicare Blue	172.58	30			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Wellcare	Medicaid	9.46				9.46	546.52	fee schedule	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Horizon	MGD	220.22	38.28			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Horizon	NJ Health	19.6				9.46	546.52	fee schedule	
ANTIBODY CHLAMYDIA	86631	CPT				both			575.28	13.59	Three Rivers	Three Rivers	546.52	95			9.46	546.52	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Aetna	Commercial	61.24	38			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Amerihealth	Medicare	12.68				10.14	153.1	fee schedule	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Aetna	Better Health	49.06	30.44			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Horizon	Indemnity	61.69	38.28			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Americare	Americare	120.87	75			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	WellPoint	WellPoint	50.02	31.04			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Aetna	Medicare	12.68				10.14	153.1	fee schedule	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	First Trenton	First Trenton	145.04	90			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Horizon	MGD	61.69	38.28			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	First Health	First Health	112.81	70			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Consumer	Consumer	153.1	95			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Horizon	Medicare Blue	48.35	30			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Amerihealth	HMO/PPO	22				10.14	153.1	fee schedule	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Multiplan	Multiplan	128.93	80			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Corrections	Corrections	128.93	80			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Managed Care Inc	Managed Care Inc	145.04	90			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Horizon	NJ Health	29.4				10.14	153.1	fee schedule	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Qualcare	Qualcare	120.87	75			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	UHC	Medicaid	10.14				10.14	153.1	fee schedule	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Horizon	PPO	61.69	38.28			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Wellcare	Medicaid	10.14				10.14	153.1	fee schedule	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Three Rivers	Three Rivers	153.1	95			10.14	153.1	percent of total billed charges	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	Wellcare	Medicare	12.68				10.14	153.1	fee schedule	
ANTIBODY CHLAMYDIA IGM	86632	CPT				inpatient			161.16	14.58	UHC	Medicare	12.68				10.14	153.1	fee schedule	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Aetna	Commercial	125.97	38			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Consumer	Consumer	314.93	95			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	UHC	Medicare	11.47				9.18	314.93	fee schedule	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	First Health	First Health	232.05	70			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Americare	Americare	248.63	75			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Aetna	Better Health	100.91	30.44			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Amerihealth	Medicare	11.47				9.18	314.93	fee schedule	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Horizon	MGD	126.9	38.28			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Horizon	Medicare Blue	99.45	30			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Corrections	Corrections	265.2	80			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Wellcare	Medicare	11.47				9.18	314.93	fee schedule	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Horizon	PPO	126.9	38.28			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Amerihealth	HMO/PPO	22				9.18	314.93	fee schedule	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Aetna	Medicare	11.47				9.18	314.93	fee schedule	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	WellPoint	WellPoint	102.9	31.04			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Three Rivers	Three Rivers	314.93	95			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Multiplan	Multiplan	265.2	80			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	First Trenton	First Trenton	298.35	90			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	UHC	Medicaid	9.18			23.47	9.18	314.93	fee schedule	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Horizon	Indemnity	126.9	38.28			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Horizon	NJ Health	211.56			8.6	9.18	314.93	fee schedule	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Qualcare	Qualcare	248.63	75			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Managed Care Inc	Managed Care Inc	298.35	90			9.18	314.93	percent of total billed charges	
ANTIBODY COCCIDIOIDES	86635	CPT				both			331.5	13.19	Wellcare	Medicaid	9.18				9.18	314.93	fee schedule	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Amerihealth	Medicare	12.12				12.12	403.1	fee schedule	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Aetna	Better Health	129.16	30.44			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	First Trenton	First Trenton	381.89	90			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Horizon	Indemnity	162.43	38.28			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Aetna	Commercial	161.24	38			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Corrections	Corrections	339.46	80			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Americare	Americare	318.24	75			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Multiplan	Multiplan	339.46	80			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	First Health	First Health	297.02	70			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Consumer	Consumer	403.1	95			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Horizon	PPO	162.43	38.28			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Qualcare	Qualcare	318.24	75			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Aetna	Medicare	130.69	30.8			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	WellPoint	WellPoint	131.71	31.04			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Amerihealth	HMO/PPO	22.8				12.12	403.1	fee schedule	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Horizon	Medicare Blue	127.3	30			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	UHC	Medicare	12.12			8.85	12.12	403.1	fee schedule	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Horizon	NJ Health	26.95				12.12	403.1	fee schedule	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Managed Care Inc	Managed Care Inc	381.89	90			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Three Rivers	Three Rivers	403.1	95			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Horizon	MGD	162.43	38.28			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Wellcare	Medicaid	129.16	30.44			12.12	403.1	percent of total billed charges	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	Wellcare	Medicare	12.12				12.12	403.1	fee schedule	
ANTIBODY COXIELLA BURNETII Q FEVER	86638	CPT				both			424.32	13.94	UHC	Medicaid	129.16	30.44			12.12	403.1	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Aetna	Better Health	82.28	30.44			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Aetna	Commercial	102.71	38			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Amerihealth	Medicare	14.41				11.53	256.79	fee schedule	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Corrections	Corrections	216.24	80			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	UHC	Medicaid	11.53				11.53	256.79	fee schedule	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Americare	Americare	202.73	75			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Qualcare	Qualcare	202.73	75			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Aetna	Medicare	14.41				11.53	256.79	fee schedule	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Consumer	Consumer	256.79	95			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Horizon	MGD	103.47	38.28			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	First Health	First Health	189.21	70			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	First Trenton	First Trenton	243.27	90			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Wellcare	Medicaid	11.53				11.53	256.79	fee schedule	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Amerihealth	HMO/PPO	34.2				11.53	256.79	fee schedule	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	UHC	Medicare	14.41				11.53	256.79	fee schedule	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Horizon	Indemnity	103.47	38.28			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Wellcare	Medicare	14.41				11.53	256.79	fee schedule	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Horizon	Medicare Blue	81.09	30			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Multiplan	Multiplan	216.24	80			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Horizon	PPO	103.47	38.28			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	WellPoint	WellPoint	83.9	31.04			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Horizon	NJ Health	24.5				11.53	256.79	fee schedule	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Three Rivers	Three Rivers	256.79	95			11.53	256.79	percent of total billed charges	
ANTIBODY CRYPTOCOCCUS	86641	CPT				outpatient			270.3	16.57	Managed Care Inc	Managed Care Inc	243.27	90			11.53	256.79	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Aetna	Medicare	14.39			1.99	9.79	105.62	fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Amerihealth	Medicare	14.39				9.79	105.62	fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Americare	Americare	83.39	75			9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Horizon	Medicare Blue	33.35	30		2.69	9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Horizon	NJ Health	23.52			2.5	9.79	105.62	fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Aetna	Better Health	33.84	30.44		20.66	9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Aetna	Commercial	42.25	38		4.51	9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Multiplan	Multiplan	88.94	80			9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Amerihealth	HMO/PPO	21.8			2.21	9.79	105.62	fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Corrections	Corrections	88.94	80			9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Consumer	Consumer	105.62	95			9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Qualcare	Qualcare	83.39	75			9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	UHC	Medicaid	11.51			10.89	9.79	105.62	fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	First Health	First Health	77.83	70			9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	WellPoint	WellPoint	34.51	31.04		9.47	9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	First Trenton	First Trenton	100.06	90			9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	UHC	Medicare	14.39				9.79	105.62	fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Three Rivers	Three Rivers	105.62	95			9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Horizon	Indemnity	42.66	38.28		3.03	9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Horizon	PPO	42.56	38.28		4.7	9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Wellcare	Medicare	14.39			5.32	9.79	105.62	fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Managed Care Inc	Managed Care Inc	100.06	90			9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Horizon	MGD	42.56	38.28		3.11	9.79	105.62	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV	86644	CPT				both			111.18	16.55	Wellcare	Medicaid	11.51			7.78	9.79	105.62	fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Amerihealth	Medicare	16.85				11.93	290.7	fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Horizon	Indemnity	117.14	38.28		4.02	11.93	290.7	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Consumer	Consumer	290.7	95			11.93	290.7	percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Aetna	Better Health	93.15	30.44		27.41	11.93	290.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	First Health	First Health	214.2	70			11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Aetna	Medicare	94.25	30.8		2.64	11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Wellcare	Medicare	16.85			7.05	11.93		290.7 fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Aetna	Commercial	116.28	38		5.29	11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Horizon	MGD	117.14	38.28		14.51	11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Horizon	Medicare Blue	91.8	30		3.57	11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Horizon	NJ Health	23.52			4.17	11.93		290.7 fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Americare	Americare	229.5	75			11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	UHC	Medicare	16.85				11.93		290.7 fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Corrections	Corrections	244.8	80			11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	First Trenton	First Trenton	275.4	90			11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Multiplan	Multiplan	244.8	80			11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Amerihealth	HMO/PPO	23.9			2.93	11.93		290.7 fee schedule	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Horizon	PPO	117.14	38.28		6.23	11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Managed Care Inc	Managed Care Inc	275.4	90			11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Qualcare	Qualcare	229.5	75			11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Three Rivers	Three Rivers	290.7	95			11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	UHC	Medicaid	93.15	30.44		14.45	11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	Wellcare	Medicaid	93.15	30.44		10.32	11.93		290.7 percent of total billed charges	
ANTIBODY CYTOMEGALOVIRUS CMV IGM	86645	CPT				both			306	19.38	WellPoint	WellPoint	94.98	31.04		12.56	11.93		290.7 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	WellPoint	WellPoint	25.01	31.04			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Corrections	Corrections	64.46	80			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	First Health	First Health	56.41	70			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Americare	Americare	60.44	75			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	First Trenton	First Trenton	72.52	90			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Aetna	Better Health	24.53	30.44			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Amerihealth	HMO/PPO	22.8				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Aetna	Medicare	13.19				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Horizon	Indemnity	30.85	38.28			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Aetna	Commercial	30.62	38			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	UHC	Medicare	13.19				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Consumer	Consumer	76.55	95			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Horizon	PPO	30.85	38.28			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Horizon	Medicare Blue	24.17	30			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Amerihealth	Medicare	13.19				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Multiplan	Multiplan	64.46	80			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Managed Care Inc	Managed Care Inc	72.52	90			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Horizon	NJ Health	23.52				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Wellcare	Medicare	13.19				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Qualcare	Qualcare	60.44	75			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Wellcare	Medicaid	10.55				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Three Rivers	Three Rivers	76.55	95			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	Horizon	MGD	30.85	38.28			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	86651	CPT				inpatient			80.58	15.17	UHC	Medicaid	10.55				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Multiplan	Multiplan	402.29	80			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Amerihealth	HMO/PPO	22.8				13.19		477.72 fee schedule	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Aetna	Commercial	191.09	38			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Americare	Americare	377.15	75			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Aetna	Better Health	153.07	30.44			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Horizon	Indemnity	192.49	38.28			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Aetna	Medicare	154.88	30.8			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Amerihealth	Medicare	13.19				13.19		477.72 fee schedule	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Qualcare	Qualcare	377.15	75			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	First Health	First Health	362	70			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	WellPoint	WellPoint	156.09	31.04			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	First Trenton	First Trenton	452.57	90			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Consumer	Consumer	477.72	95			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Corrections	Corrections	402.29	80			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	UHC	Medicare	13.19				13.19		477.72 fee schedule	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Horizon	NJ Health	23.52				13.19		477.72 fee schedule	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Horizon	Medicare Blue	150.86	30			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Horizon	MGD	192.49	38.28			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Wellcare	Medicaid	153.07	30.44			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Horizon	PPO	192.49	38.28			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Wellcare	Medicare	13.19				13.19		477.72 fee schedule	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	UHC	Medicaid	153.07	30.44			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Managed Care Inc	Managed Care Inc	452.57	90			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS EASTERN EQUINE	86652	CPT				inpatient			502.86	15.17	Three Rivers	Three Rivers	477.72	95			13.19		477.72 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Corrections	Corrections	408	80			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Amerihealth	Medicare	13.19				13.19		484.5 fee schedule	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Americare	Americare	382.5	75			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Consumer	Consumer	484.5	95			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Horizon	Indemnity	195.23	38.28			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Qualcare	Qualcare	382.5	75			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Aetna	Commercial	193.8	38			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Aetna	Better Health	155.24	30.44			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	First Trenton	First Trenton	459	90			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	First Health	First Health	357	70			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Amerihealth	HMO/PPO	22.8				13.19		484.5 fee schedule	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Wellcare	Medicare	13.19				13.19		484.5 fee schedule	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Horizon	PPO	195.23	38.28			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	UHC	Medicaid	155.24	30.44			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Aetna	Medicare	157.08	30.8			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	WellPoint	WellPoint	158.3	31.04			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Horizon	Medicare Blue	153	30			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Multiplan	Multiplan	408	80			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Horizon	MGD	195.23	38.28			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	UHC	Medicare	13.19				13.19		484.5 fee schedule	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Three Rivers	Three Rivers	484.5	95			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Wellcare	Medicaid	155.24	30.44			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Horizon	NJ Health	23.52				13.19		484.5 fee schedule	
ANTIBODY ENCEPHALITIS ST. LOUIS	86653	CPT				inpatient			510	15.17	Managed Care Inc	Managed Care Inc	459	90			13.19		484.5 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Amerihealth	HMO/PPO	22.8				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	First Health	First Health	56.41	70			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Americare	Americare	60.44	75			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Aetna	Medicare	13.19				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	UHC	Medicare	13.19				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Amerihealth	Medicare	13.19				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Consumer	Consumer	76.55	95			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Aetna	Better Health	24.53	30.44			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Wellcare	Medicare	13.19				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	First Trenton	First Trenton	72.52	90			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Horizon	MGD	30.85	38.28			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Horizon	Medicare Blue	24.17	30			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Corrections	Corrections	64.46	80			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Aetna	Commercial	30.62	38			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Horizon	PPO	30.85	38.28			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Horizon	Indemnity	30.85	38.28			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Horizon	NJ Health	23.52				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Multiplan	Multiplan	64.46	80			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Three Rivers	Three Rivers	76.55	95			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Qualcare	Qualcare	60.44	75			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Managed Care Inc	Managed Care Inc	72.52	90			10.55		76.55 percent of total billed charges	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	UHC	Medicaid	10.55				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	Wellcare	Medicaid	10.55				10.55		76.55 fee schedule	
ANTIBODY ENCEPHALITIS WESTRN EQUINE	86654	CPT				inpatient			80.58	15.17	WellPoint	WellPoint	25.01	31.04			10.55		76.55 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Americare	Americare	797.13	75			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Aetna	Better Health	323.53	30.44			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Amerihealth	Medicare	13.03				13.03		1009.7 fee schedule	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Corrections	Corrections	850.27	80			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Horizon	Indemnity	406.86	38.28			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	First Health	First Health	743.99	70			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	First Trenton	First Trenton	956.56	90			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Aetna	Commercial	403.88	38			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Consumer	Consumer	1009.7	95			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Amerihealth	HMO/PPO	22.8				13.03		1009.7 fee schedule	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	UHC	Medicaid	323.53	30.44			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Wellcare	Medicare	13.03				13.03		1009.7 fee schedule	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Multiplan	Multiplan	850.27	80			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Wellcare	Medicaid	323.53	30.44			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Horizon	PPO	406.86	38.28			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Aetna	Medicare	327.35	30.8			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Horizon	Medicare Blue	318.85	30			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	WellPoint	WellPoint	329.91	31.04			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Managed Care Inc	Managed Care Inc	956.56	90			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Horizon	MGD	406.86	38.28			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Qualcare	Qualcare	797.13	75			13.03		1009.7 percent of total billed charges	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	UHC	Medicare	13.03				13.03		1009.7 fee schedule	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Horizon	NJ Health	23.52				13.03		1009.7 fee schedule	
ANTIBODY ENTEROVIRUS	86658	CPT				both			1062.84	14.98	Three Rivers	Three Rivers	1009.7	95			13.03		1009.7 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Amerihealth	HMO/PPO	18.6				8.87		464.15 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Aetna	Commercial	185.66	38			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Aetna	Better Health	148.72	30.44			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Americare	Americare	366.44	75			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Horizon	PPO	187.03	38.28			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Horizon	NJ Health	23.52			6.45	8.87		464.15 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Qualcare	Qualcare	366.44	75			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Consumer	Consumer	464.15	95			8.87		464.15 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Amerihealth	Medicare	13.12				8.87		464.15 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Aetna	Medicare	150.48	30.8			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	First Trenton	First Trenton	439.72	90			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Multiplan	Multiplan	390.86	80			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	First Health	First Health	342.01	70			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Wellcare	Medicare	13.12				8.87		464.15 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	UHC	Medicaid	148.72	30.44			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Corrections	Corrections	390.86	80			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Wellcare	Medicaid	148.72	30.44			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Horizon	MGD	187.03	38.28		174.47	8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Horizon	Medicare Blue	146.57	30			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Three Rivers	Three Rivers	464.15	95			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	UHC	Medicare	13.12				8.87		464.15 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Horizon	Indemnity	187.03	38.28			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	Managed Care Inc	Managed Care Inc	439.72	90			8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	86663	CPT				both			488.58	15.09	WellPoint	WellPoint	151.66	31.04		7.51	8.87		464.15 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	First Trenton	First Trenton	100.06	90			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Aetna	Medicare	34.24	30.8			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Multiplan	Multiplan	88.94	80			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Consumer	Consumer	105.62	95			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Americare	Americare	83.39	75			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Amerihealth	Medicare	15.29				8.87		105.62 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Aetna	Commercial	42.25	38		1.88	8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Aetna	Better Health	33.84	30.44			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Horizon	MGD	42.56	38.28			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Corrections	Corrections	88.94	80			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Qualcare	Qualcare	83.39	75			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	First Health	First Health	77.83	70			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Amerihealth	HMO/PPO	21.7				8.87		105.62 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Horizon	NJ Health	49			1.99	8.87		105.62 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	UHC	Medicare	15.29				8.87		105.62 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Horizon	Indemnity	42.56	38.28			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Wellcare	Medicare	15.29				8.87		105.62 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Managed Care Inc	Managed Care Inc	100.06	90			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Horizon	Medicare Blue	33.35	30			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	UHC	Medicaid	33.84	30.44			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Horizon	PPO	42.56	38.28			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	WellPoint	WellPoint	34.51	31.04			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Three Rivers	Three Rivers	105.62	95			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	86664	CPT				both			111.18	17.58	Wellcare	Medicaid	33.84	30.44			8.87		105.62 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Aetna	Medicare	18.14			3.19	8.87		231.59 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Aetna	Better Health	74.21	30.44		44.12	8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Consumer	Consumer	231.59	95			8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Aetna	Commercial	92.64	38		8.78	8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Horizon	Medicare Blue	73.13	30		4.59	8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Horizon	NJ Health	49			5.87	8.87		231.59 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	First Health	First Health	170.65	70			8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Americare	Americare	182.84	75			8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Amerihealth	Medicare	18.14				8.87		231.59 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Horizon	Indemnity	93.32	38.28		5.03	8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Corrections	Corrections	195.02	80			8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Amerihealth	HMO/PPO	25.8			3.21	8.87		231.59 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	UHC	Medicaid	14.51			18.61	8.87		231.59 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Horizon	PPO	93.32	38.28		10.75	8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	First Trenton	First Trenton	219.4	90			8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Horizon	MGD	93.32	38.28		21.64	8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Wellcare	Medicaid	14.51			20.9	8.87		231.59 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Multiplan	Multiplan	195.02	80			8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Managed Care Inc	Managed Care Inc	219.4	90			8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	UHC	Medicare	18.14			12.5	8.87		231.59 fee schedule	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	WellPoint	WellPoint	75.67	31.04		18.71	8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Qualcare	Qualcare	182.84	75			8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Three Rivers	Three Rivers	231.59	95			8.87		231.59 percent of total billed charges	
ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	86665	CPT				both			243.78	20.86	Wellcare	Medicare	18.14			8.53	8.87		231.59 fee schedule	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Consumer	Consumer	287.79	95			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Corrections	Corrections	242.35	80			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Aetna	Medicare	10.18				8.14		287.79 fee schedule	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Amerihealth	HMO/PPO	15.1				8.14		287.79 fee schedule	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Americare	Americare	227.21	75			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Aetna	Commercial	115.12	38			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	First Trenton	First Trenton	272.65	90			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Aetna	Better Health	92.21	30.44			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Horizon	Indemnity	115.97	38.28			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	UHC	Medicaid	8.14				8.14		287.79 fee schedule	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Horizon	PPO	115.97	38.28			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Amerihealth	Medicare	10.18				8.14		287.79 fee schedule	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Multiplan	Multiplan	242.35	80			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Horizon	MGD	115.97	38.28			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Managed Care Inc	Managed Care Inc	272.65	90			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	First Health	First Health	212.06	70			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Horizon	Medicare Blue	90.88	30			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Wellcare	Medicare	10.18				8.14		287.79 fee schedule	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Qualcare	Qualcare	227.21	75			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	UHC	Medicare	10.18				8.14		287.79 fee schedule	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Horizon	NJ Health	11.31				8.14		287.79 fee schedule	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	WellPoint	WellPoint	94.03	31.04			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Three Rivers	Three Rivers	287.79	95			8.14		287.79 percent of total billed charges	
ANTIBODY EHRLICHIA	86666	CPT				both			302.94	11.71	Wellcare	Medicaid	8.14				8.14		287.79 fee schedule	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Aetna	Commercial	148.45	38			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Aetna	Better Health	118.92	30.44			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Horizon	Indemnity	149.54	38.28			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	First Trenton	First Trenton	351.59	90			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Aetna	Medicare	12.25				9.8		371.13 fee schedule	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	First Health	First Health	273.46	70			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Americare	Americare	293	75			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Horizon	MGD	149.54	38.28			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	UHC	Medicaid	9.8			7.19	9.8		371.13 fee schedule	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Consumer	Consumer	371.13	95			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Horizon	PPO	149.54	38.28			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Horizon	Medicare Blue	117.2	30			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	UHC	Medicare	12.25				9.8		371.13 fee schedule	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Horizon	NJ Health	32.34			3.62	9.8		371.13 fee schedule	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Amerihealth	HMO/PPO	39.6				9.8		371.13 fee schedule	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Qualcare	Qualcare	293	75			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Wellcare	Medicaid	9.8				9.8		371.13 fee schedule	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Corrections	Corrections	312.53	80			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Amerihealth	Medicare	12.25				9.8		371.13 fee schedule	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Managed Care Inc	Managed Care Inc	351.59	90			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Multiplan	Multiplan	312.53	80			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Wellcare	Medicare	12.25				9.8		371.13 fee schedule	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	Three Rivers	Three Rivers	371.13	95			9.8		371.13 percent of total billed charges	
ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	86671	CPT				both			390.66	14.09	WellPoint	WellPoint	121.26	31.04			9.8		371.13 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Corrections	Corrections	110.98	80			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	First Health	First Health	97.1	70			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Americare	Americare	104.04	75			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Aetna	Commercial	52.71	38			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Amerihealth	HMO/PPO	90.17	65			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Amerihealth	Medicare	16.85				16.83		131.78 fee schedule	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Aetna	Better Health	42.23	30.44		26.23	16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Aetna	Medicare	42.73	30.8			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	First Trenton	First Trenton	124.85	90			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Horizon	Indemnity	53.1	38.28			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Consumer	Consumer	131.78	95			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	UHC	Medicaid	42.23	30.44		23.82	16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Horizon	MGD	53.1	38.28			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Horizon	PPO	53.1	38.28			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Horizon	NJ Health	23.52			4.51	16.83		131.78 fee schedule	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	UHC	Medicare	16.85				16.83		131.78 fee schedule	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Horizon	Medicare Blue	41.62	30			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Three Rivers	Three Rivers	131.78	95			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Wellcare	Medicare	16.85				16.83		131.78 fee schedule	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Qualcare	Qualcare	104.04	75			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Multiplan	Multiplan	110.98	80			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Managed Care Inc	Managed Care Inc	124.85	90			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	Wellcare	Medicaid	42.23	30.44			16.83		131.78 percent of total billed charges	
ANTIBODY HELICOBACTER PYLORI	86677	CPT				both			138.72	19.38	WellPoint	WellPoint	43.06	31.04		27.89	16.83		131.78 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Aetna	Medicare	13.01			3.84	10.41		519.38 fee schedule	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	UHC	Medicare	13.01			14.2	10.41		519.38 fee schedule	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Aetna	Better Health	166.42	30.44			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Amerihealth	Medicare	13.01				10.41		519.38 fee schedule	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Wellcare	Medicaid	10.41				10.41		519.38 fee schedule	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	WellPoint	WellPoint	169.7	31.04		67.62	10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Multiplan	Multiplan	437.38	80			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Americare	Americare	410.04	75			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Consumer	Consumer	519.38	95			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Horizon	Medicare Blue	164.02	30		5.66	10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Aetna	Commercial	207.75	38		12.17	10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	First Health	First Health	382.7	70			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Horizon	PPO	209.28	38.28		24.22	10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Qualcare	Qualcare	410.04	75			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	First Trenton	First Trenton	492.05	90			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Horizon	Indemnity	209.28	38.28		6.36	10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Wellcare	Medicare	13.01			3.47	10.41		519.38 fee schedule	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Corrections	Corrections	437.38	80			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Managed Care Inc	Managed Care Inc	492.05	90			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Horizon	MGD	209.28	38.28		9	10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Three Rivers	Three Rivers	519.38	95			10.41		519.38 percent of total billed charges	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	UHC	Medicaid	10.41			24.34	10.41		519.38 fee schedule	
ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	86682	CPT				both			546.72	14.96	Horizon	NJ Health	14.45			7.09	10.41		519.38 fee schedule	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Aetna	Commercial	76.74	38			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Aetna	Medicare	15.84				12.67		191.86 fee schedule	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Amerihealth	Medicare	15.84				12.67		191.86 fee schedule	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Americare	Americare	151.47	75			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Corrections	Corrections	161.57	80			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	First Trenton	First Trenton	181.76	90			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Aetna	Better Health	61.48	30.44			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Horizon	Indemnity	77.31	38.28			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Horizon	MGD	77.31	38.28			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Horizon	PPO	77.31	38.28			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	First Health	First Health	141.37	70			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Consumer	Consumer	191.86	95			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	UHC	Medicaid	12.67				12.67		191.86 fee schedule	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Managed Care Inc	Managed Care Inc	181.76	90			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Amerihealth	HMO/PPO	22.8				12.67		191.86 fee schedule	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Multiplan	Multiplan	161.57	80			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Wellcare	Medicare	15.84				12.67		191.86 fee schedule	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Wellcare	Medicaid	12.67				12.67		191.86 fee schedule	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	UHC	Medicare	15.84				12.67		191.86 fee schedule	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Horizon	Medicare Blue	60.59	30			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	WellPoint	WellPoint	62.69	31.04			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Qualcare	Qualcare	151.47	75			12.67		191.86 percent of total billed charges	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Horizon	NJ Health	29.4				12.67		191.86 fee schedule	
ANTIBODY HAEMOPHILUS INFLUENZA	86684	CPT				inpatient			201.96	18.22	Three Rivers	Three Rivers	191.86	95			12.67		191.86 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	First Health	First Health	67.12	70			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	First Trenton	First Trenton	86.29	90			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Corrections	Corrections	76.7	80			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Americare	Americare	71.91	75			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Amerihealth	HMO/PPO	13.1				7.27		91.09 fee schedule	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	WellPoint	WellPoint	29.76	31.04			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Aetna	Better Health	29.19	30.44			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Aetna	Medicare	9.09				7.27		91.09 fee schedule	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	UHC	Medicare	9.09				7.27		91.09 fee schedule	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Horizon	Indemnity	36.7	38.28			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Aetna	Commercial	36.43	38			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Consumer	Consumer	91.09	95			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Amerihealth	Medicare	9.09				7.27		91.09 fee schedule	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Horizon	PPO	36.7	38.28			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Horizon	Medicare Blue	28.76	30			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Multiplan	Multiplan	76.7	80			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Wellcare	Medicare	9.09				7.27		91.09 fee schedule	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Managed Care Inc	Managed Care Inc	86.29	90			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Horizon	MGD	36.7	38.28			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Horizon	NJ Health	27.44				7.27		91.09 fee schedule	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Wellcare	Medicaid	7.27				7.27		91.09 fee schedule	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Qualcare	Qualcare	71.91	75			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	Three Rivers	Three Rivers	91.09	95			7.27		91.09 percent of total billed charges	
ANTIBODY HTLV-I	86687	CPT				outpatient			95.88	10.45	UHC	Medicaid	7.27				7.27		91.09 fee schedule	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Americare	Americare	71.91	75			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	First Health	First Health	67.12	70			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Aetna	Commercial	36.43	38			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Aetna	Better Health	29.19	30.44			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Consumer	Consumer	91.09	95			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Amerihealth	Medicare	14				13.9		91.09 fee schedule	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Corrections	Corrections	76.7	80			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Aetna	Medicare	29.63	30.8			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Horizon	MGD	36.7	38.28			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Horizon	PPO	36.7	38.28			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Multiplan	Multiplan	76.7	80			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Wellcare	Medicare	14				13.9		91.09 fee schedule	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Horizon	Indemnity	36.7	38.28			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	First Trenton	First Trenton	86.29	90			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Qualcare	Qualcare	71.91	75			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Amerihealth	HMO/PPO	13.9				13.9		91.09 fee schedule	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Horizon	Medicare Blue	28.76	30			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Three Rivers	Three Rivers	91.09	95			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	WellPoint	WellPoint	29.76	31.04			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Horizon	NJ Health	25.48				13.9		91.09 fee schedule	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	UHC	Medicaid	29.19	30.44			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Managed Care Inc	Managed Care Inc	86.29	90			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	UHC	Medicare	14				13.9		91.09 fee schedule	
ANTIBODY HTLV-II	86688	CPT				outpatient			95.88	16.1	Wellcare	Medicaid	29.19	30.44			13.9		91.09 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	First Health	First Health	650.45	70			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Aetna	Commercial	353.1	38			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Amerihealth	Medicare	19.35				15.48		882.76 fee schedule	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Consumer	Consumer	882.76	95			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Aetna	Better Health	282.85	30.44			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Amerihealth	HMO/PPO	29.1				15.48		882.76 fee schedule	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Americare	Americare	696.92	75			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Wellcare	Medicaid	15.48				15.48		882.76 fee schedule	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Horizon	Medicare Blue	278.77	30			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Aetna	Medicare	19.35				15.48		882.76 fee schedule	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Corrections	Corrections	743.38	80			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Horizon	Indemnity	355.71	38.28			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Qualcare	Qualcare	696.92	75			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Horizon	MGD	355.71	38.28			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Multiplan	Multiplan	743.38	80			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	First Trenton	First Trenton	836.3	90			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	UHC	Medicaid	15.48				15.48		882.76 fee schedule	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Horizon	PPO	355.71	38.28			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	UHC	Medicare	19.35				15.48		882.76 fee schedule	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Horizon	NJ Health	41.55				15.48		882.76 fee schedule	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Wellcare	Medicare	19.35				15.48		882.76 fee schedule	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Three Rivers	Three Rivers	882.76	95			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	WellPoint	WellPoint	288.43	31.04			15.48		882.76 percent of total billed charges	
ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	86689	CPT				both			929.22	22.25	Managed Care Inc	Managed Care Inc	836.3	90			15.48		882.76 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Aetna	Medicare	17.16				13.73		304.27 fee schedule	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Aetna	Commercial	121.71	38			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Amerihealth	Medicare	17.16				13.73		304.27 fee schedule	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	First Health	First Health	224.2	70			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Horizon	Indemnity	122.6	38.28			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Corrections	Corrections	256.22	80			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	First Trenton	First Trenton	288.25	90			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Aetna	Better Health	97.49	30.44			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Americare	Americare	240.21	75			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	UHC	Medicare	17.16			4.43	13.73		304.27 fee schedule	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Managed Care Inc	Managed Care Inc	288.25	90			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Amerihealth	HMO/PPO	25				13.73		304.27 fee schedule	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Horizon	NJ Health	39.2			1.27	13.73		304.27 fee schedule	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Horizon	PPO	122.6	38.28		19.25	13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Three Rivers	Three Rivers	304.27	95			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Horizon	MGD	122.6	38.28		17.81	13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Consumer	Consumer	304.27	95			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	UHC	Medicaid	13.73				13.73		304.27 fee schedule	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Wellcare	Medicaid	13.73				13.73		304.27 fee schedule	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Wellcare	Medicare	17.16			2.14	13.73		304.27 fee schedule	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Multiplan	Multiplan	256.22	80			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	WellPoint	WellPoint	99.41	31.04		16.57	13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Horizon	Medicare Blue	96.08	30			13.73		304.27 percent of total billed charges	
ANTIBODY HEP DELTA AGENT	86692	CPT				both			320.28	19.73	Qualcare	Qualcare	240.21	75			13.73		304.27 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Consumer	Consumer	79.46	95			11.51		79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Amerihealth	Medicare	14.39				11.51		79.46 fee schedule	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Aetna	Better Health	25.46	30.44			11.51		79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Americare	Americare	62.73	75			11.51		79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Horizon	MGD	32.02	38.28			11.51		79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Amerihealth	HMO/PPO	21.8				11.51		79.46 fee schedule	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	First Health	First Health	58.55	70			11.51		79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Aetna	Medicare	14.39				11.51		79.46 fee schedule	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Aetna	Commercial	31.78	38			11.51		79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	First Trenton	First Trenton	75.28	90			11.51		79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	UHC	Medicaid	11.51				11.51		79.46 fee schedule	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Multiplan	Multiplan	66.91	80			11.51		79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Wellcare	Medicare	14.39				11.51		79.46 fee schedule	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Horizon	NJ Health	25.09				11.51		79.46 fee schedule	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	UHC	Medicare	14.39				11.51		79.46 fee schedule	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Corrections	Corrections	66.91	80			11.51		79.46 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	WellPoint	WellPoint	25.96	31.04			11.51	11.51	79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Horizon	PPO	32.02	38.28			11.51	11.51	79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Qualcare	Qualcare	62.73	75			11.51	11.51	79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Managed Care Inc	Managed Care Inc	75.28	90			11.51	11.51	79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Horizon	Indemnity	32.02	38.28			11.51	11.51	79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Three Rivers	Three Rivers	79.46	95			11.51	11.51	79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Horizon	Medicare Blue	25.09	30			11.51	11.51	79.46 percent of total billed charges	
ANTIBODY HERPES SIMPLX NON-SPECIFIC TYPE TEST	86694	CPT				both			83.64	16.55	Wellcare	Medicaid	11.51				11.51	11.51	79.46 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Amerihealth	HMO/PPO	22.8			1.98	8.87	8.87	234.5 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Aetna	Better Health	75.14	30.44		27.51	8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Horizon	MGD	94.49	38.28		17.77	8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Aetna	Medicare	13.19			1.71	8.87	8.87	234.5 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Aetna	Commercial	93.8	38		11.89	8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Horizon	Indemnity	94.49	38.28		2.84	8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Horizon	NJ Health	25.09			7.99	8.87	8.87	234.5 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Horizon	PPO	94.49	38.28		11.72	8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Amerihealth	Medicare	13.19				8.87	8.87	234.5 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Horizon	Medicare Blue	74.05	30		2.84	8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	UHC	Medicaid	10.55			22.78	8.87	8.87	234.5 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Americare	Americare	185.13	75			8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	First Health	First Health	172.79	70			8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Multiplan	Multiplan	197.47	80			8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	WellPoint	WellPoint	76.62	31.04		12.93	8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	UHC	Medicare	13.19			14.09	8.87	8.87	234.5 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Consumer	Consumer	234.5	95			8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Qualcare	Qualcare	185.13	75			8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	First Trenton	First Trenton	222.16	90			8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Wellcare	Medicare	13.19			4.99	8.87	8.87	234.5 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Corrections	Corrections	197.47	80			8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Wellcare	Medicaid	10.55			19.96	8.87	8.87	234.5 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Managed Care Inc	Managed Care Inc	222.16	90			8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 1	86695	CPT				both			246.84	15.17	Three Rivers	Three Rivers	234.5	95			8.87	8.87	234.5 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Amerihealth	HMO/PPO	29.1			2.82	8.87	8.87	217.06 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Aetna	Medicare	19.35			2.44	8.87	8.87	217.06 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Americare	Americare	171.36	75			8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	First Health	First Health	159.94	70			8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Aetna	Commercial	86.82	38		14.21	8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Amerihealth	Medicare	19.35				8.87	8.87	217.06 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Consumer	Consumer	217.06	95			8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Aetna	Better Health	69.55	30.44		33.19	8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Corrections	Corrections	182.78	80			8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Horizon	Indemnity	87.46	38.28		4.05	8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Wellcare	Medicaid	15.48			22.45	8.87	8.87	217.06 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Horizon	PPO	87.46	38.28		13.62	8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Multiplan	Multiplan	182.78	80			8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Horizon	Medicare Blue	68.54	30		3.9	8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	UHC	Medicare	19.35			15.25	8.87	8.87	217.06 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	First Trenton	First Trenton	205.63	90			8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	UHC	Medicaid	15.48			27.02	8.87	8.87	217.06 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Horizon	MGD	87.46	38.28		21.28	8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Qualcare	Qualcare	171.36	75			8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Horizon	NJ Health	21.48			9.12	8.87	8.87	217.06 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Wellcare	Medicare	19.35			7.11	8.87	8.87	217.06 fee schedule	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Managed Care Inc	Managed Care Inc	205.63	90			8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	Three Rivers	Three Rivers	217.06	95			8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HERPES SIMPLX TYPE 2	86696	CPT				both			228.48	22.25	WellPoint	WellPoint	70.92	31.04		18.8	8.87	8.87	217.06 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Consumer	Consumer	211.24	95			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Aetna	Medicare	13.79				9.49	9.49	211.24 fee schedule	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Amerihealth	HMO/PPO	22				9.49	9.49	211.24 fee schedule	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Amerihealth	Medicare	13.79				9.49	9.49	211.24 fee schedule	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Corrections	Corrections	177.89	80			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Aetna	Commercial	84.5	38		17.78	9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Aetna	Better Health	67.69	30.44			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Horizon	PPO	85.12	38.28			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Horizon	MGD	85.12	38.28			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Horizon	Indemnity	85.12	38.28			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	First Health	First Health	155.65	70			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	First Trenton	First Trenton	200.12	90			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	WellPoint	WellPoint	69.02	31.04			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Americare	Americare	166.77	75			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Horizon	NJ Health	29.4			1.52	9.49	9.49	211.24 fee schedule	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Three Rivers	Three Rivers	211.24	95			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	UHC	Medicare	13.79				9.49	9.49	211.24 fee schedule	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Horizon	Medicare Blue	66.71	30			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Wellcare	Medicare	13.79			25.46	9.49	9.49	211.24 fee schedule	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Managed Care Inc	Managed Care Inc	200.12	90			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Multiplan	Multiplan	177.89	80			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Wellcare	Medicaid	11.03				9.49	9.49	211.24 fee schedule	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	Qualcare	Qualcare	166.77	75			9.49	9.49	211.24 percent of total billed charges	
ANTIBODY HISTOPLASMA	86698	CPT				both			222.36	15.86	UHC	Medicaid	11.03			54.98	9.49	9.49	211.24 fee schedule	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Aetna	Better Health	116.12	30.44			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Amerihealth	HMO/PPO	13.9				8.89	8.89	362.41 fee schedule	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Horizon	Indemnity	146.03	38.28			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	First Health	First Health	267.04	70			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Aetna	Medicare	117.5	30.8			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	First Trenton	First Trenton	343.33	90			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Corrections	Corrections	305.18	80			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Aetna	Commercial	144.96	38			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Horizon	Medicare Blue	114.44	30			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Horizon	NJ Health	25.48				8.89	8.89	362.41 fee schedule	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Multiplan	Multiplan	305.18	80			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	UHC	Medicare	8.89				8.89	8.89	362.41 fee schedule	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Americare	Americare	286.11	75			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Horizon	PPO	146.03	38.28			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Qualcare	Qualcare	286.11	75			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Amerihealth	Medicare	8.89				8.89	8.89	362.41 fee schedule	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Wellcare	Medicaid	116.12	30.44			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Managed Care Inc	Managed Care Inc	343.33	90			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Consumer	Consumer	362.41	95			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Horizon	MGD	146.03	38.28			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Wellcare	Medicare	8.89				8.89	8.89	362.41 fee schedule	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	Three Rivers	Three Rivers	362.41	95			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	UHC	Medicaid	116.12	30.44			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-1	86701	CPT				both			381.48	10.22	WellPoint	WellPoint	118.41	31.04			8.89	8.89	362.41 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	First Trenton	First Trenton	548.96	90			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Aetna	Better Health	185.67	30.44			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Horizon	MGD	233.49	38.28			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Aetna	Commercial	231.78	38			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Horizon	Indemnity	233.49	38.28			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Consumer	Consumer	579.46	95			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Americare	Americare	457.47	75			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Amerihealth	Medicare	13.52				10.82	10.82	579.46 fee schedule	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Managed Care Inc	Managed Care Inc	548.96	90			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Aetna	Medicare	13.52				10.82	10.82	579.46 fee schedule	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Horizon	PPO	233.49	38.28			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	UHC	Medicare	13.52				10.82	10.82	579.46 fee schedule	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Qualcare	Qualcare	457.47	75			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Corrections	Corrections	487.97	80			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Amerihealth	HMO/PPO	13.9				10.82	10.82	579.46 fee schedule	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	First Health	First Health	426.97	70			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Wellcare	Medicaid	10.82				10.82	10.82	579.46 fee schedule	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Horizon	NJ Health	25.48				10.82	10.82	579.46 fee schedule	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	UHC	Medicaid	10.82				10.82	10.82	579.46 fee schedule	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Horizon	Medicare Blue	182.99	30			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Wellcare	Medicare	13.52				10.82	10.82	579.46 fee schedule	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	WellPoint	WellPoint	189.33	31.04			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Multiplan	Multiplan	487.97	80			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-2	86702	CPT				both			609.96	15.55	Three Rivers	Three Rivers	579.46	95			10.82	10.82	579.46 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Amerihealth	HMO/PPO	19.5				13.71	13.71	73.64 fee schedule	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Americare	Americare	58.14	75			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Aetna	Better Health	23.6	30.44			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Horizon	MGD	29.67	38.28			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Aetna	Medicare	23.88	30.8			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Consumer	Consumer	73.64	95			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Corrections	Corrections	62.02	80			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Horizon	Indemnity	29.67	38.28			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	First Health	First Health	54.26	70			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	First Trenton	First Trenton	69.77	90			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Aetna	Commercial	29.46	38			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Horizon	Medicare Blue	23.26	30			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	UHC	Medicaid	23.6	30.44			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Horizon	NJ Health	41.16				13.71	13.71	73.64 fee schedule	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	WellPoint	WellPoint	24.06	31.04			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Horizon	PPO	29.67	38.28			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Wellcare	Medicare	13.71				13.71	13.71	73.64 fee schedule	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Managed Care Inc	Managed Care Inc	69.77	90			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Amerihealth	Medicare	13.71				13.71	13.71	73.64 fee schedule	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Three Rivers	Three Rivers	73.64	95			13.71	13.71	73.64 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Multiplan	Multiplan	62.02	80			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Qualcare	Qualcare	58.14	75			13.71	13.71	73.64 percent of total billed charges	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	UHC	Medicare	13.71				13.71	13.71	73.64 fee schedule	
ANTIBODY HIV-1&HIV-2 SINGLE RESULT	86703	CPT				both			77.52	15.77	Wellcare	Medicaid	23.6	30.44			13.71	13.71	73.64 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Aetna	Commercial	46.9	38		25	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Horizon	MGD	47.25	38.28		22.71	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Aetna	Medicare	12.05			3.49	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	UHC	Medicaid	9.64			23.9	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Amerihealth	Medicare	12.05				8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Consumer	Consumer	117.25	95			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Aetna	Better Health	37.57	30.44		22.54	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Americare	Americare	92.57	75			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	First Trenton	First Trenton	111.08	90			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Multiplan	Multiplan	98.74	80			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	First Health	First Health	86.39	70			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Wellcare	Medicare	12.05			3.2	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Corrections	Corrections	98.74	80		16.52	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	WellPoint	WellPoint	38.31	31.04		23.9	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Horizon	PPO	47.25	38.28		16.94	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Amerihealth	HMO/PPO	16.7			8.99	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Horizon	Indemnity	47.25	38.28		24.46	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Qualcare	Qualcare	92.57	75			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Horizon	Medicare Blue	37.03	30		7.43	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Horizon	NJ Health	25.48			5.18	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Managed Care Inc	Managed Care Inc	111.08	90			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Wellcare	Medicaid	9.64			24.32	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	Three Rivers	Three Rivers	117.25	95			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB TOTAL	86704	CPT				both			123.42	13.86	UHC	Medicare	12.05			11.87	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Aetna	Better Health	37.57	30.44		16.57	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Horizon	NJ Health	31.85			4.56	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Corrections	Corrections	98.74	80		12.46	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Aetna	Medicare	11.77			1.93	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Amerihealth	HMO/PPO	16.3			2.46	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Aetna	Commercial	46.9	38		14.44	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Amerihealth	Medicare	11.77				8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Horizon	MGD	47.25	38.28		13.15	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Consumer	Consumer	117.25	95			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Wellcare	Medicare	11.77			1.45	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	First Health	First Health	86.39	70			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Americare	Americare	92.57	75			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Multiplan	Multiplan	98.74	80			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	WellPoint	WellPoint	38.31	31.04		14.61	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Horizon	Indemnity	47.25	38.28		17.53	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Wellcare	Medicaid	9.42			23.69	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Qualcare	Qualcare	92.57	75			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Horizon	Medicare Blue	37.03	30		5.51	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	First Trenton	First Trenton	111.08	90			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	UHC	Medicaid	9.42			21.4	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Horizon	PPO	47.25	38.28		9.66	8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Managed Care Inc	Managed Care Inc	111.08	90			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	UHC	Medicare	11.77			10.46	8.57	8.57	117.25 fee schedule	
HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	86705	CPT				both			123.42	13.54	Three Rivers	Three Rivers	117.25	95			8.57	8.57	117.25 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Amerihealth	HMO/PPO	14.8			10.18	7.65	7.65	93.99 fee schedule	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Horizon	Indemnity	37.87	38.28		20.11	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	First Health	First Health	69.26	70			7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Americare	Americare	74.21	75			7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Aetna	Better Health	30.12	30.44		19.56	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Horizon	Medicare Blue	29.68	30		7.1	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Aetna	Medicare	30.47	30.8		11.54	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	UHC	Medicare	10.74			11.68	7.65	7.65	93.99 fee schedule	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Corrections	Corrections	79.15	80		14.05	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Horizon	NJ Health	25.48			4.52	7.65	7.65	93.99 fee schedule	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Three Rivers	Three Rivers	93.99	95			7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Multiplan	Multiplan	79.15	80			7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Aetna	Commercial	37.6	38		23.8	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Qualcare	Qualcare	74.21	75			7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Amerihealth	Medicare	10.74				7.65	7.65	93.99 fee schedule	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Horizon	MGD	37.87	38.28		18.08	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Wellcare	Medicare	10.74			3.08	7.65	7.65	93.99 fee schedule	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Horizon	PPO	37.87	38.28		15.14	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Consumer	Consumer	93.99	95			7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	UHC	Medicaid	30.12	30.44		20.3	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	First Trenton	First Trenton	89.05	90			7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Managed Care Inc	Managed Care Inc	89.05	90			7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	Wellcare	Medicaid	30.12	30.44		20.23	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS B SURF ANTIBODY HBSAB	86706	CPT				both			98.94	12.35	WellPoint	WellPoint	30.71	31.04		19.77	7.65	7.65	93.99 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Horizon	Indemnity	14.84	38.28			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Aetna	Commercial	14.73	38		4.97	8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Amerihealth	HMO/PPO	16			3.62	8.26	8.26	36.82 fee schedule	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Horizon	Medicare Blue	11.63	30		1.16	8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	First Trenton	First Trenton	34.88	90			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Americare	Americare	29.07	75			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Aetna	Medicare	11.57			2.34	8.26	8.26	36.82 fee schedule	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Aetna	Better Health	11.8	30.44			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Managed Care Inc	Managed Care Inc	34.88	90			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Corrections	Corrections	31.01	80			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Amerihealth	Medicare	11.57				8.26	8.26	36.82 fee schedule	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	WellPoint	WellPoint	12.03	31.04		11.24	8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Three Rivers	Three Rivers	36.82	95			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Horizon	NJ Health	12.84			1.31	8.26	8.26	36.82 fee schedule	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Horizon	MGD	14.84	38.28			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Consumer	Consumer	36.82	95			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Wellcare	Medicaid	9.26			3.11	8.26	8.26	36.82 fee schedule	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Multiplan	Multiplan	31.01	80			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	First Health	First Health	27.13	70			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Horizon	PPO	14.84	38.28		3.38	8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Wellcare	Medicare	11.57			1.45	8.26	8.26	36.82 fee schedule	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	Qualcare	Qualcare	29.07	75			8.26	8.26	36.82 percent of total billed charges	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	UHC	Medicaid	9.26			4.93	8.26	8.26	36.82 fee schedule	
HEPATITIS BE ANTIBODY HBEAB	86707	CPT				both			38.76	13.31	UHC	Medicare	11.57			3.51	8.26	8.26	36.82 fee schedule	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Aetna	Better Health	12.73	30.44		6.48	9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Amerihealth	HMO/PPO	17.1			1.32	9.91	9.91	39.73 fee schedule	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	First Health	First Health	29.27	70			9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Horizon	MGD	16.01	38.28		8.01	9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Amerihealth	Medicare	12.39				9.91	9.91	39.73 fee schedule	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Aetna	Medicare	12.39			1.62	9.91	9.91	39.73 fee schedule	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Aetna	Commercial	15.89	38		6.6	9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Wellcare	Medicaid	9.91			6.11	9.91	9.91	39.73 fee schedule	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Multiplan	Multiplan	33.46	80			9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Americare	Americare	31.37	75			9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Horizon	Indemnity	16.01	38.28		1.69	9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Horizon	NJ Health	33.56			1.17	9.91	9.91	39.73 fee schedule	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Qualcare	Qualcare	31.37	75			9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Horizon	PPO	16.01	38.28		4.92	9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Consumer	Consumer	39.73	95			9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Wellcare	Medicare	12.39			0.81	9.91	9.91	39.73 fee schedule	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	UHC	Medicare	12.39			2.49	9.91	9.91	39.73 fee schedule	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Three Rivers	Three Rivers	39.73	95			9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Corrections	Corrections	33.46	80		8.37	9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	UHC	Medicaid	9.91			5.85	9.91	9.91	39.73 fee schedule	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	First Trenton	First Trenton	37.64	90			9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Horizon	Medicare Blue	12.55	30		1.73	9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	Managed Care Inc	Managed Care Inc	37.64	90			9.91	9.91	39.73 percent of total billed charges	
HEPATITIS A ANTIBODY HAAB	86708	CPT				both			41.82	14.25	WellPoint	WellPoint	12.98	31.04		6.08	9.91	9.91	39.73 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Aetna	Better Health	31.67	30.44		19.72	7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Corrections	Corrections	83.23	80		14.78	7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Horizon	Indemnity	39.83	38.28		21.01	7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Aetna	Medicare	11.26			3	7.96	7.96	98.84 fee schedule	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Americare	Americare	78.03	75			7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Aetna	Commercial	39.54	38		16.1	7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Wellcare	Medicaid	9.01			27.54	7.96	7.96	98.84 fee schedule	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	First Trenton	First Trenton	93.64	90			7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Multiplan	Multiplan	83.23	80			7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	First Health	First Health	72.83	70			7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Horizon	MGD	39.83	38.28		26.3	7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Amerihealth	Medicare	11.26				7.96	7.96	98.84 fee schedule	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Consumer	Consumer	98.84	95			7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Amerihealth	HMO/PPO	15.6			3.33	7.96	7.96	98.84 fee schedule	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	UHC	Medicare	11.26			9.29	7.96	7.96	98.84 fee schedule	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Horizon	Medicare Blue	31.21	30		6.6	7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Qualcare	Qualcare	78.03	75			7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Horizon	NJ Health	29.4			5.43	7.96	7.96	98.84 fee schedule	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	Horizon	PPO	39.83	38.28		13.04	7.96	7.96	98.84 percent of total billed charges	
HEPATITIS ANTIBODY HAAB IGM ANTIBODY	86709	CPT				both			104.04	12.95	WellPoint	WellPoint	32.29	31.04		16.98	7.96	7.96	98.84 percent of total billed charges	
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hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Americare	Americare	111.69	75			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Horizon	Medicare Blue	44.68	30			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Amerihealth	Medicare	13.55				10.84	141.47	fee schedule	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Aetna	Medicare	13.55				10.84	141.47	fee schedule	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Amerihealth	HMO/PPO	22.8				10.84	141.47	fee schedule	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	First Trenton	First Trenton	134.03	90			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Aetna	Better Health	45.33	30.44			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Consumer	Consumer	141.47	95			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	UHC	Medicaid	10.84				10.84	141.47	fee schedule	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	UHC	Medicare	13.55				10.84	141.47	fee schedule	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Corrections	Corrections	119.14	80			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	First Health	First Health	104.24	70			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Horizon	MGD	57.01	38.28			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	WellPoint	WellPoint	46.22	31.04			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Aetna	Commercial	56.59	38			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Horizon	NJ Health	15.05				10.84	141.47	fee schedule	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Wellcare	Medicare	13.55				10.84	141.47	fee schedule	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Horizon	Indemnity	57.01	38.28			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Wellcare	Medicaid	10.84				10.84	141.47	fee schedule	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Horizon	PPO	57.01	38.28			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Multiplan	Multiplan	119.14	80			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Managed Care Inc	Managed Care Inc	134.03	90			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Qualcare	Qualcare	111.69	75			10.84	141.47	percent of total billed charges	
ANTIBODY INFLUENZA VIRUS	86710	CPT				both			148.92	15.58	Three Rivers	Three Rivers	141.47	95			10.84	141.47	percent of total billed charges	
ANTIBODY JOHN CUNNINGHAM VIRUS	86711	CPT				outpatient				19.42	Amerihealth	Medicare	16.89				8.38	30.69	fee schedule	
ANTIBODY JOHN CUNNINGHAM VIRUS	86711	CPT				outpatient				19.42	UHC	Medicare	16.89				8.38	30.69	fee schedule	
ANTIBODY JOHN CUNNINGHAM VIRUS	86711	CPT				outpatient				19.42	Aetna	Medicare	16.89				8.38	30.69	fee schedule	
ANTIBODY JOHN CUNNINGHAM VIRUS	86711	CPT				outpatient				19.42	Amerihealth	HMO/PPO	8.38				8.38	30.69	fee schedule	
ANTIBODY JOHN CUNNINGHAM VIRUS	86711	CPT				outpatient				19.42	Horizon	NJ Health	30.69				8.38	30.69	fee schedule	
ANTIBODY JOHN CUNNINGHAM VIRUS	86711	CPT				outpatient				19.42	Wellcare	Medicaid	13.51				8.38	30.69	fee schedule	
ANTIBODY JOHN CUNNINGHAM VIRUS	86711	CPT				outpatient				19.42	UHC	Medicaid	13.51				8.38	30.69	fee schedule	
ANTIBODY JOHN CUNNINGHAM VIRUS	86711	CPT				outpatient				19.42	Wellcare	Medicare	16.89				8.38	30.69	fee schedule	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Multiplan	Multiplan	98.74	80			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Amerihealth	HMO/PPO	20.2				12.24	117.25	fee schedule	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Aetna	Medicare	15.3				12.24	117.25	fee schedule	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Aetna	Better Health	37.57	30.44			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Qualcare	Qualcare	92.57	75			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Aetna	Commercial	46.9	38			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Corrections	Corrections	98.74	80			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Americare	Americare	92.57	75			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Horizon	Indemnity	47.25	38.28			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Amerihealth	Medicare	15.3				12.24	117.25	fee schedule	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	First Trenton	First Trenton	111.08	90			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Horizon	Medicare Blue	37.03	30			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Horizon	PPO	47.25	38.28			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Horizon	MGD	47.25	38.28			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Horizon	NJ Health	39.2				12.24	117.25	fee schedule	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Consumer	Consumer	117.25	95			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Three Rivers	Three Rivers	117.25	95			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	First Health	First Health	86.39	70			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Managed Care Inc	Managed Care Inc	111.08	90			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	UHC	Medicaid	12.24				12.24	117.25	fee schedule	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Wellcare	Medicaid	12.24				12.24	117.25	fee schedule	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	UHC	Medicare	15.3				12.24	117.25	fee schedule	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	WellPoint	WellPoint	38.31	31.04			12.24	117.25	percent of total billed charges	
ANTIBODY LEGIONELLA	86713	CPT				both			123.42	17.6	Wellcare	Medicare	15.3				12.24	117.25	fee schedule	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Wellcare	Medicare	12.25				11.63	613.38	fee schedule	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Aetna	Medicare	12.25				11.63	613.38	fee schedule	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Amerihealth	HMO/PPO	22.8				11.63	613.38	fee schedule	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Americare	Americare	484.25	75			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Amerihealth	Medicare	12.25				11.63	613.38	fee schedule	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Aetna	Better Health	196.54	30.44			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	First Health	First Health	451.96	70			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Aetna	Commercial	245.35	38			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	WellPoint	WellPoint	200.41	31.04			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Corrections	Corrections	516.53	80			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Horizon	MGD	247.16	38.28			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Consumer	Consumer	613.38	95			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Wellcare	Medicaid	16				11.63	613.38	fee schedule	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	First Trenton	First Trenton	581.09	90			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Multiplan	Multiplan	516.53	80			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Horizon	Indemnity	247.16	38.28			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Qualcare	Qualcare	484.25	75			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Horizon	NJ Health	13.6				11.63	613.38	fee schedule	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	UHC	Medicare	12.25				11.63	613.38	fee schedule	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Horizon	Medicare Blue	193.7	30			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Horizon	PPO	247.16	38.28			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	UHC	Medicaid	16				11.63	613.38	fee schedule	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Managed Care Inc	Managed Care Inc	581.09	90			11.63	613.38	percent of total billed charges	
ANTIBODY LEISHMANIA	86717	CPT				both			645.66	14.09	Three Rivers	Three Rivers	613.38	95			11.63	613.38	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Aetna	Medicare	16.2				12.96	51.36	fee schedule	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Amerihealth	Medicare	16.2				12.96	51.36	fee schedule	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Aetna	Commercial	20.54	38			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Corrections	Corrections	43.25	80			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	First Trenton	First Trenton	48.65	90			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	WellPoint	WellPoint	16.78	31.04			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Horizon	MGD	20.69	38.28			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Aetna	Better Health	16.46	30.44			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Amerihealth	HMO/PPO	34.2				12.96	51.36	fee schedule	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	First Health	First Health	37.84	70			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Horizon	PPO	20.69	38.28			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	UHC	Medicaid	12.96				12.96	51.36	fee schedule	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Horizon	Medicare Blue	16.22	30			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Horizon	Indemnity	20.69	38.28			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Managed Care Inc	Managed Care Inc	48.65	90			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Americare	Americare	40.55	75			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Wellcare	Medicare	16.2				12.96	51.36	fee schedule	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Multiplan	Multiplan	43.25	80			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Wellcare	Medicaid	12.96				12.96	51.36	fee schedule	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Qualcare	Qualcare	40.55	75			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Consumer	Consumer	51.36	95			12.96	51.36	percent of total billed charges	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	UHC	Medicare	16.2				12.96	51.36	fee schedule	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Horizon	NJ Health	29.4				12.96	51.36	fee schedule	
ANTIBODY LEPTOSPIRA	86720	CPT				both			54.06	18.63	Three Rivers	Three Rivers	51.36	95			12.96	51.36	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Corrections	Corrections	454.51	80			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Amerihealth	HMO/PPO	22.8				10.55	539.73	fee schedule	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Aetna	Better Health	172.94	30.44			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Americare	Americare	426.11	75			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Aetna	Commercial	215.89	38			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Aetna	Medicare	13.19				10.55	539.73	fee schedule	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	First Health	First Health	397.7	70			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Amerihealth	Medicare	13.19				10.55	539.73	fee schedule	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Horizon	Medicare Blue	170.44	30			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Horizon	Indemnity	217.48	38.28			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Multiplan	Multiplan	454.51	80			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Horizon	MGD	217.48	38.28			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	UHC	Medicaid	10.55				10.55	539.73	fee schedule	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Consumer	Consumer	539.73	95			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Qualcare	Qualcare	426.11	75			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Horizon	PPO	217.48	38.28			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Wellcare	Medicare	13.19				10.55	539.73	fee schedule	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	First Trenton	First Trenton	511.33	90			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	UHC	Medicare	13.19				10.55	539.73	fee schedule	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Three Rivers	Three Rivers	539.73	95			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	WellPoint	WellPoint	176.35	31.04			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Horizon	NJ Health	14.64				10.55	539.73	fee schedule	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Managed Care Inc	Managed Care Inc	511.33	90			10.55	539.73	percent of total billed charges	
ANTIBODY LISTERIA MONOCYTOGENES	86723	CPT				inpatient			568.14	15.17	Wellcare	Medicaid	10.55				10.55	539.73	fee schedule	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Americare	Americare	244.04	75			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Amerihealth	Medicare	12.87				10.3	309.11	fee schedule	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Aetna	Better Health	99.05	30.44			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Amerihealth	HMO/PPO	22.8				10.3	309.11	fee schedule	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Consumer	Consumer	309.11	95			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Aetna	Medicare	12.87				10.3	309.11	fee schedule	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Aetna	Commercial	123.64	38			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	First Health	First Health	227.77	70			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Multiplan	Multiplan	260.3	80			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	First Trenton	First Trenton	292.84	90			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Horizon	Medicare Blue	97.61	30			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Horizon	MGD	124.56	38.28			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Wellcare	Medicaid	10.3				10.3	309.11	fee schedule	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Corrections	Corrections	260.3	80			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Wellcare	Medicare	12.87				10.3	309.11	fee schedule	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	UHC	Medicare	12.87				10.3	309.11	fee schedule	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Qualcare	Qualcare	244.04	75			10.3	309.11	percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Horizon	NJ Health	29.4				10.3	309.11	fee schedule	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	UHC	Medicaid	10.3				10.3	309.11	fee schedule	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Horizon	Indemnity	124.56	38.28			10.3	309.11	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Horizon	PPO	124.56	38.28			10.3		309.11 percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	WellPoint	WellPoint	101	31.04			10.3		309.11 percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Managed Care Inc	Managed Care Inc	292.84	90			10.3		309.11 percent of total billed charges	
ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	86727	CPT				inpatient			325.38	14.8	Three Rivers	Three Rivers	309.11	95			10.3		309.11 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Aetna	Medicare	13.05				9.49		89.15 fee schedule	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Aetna	Better Health	28.56	30.44		15.02	9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Multiplan	Multiplan	75.07	80			9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	UHC	Medicaid	10.44			15.85	9.49		89.15 fee schedule	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Consumer	Consumer	89.15	95			9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Horizon	Indemnity	35.92	38.28		22.51	9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Corrections	Corrections	75.07	80			9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Aetna	Commercial	35.66	38		18.93	9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Amerihealth	HMO/PPO	22.8				9.49		89.15 fee schedule	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Amerihealth	Medicare	13.05				9.49		89.15 fee schedule	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Qualcare	Qualcare	70.38	75			9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	WellPoint	WellPoint	29.13	31.04		24.07	9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	First Trenton	First Trenton	84.46	90			9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Horizon	MGD	35.92	38.28		23.26	9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	First Health	First Health	65.69	70			9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Americare	Americare	70.38	75			9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Managed Care Inc	Managed Care Inc	84.46	90			9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Horizon	PPO	35.92	38.28		18.73	9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Horizon	Medicare Blue	28.15	30		2.45	9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Horizon	NJ Health	29.4			3.44	9.49		89.15 fee schedule	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Three Rivers	Three Rivers	89.15	95			9.49		89.15 percent of total billed charges	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Wellcare	Medicaid	10.44			13.02	9.49		89.15 fee schedule	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	Wellcare	Medicare	13.05				9.49		89.15 fee schedule	
ANTIBODY MUMPS	86735	CPT				both			93.84	15.01	UHC	Medicare	13.05			5.09	9.49		89.15 fee schedule	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Aetna	Medicare	13.24				9.49		437.02 fee schedule	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	First Trenton	First Trenton	414.02	90			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Aetna	Commercial	174.81	38			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Aetna	Better Health	140.03	30.44			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Horizon	Indemnity	176.1	38.28			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Amerihealth	Medicare	13.24				9.49		437.02 fee schedule	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Consumer	Consumer	437.02	95			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	UHC	Medicare	13.24				9.49		437.02 fee schedule	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Americare	Americare	345.02	75			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Horizon	NJ Health	23.52			17.3	9.49		437.02 fee schedule	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Horizon	MGD	176.1	38.28			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Amerihealth	HMO/PPO	22.8				9.49		437.02 fee schedule	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Multiplan	Multiplan	368.02	80			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Corrections	Corrections	368.02	80			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Horizon	Medicare Blue	138.01	30			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Wellcare	Medicare	13.24				9.49		437.02 fee schedule	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Qualcare	Qualcare	345.02	75			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Horizon	PPO	176.1	38.28			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	First Health	First Health	322.01	70			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	WellPoint	WellPoint	142.79	31.04			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	UHC	Medicaid	10.59				9.49		437.02 fee schedule	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Managed Care Inc	Managed Care Inc	414.02	90			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Three Rivers	Three Rivers	437.02	95			9.49		437.02 percent of total billed charges	
ANTIBODY MYCOPLSM	86738	CPT				both			460.02	15.23	Wellcare	Medicaid	10.59				9.49		437.02 fee schedule	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Aetna	Better Health	85.07	30.44			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Aetna	Medicare	86.08	30.8			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Consumer	Consumer	265.51	95			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Americare	Americare	209.61	75			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	First Health	First Health	195.64	70			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Amerihealth	Medicare	15.03				15.03		265.51 fee schedule	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Corrections	Corrections	223.58	80			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Aetna	Commercial	106.2	38			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Multiplan	Multiplan	223.58	80			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Horizon	MGD	106.98	38.28			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Horizon	Medicare Blue	83.84	30			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Amerihealth	HMO/PPO	22.8				15.03		265.51 fee schedule	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Qualcare	Qualcare	209.61	75			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	First Trenton	First Trenton	251.53	90			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Wellcare	Medicare	15.03				15.03		265.51 fee schedule	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Horizon	Indemnity	106.98	38.28			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	UHC	Medicare	15.03				15.03		265.51 fee schedule	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	UHC	Medicaid	85.07	30.44			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	WellPoint	WellPoint	86.75	31.04			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Horizon	NJ Health	23.52				15.03		265.51 fee schedule	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Wellcare	Medicaid	85.07	30.44			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Horizon	PPO	106.98	38.28			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Managed Care Inc	Managed Care Inc	251.53	90			15.03		265.51 percent of total billed charges	
ANTIBODY PARVOVIRUS	86747	CPT				outpatient			279.48	17.28	Three Rivers	Three Rivers	265.51	95			15.03		265.51 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Aetna	Better Health	126.06	30.44			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Aetna	Medicare	13.19				10.55		393.41 fee schedule	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Corrections	Corrections	331.3	80			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Americare	Americare	310.59	75			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Amerihealth	HMO/PPO	22.8				10.55		393.41 fee schedule	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	First Trenton	First Trenton	372.71	90			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Aetna	Commercial	157.37	38			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Consumer	Consumer	393.41	95			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Horizon	PPO	158.53	38.28			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Managed Care Inc	Managed Care Inc	372.71	90			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	UHC	Medicaid	10.55				10.55		393.41 fee schedule	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Multiplan	Multiplan	331.3	80			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Amerihealth	Medicare	13.19				10.55		393.41 fee schedule	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Horizon	Indemnity	158.53	38.28			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Horizon	MGD	158.53	38.28			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Qualcare	Qualcare	310.59	75			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	First Health	First Health	289.88	70			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Horizon	Medicare Blue	124.24	30			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Wellcare	Medicare	13.19				10.55		393.41 fee schedule	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Three Rivers	Three Rivers	393.41	95			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	UHC	Medicare	13.19				10.55		393.41 fee schedule	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Horizon	NJ Health	14.64				10.55		393.41 fee schedule	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	WellPoint	WellPoint	128.54	31.04			10.55		393.41 percent of total billed charges	
ANTIBODY PLASMODIUM MALARIA	86750	CPT				outpatient			414.12	15.17	Wellcare	Medicaid	10.55				10.55		393.41 fee schedule	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Consumer	Consumer	468.03	95			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Horizon	PPO	188.59	38.28		29.06	9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Aetna	Commercial	187.21	38			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Amerihealth	HMO/PPO	22.8				9.91		468.03 fee schedule	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Americare	Americare	369.5	75			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Aetna	Medicare	12.39				9.91		468.03 fee schedule	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	UHC	Medicaid	9.91				9.91		468.03 fee schedule	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Aetna	Better Health	149.97	30.44			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Corrections	Corrections	394.13	80			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Qualcare	Qualcare	369.5	75			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Horizon	MGD	188.59	38.28			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Amerihealth	Medicare	12.39				9.91		468.03 fee schedule	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Multiplan	Multiplan	394.13	80			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	First Trenton	First Trenton	443.39	90			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Wellcare	Medicare	12.39				9.91		468.03 fee schedule	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	First Health	First Health	344.86	70			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Horizon	Indemnity	188.59	38.28			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	UHC	Medicare	12.39				9.91		468.03 fee schedule	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Three Rivers	Three Rivers	468.03	95			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Horizon	Medicare Blue	147.8	30			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Horizon	NJ Health	13.76				9.91		468.03 fee schedule	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	WellPoint	WellPoint	152.92	31.04			9.91		468.03 percent of total billed charges	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Wellcare	Medicaid	9.91				9.91		468.03 fee schedule	
ANTIBODY PROTOZOA NES	86753	CPT				both			492.66	14.25	Managed Care Inc	Managed Care Inc	443.39	90			9.91		468.03 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Multiplan	Multiplan	142.8	80			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Consumer	Consumer	169.58	95			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Amerihealth	HMO/PPO	22.8				12.71		169.58 fee schedule	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Horizon	MGD	68.33	38.28			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Aetna	Better Health	54.34	30.44			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	First Health	First Health	124.95	70			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Americare	Americare	133.88	75			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Aetna	Commercial	67.83	38			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Qualcare	Qualcare	133.88	75			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Horizon	Indemnity	68.33	38.28			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Amerihealth	Medicare	15.89				12.71		169.58 fee schedule	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Aetna	Medicare	15.89				12.71		169.58 fee schedule	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Corrections	Corrections	142.8	80			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	UHC	Medicaid	12.71				12.71		169.58 fee schedule	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	First Trenton	First Trenton	160.65	90			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Wellcare	Medicaid	12.71				12.71		169.58 fee schedule	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	UHC	Medicare	15.89				12.71		169.58 fee schedule	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Horizon	PPO	68.33	38.28			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Horizon	Medicare Blue	53.55	30			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Managed Care Inc	Managed Care Inc	160.65	90			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Horizon	NJ Health	23.52				12.71		169.58 fee schedule	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Three Rivers	Three Rivers	169.58	95			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	WellPoint	WellPoint	55.41	31.04			12.71		169.58 percent of total billed charges	
ANTIBODY RESPIRATORY SYNCTIAL VIRUS	86756	CPT				outpatient			178.5	18.27	Wellcare	Medicare	15.89				12.71		169.58 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Amerihealth	Medicare	19.35				18.97	107.56	fee schedule	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Corrections	Corrections	90.58	80			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Consumer	Consumer	107.56	95			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Aetna	Medicare	34.87	30.8			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Horizon	Indemnity	43.34	38.28			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Aetna	Better Health	34.46	30.44			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Americare	Americare	84.92	75			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Amerihealth	HMO/PPO	29.1				18.97	107.56	fee schedule	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	First Trenton	First Trenton	101.9	90			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	WellPoint	WellPoint	35.14	31.04			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Horizon	NJ Health	21.48				18.97	107.56	fee schedule	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Horizon	MGD	43.34	38.28			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Managed Care Inc	Managed Care Inc	101.9	90			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Aetna	Commercial	43.02	38			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Multiplan	Multiplan	90.58	80			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	First Health	First Health	79.25	70			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Qualcare	Qualcare	84.92	75			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Horizon	Medicare Blue	33.97	30			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Three Rivers	Three Rivers	107.56	95			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Horizon	PPO	43.34	38.28			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	UHC	Medicare	19.35				18.97	107.56	fee schedule	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Wellcare	Medicaid	34.46	30.44			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	UHC	Medicaid	34.46	30.44			18.97	107.56	percent of total billed charges	
ANTIBODY RICKETTSIA	86757	CPT				inpatient			113.22	22.25	Wellcare	Medicare	19.35				18.97	107.56	fee schedule	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Consumer	Consumer	128.88	95			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Americare	Americare	101.75	75			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Aetna	Better Health	41.29	30.44		25.56	9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Amerihealth	Medicare	14.39				9.79	128.88	fee schedule	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	First Health	First Health	94.96	70			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Aetna	Commercial	51.55	38		30	9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Horizon	Indemnity	51.93	38.28		27.76	9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Amerihealth	HMO/PPO	21.8			31.65	9.79	128.88	fee schedule	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Corrections	Corrections	108.53	80			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Aetna	Medicare	41.78	30.8			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Multiplan	Multiplan	108.53	80			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	WellPoint	WellPoint	42.11	31.04		35.37	9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Horizon	MGD	51.93	38.28		25.7	9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	UHC	Medicare	14.39			6.16	9.79	128.88	fee schedule	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Horizon	Medicare Blue	40.7	30		3.54	9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	First Trenton	First Trenton	122.09	90			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Qualcare	Qualcare	101.75	75			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Horizon	NJ Health	23.62			4.33	9.79	128.88	fee schedule	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Wellcare	Medicare	14.39			6.42	9.79	128.88	fee schedule	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Horizon	PPO	51.93	38.28		22.95	9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Three Rivers	Three Rivers	128.88	95			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Managed Care Inc	Managed Care Inc	122.09	90			9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	UHC	Medicaid	41.29	30.44		23.44	9.79	128.88	percent of total billed charges	
ANTIBODY RUBELLA	86762	CPT				both			135.66	16.55	Wellcare	Medicaid	41.29	30.44		26.29	9.79	128.88	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Consumer	Consumer	171.51	95			10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Amerihealth	HMO/PPO	12.9				10.3	171.51	fee schedule	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Horizon	Indemnity	69.11	38.28		43.25	10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	UHC	Medicare	12.88			10.28	10.3	171.51	fee schedule	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Horizon	NJ Health	19.6			7.23	10.3	171.51	fee schedule	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Aetna	Commercial	68.61	38		30.6	10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Aetna	Better Health	54.96	30.44		40.95	10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Aetna	Medicare	12.88				10.3	171.51	fee schedule	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	First Health	First Health	126.38	70			10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Amerihealth	Medicare	12.88				10.3	171.51	fee schedule	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Horizon	PPO	69.11	38.28		43.95	10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Wellcare	Medicaid	10.3			39.47	10.3	171.51	fee schedule	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	UHC	Medicaid	10.3			36.81	10.3	171.51	fee schedule	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Americare	Americare	135.41	75			10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Corrections	Corrections	144.43	80			10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	First Trenton	First Trenton	162.49	90			10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Wellcare	Medicare	12.88			34.81	10.3	171.51	fee schedule	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Horizon	MGD	69.11	38.28		29.13	10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Multiplan	Multiplan	144.43	80			10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Three Rivers	Three Rivers	171.51	95			10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Horizon	Medicare Blue	54.16	30		4.72	10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Qualcare	Qualcare	135.41	75			10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	Managed Care Inc	Managed Care Inc	162.49	90			10.3	171.51	percent of total billed charges	
ANTIBODY RUBEOLA	86765	CPT				both			180.54	14.81	WellPoint	WellPoint	56.04	31.04		48.34	10.3	171.51	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Amerihealth	HMO/PPO	89.51	65			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Aetna	Medicare	42.13				28.46	130.82	fee schedule	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Aetna	Better Health	41.92	30.44			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	First Health	First Health	96.39	70			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Amerihealth	Medicare	42.13				28.46	130.82	fee schedule	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Americare	Americare	103.28	75			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Wellcare	Medicaid	33.7				28.46	130.82	fee schedule	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Horizon	MGD	52.71	38.28			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Multiplan	Multiplan	110.16	80			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Corrections	Corrections	110.16	80			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Aetna	Commercial	52.33	38			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	First Trenton	First Trenton	123.93	90			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Consumer	Consumer	130.82	95			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Horizon	Medicare Blue	41.31	30			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Wellcare	Medicare	42.13				28.46	130.82	fee schedule	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Horizon	Indemnity	52.71	38.28			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Qualcare	Qualcare	103.28	75			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	UHC	Medicaid	33.7				28.46	130.82	fee schedule	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	WellPoint	WellPoint	42.74	31.04			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Horizon	PPO	52.71	38.28			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	UHC	Medicare	42.13				28.46	130.82	fee schedule	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Managed Care Inc	Managed Care Inc	123.93	90			28.46	130.82	percent of total billed charges	
ANTB SEVERE AQT RESPIR SYND SARS-COV-2 COVID-19	86769	CPT				both			137.7	48.45	Three Rivers	Three Rivers	130.82	95			28.46	130.82	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Multiplan	Multiplan	132.19	80			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	First Trenton	First Trenton	148.72	90			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Aetna	Medicare	50.89	30.8			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Aetna	Better Health	50.3	30.44			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Corrections	Corrections	132.19	80			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Americare	Americare	123.93	75			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Consumer	Consumer	156.98	95			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Aetna	Commercial	62.79	38		37.24	14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Qualcare	Qualcare	123.93	75			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Horizon	Indemnity	63.25	38.28			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	First Health	First Health	115.67	70			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Amerihealth	HMO/PPO	21.8			15.6	14.39	156.98	fee schedule	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Horizon	Medicare Blue	49.57	30			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Amerihealth	Medicare	14.39				14.39	156.98	fee schedule	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Horizon	MGD	63.25	38.28		13.7	14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	UHC	Medicare	14.39				14.39	156.98	fee schedule	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Managed Care Inc	Managed Care Inc	148.72	90			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Horizon	PPO	63.25	38.28		14.35	14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Wellcare	Medicaid	50.3	30.44			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Horizon	NJ Health	23.52			3.97	14.39	156.98	fee schedule	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	UHC	Medicaid	50.3	30.44		8.11	14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	WellPoint	WellPoint	51.29	31.04		11.2	14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Wellcare	Medicare	14.39				14.39	156.98	fee schedule	
ANTIBODY TOXOPLASMA	86777	CPT				both			165.24	16.55	Three Rivers	Three Rivers	156.98	95			14.39	156.98	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Amerihealth	Medicare	14.41				11.53	250.97	fee schedule	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Aetna	Commercial	100.39	38			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Multiplan	Multiplan	211.34	80			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Horizon	Indemnity	101.13	38.28			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	First Trenton	First Trenton	237.76	90			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Consumer	Consumer	250.97	95			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Aetna	Better Health	80.42	30.44			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Aetna	Medicare	14.41				11.53	250.97	fee schedule	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Corrections	Corrections	211.34	80			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Amerihealth	HMO/PPO	22.8			15.6	11.53	250.97	fee schedule	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Qualcare	Qualcare	198.14	75			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Horizon	MGD	101.13	38.28		35.22	11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Horizon	NJ Health	29.4			9.91	11.53	250.97	fee schedule	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Wellcare	Medicaid	11.53				11.53	250.97	fee schedule	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	First Health	First Health	184.93	70			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Americare	Americare	198.14	75			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Managed Care Inc	Managed Care Inc	237.76	90			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	UHC	Medicaid	11.53			8.11	11.53	250.97	fee schedule	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	UHC	Medicare	14.41				11.53	250.97	fee schedule	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	WellPoint	WellPoint	82	31.04		11.2	11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Horizon	PPO	101.13	38.28			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Horizon	Medicare Blue	79.25	30			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Three Rivers	Three Rivers	250.97	95			11.53	250.97	percent of total billed charges	
ANTIBODY TOXOPLASMA IGM	86778	CPT				both			264.18	16.57	Wellcare	Medicare	14.41				11.53	250.97	fee schedule	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Horizon	Medicare Blue	58.14	30		8.33	11.53	184.11	percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	First Trenton	First Trenton	174.42	90			11.53	184.11	percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Aetna	Commercial	73.64	38		16.64	11.53	184.11	percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Amerihealth	HMO/PPO	11.53			10.24	11.53	184.11	fee schedule	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Aetna	Better Health	58.99	30.44		22.1	11.53	184.11	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	UHC	Medicaid	58.99	30.44		16.98	11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Aetna	Medicare	59.69	30.8		9.17	11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Consumer	Consumer	184.11	95			11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Horizon	NJ Health	23.52			4.52	11.53	11.53	184.11 fee schedule	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Managed Care Inc	Managed Care Inc	174.42	90			11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	UHC	Medicare	13.24			8.95	11.53	11.53	184.11 fee schedule	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	First Health	First Health	135.66	70			11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Amerihealth	Medicare	13.24				11.53	11.53	184.11 fee schedule	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Three Rivers	Three Rivers	184.11	95			11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Americare	Americare	145.35	75			11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Multiplan	Multiplan	155.04	80			11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Corrections	Corrections	155.04	80			11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Qualcare	Qualcare	145.35	75			11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Wellcare	Medicaid	58.99	30.44		21.23	11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Horizon	Indemnity	74.19	38.28		26.2	11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	WellPoint	WellPoint	60.16	31.04		18.07	11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Horizon	MGD	74.19	38.28		23.97	11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Horizon	PPO	74.19	38.28		15.95	11.53	11.53	184.11 percent of total billed charges	
ANTIBODY TREPONEMA PALLIDUM	86780	CPT				both			193.8	15.23	Wellcare	Medicare	13.24				11.53	11.53	184.11 fee schedule	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Consumer	Consumer	474.81	95			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Horizon	MGD	191.32	38.28			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Aetna	Medicare	12.56				10.05	10.05	474.81 fee schedule	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Aetna	Better Health	152.14	30.44			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	First Trenton	First Trenton	449.82	90			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Amerihealth	HMO/PPO	22.8				10.05	10.05	474.81 fee schedule	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Americare	Americare	374.85	75			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Corrections	Corrections	399.84	80			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Horizon	NJ Health	17.25				10.05	10.05	474.81 fee schedule	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	First Health	First Health	349.86	70			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Horizon	Indemnity	191.32	38.28			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Aetna	Commercial	189.92	38			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Managed Care Inc	Managed Care Inc	449.82	90			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Wellcare	Medicare	12.56				10.05	10.05	474.81 fee schedule	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Horizon	Medicare Blue	149.94	30			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	WellPoint	WellPoint	155.14	31.04			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Wellcare	Medicaid	10.05				10.05	10.05	474.81 fee schedule	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Amerihealth	Medicare	12.56				10.05	10.05	474.81 fee schedule	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Horizon	PPO	191.32	38.28			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Multiplan	Multiplan	399.84	80			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Three Rivers	Three Rivers	474.81	95			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	Qualcare	Qualcare	374.85	75			10.05	10.05	474.81 percent of total billed charges	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	UHC	Medicaid	10.05				10.05	10.05	474.81 fee schedule	
ANTIBODY TRICHINELLA	86784	CPT				outpatient			499.8	14.44	UHC	Medicare	12.56				10.05	10.05	474.81 fee schedule	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Corrections	Corrections	88.94	80			10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Aetna	Commercial	42.25	38		18.05	10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Consumer	Consumer	105.62	95			10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Aetna	Medicare	12.88			1.68	10.3	10.3	105.62 fee schedule	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	First Trenton	First Trenton	100.06	90			10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Amerihealth	Medicare	12.88				10.3	10.3	105.62 fee schedule	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Amerihealth	HMO/PPO	18.3			7.56	10.3	10.3	105.62 fee schedule	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Aetna	Better Health	33.84	30.44		17.73	10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Horizon	MGD	42.56	38.28		13.69	10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Wellcare	Medicaid	10.3			17.73	10.3	10.3	105.62 fee schedule	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	First Health	First Health	77.83	70			10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Americare	Americare	83.39	75			10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Managed Care Inc	Managed Care Inc	100.06	90			10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Horizon	NJ Health	24.7			2.86	10.3	10.3	105.62 fee schedule	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Multiplan	Multiplan	88.94	80			10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Horizon	Indemnity	42.56	38.28		10.67	10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Three Rivers	Three Rivers	105.62	95			10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Wellcare	Medicare	12.88			1.97	10.3	10.3	105.62 fee schedule	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Horizon	PPO	42.56	38.28		13.07	10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Horizon	Medicare Blue	33.35	30		2.51	10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	Qualcare	Qualcare	83.39	75			10.3	10.3	105.62 percent of total billed charges	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	UHC	Medicare	12.88			4.38	10.3	10.3	105.62 fee schedule	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	UHC	Medicaid	10.3			15.59	10.3	10.3	105.62 fee schedule	
ANTIBODY VARICELLA-ZOSTER	86787	CPT				both			111.18	14.81	WellPoint	WellPoint	34.51	31.04		21.41	10.3	10.3	105.62 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Amerihealth	Medicare	16.85				13.48	13.48	169.58 fee schedule	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Aetna	Better Health	54.34	30.44			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Aetna	Commercial	67.83	38			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Consumer	Consumer	169.58	95			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Horizon	MGD	68.33	38.28			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Aetna	Medicare	16.85				13.48	13.48	169.58 fee schedule	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Americare	Americare	133.88	75			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Corrections	Corrections	142.8	80			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	First Trenton	First Trenton	160.65	90			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Horizon	Medicare Blue	53.55	30			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Horizon	Indemnity	68.33	38.28			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Horizon	NJ Health	46.14				13.48	13.48	169.58 fee schedule	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	WellPoint	WellPoint	55.41	31.04			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	First Health	First Health	124.95	70			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Amerihealth	HMO/PPO	23.9				13.48	13.48	169.58 fee schedule	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Horizon	PPO	68.33	38.28			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	UHC	Medicaid	13.48			19.27	13.48	13.48	169.58 fee schedule	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Multiplan	Multiplan	142.8	80			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Wellcare	Medicare	16.85				13.48	13.48	169.58 fee schedule	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Managed Care Inc	Managed Care Inc	160.65	90			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	UHC	Medicare	16.85				13.48	13.48	169.58 fee schedule	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Qualcare	Qualcare	133.88	75			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Three Rivers	Three Rivers	169.58	95			13.48	13.48	169.58 percent of total billed charges	
ANTIBODY WEST NILE VIRUS IGM	86788	CPT				both			178.5	19.38	Wellcare	Medicaid	13.48				13.48	13.48	169.58 fee schedule	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	First Health	First Health	107.1	70			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	UHC	Medicaid	11.51			19.27	11.51	11.51	145.35 fee schedule	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Amerihealth	Medicare	14.39				11.51	11.51	145.35 fee schedule	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Aetna	Medicare	14.39				11.51	11.51	145.35 fee schedule	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Wellcare	Medicare	14.39				11.51	11.51	145.35 fee schedule	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Horizon	MGD	58.57	38.28			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Aetna	Better Health	46.57	30.44			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Americare	Americare	114.75	75			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Corrections	Corrections	122.4	80			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Wellcare	Medicaid	11.51				11.51	11.51	145.35 fee schedule	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Aetna	Commercial	58.14	38			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Amerihealth	HMO/PPO	21.8				11.51	11.51	145.35 fee schedule	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	WellPoint	WellPoint	47.49	31.04			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Consumer	Consumer	145.35	95			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Horizon	Indemnity	58.57	38.28			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Horizon	Medicare Blue	45.9	30			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Multiplan	Multiplan	122.4	80			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	First Trenton	First Trenton	137.7	90			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Qualcare	Qualcare	114.75	75			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Horizon	NJ Health	39.42				11.51	11.51	145.35 fee schedule	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	UHC	Medicare	14.39				11.51	11.51	145.35 fee schedule	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Horizon	PPO	58.57	38.28			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Managed Care Inc	Managed Care Inc	137.7	90			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY WEST NILE VIRUS	86789	CPT				both			153	16.55	Three Rivers	Three Rivers	145.35	95			11.51	11.51	145.35 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Aetna	Better Health	97.8	30.44			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	UHC	Medicaid	10.3			16.45	9.49	9.49	464.89 fee schedule	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	First Health	First Health	224.91	70			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Aetna	Medicare	12.88			2.84	9.49	9.49	464.89 fee schedule	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Amerihealth	HMO/PPO	22.8			2.77	9.49	9.49	464.89 fee schedule	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Americare	Americare	240.98	75			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Aetna	Commercial	122.09	38		14.19	9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Corrections	Corrections	257.04	80			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Horizon	MGD	122.99	38.28		16.4	9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Consumer	Consumer	305.24	95			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	First Trenton	First Trenton	289.17	90			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Horizon	Medicare Blue	96.39	30		4.25	9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Horizon	PPO	122.99	38.28		22.14	9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Horizon	NJ Health	464.89			4.55	9.49	9.49	464.89 fee schedule	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Amerihealth	Medicare	12.88				9.49	9.49	464.89 fee schedule	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Multiplan	Multiplan	257.04	80			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	UHC	Medicare	12.88			14.22	9.49	9.49	464.89 fee schedule	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Qualcare	Qualcare	240.98	75			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Managed Care Inc	Managed Care Inc	289.17	90			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	WellPoint	WellPoint	99.73	31.04		20.11	9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Horizon	Indemnity	122.99	38.28		4.73	9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Three Rivers	Three Rivers	305.24	95			9.49	9.49	464.89 percent of total billed charges	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Wellcare	Medicare	12.88			2.57	9.49	9.49	464.89 fee schedule	
ANTIBODY VIRUS NOT ELSEWHERE SPECIFIED	86790	CPT				both			321.3	14.81	Wellcare	Medicaid	10.3				9.49	9.49	464.89 fee schedule	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7	18.3	Aetna	Commercial	110.47	38			11.02	11.02	276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7	18.3	Consumer	Consumer	276.17	95			11.02	11.02	276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7	18.3	Aetna	Medicare	15.91			6.08	11.02	11.02	276.17 fee schedule	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7	18.3	Aetna	Better Health	88.49	30.44			11.02	11.02	276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7	18.3	Americare	Americare	218.03	75			11.02	11.02	276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7	18.3	Horizon	MGD	111.28	38.28		11.32	11.02	11.02	276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7	18.3	Amerihealth	Medicare	15.91				11.02	11.02	276.17 fee schedule	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7	18.3	First Health	First Health	203.49	70			11.02	11.02	276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7	18.3	Amerihealth	HMO/PPO	21.4			5.6	11.02	11.02	276.17 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Managed Care Inc	Managed Care Inc	261.63	90			11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Horizon	NJ Health	25.48			1.82	11.02		276.17 fee schedule	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Corrections	Corrections	232.56	80		7.19	11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 First Trenton	First Trenton	261.63	90			11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 WellPoint	WellPoint	90.23	31.04		7.43	11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 UHC	Medicaid	12.73			6.21	11.02		276.17 fee schedule	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Horizon	Indemnity	111.28	38.28			11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Horizon	Medicare Blue	87.21	30		3.49	11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Horizon	PPO	111.28	38.28		14.25	11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 UHC	Medicare	15.91			4.15	11.02		276.17 fee schedule	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Multiplan	Multiplan	232.56	80			11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Qualcare	Qualcare	218.03	75			11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Three Rivers	Three Rivers	276.17	95			11.02		276.17 percent of total billed charges	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Wellcare	Medicaid	12.73			7.45	11.02		276.17 fee schedule	
THYROGLOBULIN ANTIBODY	86800	CPT				both			290.7		18.3 Wellcare	Medicare	15.91			5.54	11.02		276.17 fee schedule	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Aetna	Better Health	110.84	30.44		24.21	10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Horizon	MGD	139.39	38.28		22.08	10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Aetna	Commercial	138.37	38		24.53	10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Multiplan	Multiplan	291.31	80			10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Corrections	Corrections	291.31	80		20.19	10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Americare	Americare	273.11	75			10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Aetna	Medicare	14.27			5.98	10.4		345.93 fee schedule	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 First Health	First Health	254.9	70			10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Horizon	PPO	139.39	38.28		19.46	10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 First Trenton	First Trenton	327.73	90			10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Amerihealth	HMO/PPO	19.7			10.38	10.4		345.93 fee schedule	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Qualcare	Qualcare	273.11	75			10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 UHC	Medicaid	11.42			24.8	10.4		345.93 fee schedule	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Managed Care Inc	Managed Care Inc	327.73	90			10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Amerihealth	Medicare	14.27			4.95	10.4		345.93 fee schedule	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Horizon	Medicare Blue	109.24	30		9.34	10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Wellcare	Medicaid	11.42			28.11	10.4		345.93 fee schedule	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Three Rivers	Three Rivers	345.93	95			10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Consumer	Consumer	345.93	95			10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Wellcare	Medicare	14.27			4.68	10.4		345.93 fee schedule	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Horizon	Indemnity	139.39	38.28		25.42	10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 Horizon	NJ Health	40.96			6.71	10.4		345.93 fee schedule	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 UHC	Medicare	14.27			13.89	10.4		345.93 fee schedule	
HEPATITIS C ANTIBODY	86803	CPT				both			364.14		16.41 WellPoint	WellPoint	113.03	31.04		26.88	10.4		345.93 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Americare	Americare	302.18	75			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Aetna	Medicare	15.49				12.39		382.76 fee schedule	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Amerihealth	HMO/PPO	21.4				12.39		382.76 fee schedule	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Amerihealth	Medicare	15.49				12.39		382.76 fee schedule	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Horizon	MGD	154.23	38.28			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Aetna	Better Health	122.64	30.44			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 UHC	Medicare	15.49				12.39		382.76 fee schedule	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Consumer	Consumer	382.76	95			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Wellcare	Medicaid	12.39				12.39		382.76 fee schedule	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 First Health	First Health	282.03	70			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Wellcare	Medicare	15.49				12.39		382.76 fee schedule	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Corrections	Corrections	322.32	80			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Aetna	Commercial	153.1	38			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 First Trenton	First Trenton	362.61	90			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Horizon	Medicare Blue	120.87	30			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 WellPoint	WellPoint	125.06	31.04			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Horizon	Indemnity	154.23	38.28			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Horizon	NJ Health	17.09				12.39		382.76 fee schedule	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 UHC	Medicaid	12.39				12.39		382.76 fee schedule	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Horizon	PPO	154.23	38.28			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Multiplan	Multiplan	322.32	80			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Managed Care Inc	Managed Care Inc	362.61	90			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Qualcare	Qualcare	302.18	75			12.39		382.76 percent of total billed charges	
HEPATITIS C ANTIBODY CONFIRMATORY TEST	86804	CPT				outpatient			402.9		17.81 Three Rivers	Three Rivers	382.76	95			12.39		382.76 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Horizon	Indemnity	176.88	38.28			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Aetna	Commercial	175.58	38			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 First Trenton	First Trenton	415.85	90			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Aetna	Better Health	140.65	30.44			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Americare	Americare	346.55	75			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Aetna	Medicare	25.81				20.65		438.96 fee schedule	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Amerihealth	Medicare	25.81				20.65		438.96 fee schedule	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 First Health	First Health	323.44	70			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Amerihealth	HMO/PPO	38.8				20.65		438.96 fee schedule	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Corrections	Corrections	369.65	80			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Managed Care Inc	Managed Care Inc	415.85	90			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Consumer	Consumer	438.96	95			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Horizon	MGD	176.88	38.28			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 UHC	Medicaid	20.65				20.65		438.96 fee schedule	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Wellcare	Medicare	25.81				20.65		438.96 fee schedule	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Multiplan	Multiplan	369.65	80			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 UHC	Medicare	25.81				20.65		438.96 fee schedule	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Wellcare	Medicaid	20.65				20.65		438.96 fee schedule	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 WellPoint	WellPoint	143.42	31.04			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Horizon	Medicare Blue	138.62	30			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Qualcare	Qualcare	346.55	75			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Horizon	NJ Health	24.7				20.65		438.96 fee schedule	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Horizon	PPO	176.88	38.28			20.65		438.96 percent of total billed charges	
HLA TYPING A/B/C SINGLE ANTIGEN	86812	CPT				outpatient			462.06		29.68 Three Rivers	Three Rivers	438.96	95			20.65		438.96 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Aetna	Better Health	614.46	30.44			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 First Trenton	First Trenton	1816.72	90			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Corrections	Corrections	1614.86	80			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Aetna	Commercial	767.06	38			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Aetna	Medicare	106.14				40.96		1917.65 fee schedule	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Amerihealth	HMO/PPO	100.2				40.96		1917.65 fee schedule	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Americare	Americare	1513.94	75			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 UHC	Medicaid	84.91				40.96		1917.65 fee schedule	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Horizon	Medicare Blue	605.57	30			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Horizon	PPO	772.71	38.28			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Horizon	Indemnity	772.71	38.28			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Wellcare	Medicare	106.14				40.96		1917.65 fee schedule	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 First Health	First Health	1413.01	70			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Amerihealth	Medicare	106.14				40.96		1917.65 fee schedule	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Consumer	Consumer	1917.65	95			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Managed Care Inc	Managed Care Inc	1816.72	90			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Multiplan	Multiplan	1614.86	80			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Horizon	MGD	772.71	38.28			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Wellcare	Medicaid	84.91				40.96		1917.65 fee schedule	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 WellPoint	WellPoint	626.57	31.04			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Qualcare	Qualcare	1513.94	75			40.96		1917.65 percent of total billed charges	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Horizon	NJ Health	40.96				40.96		1917.65 fee schedule	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 UHC	Medicare	106.14				40.96		1917.65 fee schedule	
HLA TYPING DR/DQ MULTIPLE ANTIGENS	86817	CPT				outpatient			2018.58		122.06 Three Rivers	Three Rivers	1917.65	95			40.96		1917.65 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Corrections	Corrections	784.18	80			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 First Trenton	First Trenton	882.2	90			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 First Health	First Health	686.15	70			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Aetna	Medicare	323.75				89.85		931.21 fee schedule	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Aetna	Commercial	372.48	38			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Amerihealth	Medicare	323.75				89.85		931.21 fee schedule	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Aetna	Better Health	298.38	30.44			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Horizon	Indemnity	375.23	38.28			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 UHC	Medicaid	259				89.85		931.21 fee schedule	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Horizon	PPO	375.23	38.28			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 UHC	Medicare	323.75				89.85		931.21 fee schedule	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Americare	Americare	735.17	75			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Horizon	MGD	375.23	38.28			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 WellPoint	WellPoint	304.26	31.04			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Amerihealth	HMO/PPO	89.85				89.85		931.21 fee schedule	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Multiplan	Multiplan	784.18	80			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Wellcare	Medicare	323.75				89.85		931.21 fee schedule	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Managed Care Inc	Managed Care Inc	882.2	90			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Consumer	Consumer	931.21	95			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Wellcare	Medicaid	259				89.85		931.21 fee schedule	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Qualcare	Qualcare	735.17	75			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Horizon	Medicare Blue	294.07	30			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Horizon	NJ Health	227.87				89.85		931.21 fee schedule	
ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	86832	CPT				outpatient			980.22		372.31 Three Rivers	Three Rivers	931.21	95			89.85		931.21 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Corrections	Corrections	720.53	80			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 First Health	First Health	630.46	70			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Americare	Americare	675.5	75			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Aetna	Better Health	274.16	30.44			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 First Trenton	First Trenton	810.59	90			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Consumer	Consumer	855.63	95			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Aetna	Medicare	277.4	30.8			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Amerihealth	Medicare	325.8				81.69		855.63 fee schedule	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Horizon	Indemnity	344.77	38.28			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Multiplan	Multiplan	720.53	80			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Amerihealth	HMO/PPO	81.69				81.69		855.63 fee schedule	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Aetna	Commercial	342.25	38			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66		374.67 Horizon	NJ Health	207.15				81.69		855.63 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																							
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																							
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	UHC	Medicaid	274.16	30.44			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	Horizon	MGD	344.77	38.28			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	Wellcare	Medicare	325.8				81.69		855.63 fee schedule	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	Horizon	Medicare Blue	270.2	30			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	Qualcare	Qualcare	675.5	75			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	Horizon	PPO	344.77	38.28			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	WellPoint	WellPoint	279.56	31.04			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	Managed Care Inc	Managed Care Inc	810.59	90			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	UHC	Medicare	325.8				81.69		855.63 fee schedule	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	Three Rivers	Three Rivers	855.63	95			81.69		855.63 percent of total billed charges	
ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	86833	CPT				both			900.66	374.67	Wellcare	Medicaid	274.16	30.44			81.69		855.63 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Horizon	Indemnity	224.12	38.28			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Amerihealth	HMO/PPO	380.56	65			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		First Health	First Health	409.84	70			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Corrections	Corrections	468.38	80			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		First Trenton	First Trenton	526.93	90			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Americare	Americare	439.11	75			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Aetna	Commercial	222.48	38			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Aetna	Better Health	178.22	30.44			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Horizon	PPO	224.12	38.28			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Multiplan	Multiplan	468.38	80			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Wellcare	Medicaid	178.22	30.44			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Consumer	Consumer	556.21	95			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Managed Care Inc	Managed Care Inc	526.93	90			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Qualcare	Qualcare	439.11	75			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Aetna	Medicare	180.33	30.8			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Horizon	Medicare Blue	175.64	30			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Three Rivers	Three Rivers	556.21	95			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		Horizon	MGD	224.12	38.28			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		UHC	Medicaid	178.22	30.44			175.64		556.21 percent of total billed charges	
UNLISTED IMMUNOLOGY	86849	CPT				outpatient			585.48		WellPoint	WellPoint	181.73	31.04			175.64		556.21 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Amerihealth	HMO/PPO	7.8			31.51	7.8		205.43 fee schedule	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Amerihealth	Medicare	9.77				7.8		205.43 fee schedule	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Americare	Americare	162.18	75			7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Horizon	Medicare Blue	62			19.75	7.8		205.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Horizon	NJ Health	8.23			12.61	7.8		205.43 fee schedule	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Aetna	Better Health	65.82	30.44		43.03	7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Wellcare	Medicare	9.77			21.65	7.8		205.43 fee schedule	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Aetna	Medicare	66.6	30.8		22.69	7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	UHC	Medicaid	65.82	30.44		46.15	7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Consumer	Consumer	205.43	95			7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Corrections	Corrections	172.99	80		30.52	7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Horizon	PPO	119.97			51.5	7.8		205.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	WellPoint	WellPoint	67.12	31.04		43.23	7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Aetna	Commercial	101.18			40.35	7.8		205.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	UHC	Medicare	9.77			21.17	7.8		205.43 fee schedule	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	First Trenton	First Trenton	194.62	90			7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Horizon	MGD	119.97			51.41	7.8		205.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Horizon	Indemnity	119.97			42.59	7.8		205.43 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	First Health	First Health	151.37	70			7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Managed Care Inc	Managed Care Inc	194.62	90			7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Wellcare	Medicaid	65.82	30.44		42.38	7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Three Rivers	Three Rivers	205.43	95			7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Multiplan	Multiplan	172.99	80			7.8		205.43 percent of total billed charges	
ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	86850	CPT				both			216.24	11.24	Qualcare	Qualcare	162.18	75			7.8		205.43 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	UHC	Medicare	198.83				4.2		475.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Horizon	Medicare Blue	198.83				4.2		475.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Aetna	Better Health	152.45	30.44			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Aetna	Medicare	198.83				4.2		475.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Aetna	Commercial	324.49				4.2		475.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Multiplan	Multiplan	400.66	80			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Consumer	Consumer	475.78	95			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Americare	Americare	375.62	75			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Amerihealth	Medicare	198.83				4.2		475.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Qualcare	Qualcare	375.62	75			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	First Health	First Health	350.57	70			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	First Trenton	First Trenton	450.74	90			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Horizon	Indemnity	384.74				4.2		475.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Amerihealth	HMO/PPO	17				4.2		475.78 fee schedule	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Corrections	Corrections	400.66	80			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Wellcare	Medicaid	4.2				4.2		475.78 fee schedule	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Horizon	NJ Health	9.06			29.97	4.2		475.78 fee schedule	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Horizon	MGD	384.74				4.2		475.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Horizon	PPO	384.74			97.52	4.2		475.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Wellcare	Medicare	198.83			68.5	4.2		475.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Managed Care Inc	Managed Care Inc	450.74	90			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	UHC	Medicaid	4.2				4.2		475.78 fee schedule	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	Three Rivers	Three Rivers	475.78	95			4.2		475.78 percent of total billed charges	
ANTIBODY ELUTION RBC EACH ELUTION	86860	CPT				both			500.82	228.65	WellPoint	WellPoint	155.45	31.04		145.77	4.2		475.78 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Aetna	Medicare	417.39			234.89	9		882.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Aetna	Commercial	681.18			264.27	9		882.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Horizon	Medicare Blue	417.39			145.81	9		882.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	First Health	First Health	650.45	70			9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Aetna	Better Health	282.85	30.44		193.76	9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Horizon	Indemnity	807.65			154.63	9		882.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Americare	Americare	696.92	75			9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	First Trenton	First Trenton	836.3	90			9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	UHC	Medicare	417.39			124.59	9		882.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Corrections	Corrections	743.38	80		80.02	9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	UHC	Medicaid	9			202.4	9		882.76 fee schedule	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Three Rivers	Three Rivers	882.76	95			9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Amerihealth	HMO/PPO	30.2			95.36	9		882.76 fee schedule	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Qualcare	Qualcare	696.92	75			9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Consumer	Consumer	882.76	95			9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Managed Care Inc	Managed Care Inc	836.3	90			9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Amerihealth	Medicare	417.39				9		882.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Horizon	PPO	807.65			265.22	9		882.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Wellcare	Medicare	417.39			121.86	9		882.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Multiplan	Multiplan	743.38	80			9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Horizon	NJ Health	17.64			63.04	9		882.76 fee schedule	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Horizon	MGD	807.65			255.03	9		882.76 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	WellPoint	WellPoint	288.43	31.04		277.79	9		882.76 percent of total billed charges	
ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	86870	CPT				both			929.22	480	Wellcare	Medicaid	9			90.47	9		882.76 fee schedule	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Aetna	Medicare	5.39				4.31		250 fee schedule	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	UHC	Medicaid	4.31			55.34	4.31		250 fee schedule	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Corrections	Corrections	210.53	80			4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Horizon	Medicare Blue	68.92			14.92	4.31		250 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Amerihealth	Medicare	5.39				4.31		250 fee schedule	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Aetna	Commercial	112.48			22.4	4.31		250 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Consumer	Consumer	250	95			4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Aetna	Better Health	80.11	30.44		24.8	4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	First Health	First Health	184.21	70			4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Horizon	MGD	133.36				4.31		250 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	First Trenton	First Trenton	236.84	90			4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Multiplan	Multiplan	210.53	80			4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Horizon	Indemnity	133.36				4.31		250 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	UHC	Medicare	5.39			34.23	4.31		250 fee schedule	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Managed Care Inc	Managed Care Inc	236.84	90			4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Americare	Americare	197.37	75			4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Horizon	NJ Health	9.8			13.39	4.31		250 fee schedule	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Qualcare	Qualcare	197.37	75			4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Three Rivers	Three Rivers	250	95			4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Amerihealth	HMO/PPO	8.4				4.31		250 fee schedule	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Wellcare	Medicaid	4.31			18.15	4.31		250 fee schedule	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Horizon	PPO	133.36			68.95	4.31		250 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	WellPoint	WellPoint	81.68	31.04		72.29	4.31		250 percent of total billed charges	
ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	86880	CPT				both			263.16	6.2	Wellcare	Medicare	5.39			35.99	4.31		250 fee schedule	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Aetna	Medicare	142.31	30.8			5.72		438.96 percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Horizon	PPO	384.74				5.72		438.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Horizon	Medicare Blue	198.83				5.72		438.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Aetna	Commercial	324.49				5.72		438.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	UHC	Medicaid	140.65	30.44			5.72		438.96 percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Consumer	Consumer	438.96	95			5.72		438.96 percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Aetna	Better Health	140.65	30.44			5.72		438.96 percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Americare	Americare	346.55	75			5.72		438.96 percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Amerihealth	Medicare	5.72				5.72		438.96 fee schedule	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Corrections	Corrections	369.65	80			5.72		438.96 percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Multiplan	Multiplan	369.65	80			5.72		438.96 percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Amerihealth	HMO/PPO	8.9				5.72		438.96 fee schedule	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	WellPoint	WellPoint	143.42	31.04			5.72		438.96 percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Horizon	NJ Health	13.33				5.72		438.96 fee schedule	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	First Health	First Health	323.44	70			5.72		438.96 percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Horizon	MGD	384.74				5.72		438.96 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	First Trenton	First

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measure	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Managed Care Inc	Managed Care Inc	415.85	90			5.72	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	UHC	Medicare	5.72				5.72	438.96	fee schedule	
ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	86885	CPT				outpatient			462.06	6.58	Wellcare	Medicaid	140.65	30.44			5.72	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Aetna	Better Health	140.65	30.44			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Aetna	Commercial	324.49				4.14	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	First Trenton	First Trenton	415.85	90			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Horizon	MGD	384.74				4.14	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Amerihealth	HMO/PPO	8.1				4.14	438.96	fee schedule	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Aetna	Medicare	5.18				4.14	438.96	fee schedule	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Corrections	Corrections	369.65	80			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Horizon	NJ Health	9.8			6.51	4.14	438.96	fee schedule	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Americare	Americare	346.55	75			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Multiplan	Multiplan	369.65	80			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Managed Care Inc	Managed Care Inc	415.85	90			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	UHC	Medicaid	4.14			91.45	4.14	438.96	fee schedule	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Amerihealth	Medicare	5.18				4.14	438.96	fee schedule	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Consumer	Consumer	438.96	95			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Horizon	PPO	384.74				4.14	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Qualcare	Qualcare	346.55	75			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Three Rivers	Three Rivers	438.96	95			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Wellcare	Medicaid	4.14				4.14	438.96	fee schedule	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	WellPoint	WellPoint	143.42	31.04			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	First Health	First Health	323.44	70			4.14	438.96	percent of total billed charges	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Wellcare	Medicare	5.18				4.14	438.96	fee schedule	
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Horizon	Indemnity	384.74				4.14	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	Horizon	Medicare Blue	198.83				4.14	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	86886	CPT				both			462.06	5.96	UHC	Medicare	5.18				4.14	438.96	fee schedule	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Aetna	Better Health	338.12	30.44			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Aetna	Medicare	198.83				31.14	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Aetna	Commercial	324.49				31.14	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Amerihealth	HMO/PPO	31.14				31.14	1055.24	fee schedule	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Consumer	Consumer	1055.24	95			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Wellcare	Medicaid	75				31.14	1055.24	fee schedule	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Multiplan	Multiplan	888.62	80			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Amerihealth	Medicare	198.83				31.14	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Wellcare	Medicare	198.83				31.14	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	First Trenton	First Trenton	999.7	90			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Americare	Americare	833.09	75			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	First Health	First Health	777.55	70			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Corrections	Corrections	888.62	80			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Horizon	MGD	384.74				31.14	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Qualcare	Qualcare	833.09	75			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Horizon	Indemnity	384.74				31.14	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Horizon	Medicare Blue	198.83				31.14	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Horizon	PPO	384.74				31.14	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Three Rivers	Three Rivers	1055.24	95			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Managed Care Inc	Managed Care Inc	999.7	90			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	Horizon	NJ Health	58.9				31.14	1055.24	fee schedule	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	UHC	Medicaid	75				31.14	1055.24	fee schedule	
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	UHC	Medicare	198.83				31.14	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	86890	CPT				outpatient			1110.78	228.65	WellPoint	WellPoint	344.79	31.04			31.14	1055.24	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Aetna	Commercial	1546.92				8.88	2591.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Aetna	Medicare	947.87				8.88	2591.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Consumer	Consumer	2591.11	95			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	First Trenton	First Trenton	2454.73	90			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Amerihealth	Medicare	947.87				8.88	2591.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Aetna	Better Health	830.24	30.44			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Corrections	Corrections	2181.98	80			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Wellcare	Medicaid	75				8.88	2591.11	fee schedule	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Americare	Americare	2045.61	75			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Amerihealth	HMO/PPO	8.88				8.88	2591.11	fee schedule	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Horizon	NJ Health	82.93				8.88	2591.11	fee schedule	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Managed Care Inc	Managed Care Inc	2454.73	90			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Horizon	Indemnity	1834.13				8.88	2591.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	First Health	First Health	1909.24	70			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Horizon	Medicare Blue	947.87				8.88	2591.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Horizon	MGD	1834.13				8.88	2591.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Multiplan	Multiplan	2181.98	80			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	UHC	Medicaid	75				8.88	2591.11	fee schedule	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Horizon	PPO	1834.13				8.88	2591.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	UHC	Medicare	947.87				8.88	2591.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	WellPoint	WellPoint	846.61	31.04			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Qualcare	Qualcare	2045.61	75			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Three Rivers	Three Rivers	2591.11	95			8.88	2591.11	percent of total billed charges	
AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	86891	CPT				both			2727.48	1090.05	Wellcare	Medicare	947.87				8.88	2591.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Corrections	Corrections	210.53	80		43.98	2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Aetna	Better Health	80.11	30.44		62.02	2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Amerihealth	Medicare	2.99				2.39	289.42	fee schedule	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Horizon	Indemnity	289.42			61.37	2.39	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Americare	Americare	197.37	75			2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Amerihealth	HMO/PPO	4.8			45.42	2.39	289.42	fee schedule	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Horizon	MGD	289.42			74.11	2.39	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Aetna	Medicare	2.99			32.7	2.39	289.42	fee schedule	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Consumer	Consumer	250	95			2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Aetna	Commercial	244.1			58.15	2.39	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Wellcare	Medicaid	2.39			61.08	2.39	289.42	fee schedule	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Horizon	NJ Health	3.92			18.17	2.39	289.42	fee schedule	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	First Health	First Health	184.21	70			2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Qualcare	Qualcare	197.37	75			2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	First Trenton	First Trenton	236.84	90			2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Multiplan	Multiplan	210.53	80			2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Horizon	Medicare Blue	149.57			28.47	2.39	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Managed Care Inc	Managed Care Inc	236.84	90			2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Horizon	PPO	289.42			74.23	2.39	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	UHC	Medicaid	2.39			66.53	2.39	289.42	fee schedule	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Three Rivers	Three Rivers	250	95			2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	UHC	Medicare	2.99			30.52	2.39	289.42	fee schedule	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	Wellcare	Medicare	2.99			31.2	2.39	289.42	fee schedule	
BLOOD TYPING SEROLOGIC ABO	86900	CPT				both			263.16	3.44	WellPoint	WellPoint	81.68	31.04		62.31	2.39	289.42	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	First Health	First Health	130.66	70			2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Americare	Americare	140	75			2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Consumer	Consumer	177.33	95			2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Aetna	Commercial	74.32			32	2.39	177.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Amerihealth	HMO/PPO	5.4			25	2.39	177.33	fee schedule	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Aetna	Better Health	56.82	30.44		34.14	2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Horizon	NJ Health	3.92			10	2.39	177.33	fee schedule	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Horizon	MGD	88.12			40.79	2.39	177.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Horizon	Indemnity	88.12			33.74	2.39	177.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Aetna	Medicare	2.99			18	2.39	177.33	fee schedule	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	First Trenton	First Trenton	167.99	90			2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Horizon	PPO	88.12			40.86	2.39	177.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Corrections	Corrections	149.33	80		24.21	2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Amerihealth	Medicare	2.99				2.39	177.33	fee schedule	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	WellPoint	WellPoint	57.94	31.04		34.29	2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Wellcare	Medicaid	2.39			33.62	2.39	177.33	fee schedule	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Multiplan	Multiplan	149.33	80			2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Horizon	Medicare Blue	45.54			15.67	2.39	177.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Managed Care Inc	Managed Care Inc	167.99	90			2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	UHC	Medicare	2.99			16.79	2.39	177.33	fee schedule	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Qualcare	Qualcare	140	75			2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	UHC	Medicaid	2.39			36.62	2.39	177.33	fee schedule	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Three Rivers	Three Rivers	177.33	95			2.39	177.33	percent of total billed charges	
BLOOD TYPING SEROLOGIC RH (D)	86901	CPT				both			186.66	3.44	Wellcare	Medicare	2.99			17.17	2.39	177.33	fee schedule	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Aetna	Medicare	141.69	30.8			4.21	807.65	percent of total billed charges	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Horizon	NJ Health	4.21			23.53	4.21	807.65	fee schedule	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Aetna	Better Health	140.03	30.44			4.21	807.65	percent of total billed charges	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Three Rivers	Three Rivers	437.02	95			4.21	807.65	percent of total billed charges	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	First Trenton	First Trenton	414.02	90			4.21	807.65	percent of total billed charges	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Corrections	Corrections	368.02	80			4.21	807.65	percent of total billed charges	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	First Health	First Health	322.01	70			4.21	807.65	percent of total billed charges	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Aetna	Commercial	681.18				4.21	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Horizon	MGD	807.65			151.14	4.21	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Horizon	PPO	807.65				4.21	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Consumer	Consumer	437.02	95			4.21	807.65	percent of total billed charges	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Wellcare	Medicare	6.35			66.18	4.21	807.65	fee schedule	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Managed Care Inc	Managed Care Inc	414.02	90			4.21	807.65	percent of total billed charges	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Americare	Americare	345.02	75			4.21	807.65	percent of total billed charges	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Horizon	Indemnity	807.65			56.01	4.21	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Amerihealth	HMO/PPO	14.7				4.21	807.65	fee schedule	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	UHC	Medicare	6.35			68.86	4.21	807.65	fee schedule	
BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	86902	CPT				both			460.02	7.3	Amerihealth	Medicare	6.35				4.21

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Amerihealth	Medicare	16.34				11.7	173.45	fee schedule	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Aetna	Medicare	16.34				11.7	173.45	fee schedule	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Aetna	Commercial	112.48				11.7	173.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Corrections	Corrections	146.06	80			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Horizon	PPO	133.36				11.7	173.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Aetna	Better Health	55.58	30.44			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Multiplan	Multiplan	146.06	80			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Horizon	NJ Health	25.23				11.7	173.45	fee schedule	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	First Trenton	First Trenton	164.32	90			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	First Health	First Health	127.81	70			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Americare	Americare	136.94	75			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Managed Care Inc	Managed Care Inc	164.32	90			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Horizon	Medicare Blue	68.92				11.7	173.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Horizon	Indemnity	133.36				11.7	173.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	UHC	Medicare	16.34				11.7	173.45	fee schedule	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Wellcare	Medicaid	11.7				11.7	173.45	fee schedule	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	WellPoint	WellPoint	56.67	31.04			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Three Rivers	Three Rivers	173.45	95			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Amerihealth	HMO/PPO	14.8				11.7	173.45	fee schedule	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Qualcare	Qualcare	136.94	75			11.7	173.45	percent of total billed charges	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Horizon	MGD	133.36				11.7	173.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	UHC	Medicaid	11.7				11.7	173.45	fee schedule	
BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM\UNIT	86904	CPT				outpatient			182.58	18.79	Wellcare	Medicare	16.34				11.7	173.45	fee schedule	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Aetna	Commercial	681.18				3.06	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Amerihealth	HMO/PPO	3.3				3.06	807.65	fee schedule	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Horizon	Indemnity	807.65			160.04	3.06	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Qualcare	Qualcare	628.83	75			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Consumer	Consumer	796.52	95			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	First Health	First Health	586.91	70			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Aetna	Better Health	255.22	30.44			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Amerihealth	Medicare	3.83				3.06	807.65	fee schedule	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Aetna	Medicare	3.83				3.06	807.65	fee schedule	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Horizon	PPO	807.65			163.26	3.06	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	UHC	Medicare	3.83				3.06	807.65	fee schedule	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	UHC	Medicaid	3.06			187.26	3.06	807.65	fee schedule	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Corrections	Corrections	670.75	80			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Wellcare	Medicare	3.83				3.06	807.65	fee schedule	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Horizon	Medicare Blue	417.39				3.06	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	First Trenton	First Trenton	754.6	90			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Americare	Americare	628.83	75			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Managed Care Inc	Managed Care Inc	754.6	90			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	WellPoint	WellPoint	260.25	31.04			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Wellcare	Medicaid	3.06				3.06	807.65	fee schedule	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Horizon	NJ Health	6.47			7.27	3.06	807.65	fee schedule	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Horizon	MGD	807.65				3.06	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Multiplan	Multiplan	670.75	80			3.06	807.65	percent of total billed charges	
BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	86905	CPT				both			838.44	4.4	Three Rivers	Three Rivers	796.52	95			3.06	807.65	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Aetna	Commercial	324.49				12	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Amerihealth	Medicare	198.83				12	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	First Trenton	First Trenton	414.02	90			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Horizon	Medicare Blue	198.83				12	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Americare	Americare	345.02	75			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Aetna	Medicare	198.83				12	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Corrections	Corrections	368.02	80			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Aetna	Better Health	140.03	30.44			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Horizon	MGD	384.74			131.87	12	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Consumer	Consumer	437.02	95			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Managed Care Inc	Managed Care Inc	414.02	90			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	UHC	Medicare	198.83				12	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Horizon	NJ Health	25.93			17.35	12	437.02	fee schedule	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Amerihealth	HMO/PPO	20				12	437.02	fee schedule	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Horizon	Indemnity	384.74				12	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	First Health	First Health	322.01	70			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Multiplan	Multiplan	368.02	80			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Three Rivers	Three Rivers	437.02	95			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Wellcare	Medicare	198.83				12	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Horizon	PPO	384.74				12	437.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Qualcare	Qualcare	345.02	75			12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	UHC	Medicaid	12			128.65	12	437.02	fee schedule	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	Wellcare	Medicaid	12				12	437.02	fee schedule	
COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	86920	CPT				both			460.02	228.65	WellPoint	WellPoint	142.79	31.04		134.38	12	437.02	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Aetna	Commercial	324.49				12	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Three Rivers	Three Rivers	438.96	95			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Aetna	Medicare	198.83				12	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Qualcare	Qualcare	346.55	75			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Americare	Americare	346.55	75			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	First Trenton	First Trenton	415.85	90			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Aetna	Better Health	140.65	30.44			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	First Health	First Health	323.44	70			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Amerihealth	HMO/PPO	20				12	438.96	fee schedule	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Managed Care Inc	Managed Care Inc	415.85	90			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Horizon	MGD	384.74				12	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	UHC	Medicare	198.83				12	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Amerihealth	Medicare	198.83				12	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Horizon	Indemnity	384.74				12	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Consumer	Consumer	438.96	95			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	WellPoint	WellPoint	143.42	31.04			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Horizon	PPO	384.74				12	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Multiplan	Multiplan	369.65	80			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Corrections	Corrections	369.65	80			12	438.96	percent of total billed charges	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	UHC	Medicaid	12				12	438.96	fee schedule	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Horizon	Medicare Blue	198.83				12	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Horizon	NJ Health	25.87				12	438.96	fee schedule	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Wellcare	Medicaid	12				12	438.96	fee schedule	
COMPATIBILITY EACH UNIT INCUBATION	86921	CPT				both			462.06	228.65	Wellcare	Medicare	198.83			58.08	12	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Aetna	Better Health	153.69	30.44			12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Amerihealth	Medicare	198.83				12	479.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Horizon	Indemnity	384.74				12	479.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Aetna	Commercial	324.49				12	479.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Corrections	Corrections	403.92	80		39.58	12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Aetna	Medicare	198.83				12	479.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	First Trenton	First Trenton	454.41	90			12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Americare	Americare	378.68	75			12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Amerihealth	HMO/PPO	20				12	479.66	fee schedule	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Wellcare	Medicaid	12			49.16	12	479.66	fee schedule	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Horizon	PPO	384.74				12	479.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Multiplan	Multiplan	403.92	80			12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	First Health	First Health	353.43	70			12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	UHC	Medicaid	12			66.15	12	479.66	fee schedule	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Horizon	MGD	384.74			7.48	12	479.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Consumer	Consumer	479.66	95			12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Horizon	Medicare Blue	198.83			61.22	12	479.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Wellcare	Medicare	198.83			56.55	12	479.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Managed Care Inc	Managed Care Inc	454.41	90			12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Qualcare	Qualcare	378.68	75			12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Horizon	NJ Health	25.87			19.55	12	479.66	fee schedule	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	WellPoint	WellPoint	156.72	31.04		160.36	12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	Three Rivers	Three Rivers	479.66	95			12	479.66	percent of total billed charges	
COMPATIBILITY EACH UNIT ANTIGLOBULIN	86922	CPT				both			504.9	228.65	UHC	Medicare	198.83			58.12	12	479.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Aetna	Medicare	198.83			52.8	12	454.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	First Health	First Health	334.87	70			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Aetna	Better Health	145.62	30.44			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Americare	Americare	358.79	75			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Amerihealth	HMO/PPO	20			48.13	12	454.46	fee schedule	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Horizon	Medicare Blue	198.83			28.7	12	454.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Aetna	Commercial	324.49			79.21	12	454.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Corrections	Corrections	382.7	80			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Amerihealth	Medicare	198.83				12	454.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Horizon	MGD	384.74			111.26	12	454.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	UHC	Medicare	198.83			56.56	12	454.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	First Trenton	First Trenton	430.54	90			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Wellcare	Medicaid	12			134.22	12	454.46	fee schedule	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Multiplan	Multiplan	382.7	80			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Consumer	Consumer	454.46	95			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Horizon	NJ Health	19.25			20.52	12	454.46	fee schedule	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Horizon	Indemnity	384.74			33.6	12	454.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Qualcare	Qualcare	358.79	75			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	WellPoint	WellPoint	148.49	31.04		119.74	12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Managed Care Inc	Managed Care Inc	430.54	90			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Horizon	PPO	384.74			139.44	12	454.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	Three Rivers	Three Rivers	454.46	95			12	454.46	percent of total billed charges	
COMPATIBILITY EACH UNIT ELECTRONIC	86923	CPT				both			478.38	228.65	UHC	Medica

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Horizon	Indemnity	384.74				9.31	917.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Amerihealth	HMO/PPO	9.31				9.31	917.64	fee schedule	
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Aetna	Medicare	198.83				9.31	917.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Amerihealth	Medicare	198.83				9.31	917.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Multiplan	Multiplan	772.75	80			9.31	917.64	percent of total billed charges	
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Managed Care Inc	Managed Care Inc	869.35	90			9.31	917.64	percent of total billed charges	
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Consumer	Consumer	917.64	95			9.31	917.64	percent of total billed charges	
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Horizon	Medicare Blue	198.83				9.31	917.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Horizon	PPO	384.74				9.31	917.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Wellcare	Medicare	198.83				9.31	917.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Corrections	Corrections	772.75	80			9.31	917.64	percent of total billed charges	
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Qualcare	Qualcare	724.46	75			9.31	917.64	percent of total billed charges	
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Horizon	NJ Health	11.72				9.31	917.64	fee schedule	
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	UHC	Medicare	198.83				9.31	917.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Horizon	MGD	384.74				9.31	917.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	WellPoint	WellPoint	299.83	31.04			9.31	917.64	percent of total billed charges	
FRESH FROZEN PLASMA THAWING EACH UNIT	86927	CPT				outpatient			965.94	228.65	Three Rivers	Three Rivers	917.64	95			9.31	917.64	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Aetna	Better Health	330.36	30.44			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Aetna	Commercial	324.49				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Horizon	PPO	384.74				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	First Trenton	First Trenton	976.75	90			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Amerihealth	Medicare	198.83				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Americare	Americare	813.96	75			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Horizon	MGD	384.74				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Aetna	Medicare	334.27	30.8			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Consumer	Consumer	1031.02	95			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Amerihealth	HMO/PPO	31.14				31.14	1031.02	fee schedule	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	WellPoint	WellPoint	336.87	31.04			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Managed Care Inc	Managed Care Inc	976.75	90			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	First Health	First Health	759.7	70			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Horizon	Indemnity	384.74				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Horizon	NJ Health	69.11				31.14	1031.02	fee schedule	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Corrections	Corrections	868.22	80			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Horizon	Medicare Blue	198.83				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	UHC	Medicare	198.83				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Multiplan	Multiplan	868.22	80			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Three Rivers	Three Rivers	1031.02	95			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Qualcare	Qualcare	813.96	75			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	UHC	Medicaid	330.36	30.44			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Wellcare	Medicaid	330.36	30.44			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING	86930	CPT				inpatient			1085.28	228.65	Wellcare	Medicare	198.83				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	UHC	Medicare	198.83				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	First Health	First Health	759.7	70			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Aetna	Commercial	324.49				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Corrections	Corrections	868.22	80			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	First Trenton	First Trenton	976.75	90			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Consumer	Consumer	1031.02	95			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Americare	Americare	813.96	75			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Aetna	Better Health	330.36	30.44			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Managed Care Inc	Managed Care Inc	976.75	90			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Multiplan	Multiplan	868.22	80			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Aetna	Medicare	198.83				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Horizon	Medicare Blue	198.83				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Amerihealth	HMO/PPO	31.14				31.14	1031.02	fee schedule	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Horizon	Indemnity	384.74				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Horizon	MGD	384.74				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Horizon	PPO	384.74				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Amerihealth	Medicare	198.83				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Qualcare	Qualcare	813.96	75			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	WellPoint	WellPoint	336.87	31.04			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Horizon	NJ Health	51.98				31.14	1031.02	fee schedule	
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Wellcare	Medicare	198.83				31.14	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT THAWING	86931	CPT				outpatient			1085.28	228.65	Three Rivers	Three Rivers	1031.02	95			31.14	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Corrections	Corrections	868.22	80			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Horizon	Medicare Blue	45.54				29.69	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	First Health	First Health	759.7	70			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Aetna	Commercial	74.32				29.69	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	First Trenton	First Trenton	976.75	90			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Aetna	Better Health	330.36	30.44			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Consumer	Consumer	1031.02	95			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Aetna	Medicare	334.27	30.8			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Wellcare	Medicare	45.54				29.69	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Horizon	PPO	88.12				29.69	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Multiplan	Multiplan	868.22	80			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Horizon	MGD	88.12				29.69	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Horizon	NJ Health	58.9				29.69	1031.02	fee schedule	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	WellPoint	WellPoint	336.87	31.04			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Horizon	Indemnity	88.12				29.69	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Americare	Americare	813.96	75			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Managed Care Inc	Managed Care Inc	976.75	90			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	UHC	Medicare	45.54				29.69	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Qualcare	Qualcare	813.96	75			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Amerihealth	HMO/PPO	29.69				29.69	1031.02	fee schedule	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Three Rivers	Three Rivers	1031.02	95			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Amerihealth	Medicare	45.54				29.69	1031.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	UHC	Medicaid	330.36	30.44			29.69	1031.02	percent of total billed charges	
FROZEN BLOOD EACH UNIT FREEZING & THAWING	86932	CPT				outpatient			1085.28	52.37	Wellcare	Medicaid	330.36	30.44			29.69	1031.02	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Consumer	Consumer	256.79	95			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Americare	Americare	202.73	75			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Aetna	Commercial	102.71	38			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Amerihealth	HMO/PPO	7.9				7.02	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	First Health	First Health	189.21	70			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Amerihealth	Medicare	8.77				7.02	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Aetna	Better Health	82.28	30.44			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Aetna	Medicare	8.77				7.02	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Wellcare	Medicaid	7.02				7.02	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Horizon	MGD	103.47	38.28			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Multiplan	Multiplan	216.24	80			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Horizon	Indemnity	103.47	38.28			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Corrections	Corrections	216.24	80			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	First Trenton	First Trenton	243.27	90			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Qualcare	Qualcare	202.73	75			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Horizon	PPO	103.47	38.28			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Horizon	Medicare Blue	81.09	30			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Horizon	NJ Health	20.54				7.02	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	UHC	Medicare	8.77				7.02	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Three Rivers	Three Rivers	256.79	95			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	UHC	Medicaid	7.02				7.02	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Managed Care Inc	Managed Care Inc	243.27	90			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	Wellcare	Medicare	8.77				7.02	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	86940	CPT				outpatient			270.3	10.09	WellPoint	WellPoint	83.9	31.04			7.02	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Americare	Americare	202.73	75			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Aetna	Commercial	102.71	38			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Horizon	Indemnity	103.47	38.28			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Aetna	Better Health	82.28	30.44			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	First Trenton	First Trenton	243.27	90			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Amerihealth	Medicare	12.11				9.69	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	UHC	Medicare	12.11				9.69	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Aetna	Medicare	12.11				9.69	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Amerihealth	HMO/PPO	13.7				9.69	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	First Health	First Health	189.21	70			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Multiplan	Multiplan	216.24	80			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Consumer	Consumer	256.79	95			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Horizon	MGD	103.47	38.28			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Horizon	Medicare Blue	81.09	30			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Qualcare	Qualcare	202.73	75			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Corrections	Corrections	216.24	80			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	UHC	Medicaid	9.69				9.69	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Horizon	PPO	103.47	38.28			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Wellcare	Medicaid	9.69				9.69	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Horizon	NJ Health	26.95				9.69	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Wellcare	Medicare	12.11				9.69	256.79	fee schedule	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Three Rivers	Three Rivers	256.79	95			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	Managed Care Inc	Managed Care Inc	243.27	90			9.69	256.79	percent of total billed charges	
HEMOLYSINS&AGGLUTININS INCUBATED	86941	CPT				outpatient			270.3	13.93	WellPoint	WellPoint	83.9	31.04			9.69	256.79	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Consumer	Consumer	145.35	95			8	145.35	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Managed Care Inc	Managed Care Inc	137.7	90			8	145.35	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Americare	Americare	114.75	75			8	145.35	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Multiplan	Multiplan	122.4	80			8	145.35	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Aetna	Better Health	46.57	30.44			8	145.35	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	First Trenton	First Trenton	137.7	90			8	145.35	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Aetna	Commercial	74.32				8	145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	First Health	First Health	107.1	70			8	145.35	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Corrections	Corrections	122.4	80			8	145.35	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Wellcare	Medicare	45.54				8	145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Aetna	Medicare	45.54				8	145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Horizon	Indemnity	88.12				8	145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Horizon	Medicare Blue	45.54				8	145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Three Rivers	Three Rivers	145.35	95			8	145.35	percent of total billed charges	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Amerihealth	Medicare	45.54				8	145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Horizon	PPO	88.12				8	145.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Horizon	NJ Health	18.82				8	145.35	fee schedule	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	UHC	Medicaid	8				8	145.35	fee schedule	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	Wellcare	Medicaid	8				8	145.35	fee schedule	
IRRADIATION BLOOD PRODUCT EACH UNIT	86945	CPT				outpatient			153	52.37	WellPoint	WellPoint	47.49	31.04			8	145.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Aetna	Commercial	324.49				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Corrections	Corrections	369.65	80			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Amerihealth	Medicare	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Aetna	Medicare	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	UHC	Medicare	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Consumer	Consumer	438.96	95			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Americare	Americare	346.55	75			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Aetna	Better Health	140.65	30.44			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Multiplan	Multiplan	369.65	80			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Horizon	Medicare Blue	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	First Trenton	First Trenton	415.85	90			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	First Health	First Health	323.44	70			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Qualcare	Qualcare	346.55	75			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Horizon	NJ Health	45.08				8.88	438.96	fee schedule	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Amerihealth	HMO/PPO	8.88				8.88	438.96	fee schedule	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Horizon	PPO	384.74				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Wellcare	Medicare	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	WellPoint	WellPoint	143.42	31.04			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Managed Care Inc	Managed Care Inc	415.85	90			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Horizon	MCD	384.74				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Horizon	Indemnity	384.74				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Three Rivers	Three Rivers	438.96	95			8.88	438.96	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	Wellcare	Medicaid	32				8.88	438.96	fee schedule	
LEUKOCYTE TRANSFUSION	86950	CPT				outpatient			462.06	228.65	UHC	Medicaid	32				8.88	438.96	fee schedule	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Amerihealth	HMO/PPO	8.88				8.88	438.96	fee schedule	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Amerihealth	Medicare	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Corrections	Corrections	369.65	80			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Aetna	Commercial	324.49				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	First Health	First Health	323.44	70			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Aetna	Medicare	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Aetna	Better Health	140.65	30.44			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	UHC	Medicare	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Horizon	Medicare Blue	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Wellcare	Medicaid	25				8.88	438.96	fee schedule	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Wellcare	Medicare	198.83				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Americare	Americare	346.55	75			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Consumer	Consumer	438.96	95			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	First Trenton	First Trenton	415.85	90			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	WellPoint	WellPoint	143.42	31.04			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Multiplan	Multiplan	369.65	80			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Horizon	Indemnity	384.74				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Horizon	MCD	384.74				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Horizon	NJ Health	15.25				8.88	438.96	fee schedule	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Qualcare	Qualcare	346.55	75			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Horizon	PPO	384.74				8.88	438.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Managed Care Inc	Managed Care Inc	415.85	90			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	Three Rivers	Three Rivers	438.96	95			8.88	438.96	percent of total billed charges	
VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	86960	CPT				outpatient			462.06	228.65	UHC	Medicaid	25				8.88	438.96	fee schedule	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	First Health	First Health	204.92	70			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	UHC	Medicare	198.83				16.16	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Corrections	Corrections	234.19	80			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Americare	Americare	219.56	75			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Horizon	Medicare Blue	198.83				16.16	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Aetna	Commercial	324.49				16.16	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Aetna	Better Health	89.11	30.44			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Aetna	Medicare	198.83				16.16	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Horizon	PPO	384.74				16.16	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Amerihealth	Medicare	198.83				16.16	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Consumer	Consumer	278.1	95			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Amerihealth	HMO/PPO	16.16				16.16	384.74	fee schedule	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Wellcare	Medicare	198.83				16.16	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Horizon	Indemnity	384.74				16.16	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Horizon	NJ Health	58.8				16.16	384.74	fee schedule	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	First Trenton	First Trenton	263.47	90			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	WellPoint	WellPoint	90.87	31.04			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Multiplan	Multiplan	234.19	80			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Managed Care Inc	Managed Care Inc	263.47	90			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Horizon	MCD	384.74				16.16	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Three Rivers	Three Rivers	278.1	95			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Qualcare	Qualcare	219.56	75			16.16	384.74	percent of total billed charges	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	UHC	Medicaid	25				16.16	384.74	fee schedule	
POOLING PLATELETS/OTHER BLOOD PRODUCTS	86965	CPT				outpatient			292.74	228.65	Wellcare	Medicaid	25				16.16	384.74	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Amerihealth	HMO/PPO	8.32				8.32	1163.77	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Aetna	Commercial	112.48				8.32	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Aetna	Better Health	372.9	30.44			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Corrections	Corrections	980.02	80			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Americare	Americare	918.77	75			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Consumer	Consumer	1163.77	95			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Amerihealth	Medicare	68.92				8.32	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Qualcare	Qualcare	918.77	75			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	UHC	Medicare	68.92				8.32	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Horizon	MGD	133.36				8.32	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Aetna	Medicare	68.92				8.32	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	First Trenton	First Trenton	1102.52	90			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Three Rivers	Three Rivers	1163.77	95			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	First Health	First Health	857.51	70			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Horizon	Medicare Blue	68.92				8.32	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Wellcare	Medicare	68.92				8.32	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	UHC	Medicaid	15				8.32	1163.77	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Multiplan	Multiplan	980.02	80			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Horizon	Indemnity	133.36				8.32	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Wellcare	Medicaid	15				8.32	1163.77	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	WellPoint	WellPoint	380.25	31.04			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Horizon	NJ Health	17.42				8.32	1163.77	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Horizon	PPO	133.36				8.32	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	86970	CPT				outpatient			1225.02	79.26	Managed Care Inc	Managed Care Inc	1102.52	90			8.32	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Amerihealth	HMO/PPO	8.32			51.39	8.32	475.78	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Amerihealth	Medicare	198.83				8.32	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	First Health	First Health	350.57	70			8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	UHC	Medicaid	15			117.95	8.32	475.78	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Consumer	Consumer	475.78	95			8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Aetna	Commercial	324.49			18.85	8.32	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Aetna	Better Health	152.45	30.44			8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Aetna	Medicare	198.83				8.32	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Corrections	Corrections	400.66	80		43.13	8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	First Trenton	First Trenton	450.74	90			8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Multiplan	Multiplan	400.66	80			8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Americare	Americare	375.62	75			8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Horizon	NJ Health	13.82			36.02	8.32	475.78	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Wellcare	Medicare	198.83			62.95	8.32	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Qualcare	Qualcare	375.62	75			8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Horizon	MGD	384.74				8.32	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Horizon	PPO	384.74				8.32	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Horizon	Indemnity	384.74				8.32	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Three Rivers	Three Rivers	475.78	95			8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Wellcare	Medicaid	15			48.76	8.32	475.78	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	WellPoint	WellPoint	155.45	31.04		150.87	8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Horizon	Medicare Blue	198.83				8.32	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	UHC	Medicare	198.83				8.32	475.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	86971	CPT				both			500.82	228.65	Managed Care Inc	Managed Care Inc	450.74	90			8.32	475.78	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02	228.65	Aetna	Commercial	324.49				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02	228.65	Amerihealth	Medicare	198.83				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02	228.65	First Trenton	First Trenton	1102.52	90			8.88	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02	228.65	Aetna	Better Health	372.9	30.44			8.88	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02	228.65	Corrections	Corrections	980.02	80			8.88	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02	228.65	Consumer	Consumer	1163.77	95			8.

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02		228.65 Horizon	PPO	384.74				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02		228.65 Three Rivers	Three Rivers	1163.77	95			8.88	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02		228.65 UHC	Medicaid	15				8.88	1163.77	fee schedule	
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02		228.65 Wellcare	Medicare	198.83				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02		228.65 WellPoint	WellPoint	380.25	31.04			8.88	1163.77	percent of total billed charges	
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02		228.65 Horizon	Indemnity	384.74				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	86972	CPT				outpatient			1225.02		228.65 Wellcare	Medicaid	15				8.88	1163.77	fee schedule	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Amerihealth	Medicare	463.01				13.01	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Aetna	Medicare	463.01				13.01	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Aetna	Commercial	755.63				13.01	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Americare	Americare	918.77	75			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Consumer	Consumer	1163.77	95			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Aetna	Better Health	372.9	30.44			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Corrections	Corrections	980.02	80			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 First Trenton	First Trenton	1102.52	90			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 First Health	First Health	857.51	70			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 UHC	Medicare	463.01				13.01	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Multiplan	Multiplan	980.02	80			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Amerihealth	HMO/PPO	13.01				13.01	1163.77	fee schedule	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Horizon	Medicare Blue	463.01				13.01	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Horizon	MGD	895.92				13.01	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Horizon	NJ Health	18.62				13.01	1163.77	fee schedule	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Managed Care Inc	Managed Care Inc	1102.52	90			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 UHC	Medicaid	25				13.01	1163.77	fee schedule	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Horizon	PPO	895.92				13.01	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Qualcare	Qualcare	918.77	75			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Horizon	Indemnity	895.92				13.01	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Wellcare	Medicare	463.01				13.01	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 WellPoint	WellPoint	380.25	31.04			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Three Rivers	Three Rivers	1163.77	95			13.01	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	86975	CPT				outpatient			1225.02		532.46 Wellcare	Medicaid	25				13.01	1163.77	fee schedule	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Corrections	Corrections	980.02	80			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Aetna	Commercial	46.38				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 UHC	Medicare	28.42				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Aetna	Better Health	372.9	30.44			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 First Trenton	First Trenton	1102.52	90			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Americare	Americare	918.77	75			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Amerihealth	HMO/PPO	8.88				8.88	1163.77	fee schedule	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Consumer	Consumer	1163.77	95			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Horizon	MGD	54.99				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Aetna	Medicare	28.42				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Amerihealth	Medicare	28.42				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Wellcare	Medicare	28.42				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Three Rivers	Three Rivers	1163.77	95			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Multiplan	Multiplan	980.02	80			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 First Health	First Health	857.51	70			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Horizon	Medicare Blue	28.42				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Horizon	NJ Health	20.74				8.88	1163.77	fee schedule	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Qualcare	Qualcare	918.77	75			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Horizon	Indemnity	54.99				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Wellcare	Medicaid	25				8.88	1163.77	fee schedule	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Horizon	PPO	54.99				8.88	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 Managed Care Inc	Managed Care Inc	1102.52	90			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 UHC	Medicaid	25				8.88	1163.77	fee schedule	
PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	86976	CPT				outpatient			1225.02		32.68 WellPoint	WellPoint	380.25	31.04			8.88	1163.77	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Wellcare	Medicare	198.83				20.74	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Aetna	Better Health	459.21	30.44		123.95	20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Amerihealth	HMO/PPO	29.69				20.74	1433.15	fee schedule	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Wellcare	Medicaid	25				20.74	1433.15	fee schedule	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Consumer	Consumer	1433.15	95			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Aetna	Commercial	324.49				20.74	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 WellPoint	WellPoint	468.26	31.04			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Aetna	Medicare	198.83				20.74	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Corrections	Corrections	1206.86	80			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Qualcare	Qualcare	1131.44	75			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Amerihealth	Medicare	198.83				20.74	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 First Trenton	First Trenton	1357.72	90			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Horizon	NJ Health	20.74				20.74	1433.15	fee schedule	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Americare	Americare	1131.44	75			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 First Health	First Health	1056.01	70			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Horizon	MGD	384.74				20.74	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Horizon	Indemnity	384.74				20.74	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 UHC	Medicare	198.83				20.74	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Horizon	Medicare Blue	198.83				20.74	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Horizon	PPO	384.74				20.74	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Multiplan	Multiplan	1206.86	80			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Managed Care Inc	Managed Care Inc	1357.72	90			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 Three Rivers	Three Rivers	1433.15	95			20.74	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	86977	CPT				both			1508.58		228.65 UHC	Medicaid	25				20.74	1433.15	fee schedule	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Aetna	Better Health	459.21	30.44			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Amerihealth	HMO/PPO	13.01				13.01	1433.15	fee schedule	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Aetna	Commercial	112.48				13.01	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Amerihealth	Medicare	68.92				13.01	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Qualcare	Qualcare	1131.44	75			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Horizon	MGD	133.36				13.01	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Consumer	Consumer	1433.15	95			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Horizon	Medicare Blue	68.92				13.01	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Horizon	Indemnity	133.36				13.01	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 First Health	First Health	1056.01	70			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Aetna	Medicare	68.92				13.01	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 UHC	Medicare	68.92				13.01	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 WellPoint	WellPoint	468.26	31.04			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Horizon	PPO	133.36				13.01	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Corrections	Corrections	1206.86	80			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Wellcare	Medicare	68.92				13.01	1433.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Multiplan	Multiplan	1206.86	80			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Americare	Americare	1131.44	75			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 First Trenton	First Trenton	1357.72	90			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Three Rivers	Three Rivers	1433.15	95			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Horizon	NJ Health	20.74				13.01	1433.15	fee schedule	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 UHC	Medicaid	35				13.01	1433.15	fee schedule	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Managed Care Inc	Managed Care Inc	1357.72	90			13.01	1433.15	percent of total billed charges	
PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	86978	CPT				both			1508.58		79.26 Wellcare	Medicaid	35				13.01	1433.15	fee schedule	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 First Health	First Health	314.16	70			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Aetna	Commercial	324.49				9.31	426.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Amerihealth	HMO/PPO	9.31				9.31	426.36	fee schedule	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Corrections	Corrections	359.04	80			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Aetna	Better Health	136.61	30.44			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Amerihealth	Medicare	198.83				9.31	426.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 First Trenton	First Trenton	403.92	90			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Consumer	Consumer	426.36	95			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Multiplan	Multiplan	359.04	80			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Aetna	Medicare	198.83				9.31	426.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Horizon	Indemnity	384.74				9.31	426.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Horizon	NJ Health	15.33				9.31	426.36	fee schedule	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Horizon	PPO	384.74				9.31	426.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Americare	Americare	336.6	75			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Horizon	Medicare Blue	198.83				9.31	426.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Three Rivers	Three Rivers	426.36	95			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Qualcare	Qualcare	336.6	75			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Horizon	MGD	384.74				9.31	426.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Managed Care Inc	Managed Care Inc	403.92	90			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Wellcare	Medicaid	25				9.31	426.36	fee schedule	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 UHC	Medicare	198.83				9.31	426.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 UHC	Medicaid	25				9.31	426.36	fee schedule	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 WellPoint	WellPoint	139.31	31.04			9.31	426.36	percent of total billed charges	
SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	86985	CPT				both			448.8		228.65 Wellcare	Medicare	198.83				9.31	426.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED TRANSFUSION MEDICINE PROCEDURE	86999	CPT				outpatient			1288.26		32.68 Aetna	Better Health	392.15	30.44			28.42	1223.85	percent of total billed charges	
UNLISTED TRANSFUSION MEDICINE PROCEDURE	86999	CPT				outpatient			1288.26		32.68 Horizon	MGD	54.99				28.42	1223.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED TRANSFUSION MEDICINE PROCEDURE	86999	CPT				outpatient			1288.26		32.68 Aetna	Commercial	46.38				28.42	1223.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED TRANSFUSION MEDICINE PROCEDURE	86999	CPT				outpatient			1288.26		32.68 Horizon	Indemnity	54.99				28.42	1223.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED TRANSFUSION MEDICINE PROCEDURE	86999	CPT				outpatient			1288.26		32.68 Corrections	Corrections	1030.61	80			28.42	1223.85	percent of total billed charges	
UNLISTED TRANSFUSION MEDICINE PROCEDURE	86999	CPT				outpatient			1288.26		32.68 Consumer	Consumer	1223.85	95			28.42	1223.85	percent of total billed charges	
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hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED TRANSFUSION MEDICINE PROCEDURE	86999	CPT				outpatient			1288.26	32.68	WellPoint	WellPoint	399.88	31.04			28.42	1223.85	percent of total billed charges	
UNLISTED TRANSFUSION MEDICINE PROCEDURE	86999	CPT				outpatient			1288.26	32.68	Wellcare	Medicare	28.42				28.42	1223.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Amerihealth	Medicare	6.68				5.2	136.63	fee schedule	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Americare	Americare	107.87	75			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Aetna	Better Health	43.78	30.44			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Aetna	Commercial	54.65	38			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Aetna	Medicare	44.3	30.8			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Horizon	MGD	55.05	38.28			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	WellPoint	WellPoint	44.64	31.04		12.7	5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Consumer	Consumer	136.63	95			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Corrections	Corrections	115.06	80			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Horizon	NJ Health	10			1.62	5.2	136.63	fee schedule	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Amerihealth	HMO/PPO	10.4				5.2	136.63	fee schedule	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Horizon	Indemnity	55.05	38.28			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	First Trenton	First Trenton	129.44	90			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	First Health	First Health	100.67	70			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Wellcare	Medicare	6.68				5.2	136.63	fee schedule	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Multiplan	Multiplan	115.06	80			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	UHC	Medicare	6.68			5.21	5.2	136.63	fee schedule	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Horizon	Medicare Blue	43.15	30			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Managed Care Inc	Managed Care Inc	129.44	90			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Qualcare	Qualcare	107.87	75			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Three Rivers	Three Rivers	136.63	95			5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Horizon	PPO	55.05	38.28		21.12	5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	Wellcare	Medicaid	43.78	30.44		14.41	5.2	136.63	percent of total billed charges	
CONCENTRATION INFECTIOUS AGENTS	87015	CPT				both			143.82	7.68	UHC	Medicaid	43.78	30.44		6.81	5.2	136.63	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	First Trenton	First Trenton	84.46	90			10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Americare	Americare	70.38	75			10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	UHC	Medicare	10.32			12.05	10.32	89.15	fee schedule	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Corrections	Corrections	75.07	80			10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Aetna	Commercial	35.66	38		21.84	10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Horizon	Indemnity	35.92	38.28		28.1	10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Aetna	Better Health	28.56	30.44		23.48	10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Consumer	Consumer	89.15	95			10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Managed Care Inc	Managed Care Inc	84.46	90			10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Amerihealth	HMO/PPO	16.1			13.18	10.32	89.15	fee schedule	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Wellcare	Medicaid	28.56	30.44		25.32	10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Horizon	Medicare Blue	28.15	30		10.29	10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Aetna	Medicare	28.9	30.8		8.62	10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Horizon	PPO	35.92	38.28		34.74	10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Amerihealth	Medicare	10.32				10.32	89.15	fee schedule	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Horizon	NJ Health	17.64			3.6	10.32	89.15	fee schedule	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	First Health	First Health	65.69	70			10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Horizon	MGD	35.92	38.28		12.95	10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Multiplan	Multiplan	75.07	80			10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Three Rivers	Three Rivers	89.15	95			10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Qualcare	Qualcare	70.38	75			10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	Wellcare	Medicare	10.32			13.98	10.32	89.15	fee schedule	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	UHC	Medicaid	28.56	30.44		22.65	10.32	89.15	percent of total billed charges	
CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	87040	CPT				both			93.84	11.87	WellPoint	WellPoint	29.13	31.04		20.98	10.32	89.15	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	UHC	Medicare	9.44			18.44	7.04	171.51	fee schedule	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Consumer	Consumer	171.51	95			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Amerihealth	Medicare	9.44				7.04	171.51	fee schedule	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Americare	Americare	135.41	75			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Aetna	Better Health	54.96	30.44			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Aetna	Commercial	68.61	38			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	First Trenton	First Trenton	162.49	90			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Horizon	Indemnity	69.11	38.28			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Amerihealth	HMO/PPO	14.7				7.04	171.51	fee schedule	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Corrections	Corrections	144.43	80			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Managed Care Inc	Managed Care Inc	162.49	90			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Horizon	Medicare Blue	54.16	30			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	First Health	First Health	126.38	70			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Aetna	Medicare	55.61	30.8			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Three Rivers	Three Rivers	171.51	95			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Multiplan	Multiplan	144.43	80			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Horizon	NJ Health	17.64			5.74	7.04	171.51	fee schedule	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Horizon	MGD	69.11	38.28			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	UHC	Medicaid	54.96	30.44		24.1	7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Horizon	PPO	69.11	38.28		74.79	7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	WellPoint	WellPoint	56.04	31.04		44.97	7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Qualcare	Qualcare	135.41	75			7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Wellcare	Medicaid	54.96	30.44		51.04	7.04	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	87045	CPT				both			180.54	10.86	Wellcare	Medicare	9.44				7.04	171.51	fee schedule	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Multiplan	Multiplan	144.43	80			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Aetna	Commercial	68.61	38			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Horizon	NJ Health	10.47			4.87	3.7	171.51	fee schedule	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Amerihealth	HMO/PPO	3.7				3.7	171.51	fee schedule	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Consumer	Consumer	171.51	95			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Horizon	MGD	69.11	38.28			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Aetna	Medicare	55.61	30.8			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Aetna	Better Health	54.96	30.44			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	First Health	First Health	126.38	70			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Horizon	PPO	69.11	38.28		63.38	3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Qualcare	Qualcare	135.41	75			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Amerihealth	Medicare	9.44				3.7	171.51	fee schedule	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Horizon	Indemnity	69.11	38.28			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	UHC	Medicare	9.44			15.63	3.7	171.51	fee schedule	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Corrections	Corrections	144.43	80			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Americare	Americare	135.41	75			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	WellPoint	WellPoint	56.04	31.04		38.11	3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Wellcare	Medicaid	54.96	30.44		43.25	3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	First Trenton	First Trenton	162.49	90			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Three Rivers	Three Rivers	171.51	95			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Horizon	Medicare Blue	54.16	30			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	UHC	Medicaid	54.96	30.44		20.42	3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Managed Care Inc	Managed Care Inc	162.49	90			3.7	171.51	percent of total billed charges	
CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	87046	CPT				both			180.54	10.86	Wellcare	Medicare	9.44				3.7	171.51	fee schedule	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Aetna	Medicare	8.62			26.61	6.9	420.55	fee schedule	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	First Trenton	First Trenton	398.41	90			6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Horizon	MGD	169.46	38.28		48.88	6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Americare	Americare	332.01	75			6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Aetna	Better Health	134.75	30.44		35.04	6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	WellPoint	WellPoint	137.41	31.04		32.71	6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Amerihealth	HMO/PPO	13.4			18.33	6.9	420.55	fee schedule	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Aetna	Commercial	168.22	38		31.88	6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Amerihealth	Medicare	8.62				6.9	420.55	fee schedule	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Managed Care Inc	Managed Care Inc	398.41	90			6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Horizon	PPO	169.46	38.28		37.42	6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Corrections	Corrections	354.14	80		48.27	6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	UHC	Medicaid	6.9			34.21	6.9	420.55	fee schedule	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Three Rivers	Three Rivers	420.55	95			6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Horizon	Indemnity	169.46	38.28		44.88	6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Consumer	Consumer	420.55	95			6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	First Health	First Health	309.88	70			6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Wellcare	Medicaid	6.9			35.93	6.9	420.55	fee schedule	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	UHC	Medicare	8.62			20	6.9	420.55	fee schedule	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Multiplan	Multiplan	354.14	80			6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Wellcare	Medicare	8.62			6.76	6.9	420.55	fee schedule	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Horizon	Medicare Blue	132.8	30		23.38	6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Qualcare	Qualcare	332.01	75			6.9	420.55	percent of total billed charges	
CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	87070	CPT				both			442.68	9.91	Horizon	NJ Health	17.64			14.44	6.9	420.55	fee schedule	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Corrections	Corrections	88.94	80			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Aetna	Better Health	33.84	30.44			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Aetna	Medicare	9.89				7.4	105.62	fee schedule	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Amerihealth	HMO/PPO	7.4				7.4	105.62	fee schedule	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Horizon	Medicare Blue	33.35	30		13.57	7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Americare	Americare	83.39	75			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	First Trenton	First Trenton	100.06	90			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Aetna	Commercial	42.25	38			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Multiplan	Multiplan	88.94	80			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Consumer	Consumer	105.62	95			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Horizon	Indemnity	42.56	38.28			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Amerihealth	Medicare	9.89				7.4	105.62	fee schedule	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Qualcare	Qualcare	83.39	75			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Wellcare	Medicare	9.89				7.4	105.62	fee schedule	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Horizon	NJ Health	10.41				7.4	105.62	fee schedule	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Horizon	MGD	42.56	38.28			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Horizon	PPO	42.56	38.28			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	First Health	First Health	77.83	70			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Managed Care Inc	Managed Care Inc	100.06	90			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	WellPoint	WellPoint	34.51	31.04			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	87071	CPT				both			111.18	11.37	Three Rivers	Three Rivers	105.62	95			7.4	105.62	percent of total billed charges	
CUL BACT QUAN AEROBI

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	UHC	Medicare	9.66				7.4	59.11	fee schedule	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	UHC	Medicaid	7.73				7.4	59.11	fee schedule	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Aetna	Better Health	18.94	30.44			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Amerihealth	Medicare	9.66				7.4	59.11	fee schedule	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Americare	Americare	46.67	75			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Amerihealth	HMO/PPO	7.4				7.4	59.11	fee schedule	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Corrections	Corrections	49.78	80			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Horizon	MGD	23.82	38.28			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Consumer	Consumer	59.11	95			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Wellcare	Medicaid	7.73				7.4	59.11	fee schedule	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	WellPoint	WellPoint	19.31	31.04			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	First Health	First Health	43.55	70			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	First Trenton	First Trenton	56	90			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Wellcare	Medicare	9.66				7.4	59.11	fee schedule	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Horizon	Indemnity	23.82	38.28			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Multiplan	Multiplan	49.78	80			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Horizon	Medicare Blue	18.67	30			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Qualcare	Qualcare	46.67	75			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Horizon	NJ Health	10.47				7.4	59.11	fee schedule	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Horizon	PPO	23.82	38.28			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Managed Care Inc	Managed Care Inc	56	90			7.4	59.11	percent of total billed charges	
CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	87073	CPT				outpatient			62.22	11.11	Three Rivers	Three Rivers	59.11	95			7.4	59.11	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Americare	Americare	67.32	75			7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Multiplan	Multiplan	71.81	80			7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Aetna	Better Health	27.32	30.44		17.92	7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Consumer	Consumer	85.27	95			7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Horizon	NJ Health	17.64			10.65	7.58	85.27	fee schedule	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Aetna	Commercial	34.11	38		18.16	7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Amerihealth	HMO/PPO	14.8			10.41	7.58	85.27	fee schedule	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	First Trenton	First Trenton	80.78	90			7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Aetna	Medicare	9.47			14.76	7.58	85.27	fee schedule	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Qualcare	Qualcare	67.32	75			7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Horizon	Medicare Blue	26.93	30		15.75	7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Managed Care Inc	Managed Care Inc	80.78	90			7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Amerihealth	Medicare	9.47				7.58	85.27	fee schedule	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	First Health	First Health	62.83	70			7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Corrections	Corrections	71.81	80		26.22	7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Three Rivers	Three Rivers	85.27	95			7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Horizon	Indemnity	34.36	38.28		23.91	7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Horizon	MGD	34.36	38.28		28.68	7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Horizon	PPO	34.36	38.28		20.39	7.58	85.27	percent of total billed charges	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	UHC	Medicare	9.47			10.16	7.58	85.27	fee schedule	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	UHC	Medicaid	7.58			23.16	7.58	85.27	fee schedule	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Wellcare	Medicaid	7.58			24.75	7.58	85.27	fee schedule	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	Wellcare	Medicare	9.47			2.22	7.58	85.27	fee schedule	
CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	87075	CPT				both			89.76	10.89	WellPoint	WellPoint	27.86	31.04		21.16	7.58	85.27	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	First Trenton	First Trenton	159.73	90			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Amerihealth	HMO/PPO	8.9				8.08	168.61	fee schedule	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Aetna	Better Health	54.02	30.44		47.13	8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Corrections	Corrections	141.98	80			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Aetna	Commercial	67.44	38		40.46	8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Amerihealth	Medicare	8.08				8.08	168.61	fee schedule	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Horizon	Indemnity	67.94	38.28			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Aetna	Medicare	54.66	30.8			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Managed Care Inc	Managed Care Inc	159.73	90			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Horizon	NJ Health	11.76			11.57	8.08	168.61	fee schedule	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Americare	Americare	133.11	75			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Horizon	MGD	67.94	38.28		50.28	8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Horizon	PPO	67.94	38.28		40.59	8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	First Health	First Health	124.24	70			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Multiplan	Multiplan	141.98	80			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	UHC	Medicaid	54.02	30.44		34.81	8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Wellcare	Medicaid	54.02	30.44		41.46	8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Wellcare	Medicare	8.08				8.08	168.61	fee schedule	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Consumer	Consumer	168.61	95			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	UHC	Medicare	8.08			23.26	8.08	168.61	fee schedule	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Qualcare	Qualcare	133.11	75			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	WellPoint	WellPoint	56.09	31.04		50.66	8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Horizon	Medicare Blue	53.24	30			8.08	168.61	percent of total billed charges	
CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	87076	CPT				both			177.48	9.29	Three Rivers	Three Rivers	168.61	95			8.08	168.61	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Multiplan	Multiplan	64.46	80			8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Horizon	MGD	30.85	38.28		23.41	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Corrections	Corrections	64.46	80		23.54	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Aetna	Better Health	24.53	30.44		19.08	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Aetna	Commercial	30.62	38		17.06	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Amerihealth	Medicare	8.08				8.08	76.55	fee schedule	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Aetna	Medicare	24.82	30.8		8.71	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	First Health	First Health	56.41	70			8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Wellcare	Medicare	8.08			11.76	8.08	76.55	fee schedule	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Horizon	PPO	30.85	38.28		17.34	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Horizon	Medicare Blue	24.17	30		10.76	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Americare	Americare	60.44	75			8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Consumer	Consumer	76.55	95			8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	First Trenton	First Trenton	72.52	90			8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Horizon	Indemnity	30.85	38.28		20.6	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Wellcare	Medicaid	24.53	30.44		18.75	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	UHC	Medicaid	24.53	30.44		18.93	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Qualcare	Qualcare	60.44	75			8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Horizon	NJ Health	8.92			6.36	8.08	76.55	fee schedule	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Amerihealth	HMO/PPO	8.9			11.52	8.08	76.55	fee schedule	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	WellPoint	WellPoint	25.01	31.04		19.43	8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Managed Care Inc	Managed Care Inc	72.52	90			8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	Three Rivers	Three Rivers	76.55	95			8.08	76.55	percent of total billed charges	
CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	87077	CPT				both			80.58	9.29	UHC	Medicare	8.08			9.55	8.08	76.55	fee schedule	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Qualcare	Qualcare	524.79	75			5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Amerihealth	HMO/PPO	8.9			9.18	5.3	664.73	fee schedule	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Multiplan	Multiplan	559.78	80			5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Horizon	MGD	267.85	38.28		23.68	5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Aetna	Commercial	265.89	38		20.92	5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Americare	Americare	524.79	75			5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	First Health	First Health	489.8	70			5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Aetna	Better Health	212.99	30.44		20.8	5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Aetna	Medicare	6.63			7.87	5.3	664.73	fee schedule	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Horizon	Medicare Blue	209.92	30		8.95	5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Wellcare	Medicaid	5.3			22.01	5.3	664.73	fee schedule	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Horizon	NJ Health	19.4			12.75	5.3	664.73	fee schedule	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Amerihealth	Medicare	6.63				5.3	664.73	fee schedule	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Horizon	PPO	267.85	38.28		30	5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	WellPoint	WellPoint	217.19	31.04		18.19	5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Horizon	Indemnity	267.85	38.28		22.77	5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Consumer	Consumer	664.73	95			5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Three Rivers	Three Rivers	664.73	95			5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Wellcare	Medicare	6.63			13.9	5.3	664.73	fee schedule	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	UHC	Medicare	6.63			12.39	5.3	664.73	fee schedule	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Corrections	Corrections	559.78	80			5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	UHC	Medicaid	5.3			20.58	5.3	664.73	fee schedule	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	First Trenton	First Trenton	629.75	90			5.3	664.73	percent of total billed charges	
CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMU	87081	CPT				both			699.72	7.62	Managed Care Inc	Managed Care Inc	629.75	90			5.3	664.73	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Amerihealth	Medicare	8.07				8.07	128.88	fee schedule	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Horizon	MGD	51.93	38.28		20.66	8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Aetna	Commercial	51.55	38		16.83	8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Americare	Americare	101.75	75			8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Amerihealth	HMO/PPO	13			10.51	8.07	128.88	fee schedule	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Aetna	Better Health	41.29	30.44		23.15	8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	First Trenton	First Trenton	122.09	90			8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Aetna	Medicare	41.78	30.8		9.66	8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	First Health	First Health	94.96	70			8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Consumer	Consumer	128.88	95			8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Managed Care Inc	Managed Care Inc	122.09	90			8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Horizon	PPO	51.93	38.28		21.52	8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Horizon	Indemnity	51.93	38.28		21.36	8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Corrections	Corrections	108.53	80			8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	WellPoint	WellPoint	42.11	31.04		22.04	8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Wellcare	Medicaid	41.29	30.44		21.28	8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Horizon	NJ Health	11.76			6.52	8.07	128.88	fee schedule	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	UHC	Medicare	8.07			10.95	8.07	128.88	fee schedule	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Horizon	Medicare Blue	40.7	30		13.17	8.07	128.88	percent of total billed charges	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28	Wellcare	Medicare	8.07			10.73	8.07	128.88	fee schedule	
CULTURE BACTERIAL QUANTITATIVE COLONY COUNT URINE	87086	CPT				both			135.66	9.28

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Qualcare	Qualcare	91.8	75			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Aetna	Better Health	37.26	30.44			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Managed Care Inc	Managed Care Inc	110.16	90			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Amerihealth	Medicare	8.09				5.29	116.28	fee schedule	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Multiplan	Multiplan	97.92	80			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Horizon	Medicare Blue	36.72	30			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Horizon	PPO	46.85	38.28			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Horizon	MGD	46.85	38.28			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Three Rivers	Three Rivers	116.28	95			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Consumer	Consumer	116.28	95			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	UHC	Medicaid	6.47				5.29	116.28	fee schedule	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	First Health	First Health	85.68	70			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Wellcare	Medicaid	6.47				5.29	116.28	fee schedule	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	WellPoint	WellPoint	37.99	31.04			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Wellcare	Medicare	8.09				5.29	116.28	fee schedule	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	UHC	Medicare	8.09				5.29	116.28	fee schedule	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Corrections	Corrections	97.92	80			5.29	116.28	percent of total billed charges	
CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	87088	CPT				outpatient			122.4	9.3	Horizon	NJ Health	5.29				5.29	116.28	fee schedule	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Aetna	Better Health	35.4	30.44			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	First Trenton	First Trenton	104.65	90			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	WellPoint	WellPoint	36.09	31.04			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Aetna	Commercial	44.19	38			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Corrections	Corrections	93.02	80			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Aetna	Medicare	7.71				6.17	110.47	fee schedule	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Amerihealth	Medicare	7.71				6.17	110.47	fee schedule	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Horizon	PPO	44.51	38.28			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Americare	Americare	87.21	75			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Amerihealth	HMO/PPO	12				6.17	110.47	fee schedule	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	First Health	First Health	81.4	70			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Managed Care Inc	Managed Care Inc	104.65	90			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Horizon	MGD	44.51	38.28		32.76	6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Horizon	Medicare Blue	34.88	30			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Horizon	Indemnity	44.51	38.28			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Wellcare	Medicare	7.71				6.17	110.47	fee schedule	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Consumer	Consumer	110.47	95			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Multiplan	Multiplan	93.02	80			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Horizon	NJ Health	15.68			8.84	6.17	110.47	fee schedule	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Qualcare	Qualcare	87.21	75			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Three Rivers	Three Rivers	110.47	95			6.17	110.47	percent of total billed charges	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	UHC	Medicare	7.71				6.17	110.47	fee schedule	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	UHC	Medicaid	6.17				6.17	110.47	fee schedule	
CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	87101	CPT				both			116.28	8.87	Wellcare	Medicaid	6.17				6.17	110.47	fee schedule	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Aetna	Better Health	81.04	30.44		19.66	6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Aetna	Commercial	101.16	38		21.34	6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	First Trenton	First Trenton	239.6	90			6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Consumer	Consumer	252.91	95			6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Amerihealth	HMO/PPO	13.1			10.81	6.73	252.91	fee schedule	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Amerihealth	Medicare	8.41				6.73	252.91	fee schedule	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Horizon	PPO	101.91	38.28		25.37	6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Aetna	Medicare	8.41			15.88	6.73	252.91	fee schedule	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Americare	Americare	199.67	75			6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Multiplan	Multiplan	212.98	80			6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	UHC	Medicare	8.41			11.33	6.73	252.91	fee schedule	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Horizon	MGD	101.91	38.28		31.82	6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Horizon	Indemnity	101.91	38.28		29.84	6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	First Health	First Health	186.35	70			6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Managed Care Inc	Managed Care Inc	239.6	90			6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Corrections	Corrections	212.98	80		28.6	6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Wellcare	Medicaid	6.73			27.16	6.73	252.91	fee schedule	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Qualcare	Qualcare	199.67	75			6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	WellPoint	WellPoint	82.63	31.04		22.3	6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Wellcare	Medicare	8.41			2.42	6.73	252.91	fee schedule	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Horizon	NJ Health	15.68			12.93	6.73	252.91	fee schedule	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Horizon	Medicare Blue	79.87	30		14.73	6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	Three Rivers	Three Rivers	252.91	95			6.73	252.91	percent of total billed charges	
CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	87102	CPT				both			266.22	9.67	UHC	Medicaid	6.73			23.41	6.73	252.91	fee schedule	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Corrections	Corrections	77.52	80			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Americare	Americare	72.68	75			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Aetna	Better Health	29.5	30.44			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Amerihealth	Medicare	20.46				13.9	92.06	fee schedule	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Consumer	Consumer	92.06	95			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Horizon	Indemnity	37.09	38.28			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Aetna	Medicare	20.46				13.9	92.06	fee schedule	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Wellcare	Medicaid	16.37				13.9	92.06	fee schedule	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	WellPoint	WellPoint	30.08	31.04			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Multiplan	Multiplan	77.52	80			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Aetna	Commercial	36.82	38			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	First Trenton	First Trenton	87.21	90			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Horizon	MGD	37.09	38.28			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Horizon	Medicare Blue	29.07	30			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Amerihealth	HMO/PPO	13.9				13.9	92.06	fee schedule	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Horizon	PPO	37.09	38.28			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Three Rivers	Three Rivers	92.06	95			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Qualcare	Qualcare	72.68	75			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	First Health	First Health	67.83	70			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Managed Care Inc	Managed Care Inc	87.21	90			13.9	92.06	percent of total billed charges	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	UHC	Medicaid	16.37				13.9	92.06	fee schedule	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Horizon	NJ Health	15.68			3.26	13.9	92.06	fee schedule	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	UHC	Medicare	20.46				13.9	92.06	fee schedule	
CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	87103	CPT				both			96.9	23.53	Wellcare	Medicare	20.46				13.9	92.06	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Amerihealth	Medicare	10.32				10.32	110.47	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Americare	Americare	87.21	75			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Corrections	Corrections	93.02	80			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	First Trenton	First Trenton	104.65	90			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	First Health	First Health	81.4	70			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Aetna	Commercial	44.19	38			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Aetna	Better Health	35.4	30.44			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Horizon	Indemnity	44.51	38.28			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Multiplan	Multiplan	93.02	80			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Amerihealth	HMO/PPO	15.3				10.32	110.47	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Consumer	Consumer	110.47	95			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Managed Care Inc	Managed Care Inc	104.65	90			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Qualcare	Qualcare	87.21	75			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Aetna	Medicare	35.81	30.8			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Three Rivers	Three Rivers	110.47	95			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Horizon	Medicare Blue	34.88	30			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	UHC	Medicare	10.32				10.32	110.47	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Horizon	MGD	44.51	38.28			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Wellcare	Medicaid	35.4	30.44			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Wellcare	Medicare	10.32				10.32	110.47	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Horizon	NJ Health	15.68			16.69	10.32	110.47	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	Horizon	PPO	44.51	38.28			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	WellPoint	WellPoint	36.09	31.04			10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	87106	CPT				both			116.28	11.87	UHC	Medicaid	35.4	30.44		27.46	10.32	110.47	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Wellcare	Medicaid	8.26			9.19	8.26	182.17	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Aetna	Commercial	72.87	38		58.02	8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Aetna	Better Health	58.37	30.44			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Aetna	Medicare	10.32				8.26	182.17	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Amerihealth	Medicare	10.32				8.26	182.17	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Americare	Americare	143.82	75			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Multiplan	Multiplan	153.41	80			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Consumer	Consumer	182.17	95			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	WellPoint	WellPoint	59.52	31.04		51.06	8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Horizon	Indemnity	73.41	38.28			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Amerihealth	HMO/PPO	15.3			7.69	8.26	182.17	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Corrections	Corrections	153.41	80			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	First Trenton	First Trenton	172.58	90			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Horizon	NJ Health	11.47			19.72	8.26	182.17	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Qualcare	Qualcare	143.82	75			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Horizon	MGD	73.41	38.28		42.45	8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Horizon	Medicare Blue	57.53	30		31.15	8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Horizon	PPO	73.41	38.28		25.85	8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	First Health	First Health	134.23	70			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	UHC	Medicare	10.32			10.68	8.26	182.17	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Managed Care Inc	Managed Care Inc	172.58	90			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Wellcare	Medicare	10.32				8.26	182.17	fee schedule	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	Three Rivers	Three Rivers	182.17	95			8.26	182.17	percent of total billed charges	
CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	87107	CPT				both			191.76	11.87	UHC	Medicaid	8.26			52.88	8.26	182.17	fee schedule	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Americare	Americare	42.08	75			12.31	53.3	percent of total billed charges	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Aetna	Better Health	17.08	30.44			12.31	53.3	percent of total billed charges

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measure	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Corrections	Corrections	44.88	80			12.31		53.3 percent of total billed charges	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Qualcare	Qualcare	42.08	75			12.31		53.3 percent of total billed charges	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Horizon	Indemnity	21.48	38.28			12.31		53.3 percent of total billed charges	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	First Health	First Health	39.27	70			12.31		53.3 percent of total billed charges	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Horizon	Medicare Blue	16.83	30			12.31		53.3 percent of total billed charges	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	UHC	Medicare	15.39				12.31		53.3 fee schedule	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Horizon	NJ Health	27.44				12.31		53.3 fee schedule	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	WellPoint	WellPoint	17.41	31.04			12.31		53.3 percent of total billed charges	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	UHC	Medicaid	12.31				12.31		53.3 fee schedule	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Wellcare	Medicaid	12.31				12.31		53.3 fee schedule	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Horizon	PPO	21.48	38.28			12.31		53.3 percent of total billed charges	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Wellcare	Medicare	15.39				12.31		53.3 fee schedule	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Managed Care Inc	Managed Care Inc	50.49	90			12.31		53.3 percent of total billed charges	
CULTURE MYCOPLASMA ANY SOURCE	87109	CPT				both			56.1	17.7	Three Rivers	Three Rivers	53.3	95			12.31		53.3 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Americare	Americare	192.78	75			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Aetna	Medicare	19.6				15.68		244.19 fee schedule	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Horizon	Medicare Blue	77.11	30			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Aetna	Better Health	78.24	30.44			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	UHC	Medicaid	15.68				15.68		244.19 fee schedule	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Amerihealth	Medicare	19.6				15.68		244.19 fee schedule	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	First Trenton	First Trenton	231.34	90			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Corrections	Corrections	205.63	80			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Amerihealth	HMO/PPO	26.7				15.68		244.19 fee schedule	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	First Health	First Health	179.93	70			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	UHC	Medicare	19.6				15.68		244.19 fee schedule	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Aetna	Commercial	97.68	38			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Wellcare	Medicare	19.6				15.68		244.19 fee schedule	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Consumer	Consumer	244.19	95			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Horizon	Indemnity	98.39	38.28			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Wellcare	Medicaid	15.68				15.68		244.19 fee schedule	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Horizon	MCD	98.39	38.28			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Multiplan	Multiplan	205.63	80			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Horizon	PPO	98.39	38.28			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Horizon	NJ Health	29.4				15.68		244.19 fee schedule	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Managed Care Inc	Managed Care Inc	231.34	90			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Qualcare	Qualcare	192.78	75			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	WellPoint	WellPoint	79.79	31.04			15.68		244.19 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT				outpatient			257.04	22.54	Three Rivers	Three Rivers	244.19	95			15.68		244.19 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Consumer	Consumer	587.21	95			10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Horizon	Medicare Blue	185.44	30		20.43	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Horizon	MGD	236.62	38.28		45.49	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Amerihealth	HMO/PPO	16.8			18.37	10.8		587.21 fee schedule	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	First Health	First Health	432.68	70			10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Aetna	Commercial	234.89	38		32.51	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Aetna	Medicare	190.38	30.8		32.02	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Aetna	Better Health	188.16	30.44		31.45	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	First Trenton	First Trenton	556.31	90			10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Qualcare	Qualcare	463.59	75			10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Horizon	PPO	236.62	38.28		35.86	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Corrections	Corrections	494.5	80		45.88	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Three Rivers	Three Rivers	587.21	95			10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Horizon	Indemnity	236.62	38.28		49.99	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Wellcare	Medicare	10.8				10.8		587.21 fee schedule	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Americare	Americare	463.59	75			10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Managed Care Inc	Managed Care Inc	556.31	90			10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	UHC	Medicare	10.8			23.88	10.8		587.21 fee schedule	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Wellcare	Medicaid	188.16	30.44		42.07	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Amerihealth	Medicare	10.8				10.8		587.21 fee schedule	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Multiplan	Multiplan	494.5	80			10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	Horizon	NJ Health	11.76			15.55	10.8		587.21 fee schedule	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	WellPoint	WellPoint	191.86	31.04		36.59	10.8		587.21 percent of total billed charges	
CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	87116	CPT				both			618.12	12.42	UHC	Medicaid	188.16	30.44		31.89	10.8		587.21 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	UHC	Medicare	14.61				11.69		558.14 fee schedule	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Aetna	Better Health	178.84	30.44			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Aetna	Commercial	223.26	38		201.69	11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Amerihealth	HMO/PPO	16.9				11.69		558.14 fee schedule	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Americare	Americare	440.64	75			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Aetna	Medicare	14.61				11.69		558.14 fee schedule	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	UHC	Medicaid	11.69				11.69		558.14 fee schedule	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Horizon	MGD	224.9	38.28			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Horizon	PPO	224.9	38.28			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Consumer	Consumer	558.14	95			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Wellcare	Medicaid	11.69				11.69		558.14 fee schedule	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Amerihealth	Medicare	14.61				11.69		558.14 fee schedule	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Three Rivers	Three Rivers	558.14	95			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Horizon	Indemnity	224.9	38.28			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Wellcare	Medicare	14.61				11.69		558.14 fee schedule	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Multiplan	Multiplan	470.02	80			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Corrections	Corrections	470.02	80			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	First Health	First Health	411.26	70			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Horizon	Medicare Blue	176.26	30			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	First Trenton	First Trenton	528.77	90			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Qualcare	Qualcare	440.64	75			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Horizon	NJ Health	23.52				11.69		558.14 fee schedule	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	WellPoint	WellPoint	182.37	31.04			11.69		558.14 percent of total billed charges	
CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	87118	CPT				both			587.52	16.8	Managed Care Inc	Managed Care Inc	528.77	90			11.69		558.14 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	UHC	Medicare	5.57				4.46		31.98 fee schedule	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Aetna	Medicare	5.57				4.46		31.98 fee schedule	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	First Trenton	First Trenton	30.29	90			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Aetna	Better Health	10.25	30.44			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Amerihealth	HMO/PPO	6.1				4.46		31.98 fee schedule	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Americare	Americare	25.25	75			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Wellcare	Medicare	5.57				4.46		31.98 fee schedule	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Consumer	Consumer	31.98	95			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Amerihealth	Medicare	5.57				4.46		31.98 fee schedule	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Multiplan	Multiplan	26.93	80			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Horizon	Indemnity	12.89	38.28			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Aetna	Commercial	12.79	38			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	First Health	First Health	23.56	70			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Three Rivers	Three Rivers	31.98	95			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Horizon	PPO	12.89	38.28			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Corrections	Corrections	26.93	80			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Horizon	MGD	12.89	38.28			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Qualcare	Qualcare	25.25	75			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Managed Care Inc	Managed Care Inc	30.29	90			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Horizon	Medicare Blue	10.1	30			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Wellcare	Medicaid	4.46				4.46		31.98 fee schedule	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	UHC	Medicaid	4.46				4.46		31.98 fee schedule	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	Horizon	NJ Health	5.88				4.46		31.98 fee schedule	
CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	87140	CPT				outpatient			33.66	6.41	WellPoint	WellPoint	10.45	31.04			4.46		31.98 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Qualcare	Qualcare	156.83	75			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Aetna	Commercial	79.46	38			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Americare	Americare	156.83	75			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Aetna	Better Health	63.65	30.44		33.72	4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	UHC	Medicare	5.18				4.14		198.65 fee schedule	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Aetna	Medicare	5.18				4.14		198.65 fee schedule	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	First Trenton	First Trenton	188.19	90			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Corrections	Corrections	167.28	80			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Wellcare	Medicare	5.18				4.14		198.65 fee schedule	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Horizon	Indemnity	80.04	38.28			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Amerihealth	HMO/PPO	8.1				4.14		198.65 fee schedule	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Consumer	Consumer	198.65	95			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Horizon	Medicare Blue	62.73	30		22.55	4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	First Health	First Health	146.37	70			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Amerihealth	Medicare	5.18				4.14		198.65 fee schedule	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	WellPoint	WellPoint	64.9	31.04			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Wellcare	Medicaid	4.14				4.14		198.65 fee schedule	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Multiplan	Multiplan	167.28	80			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Horizon	MGD	80.04	38.28			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Horizon	NJ Health	5.88			11.46	4.14		198.65 fee schedule	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Horizon	PPO	80.04	38.28		59.47	4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	UHC	Medicaid	4.14				4.14		198.65 fee schedule	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Managed Care Inc	Managed Care Inc	188.19	90			4.14		198.65 percent of total billed charges	
CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	87147	CPT				both			209.1	5.96	Three Rivers	Three Rivers	198.65	95			4.14		198.65 percent of total billed charges	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Aetna	Better Health	69.55	30.44			16.04		217.06 percent of total billed charges	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Amerihealth	Medicare	20.05				16.04		217.06 fee schedule	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Amerihealth	HMO/PPO	27.7				16.04		217.06 fee schedule	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Aetna	Medicare	20.05				16.04		217.06 fee schedule	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Corrections	Corrections	182.78	80			16.04		217.06 percent of total billed charges	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Horizon	MGD	87.46	38.28			16.04		217.06 percent of total billed charges	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Americare	Americare	171.36	75			16.04		217.06 percent of total billed charges	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Consumer	Consumer	217.06	95			16.04		217.06 percent of total billed charges	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Aetna	Commercial	86.82	38			16.04		217.06 percent of total billed charges	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	UHC	Medicare	20.05				16.04		217.06 fee schedule	
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Horizon	Medicare Blue	68.54	30			16

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes				
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	UHC	Medicaid	16.04				16.04	217.06	fee schedule					
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	First Trenton	First Trenton	205.63	90			16.04	217.06	percent of total billed charges					
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Horizon	Indemnity	87.46	38.28			16.04	217.06	percent of total billed charges					
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Horizon	NJ Health	43.12				16.04	217.06	fee schedule					
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Wellcare	Medicare	20.05				16.04	217.06	fee schedule					
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Horizon	PPO	87.46	38.28			16.04	217.06	percent of total billed charges					
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Multiplan	Multiplan	182.78	80			16.04	217.06	percent of total billed charges					
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Managed Care Inc	Managed Care Inc	205.63	90			16.04	217.06	percent of total billed charges					
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Qualcare	Qualcare	171.36	75			16.04	217.06	percent of total billed charges					
CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	87149	CPT				inpatient			228.48	23.06	Three Rivers	Three Rivers	217.06	95			16.04	217.06	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Americare	Americare	2213.15	75			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	UHC	Medicare	35.09				28.07	2803.32	fee schedule					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Aetna	Medicare	35.09				28.07	2803.32	fee schedule					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Aetna	Better Health	898.24	30.44		16.1	28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Consumer	Consumer	2803.32	95			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Amerihealth	HMO/PPO	30.66				28.07	2803.32	fee schedule					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Horizon	Indemnity	1129.59	38.28			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Aetna	Commercial	1121.33	38		7.42	28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Horizon	MGD	1129.59	38.28			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Wellcare	Medicare	35.09				28.07	2803.32	fee schedule					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Horizon	Medicare Blue	885.26	30			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Amerihealth	Medicare	35.09				28.07	2803.32	fee schedule					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Multiplan	Multiplan	2360.69	80			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Wellcare	Medicaid	28.07			29.13	28.07	2803.32	fee schedule					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	UHC	Medicaid	28.07			15.8	28.07	2803.32	fee schedule					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	First Health	First Health	2065.6	70			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Qualcare	Qualcare	2213.15	75			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	WellPoint	WellPoint	915.95	31.04		40.87	28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Corrections	Corrections	2360.69	80			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	First Trenton	First Trenton	2655.77	90			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Horizon	NJ Health	38.96			5.48	28.07	2803.32	fee schedule					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Horizon	PPO	1129.59	38.28			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Managed Care Inc	Managed Care Inc	2655.77	90			28.07	2803.32	percent of total billed charges					
CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	87150	CPT				both			2950.86	40.35	Three Rivers	Three Rivers	2803.32	95			28.07	2803.32	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Amerihealth	Medicare	115.36				92.29	875.98	fee schedule					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Horizon	MGD	352.97	38.28			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Aetna	Better Health	280.68	30.44			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Aetna	Commercial	350.39	38			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Horizon	Indemnity	352.97	38.28			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Aetna	Medicare	115.36				92.29	875.98	fee schedule					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Consumer	Consumer	875.98	95			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Horizon	PPO	352.97	38.28			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	First Trenton	First Trenton	829.87	90			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Amerihealth	HMO/PPO	100.44				92.29	875.98	fee schedule					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Americare	Americare	691.56	75			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Three Rivers	Three Rivers	875.98	95			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Qualcare	Qualcare	691.56	75			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	First Health	First Health	645.46	70			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Corrections	Corrections	737.66	80			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Horizon	Medicare Blue	276.62	30			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Managed Care Inc	Managed Care Inc	829.87	90			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Wellcare	Medicare	115.36				92.29	875.98	fee schedule					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Multiplan	Multiplan	737.66	80			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	UHC	Medicare	115.36				92.29	875.98	fee schedule					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Horizon	NJ Health	128.11				92.29	875.98	fee schedule					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	WellPoint	WellPoint	286.21	31.04			92.29	875.98	percent of total billed charges					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	UHC	Medicaid	92.29				92.29	875.98	fee schedule					
CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	87153	CPT				outpatient			922.08	132.66	Wellcare	Medicaid	92.29				92.29	875.98	fee schedule					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Amerihealth	Medicare	4.27				3.42	64.92	fee schedule					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Americare	Americare	51.26	75			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Aetna	Medicare	4.27				3.42	64.92	fee schedule					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Amerihealth	HMO/PPO	7				3.42	64.92	fee schedule					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	First Health	First Health	47.84	70			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Aetna	Commercial	25.97	38			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Aetna	Better Health	20.8	30.44			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	First Trenton	First Trenton	61.51	90			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Horizon	Indemnity	26.16	38.28			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Horizon	MGD	26.16	38.28			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Corrections	Corrections	54.67	80			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Horizon	Medicare Blue	20.5	30			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Multiplan	Multiplan	54.67	80			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Horizon	PPO	26.16	38.28			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Consumer	Consumer	64.92	95			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Managed Care Inc	Managed Care Inc	61.51	90			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Qualcare	Qualcare	51.26	75			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Wellcare	Medicare	4.27				3.42	64.92	fee schedule					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	UHC	Medicaid	3.42				3.42	64.92	fee schedule					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	WellPoint	WellPoint	21.21	31.04			3.42	64.92	percent of total billed charges					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	UHC	Medicare	4.27				3.42	64.92	fee schedule					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Horizon	NJ Health	4.74				3.42	64.92	fee schedule					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Wellcare	Medicaid	3.42				3.42	64.92	fee schedule					
PINWORM EXAMINATION	87172	CPT				outpatient			68.34	4.91	Three Rivers	Three Rivers	64.92	95			3.42	64.92	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Aetna	Better Health	13.35	30.44		8.21	4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	First Health	First Health	30.7	70			4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Amerihealth	Medicare	5.88				4.7	41.67	fee schedule					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Horizon	Indemnity	16.79	38.28			4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Americare	Americare	32.9	75			4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Consumer	Consumer	41.67	95			4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Aetna	Commercial	16.67	38		8.79	4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Corrections	Corrections	35.09	80		12.81	4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	First Trenton	First Trenton	39.47	90			4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Three Rivers	Three Rivers	41.67	95			4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Horizon	MGD	16.79	38.28		12.64	4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Horizon	NJ Health	13.8			5.7	4.7	41.67	fee schedule					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Amerihealth	HMO/PPO	8.4				4.7	41.67	fee schedule					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Horizon	Medicare Blue	13.16	30		6.86	4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Aetna	Medicare	5.88			10.01	4.7	41.67	fee schedule					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Managed Care Inc	Managed Care Inc	39.47	90			4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Horizon	PPO	16.79	38.28		9.96	4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	UHC	Medicaid	4.7			11.06	4.7	41.67	fee schedule					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Wellcare	Medicare	5.88				4.7	41.67	fee schedule					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Multiplan	Multiplan	35.09	80			4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	UHC	Medicare	5.88			7.19	4.7	41.67	fee schedule					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Qualcare	Qualcare	32.9	75			4.7	41.67	percent of total billed charges					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	Wellcare	Medicaid	4.7			12.19	4.7	41.67	fee schedule					
HOMOGENIZATION TISSUE CULTURE	87176	CPT				both			43.86	6.76	WellPoint	WellPoint	13.61	31.04		10.15	4.7	41.67	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Americare	Americare	127.76	75			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Wellcare	Medicaid	7.12			6.41	6.73	161.82	fee schedule					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Aetna	Better Health	51.85	30.44			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Aetna	Medicare	8.9			2.7	6.73	161.82	fee schedule					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Amerihealth	HMO/PPO	13.6				6.73	161.82	fee schedule					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Aetna	Commercial	64.73	38			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Multiplan	Multiplan	136.27	80			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Horizon	NJ Health	10			0.58	6.73	161.82	fee schedule					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	First Trenton	First Trenton	153.31	90			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Horizon	MGD	65.21	38.28		8.42	6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Corrections	Corrections	136.27	80			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Consumer	Consumer	161.82	95			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Amerihealth	Medicare	8.9				6.73	161.82	fee schedule					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Horizon	PPO	65.21	38.28		8.04	6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Qualcare	Qualcare	127.76	75			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Horizon	Indemnity	65.21	38.28			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Managed Care Inc	Managed Care Inc	153.31	90			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	UHC	Medicaid	7.12			2.71	6.73	161.82	fee schedule					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Horizon	Medicare Blue	51.1	30			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	First Health	First Health	119.24	70			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	UHC	Medicare	8.9			2.17	6.73	161.82	fee schedule					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Three Rivers	Three Rivers	161.82	95			6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	WellPoint	WellPoint	52.87	31.04		6.97	6.73	161.82	percent of total billed charges					
OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	87177	CPT				both			170.34	10.24	Wellcare	Medicare	8.9				6.73	161.82	fee schedule					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Americare	Americare	346.55	75			4.75	438.96	percent of total billed charges					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Aetna	Commercial	175.58	38		20.18	4.75	438.96	percent of total billed charges					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Amerihealth	Medicare	4.75				4.75	438.96	fee schedule					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Consumer	Consumer	438.96	95			4.75	438.96	percent of total billed charges					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	UHC	Medicaid	140.65	30.44		20.6	4.75	438.96	percent of total billed charges					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Aetna	Medicare	142.31	30.8		10.07	4.75	438.96	percent of total billed charges					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Aetna	Better Health	140.65	30.44		21.12	4.75	438.96	percent of total billed charges					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Horizon	NJ Health	11.37			14.94	4.75	438.96	fee schedule					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Amerihealth	HMO/PPO	7.4				4.75	438.96	fee schedule					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	First Health	First Health	323.44	70			4.75	438.96	percent of total billed charges					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	First Trenton	First Trenton	415.85	90			4.75	438.96	percent of total billed charges					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Corrections	Corrections	369.65	80			4.75	438.96	percent of total billed charges					
SUSCEPTIBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUSCEPTIBILTY STDY ANTIMICROBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	346.55	Quelcare	Quelcare	75				4.75	438.96	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICROBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Medicare Blue		138.62	30			4.75	438.96	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICROBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Horizon	MGD	176.88	38.28		41.51	4.75	438.96	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICROBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Horizon	PPO	176.88	38.28			4.75	438.96	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICROBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	Three Rivers	Three Rivers	438.96	95			4.75	438.96	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICROBIAL AGNT AGAR DILUTJ	87181	CPT				both			462.06	5.46	WellPoint	WellPoint	143.42	31.04		4.9	4.75	438.96	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Aetna	Medicare	7.48			8.35	5.98	106.59	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Aetna	Commercial	42.64	38		16.75	5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Aetna	Better Health	34.15	30.44			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Multiplan	Multiplan	89.76	80			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Consumer	Consumer	106.59	95			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Wellcare	Medicaid	5.98			6.34	5.98	106.59	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	First Health	First Health	78.54	70			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Americare	Americare	84.15	75			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Qualcare	Qualcare	84.15	75			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	WellPoint	WellPoint	34.83	31.04			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Amerihealth	Medicare	7.48				5.98	106.59	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Amerihealth	HMO/PPO	10.8				5.98	106.59	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Corrections	Corrections	89.76	80			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Horizon	Medicare Blue	33.66	30			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Horizon	Indemnity	42.95	38.28			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	UHC	Medicaid	5.98			17.17	5.98	106.59	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	First Trenton	First Trenton	100.98	90			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Wellcare	Medicare	7.48				5.98	106.59	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Horizon	MGD	42.95	38.28		17.57	5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Managed Care Inc	Managed Care Inc	100.98	90			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Horizon	NJ Health	17.64			11.1	5.98	106.59	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Horizon	PPO	42.95	38.28			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	Three Rivers	Three Rivers	106.59	95			5.98	106.59	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL DISK METHOD	87184	CPT				both			112.2	8.6	UHC	Medicare	7.48			9.09	5.98	106.59	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Horizon	Indemnity	23.82	38.28			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Aetna	Better Health	18.94	30.44			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Consumer	Consumer	59.11	95			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Aetna	Medicare	4.75				3.8	59.11	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Americare	Americare	46.67	75			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	UHC	Medicare	4.75				3.8	59.11	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Aetna	Commercial	23.64	38			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Amerihealth	Medicare	4.75				3.8	59.11	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Multiplan	Multiplan	49.78	80			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Amerihealth	HMO/PPO	7.4				3.8	59.11	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Corrections	Corrections	49.78	80			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	First Trenton	First Trenton	56	90			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Horizon	Medicare Blue	18.67	30			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	First Health	First Health	43.55	70			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Horizon	MGD	23.82	38.28			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	WellPoint	WellPoint	19.31	31.04			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Qualcare	Qualcare	46.67	75			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Horizon	PPO	23.82	38.28			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	UHC	Medicaid	3.8				3.8	59.11	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Managed Care Inc	Managed Care Inc	56	90			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Horizon	NJ Health	5.27				3.8	59.11	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Wellcare	Medicaid	3.8				3.8	59.11	fee schedule	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Three Rivers	Three Rivers	59.11	95			3.8	59.11	percent of total billed charges	
SUSCEPTIBILTY STUDY ANTIMICROBIAL ENZYME DETCJ	87185	CPT				both			62.22	5.46	Wellcare	Medicare	4.75				3.8	59.11	fee schedule	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Horizon	PPO	1057.35	38.28		83.65	6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Americare	Americare	2071.62	75			6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Aetna	Medicare	8.65			42.14	6.92	2624.05	fee schedule	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Amerihealth	HMO/PPO	13.5			57.57	6.92	2624.05	fee schedule	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	First Trenton	First Trenton	2485.94	90			6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Horizon	Indemnity	1057.35	38.28		87.95	6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Consumer	Consumer	2624.05	95			6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Aetna	Better Health	840.8	30.44		91.46	6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Horizon	Medicare Blue	828.65	30		46.45	6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Horizon	MGD	1057.35	38.28		109.27	6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Corrections	Corrections	2209.73	80		113.22	6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Aetna	Commercial	1049.62	38		76.84	6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Horizon	NJ Health	21.56			27.14	6.92	2624.05	fee schedule	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Amerihealth	Medicare	8.65				6.92	2624.05	fee schedule	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Three Rivers	Three Rivers	2624.05	95			6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Wellcare	Medicaid	6.92			87.2	6.92	2624.05	fee schedule	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Managed Care Inc	Managed Care Inc	2485.94	90			6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	WellPoint	WellPoint	857.37	31.04		92.05	6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	First Health	First Health	1933.51	70			6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	UHC	Medicare	8.65			46.22	6.92	2624.05	fee schedule	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Multiplan	Multiplan	2209.73	80			6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Wellcare	Medicare	8.65			56.55	6.92	2624.05	fee schedule	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	Qualcare	Qualcare	2071.62	75			6.92	2624.05	percent of total billed charges	
SUSCEPTIBILTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	87186	CPT				both			2762.16	9.95	UHC	Medicaid	6.92			92.39	6.92	2624.05	fee schedule	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Amerihealth	Medicare	6.64				5.31	743.22	fee schedule	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Aetna	Medicare	6.64				5.31	743.22	fee schedule	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	First Trenton	First Trenton	704.11	90			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Aetna	Commercial	297.29	38			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Horizon	Indemnity	299.48	38.28			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Aetna	Better Health	238.14	30.44			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Amerihealth	HMO/PPO	9.2				5.31	743.22	fee schedule	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Consumer	Consumer	743.22	95			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Managed Care Inc	Managed Care Inc	704.11	90			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Americare	Americare	586.76	75			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Horizon	MGD	299.48	38.28			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Corrections	Corrections	625.87	80			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Multiplan	Multiplan	625.87	80			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Three Rivers	Three Rivers	743.22	95			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	First Health	First Health	547.64	70			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Horizon	NJ Health	12.94				5.31	743.22	fee schedule	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Qualcare	Qualcare	586.76	75			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	UHC	Medicaid	5.31				5.31	743.22	fee schedule	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Horizon	PPO	299.48	38.28			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Wellcare	Medicaid	5.31				5.31	743.22	fee schedule	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	UHC	Medicare	6.64				5.31	743.22	fee schedule	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Horizon	Medicare Blue	234.7	30			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	WellPoint	WellPoint	242.84	31.04			5.31	743.22	percent of total billed charges	
SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	87188	CPT				outpatient			782.34	7.64	Wellcare	Medicare	6.64				5.31	743.22	fee schedule	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Aetna	Better Health	117.99	30.44			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Amerihealth	Medicare	7.31				1.29	368.22	fee schedule	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	First Health	First Health	271.32	70			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Consumer	Consumer	368.22	95			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Corrections	Corrections	310.08	80			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Horizon	Indemnity	148.37	38.28			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Amerihealth	HMO/PPO	8.3				1.29	368.22	fee schedule	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Aetna	Medicare	7.31				1.29	368.22	fee schedule	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Aetna	Commercial	147.29	38			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	First Trenton	First Trenton	348.84	90			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	UHC	Medicare	7.31				1.29	368.22	fee schedule	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Horizon	NJ Health	1.29				1.29	368.22	fee schedule	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Horizon	Medicare Blue	116.28	30			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	WellPoint	WellPoint	120.31	31.04			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Horizon	MGD	148.37	38.28			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Americare	Americare	290.7	75			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Wellcare	Medicare	7.31				1.29	368.22	fee schedule	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Horizon	PPO	148.37	38.28			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Three Rivers	Three Rivers	368.22	95			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Managed Care Inc	Managed Care Inc	348.84	90			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Multiplan	Multiplan	310.08	80			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Wellcare	Medicaid	5.85				1.29	368.22	fee schedule	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	Qualcare	Qualcare	290.7	75			1.29	368.22	percent of total billed charges	
SUSCEPTIBILTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	87190	CPT				both			387.6	8.41	UHC	Medicaid	5.85				1.29	368.22	fee schedule	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Consumer	Consumer	117.25	95			3.42	117.25	percent of total billed charges	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	First Trenton	First Trenton	111.08	90			3.42	117.25	percent of total billed charges	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Aetna	Better Health	37.57	30.44		11.04	3.42	117.25	percent of total billed charges	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Amerihealth	Medicare	4.27				3.42	117.25	fee schedule	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Corrections	Corrections	98.74	80		12.81	3.42	117.25	percent of total billed charges	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Aetna	Commercial	46.9	38		9.92	3.42	117.25	percent of total billed charges	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Amerihealth	HMO/PPO	7			6.48	3.42	117.25	fee schedule	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Wellcare	Medicaid	3.42			11.39	3.42	117.25	fee schedule	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Horizon	PPO	47.25	38.28		10.24	3.42	117.25	percent of total billed charges	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Horizon	Medicare Blue	37.03	30		6.71	3.42	117.25	percent of total billed charges	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42	4.91	Aetna	Medicare	4.27			7.08	3.42	117.25	fee schedule	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42		4.91 Wellcare	Medicare	4.27				1.79	3.42	117.25 fee schedule	
SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	87205	CPT				both			123.42		4.91 WellPoint	WellPoint	38.31	31.04		10.94	10.94	3.42	117.25 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Amerihealth	Medicare	5.39					4.28	664.73 fee schedule	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Aetna	Better Health	212.99	30.44		10.62	10.62	4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Americare	Americare	524.79	75				4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Horizon	MGD	267.85	38.28		15.36		4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Aetna	Medicare	5.39			10.81		4.28	664.73 fee schedule	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 First Health	First Health	489.8	70				4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Aetna	Commercial	265.89	38		10.98		4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Consumer	Consumer	664.73	95				4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 First Trenton	First Trenton	629.75	90				4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Multiplan	Multiplan	559.78	80				4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Horizon	PPO	267.85	38.28		12.11		4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Horizon	NJ Health	8.23			5.26		4.28	664.73 fee schedule	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Amerihealth	HMO/PPO	6.1			6.2		4.28	664.73 fee schedule	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Qualcare	Qualcare	524.79	75				4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Corrections	Corrections	559.78	80		15.49		4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 WellPoint	WellPoint	217.19	31.04		12.35		4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Horizon	Medicare Blue	209.92	30		6.9		4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Wellcare	Medicaid	4.31			14.29		4.28	664.73 fee schedule	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 UHC	Medicaid	4.31			10.77		4.28	664.73 fee schedule	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Horizon	Indemnity	267.85	38.28		16.88		4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Managed Care Inc	Managed Care Inc	629.75	90				4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Wellcare	Medicare	5.39					4.28	664.73 fee schedule	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 Three Rivers	Three Rivers	664.73	95				4.28	664.73 percent of total billed charges	
SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	87206	CPT				both			699.72		6.2 UHC	Medicare	5.39			8.06		4.28	664.73 fee schedule	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Horizon	Medicare Blue	209.92	30				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Aetna	Medicare	5.99					4.79	664.73 fee schedule	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Americare	Americare	524.79	75				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Amerihealth	Medicare	5.99					4.79	664.73 fee schedule	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 First Trenton	First Trenton	629.75	90				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Aetna	Better Health	212.99	30.44				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Aetna	Commercial	265.89	38				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 First Health	First Health	489.8	70				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Wellcare	Medicare	5.99					4.79	664.73 fee schedule	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Corrections	Corrections	559.78	80				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Amerihealth	HMO/PPO	9.4					4.79	664.73 fee schedule	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Horizon	PPO	267.85	38.28				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 WellPoint	WellPoint	217.19	31.04				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Consumer	Consumer	664.73	95				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Horizon	MGD	267.85	38.28				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Qualcare	Qualcare	524.79	75				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Horizon	NJ Health	5.88			3.34	4.79	4.79	664.73 fee schedule	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Horizon	Indemnity	267.85	38.28				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Multiplan	Multiplan	559.78	80				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Three Rivers	Three Rivers	664.73	95				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Managed Care Inc	Managed Care Inc	629.75	90				4.79	664.73 percent of total billed charges	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 UHC	Medicare	5.99			6.01		4.79	664.73 fee schedule	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 UHC	Medicaid	4.79					4.79	664.73 fee schedule	
SMR PRIM SRC SPEC STAIN BODIES/PARASITS	87207	CPT				both			699.72		6.89 Wellcare	Medicaid	4.79					4.79	664.73 fee schedule	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Corrections	Corrections	132.19	80				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 First Health	First Health	115.67	70				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Americare	Americare	123.93	75				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Horizon	Medicare Blue	49.57	30				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Aetna	Better Health	50.3	30.44				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Amerihealth	Medicare	17.98					9.4	156.98 fee schedule	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Horizon	PPO	63.25	38.28		15.72		9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 First Trenton	First Trenton	148.72	90				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Wellcare	Medicaid	14.38			12.53		9.4	156.98 fee schedule	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Horizon	MGD	63.25	38.28		16.46		9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Amerihealth	HMO/PPO	9.4					9.4	156.98 fee schedule	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 UHC	Medicaid	14.38			5.29		9.4	156.98 fee schedule	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Aetna	Commercial	62.79	38				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Consumer	Consumer	156.98	95				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Wellcare	Medicare	17.98					9.4	156.98 fee schedule	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Horizon	NJ Health	19.95			1.14		9.4	156.98 fee schedule	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Aetna	Medicare	17.98			5.28		9.4	156.98 fee schedule	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Managed Care Inc	Managed Care Inc	148.72	90				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 UHC	Medicare	17.98			4.25		9.4	156.98 fee schedule	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Three Rivers	Three Rivers	156.98	95				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Horizon	Indemnity	63.25	38.28				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 WellPoint	WellPoint	51.29	31.04		13.62		9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Multiplan	Multiplan	132.19	80				9.4	156.98 percent of total billed charges	
SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	87209	CPT				both			165.24		20.68 Qualcare	Qualcare	123.93	75				9.4	156.98 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Aetna	Better Health	27.32	30.44		21.65		4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Americare	Americare	67.32	75				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 First Health	First Health	62.83	70				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Amerihealth	Medicare	5.82					4.66	85.27 fee schedule	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Aetna	Commercial	34.11	38		15.81		4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Amerihealth	HMO/PPO	7			8.1		4.66	85.27 fee schedule	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Multiplan	Multiplan	71.81	80				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 First Trenton	First Trenton	80.78	90				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Aetna	Medicare	5.82					4.66	85.27 fee schedule	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 UHC	Medicare	5.82			12.62		4.66	85.27 fee schedule	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Horizon	Medicare Blue	26.93	30				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Managed Care Inc	Managed Care Inc	80.78	90				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Horizon	PPO	34.36	38.28		15.97		4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Horizon	Indemnity	34.36	38.28		25.51		4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Qualcare	Qualcare	67.32	75				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 UHC	Medicaid	4.66			21.98		4.66	85.27 fee schedule	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Consumer	Consumer	85.27	95				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Wellcare	Medicare	5.82					4.66	85.27 fee schedule	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Three Rivers	Three Rivers	85.27	95				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Horizon	NJ Health	4.7			12.1		4.66	85.27 fee schedule	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 WellPoint	WellPoint	27.86	31.04		24.35		4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Wellcare	Medicaid	4.66			22.08		4.66	85.27 fee schedule	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Corrections	Corrections	71.81	80				4.66	85.27 percent of total billed charges	
SMR PRIM SRC WET MOUNT NFCT AGT	87210	CPT				both			89.76		6.69 Horizon	MGD	34.36	38.28		18.38		4.66	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Americare	Americare	67.32	75				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 First Trenton	First Trenton	80.78	90				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Aetna	Better Health	27.32	30.44				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Aetna	Commercial	34.11	38				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 UHC	Medicare	4.27					3.42	85.27 fee schedule	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Wellcare	Medicare	4.27					3.42	85.27 fee schedule	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Aetna	Medicare	4.27					3.42	85.27 fee schedule	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Amerihealth	HMO/PPO	4					3.42	85.27 fee schedule	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Horizon	PPO	34.36	38.28				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Horizon	MGD	34.36	38.28				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Consumer	Consumer	85.27	95				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Amerihealth	Medicare	4.27					3.42	85.27 fee schedule	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Qualcare	Qualcare	67.32	75				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Multiplan	Multiplan	71.81	80				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Corrections	Corrections	71.81	80				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 First Health	First Health	62.83	70				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Three Rivers	Three Rivers	85.27	95				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Horizon	Indemnity	34.36	38.28				3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 UHC	Medicaid	3.42			7.71		3.42	85.27 fee schedule	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Horizon	NJ Health	4.7			23.33		3.42	85.27 fee schedule	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Wellcare	Medicaid	3.42			18.48		3.42	85.27 fee schedule	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Horizon	Medicare Blue	26.93	30		23.97		3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 WellPoint	WellPoint	27.86	31.04		21.25		3.42	85.27 percent of total billed charges	
TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	87220	CPT				both			89.76		4.91 Managed Care Inc	Managed Care Inc	80.78	90				3.42	85.27 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Amerihealth	Medicare	19.74					19.58	62.02 fee schedule	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Aetna	Better Health	19.87	30.44				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Americare	Americare	48.96	75				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Consumer	Consumer	62.02	95				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 First Trenton	First Trenton	58.75	90				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 UHC	Medicare	19.74					19.58	62.02 fee schedule	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Horizon	Indemnity	24.99	38.28				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Aetna	Commercial	24.81	38				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Corrections	Corrections	52.22	80				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Amerihealth	HMO/PPO	22.9					19.58	62.02 fee schedule	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Horizon	Medicare Blue	19.58	30				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Aetna	Medicare	20.11	30.8				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Horizon	PPO	24.99	38.28				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Wellcare	Medicare	19.74					19.58	62.02 fee schedule	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Multiplan	Multiplan	52.22	80				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Horizon	MGD	24.99	38.28				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Horizon	NJ Health	52.92					19.58	62.02 fee schedule	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 First Health	First Health	45.7	70				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Qualcare	Qualcare	48.96	75				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Wellcare	Medicaid	19.87	30.44				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 Managed Care Inc	Managed Care Inc	58.75	90				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	87230	CPT				outpatient			65.28		22.7 WellPoint	WellPoint	20.26	31.04				19.58	62.02 percent of total billed charges	
TOXIN/ANTITOXIN ASSAY TISSUE CULTURE

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Amerihealth	HMO/PPO	40.2				18.36		731.6 fee schedule	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Aetna	Better Health	234.42	30.44			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Americare	Americare	577.58	75			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	First Health	First Health	539.07	70			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	UHC	Medicare	26.07				18.36		731.6 fee schedule	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Aetna	Medicare	26.07				18.36		731.6 fee schedule	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	UHC	Medicaid	20.86				18.36		731.6 fee schedule	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Multiplan	Multiplan	616.08	80			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Amerihealth	Medicare	26.07				18.36		731.6 fee schedule	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Consumer	Consumer	731.6	95			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Wellcare	Medicaid	20.86				18.36		731.6 fee schedule	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Qualcare	Qualcare	577.58	75			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Horizon	MGD	294.79	38.28			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Corrections	Corrections	616.08	80			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Wellcare	Medicare	26.07				18.36		731.6 fee schedule	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	First Trenton	First Trenton	693.09	90			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	WellPoint	WellPoint	239.04	31.04			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Horizon	Indemnity	294.79	38.28			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Horizon	NJ Health	57.82				18.36		731.6 fee schedule	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Horizon	PPO	294.79	38.28			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Managed Care Inc	Managed Care Inc	693.09	90			18.36		731.6 percent of total billed charges	
VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	87252	CPT				both			770.1	29.98	Three Rivers	Three Rivers	731.6	95			18.36		731.6 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Multiplan	Multiplan	438.19	80			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Amerihealth	HMO/PPO	27.6				11.76		520.35 fee schedule	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Amerihealth	Medicare	20.2				11.76		520.35 fee schedule	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Aetna	Better Health	166.73	30.44			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Consumer	Consumer	520.35	95			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	First Health	First Health	383.42	70			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Aetna	Medicare	20.2				11.76		520.35 fee schedule	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Americare	Americare	410.81	75			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Qualcare	Qualcare	410.81	75			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Horizon	MGD	209.67	38.28			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	First Trenton	First Trenton	492.97	90			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Aetna	Commercial	208.14	38			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Corrections	Corrections	438.19	80			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	UHC	Medicare	20.2				11.76		520.35 fee schedule	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Horizon	Indemnity	209.67	38.28			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Horizon	Medicare Blue	164.32	30			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	WellPoint	WellPoint	170.02	31.04			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	UHC	Medicaid	16.16				11.76		520.35 fee schedule	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Horizon	NJ Health	11.76				11.76		520.35 fee schedule	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Wellcare	Medicare	20.2				11.76		520.35 fee schedule	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Horizon	PPO	209.67	38.28			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Managed Care Inc	Managed Care Inc	492.97	90			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Three Rivers	Three Rivers	520.35	95			11.76		520.35 percent of total billed charges	
VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	87253	CPT				outpatient			547.74	23.23	Wellcare	Medicaid	16.16				11.76		520.35 fee schedule	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Amerihealth	HMO/PPO	7.6				7.6		109.5 fee schedule	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Aetna	Medicare	35.5	30.8			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Americare	Americare	86.45	75			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Corrections	Corrections	92.21	80			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Horizon	MGD	44.12	38.28			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Multiplan	Multiplan	92.21	80			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Aetna	Better Health	35.09	30.44			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	First Health	First Health	80.68	70			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Amerihealth	Medicare	19.56				7.6		109.5 fee schedule	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Qualcare	Qualcare	86.45	75			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Consumer	Consumer	109.5	95			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Horizon	NJ Health	21.58				7.6		109.5 fee schedule	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	UHC	Medicaid	35.09	30.44			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	First Trenton	First Trenton	103.73	90			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Aetna	Commercial	43.8	38			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	WellPoint	WellPoint	35.78	31.04			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Wellcare	Medicaid	35.09	30.44			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Horizon	Indemnity	44.12	38.28			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Wellcare	Medicare	19.56				7.6		109.5 fee schedule	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Horizon	PPO	44.12	38.28			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	UHC	Medicare	19.56				7.6		109.5 fee schedule	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Managed Care Inc	Managed Care Inc	103.73	90			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Horizon	Medicare Blue	34.58	30			7.6		109.5 percent of total billed charges	
VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	87254	CPT				both			115.26	22.49	Three Rivers	Three Rivers	109.5	95			7.6		109.5 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Aetna	Better Health	60.55	30.44			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Aetna	Medicare	33.86				27.09		188.96 fee schedule	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	UHC	Medicaid	27.09				27.09		188.96 fee schedule	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Amerihealth	Medicare	33.86				27.09		188.96 fee schedule	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Wellcare	Medicaid	27.09				27.09		188.96 fee schedule	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	First Trenton	First Trenton	179.01	90			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Americare	Americare	149.18	75			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	First Health	First Health	139.23	70			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Aetna	Commercial	75.58	38			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Corrections	Corrections	159.12	80			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Amerihealth	HMO/PPO	47.31				27.09		188.96 fee schedule	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Consumer	Consumer	188.96	95			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Wellcare	Medicare	33.86				27.09		188.96 fee schedule	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Horizon	Indemnity	76.14	38.28			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Horizon	MGD	76.14	38.28			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Multiplan	Multiplan	159.12	80			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	WellPoint	WellPoint	61.74	31.04			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Horizon	Medicare Blue	59.67	30			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Qualcare	Qualcare	149.18	75			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Horizon	NJ Health	37.08				27.09		188.96 fee schedule	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	UHC	Medicare	33.86				27.09		188.96 fee schedule	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Horizon	PPO	76.14	38.28			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Managed Care Inc	Managed Care Inc	179.01	90			27.09		188.96 percent of total billed charges	
VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	87255	CPT				outpatient			198.9	38.94	Three Rivers	Three Rivers	188.96	95			27.09		188.96 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	WellPoint	WellPoint	22.48	31.04			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Horizon	PPO	27.72	38.28			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Aetna	Medicare	14.43				11.54		68.8 fee schedule	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Horizon	Indemnity	27.72	38.28			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Consumer	Consumer	68.8	95			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Amerihealth	Medicare	14.43				11.54		68.8 fee schedule	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Aetna	Better Health	22.04	30.44			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Americare	Americare	54.32	75			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Corrections	Corrections	57.94	80			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Wellcare	Medicaid	11.54				11.54		68.8 fee schedule	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Amerihealth	HMO/PPO	15.2				11.54		68.8 fee schedule	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Qualcare	Qualcare	54.32	75			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Horizon	MGD	27.72	38.28			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	First Trenton	First Trenton	65.18	90			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Aetna	Commercial	27.52	38			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Horizon	Medicare Blue	21.73	30			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Horizon	NJ Health	12.23				11.54		68.8 fee schedule	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Managed Care Inc	Managed Care Inc	65.18	90			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	First Health	First Health	50.69	70			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Multiplan	Multiplan	57.94	80			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	UHC	Medicare	14.43				11.54		68.8 fee schedule	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Three Rivers	Three Rivers	68.8	95			11.54		68.8 percent of total billed charges	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	UHC	Medicaid	11.54				11.54		68.8 fee schedule	
IAADI ADENOVIRUS	87260	CPT				outpatient			72.42	16.59	Wellcare	Medicare	14.43				11.54		68.8 fee schedule	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Americare	Americare	153	75			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Aetna	Medicare	11.98				9.58		193.8 fee schedule	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Amerihealth	HMO/PPO	15.2				9.58		193.8 fee schedule	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Consumer	Consumer	193.8	95			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Aetna	Better Health	62.1	30.44			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	First Trenton	First Trenton	183.6	90			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	UHC	Medicare	11.98				9.58		193.8 fee schedule	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Multiplan	Multiplan	163.2	80			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Aetna	Commercial	77.52	38			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Corrections	Corrections	163.2	80			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Amerihealth	Medicare	11.98				9.58		193.8 fee schedule	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	First Health	First Health	142.8	70			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Horizon	Medicare Blue	61.2	30			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Horizon	Indemnity	78.09	38.28			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Horizon	MGD	78.09	38.28			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Qualcare	Qualcare	153	75			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	UHC	Medicaid	9.58				9.58		193.8 fee schedule	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	WellPoint	WellPoint	63.32	31.04			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Wellcare	Medicare	11.98				9.58		193.8 fee schedule	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Horizon	NJ Health	12.23				9.58		193.8 fee schedule	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Horizon	PPO	78.09	38.28			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Managed Care Inc	Managed Care Inc	183.6	90			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Three Rivers	Three Rivers	193.8	95			9.58		193.8 percent of total billed charges	
IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	87265	CPT				inpatient			204	13.78	Wellcare	Medicaid	9.58				9.58		193.8 fee schedule	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Qualcare	Qualcare	123.17	75			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Amerihealth	HMO/PPO	15.2				9.58		156.01 fee schedule	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Aetna	Medicare	11.98				9.58		156.01 fee schedule	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Horizon	Medicare Blue	49.27	30			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Multiplan	Multiplan	131.38	80

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																			
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																			
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Corrections	Corrections	131.38	80			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Aetna	Better Health	49.99	30.44			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Horizon	Indemnity	62.86	38.28			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Amerihealth	Medicare	11.98				9.58		156.01 fee schedule	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	First Trenton	First Trenton	147.8	90			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Americare	Americare	123.17	75			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Horizon	PPO	62.86	38.28			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Horizon	MGD	62.86	38.28			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Horizon	NJ Health	30.46				9.58		156.01 fee schedule	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Consumer	Consumer	156.01	95			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Three Rivers	Three Rivers	156.01	95			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	First Health	First Health	114.95	70			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Managed Care Inc	Managed Care Inc	147.8	90			9.58		156.01 percent of total billed charges	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	UHC	Medicaid	9.58				9.58		156.01 fee schedule	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Wellcare	Medicaid	9.58				9.58		156.01 fee schedule	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	UHC	Medicare	11.98				9.58		156.01 fee schedule	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	Wellcare	Medicare	11.98				9.58		156.01 fee schedule	
IAADI CHLAMYDIA TRACHOMATIS	87270	CPT				outpatient			164.22	13.78	WellPoint	WellPoint	50.97	31.04			9.58		156.01 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	First Trenton	First Trenton	76.19	90			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Americare	Americare	63.5	75			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Amerihealth	Medicare	11.98				9.58		80.43 fee schedule	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Aetna	Better Health	25.77	30.44			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Horizon	Medicare Blue	25.4	30			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	UHC	Medicaid	9.58				9.58		80.43 fee schedule	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Aetna	Medicare	11.98				9.58		80.43 fee schedule	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Corrections	Corrections	67.73	80			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	WellPoint	WellPoint	26.28	31.04			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Amerihealth	HMO/PPO	15.2				9.58		80.43 fee schedule	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Consumer	Consumer	80.43	95			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Aetna	Commercial	32.17	38			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	UHC	Medicare	11.98				9.58		80.43 fee schedule	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Wellcare	Medicare	11.98				9.58		80.43 fee schedule	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	First Health	First Health	59.26	70			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Wellcare	Medicaid	9.58				9.58		80.43 fee schedule	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Horizon	NJ Health	12.23				9.58		80.43 fee schedule	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Horizon	MGD	32.41	38.28			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Multiplan	Multiplan	67.73	80			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Horizon	Indemnity	32.41	38.28			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Horizon	PPO	32.41	38.28			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Qualcare	Qualcare	63.5	75			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Managed Care Inc	Managed Care Inc	76.19	90			9.58		80.43 percent of total billed charges	
IAADI CRYPTOSPORIDIUM	87272	CPT				outpatient			84.66	13.78	Three Rivers	Three Rivers	80.43	95			9.58		80.43 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Horizon	Indemnity	64.03	38.28			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Qualcare	Qualcare	125.46	75			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Aetna	Commercial	63.57	38			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Aetna	Better Health	50.92	30.44			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	First Trenton	First Trenton	150.55	90			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Americare	Americare	125.46	75			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Amerihealth	HMO/PPO	15.2				12.23		158.92 fee schedule	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Aetna	Medicare	15.6				12.23		158.92 fee schedule	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Horizon	PPO	64.03	38.28			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Multiplan	Multiplan	133.82	80			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Horizon	MGD	64.03	38.28			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Consumer	Consumer	158.92	95			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Managed Care Inc	Managed Care Inc	150.55	90			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Three Rivers	Three Rivers	158.92	95			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Amerihealth	Medicare	15.6				12.23		158.92 fee schedule	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Horizon	Medicare Blue	50.18	30			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Wellcare	Medicaid	12.48				12.23		158.92 fee schedule	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Corrections	Corrections	133.82	80			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	UHC	Medicare	15.6				12.23		158.92 fee schedule	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Horizon	NJ Health	12.23				12.23		158.92 fee schedule	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	UHC	Medicaid	12.48				12.23		158.92 fee schedule	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	First Health	First Health	117.1	70			12.23		158.92 percent of total billed charges	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	Wellcare	Medicare	15.6				12.23		158.92 fee schedule	
IAADI LEGIONELLA PNEUMOPHILA	87278	CPT				outpatient			167.28	17.94	WellPoint	WellPoint	51.92	31.04			12.23		158.92 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Multiplan	Multiplan	142.8	80			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	UHC	Medicare	11.98				11.98		169.58 fee schedule	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Aetna	Medicare	54.98	30.8			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	First Trenton	First Trenton	160.65	90			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Corrections	Corrections	142.8	80			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Aetna	Better Health	54.34	30.44			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Consumer	Consumer	169.58	95			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Americare	Americare	133.88	75			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Qualcare	Qualcare	133.88	75			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Aetna	Commercial	67.83	38			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	First Health	First Health	124.95	70			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Horizon	Indemnity	68.33	38.28			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Horizon	Medicare Blue	53.55	30			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	WellPoint	WellPoint	55.41	31.04			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Wellcare	Medicare	11.98				11.98		169.58 fee schedule	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Amerihealth	HMO/PPO	15.2				11.98		169.58 fee schedule	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	UHC	Medicaid	54.34	30.44			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Horizon	PPO	68.33	38.28			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Horizon	MGD	68.33	38.28			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Amerihealth	Medicare	11.98				11.98		169.58 fee schedule	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Horizon	NJ Health	12.23				11.98		169.58 fee schedule	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Managed Care Inc	Managed Care Inc	160.65	90			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Wellcare	Medicaid	54.34	30.44			11.98		169.58 percent of total billed charges	
IAADI PNEUMOCUSTIS CARINII	87281	CPT				inpatient			178.5	13.78	Three Rivers	Three Rivers	169.58	95			11.98		169.58 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Aetna	Medicare	150.17	30.8			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Wellcare	Medicare	11.98			62.42	11.98		463.18 fee schedule	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Aetna	Better Health	148.41	30.44			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	First Trenton	First Trenton	438.8	90			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Amerihealth	HMO/PPO	26				11.98		463.18 fee schedule	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Americare	Americare	365.67	75			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Corrections	Corrections	390.05	80			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Horizon	Indemnity	186.64	38.28			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Horizon	MGD	186.64	38.28			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Horizon	PPO	186.64	38.28		15.64	11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Aetna	Commercial	185.27	38		43.6	11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Managed Care Inc	Managed Care Inc	438.8	90			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Amerihealth	Medicare	11.98				11.98		463.18 fee schedule	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Multiplan	Multiplan	390.05	80			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Consumer	Consumer	463.18	95			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Horizon	NJ Health	30.16			14.72	11.98		463.18 fee schedule	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	UHC	Medicaid	148.41	30.44		127.93	11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Qualcare	Qualcare	365.67	75			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Horizon	Medicare Blue	146.27	30			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Three Rivers	Three Rivers	463.18	95			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	First Health	First Health	341.29	70			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	WellPoint	WellPoint	151.34	31.04			11.98		463.18 percent of total billed charges	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	UHC	Medicare	11.98			26.42	11.98		463.18 fee schedule	
IAAD IA ASPERGILLUS	87305	CPT				both			487.56	13.78	Wellcare	Medicaid	148.41	30.44			11.98		463.18 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Corrections	Corrections	365.57	80			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Aetna	Medicare	11.98				9.58		434.11 fee schedule	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Consumer	Consumer	434.11	95			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Aetna	Better Health	139.1	30.44		89.25	9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Qualcare	Qualcare	342.72	75			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Aetna	Commercial	173.64	38			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Horizon	NJ Health	12.23			14.28	9.58		434.11 fee schedule	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Amerihealth	HMO/PPO	15.2				9.58		434.11 fee schedule	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	First Trenton	First Trenton	411.26	90			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Horizon	PPO	174.92	38.28		24.6	9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	First Health	First Health	319.87	70			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Americare	Americare	342.72	75			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	UHC	Medicare	11.98			69.75	9.58		434.11 fee schedule	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Amerihealth	Medicare	11.98				9.58		434.11 fee schedule	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Multiplan	Multiplan	365.57	80			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Horizon	MGD	174.92	38.28		75.56	9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Horizon	Medicare Blue	137.09	30			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	UHC	Medicaid	9.58			76.49	9.58		434.11 fee schedule	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Horizon	Indemnity	174.92	38.28			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Three Rivers	Three Rivers	434.11	95			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Managed Care Inc	Managed Care Inc	411.26	90			9.58		434.11 percent of total billed charges	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Wellcare	Medicare	11.98				9.58		434.11 fee schedule	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	Wellcare	Medicaid	9.58			130.74	9.58		434.11 fee schedule	
IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	87324	CPT				both			456.96	13.78	WellPoint	WellPoint	141.84	31.04			9.58		434.11 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Amerihealth	Medicare	11.98				11.98		193.8 fee schedule	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Aetna	Better Health	62.1	30.44			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Horizon	Indemnity	78.09	38.28			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Aetna	Commercial	77.52	38			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	First Trenton	First Trenton	183.6	90			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	UHC	Medicare	11.98				11.98		193.8 fee schedule	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Americare	Americare	153	75			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Consumer	Consumer	193.8	95			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Managed Care Inc	Managed Care Inc	183.6	90			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Amerihealth	HMO/PPO	15.2				11.98		193.8 fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Horizon	MGD	78.09	38.28		24.88	11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Aetna	Medicare	62.83	30.8			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Horizon	PPO	78.09	38.28			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	First Health	First Health	142.8	70			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Horizon	Medicare Blue	61.2	30			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Corrections	Corrections	163.2	80			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	WellPoint	WellPoint	63.32	31.04			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Wellcare	Medicaid	62.1	30.44			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Horizon	NJ Health	23.52			4.28	11.98		193.8 fee schedule	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Three Rivers	Three Rivers	193.8	95			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Wellcare	Medicare	11.98				11.98		193.8 fee schedule	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	UHC	Medicaid	62.1	30.44			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Multiplan	Multiplan	163.2	80			11.98		193.8 percent of total billed charges	
IAAD IA GIARDIA	87329	CPT				both			204	13.78	Qualcare	Qualcare	153	75			11.98		193.8 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Aetna	Medicare	11.98				9.58		142.44 fee schedule	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Americare	Americare	112.46	75			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Aetna	Better Health	45.64	30.44			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	First Trenton	First Trenton	134.95	90			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Amerihealth	Medicare	11.98				9.58		142.44 fee schedule	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Amerihealth	HMO/PPO	15.2				9.58		142.44 fee schedule	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Consumer	Consumer	142.44	95			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Horizon	Medicare Blue	44.98	30			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Qualcare	Qualcare	112.46	75			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Horizon	MGD	57.4	38.28			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Aetna	Commercial	56.98	38			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	WellPoint	WellPoint	46.54	31.04			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	First Health	First Health	104.96	70			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	UHC	Medicare	11.98				9.58		142.44 fee schedule	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Corrections	Corrections	119.95	80			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Wellcare	Medicare	11.98				9.58		142.44 fee schedule	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Horizon	PPO	57.4	38.28			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Horizon	Indemnity	57.4	38.28			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Managed Care Inc	Managed Care Inc	134.95	90			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Horizon	NJ Health	12.23				9.58		142.44 fee schedule	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Three Rivers	Three Rivers	142.44	95			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Multiplan	Multiplan	119.95	80			9.58		142.44 percent of total billed charges	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	Wellcare	Medicaid	9.58				9.58		142.44 fee schedule	
IAAD IA ENTAMOEBA HISTOLYTICA GRP	87337	CPT				outpatient			149.94	13.78	UHC	Medicaid	9.58				9.58		142.44 fee schedule	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Aetna	Better Health	49.68	30.44			11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Horizon	PPO	62.47	38.28		19.94	11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Amerihealth	HMO/PPO	16			13.96	11.5		155.04 fee schedule	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Aetna	Medicare	14.38			14.19	11.5		155.04 fee schedule	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Corrections	Corrections	130.56	80			11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	First Trenton	First Trenton	146.88	90			11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Aetna	Commercial	62.02	38		19.49	11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Amerihealth	Medicare	14.38				11.5		155.04 fee schedule	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Consumer	Consumer	155.04	95			11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Horizon	MGD	62.47	38.28		33.36	11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Horizon	NJ Health	15.97			9.95	11.5		155.04 fee schedule	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Horizon	Medicare Blue	48.96	30		13.22	11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Managed Care Inc	Managed Care Inc	146.88	90			11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	UHC	Medicare	14.38			10.35	11.5		155.04 fee schedule	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Americare	Americare	122.4	75			11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	First Health	First Health	114.24	70			11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Three Rivers	Three Rivers	155.04	95			11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Wellcare	Medicaid	11.5			11.05	11.5		155.04 fee schedule	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Wellcare	Medicare	14.38			14.38	11.5		155.04 fee schedule	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	UHC	Medicaid	11.5			14.65	11.5		155.04 fee schedule	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	WellPoint	WellPoint	50.66	31.04		22.41	11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Horizon	Indemnity	62.47	38.28		29.52	11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Multiplan	Multiplan	130.56	80			11.5		155.04 percent of total billed charges	
IAAD IA HPYLORI STOOL	87338	CPT				both			163.2	16.54	Qualcare	Qualcare	122.4	75			11.5		155.04 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Consumer	Consumer	93.02	95			7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Managed Care Inc	Managed Care Inc	88.13	90			7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Horizon	PPO	37.48	38.28		14.59	7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Corrections	Corrections	78.34	80		13.91	7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Aetna	Commercial	37.21	38		22.64	7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Aetna	Medicare	10.33			11.36	7.65		93.02 fee schedule	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Aetna	Better Health	29.81	30.44		18.97	7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Americare	Americare	73.44	75			7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Horizon	Indemnity	37.48	38.28		20.33	7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	UHC	Medicare	10.33			11.82	7.65		93.02 fee schedule	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	First Health	First Health	68.54	70			7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Multiplan	Multiplan	78.34	80			7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Amerihealth	HMO/PPO	14.3			10.21	7.65		93.02 fee schedule	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	First Trenton	First Trenton	88.13	90			7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	UHC	Medicaid	8.26			19.34	7.65		93.02 fee schedule	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Amerihealth	Medicare	10.33			3.77	7.65		93.02 fee schedule	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Wellcare	Medicare	10.33			3.14	7.65		93.02 fee schedule	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Horizon	MGD	37.48	38.28		18.03	7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Qualcare	Qualcare	73.44	75			7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Horizon	NJ Health	27.44			4.58	7.65		93.02 fee schedule	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Horizon	Medicare Blue	29.38	30		6.4	7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Three Rivers	Three Rivers	93.02	95			7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	Wellcare	Medicaid	8.26			20.27	7.65		93.02 fee schedule	
IAAD IA HEPATITIS B SURFACE ANTIGEN	87340	CPT				both			97.92	11.88	WellPoint	WellPoint	30.39	31.04		19.37	7.65		93.02 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Aetna	Commercial	26.36	38		3.15	7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Corrections	Corrections	55.49	80			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	First Trenton	First Trenton	62.42	90			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Horizon	Medicare Blue	20.81	30		1.14	7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Aetna	Medicare	11.53			0.86	7.96		65.89 fee schedule	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Aetna	Better Health	21.11	30.44			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Amerihealth	HMO/PPO	15.9			0.56	7.96		65.89 fee schedule	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Americare	Americare	52.02	75			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	UHC	Medicare	11.53			2.72	7.96		65.89 fee schedule	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Horizon	Indemnity	26.55	38.28		1.21	7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Horizon	PPO	26.55	38.28		1	7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Wellcare	Medicare	11.53			0.75	7.96		65.89 fee schedule	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Amerihealth	Medicare	11.53				7.96		65.89 fee schedule	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Consumer	Consumer	65.89	95			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Horizon	MGD	26.55	38.28		4.17	7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Multiplan	Multiplan	55.49	80			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	First Health	First Health	48.55	70			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Horizon	NJ Health	12.8			1.24	7.96		65.89 fee schedule	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Managed Care Inc	Managed Care Inc	62.42	90			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Qualcare	Qualcare	52.02	75			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	WellPoint	WellPoint	21.53	31.04		2.3	7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Three Rivers	Three Rivers	65.89	95			7.96		65.89 percent of total billed charges	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	UHC	Medicaid	9.22			4.57	7.96		65.89 fee schedule	
IAAD IA HEPATITIS BE ANTIGEN	87350	CPT				both			69.36	13.26	Wellcare	Medicaid	9.22			4.75	7.96		65.89 fee schedule	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Aetna	Medicare	18.36				14.69		260.66 fee schedule	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Consumer	Consumer	260.66	95			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Wellcare	Medicaid	14.69				14.69		260.66 fee schedule	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Americare	Americare	205.79	75			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Aetna	Better Health	83.52	30.44			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Qualcare	Qualcare	205.79	75			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Horizon	MGD	105.03	38.28			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Amerihealth	Medicare	18.36				14.69		260.66 fee schedule	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Amerihealth	HMO/PPO	22.7				14.69		260.66 fee schedule	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Corrections	Corrections	219.5	80			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Aetna	Commercial	104.26	38			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Horizon	PPO	105.03	38.28			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	First Health	First Health	192.07	70			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	UHC	Medicare	18.36				14.69		260.66 fee schedule	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Multiplan	Multiplan	219.5	80			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Three Rivers	Three Rivers	260.66	95			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Horizon	Indemnity	105.03	38.28			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	First Trenton	First Trenton	246.94	90			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	UHC	Medicaid	14.69				14.69		260.66 fee schedule	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Wellcare	Medicare	18.36				14.69		260.66 fee schedule	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	WellPoint	WellPoint	85.17	31.04			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Horizon	Medicare Blue	82.31	30			14.69		260.66 percent of total billed charges	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Horizon	NJ Health	18.23				14.69		260.66 fee schedule	
IAAD IA HEPATITIS DELTA ANTIGEN	87380	CPT				outpatient			274.38	21.11	Managed Care Inc	Managed Care Inc	246.94	90			14.69		260.66 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Horizon	Indemnity	78.48	38.28			10.6		194.77 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	First Trenton	First Trenton	184.52	90			10.6		194.77 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Consumer	Consumer	194.77	95			10.6		194.77 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Aetna	Commercial	77.91	38			10.6		194.77 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Amerihealth	Medicare	13.25				10.6		194.77 fee schedule	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Aetna	Medicare	13.25				10.6		194.77 fee schedule	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Aetna	Better Health	62.41	30.44			10.6		194.77 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	UHC	Medicaid	10.6			55.02	10.6		194.77 fee schedule	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Multiplan	Multiplan	164.02	80			10.6		194.77 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Horizon	MGD	78.48	38.28			10.6		194.77 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Corrections	Corrections	164.02	80			10.6		194.77 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Amerihealth	HMO/PPO	15.2				10.6		194.77 fee schedule	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	WellPoint	WellPoint	63.64	31.04			10.6		194.77 percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Horizon	PPO	78.48	38.28			10.6		194.77 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Americare	Americare	153.77	75			10.6	194.77	percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	First Health	First Health	143.51	70			10.6	194.77	percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Qualcare	Qualcare	153.77	75			10.6	194.77	percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Managed Care Inc	Managed Care Inc	184.52	90			10.6	194.77	percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Wellcare	Medicaid	10.6				10.6	194.77	fee schedule	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Horizon	Medicare Blue	61.51	30			10.6	194.77	percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	UHC	Medicare	13.25				10.6	194.77	fee schedule	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Three Rivers	Three Rivers	194.77	95			10.6	194.77	percent of total billed charges	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Horizon	NJ Health	12.23			4.83	10.6	194.77	fee schedule	
IAAD IA HISTOPLASM CAPSULATUM	87385	CPT				both			205.02	15.24	Wellcare	Medicare	13.25				10.6	194.77	fee schedule	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Horizon	NJ Health	26.75			7.62	16.52	189.92	fee schedule	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	First Health	First Health	139.94	70			16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	First Trenton	First Trenton	179.93	90			16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Aetna	Commercial	75.97	38		21.3	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Wellcare	Medicaid	60.86	30.44		25.24	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Aetna	Medicare	61.58	30.8		5.54	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Aetna	Better Health	60.86	30.44		28.16	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Americare	Americare	149.94	75			16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Horizon	PPO	76.53	38.28		19.29	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Horizon	Medicare Blue	59.98	30		8.23	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Horizon	Indemnity	76.53	38.28		22.82	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Amerihealth	Medicare	24.08			4.16	16.52	189.92	fee schedule	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	UHC	Medicare	24.08			13.37	16.52	189.92	fee schedule	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Amerihealth	HMO/PPO	24.4			9.36	16.52	189.92	fee schedule	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Corrections	Corrections	159.94	80		23.25	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Consumer	Consumer	189.92	95			16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Wellcare	Medicare	24.08			7.99	16.52	189.92	fee schedule	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Multiplan	Multiplan	159.94	80			16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Horizon	MGD	76.53	38.28		20.28	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Three Rivers	Three Rivers	189.92	95			16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	WellPoint	WellPoint	62.06	31.04		23.93	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Qualcare	Qualcare	149.94	75			16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	Managed Care Inc	Managed Care Inc	179.93	90			16.52	189.92	percent of total billed charges	
IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTIBDY SINGLE	87389	CPT				both			199.92	27.69	UHC	Medicaid	60.86	30.44		22.39	16.52	189.92	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Wellcare	Medicaid	19.25				19.25	873.07	fee schedule	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Corrections	Corrections	735.22	80			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Americare	Americare	689.27	75			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Aetna	Better Health	279.75	30.44			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Amerihealth	Medicare	24.06				19.25	873.07	fee schedule	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Consumer	Consumer	873.07	95			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Horizon	Indemnity	351.8	38.28			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Aetna	Medicare	24.06				19.25	873.07	fee schedule	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	First Trenton	First Trenton	827.12	90			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Horizon	MGD	351.8	38.28			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Multiplan	Multiplan	735.22	80			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Aetna	Commercial	349.23	38			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Horizon	PPO	351.8	38.28			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Horizon	NJ Health	19.6				19.25	873.07	fee schedule	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Horizon	Medicare Blue	275.71	30			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Amerihealth	HMO/PPO	24.4				19.25	873.07	fee schedule	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Managed Care Inc	Managed Care Inc	827.12	90			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Three Rivers	Three Rivers	873.07	95			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Qualcare	Qualcare	689.27	75			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	WellPoint	WellPoint	285.26	31.04			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	Wellcare	Medicare	24.06				19.25	873.07	fee schedule	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	First Health	First Health	643.31	70			19.25	873.07	percent of total billed charges	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	UHC	Medicaid	19.25				19.25	873.07	fee schedule	
IAAD IA HIV-1	87390	CPT				outpatient			919.02	27.67	UHC	Medicare	24.06				19.25	873.07	fee schedule	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Aetna	Better Health	25.15	30.44			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	First Trenton	First Trenton	74.36	90			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Consumer	Consumer	78.49	95			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Amerihealth	HMO/PPO	7.6				7.6	78.49	fee schedule	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Americare	Americare	61.97	75			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Aetna	Medicare	14.13				7.6	78.49	fee schedule	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Multiplan	Multiplan	66.1	80			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	First Health	First Health	57.83	70			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Aetna	Commercial	31.4	38			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Horizon	Indemnity	31.63	38.28			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Qualcare	Qualcare	61.97	75			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Amerihealth	Medicare	14.13				7.6	78.49	fee schedule	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Horizon	Medicare Blue	24.79	30			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Corrections	Corrections	66.1	80			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	UHC	Medicaid	11.3				7.6	78.49	fee schedule	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	UHC	Medicare	14.13				7.6	78.49	fee schedule	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Wellcare	Medicare	14.13				7.6	78.49	fee schedule	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Horizon	NJ Health	12.23				7.6	78.49	fee schedule	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Horizon	MGD	31.63	38.28			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	WellPoint	WellPoint	25.65	31.04			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Horizon	PPO	31.63	38.28			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Managed Care Inc	Managed Care Inc	74.36	90			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Three Rivers	Three Rivers	78.49	95			7.6	78.49	percent of total billed charges	
IAAD IA INFLUENZA A/B EACH	87400	CPT				outpatient			82.62	16.25	Wellcare	Medicaid	11.3				7.6	78.49	fee schedule	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	First Trenton	First Trenton	76.19	90			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Aetna	Commercial	32.17	38			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Consumer	Consumer	80.43	95			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Americare	Americare	63.5	75			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Horizon	MGD	32.41	38.28			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Aetna	Better Health	25.77	30.44			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	First Health	First Health	59.26	70			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Horizon	Indemnity	32.41	38.28			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Horizon	Medicare Blue	25.4	30			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Aetna	Medicare	11.98				9.58	80.43	fee schedule	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Corrections	Corrections	67.73	80			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Amerihealth	HMO/PPO	15.2				9.58	80.43	fee schedule	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Qualcare	Qualcare	63.5	75			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	UHC	Medicare	11.98			4.48	9.58	80.43	fee schedule	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Multiplan	Multiplan	67.73	80			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Amerihealth	Medicare	11.98				9.58	80.43	fee schedule	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Horizon	PPO	32.41	38.28		18.16	9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Horizon	NJ Health	12.23			1.4	9.58	80.43	fee schedule	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Three Rivers	Three Rivers	80.43	95			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	WellPoint	WellPoint	26.28	31.04		10.93	9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	UHC	Medicaid	9.58			5.86	9.58	80.43	fee schedule	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Managed Care Inc	Managed Care Inc	76.19	90			9.58	80.43	percent of total billed charges	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Wellcare	Medicaid	9.58			12.39	9.58	80.43	fee schedule	
IAAD IA SHIGA-LIKE TOXIN	87427	CPT				both			84.66	13.78	Wellcare	Medicare	11.98				9.58	80.43	fee schedule	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Horizon	Indemnity	58.57	38.28			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Aetna	Medicare	16.81			13.27	12.23	145.35	fee schedule	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Corrections	Corrections	122.4	80			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Aetna	Better Health	46.57	30.44		39.43	12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Aetna	Commercial	58.14	38		36.64	12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Horizon	MGD	58.57	38.28		40.27	12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Consumer	Consumer	145.35	95			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	UHC	Medicare	16.81			19.61	12.23	145.35	fee schedule	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Horizon	Medicare Blue	45.9	30		23.84	12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Amerihealth	Medicare	16.81				12.23	145.35	fee schedule	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	UHC	Medicaid	13.45			39.17	12.23	145.35	fee schedule	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Amerihealth	HMO/PPO	15.2				12.23	145.35	fee schedule	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Americare	Americare	114.75	75			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	First Trenton	First Trenton	137.7	90			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Horizon	NJ Health	12.23			23.46	12.23	145.35	fee schedule	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	WellPoint	WellPoint	47.49	31.04		34.08	12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Horizon	PPO	58.57	38.28		30.94	12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Managed Care Inc	Managed Care Inc	137.7	90			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Wellcare	Medicaid	13.45			35.35	12.23	145.35	fee schedule	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	First Health	First Health	107.1	70			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Multiplan	Multiplan	122.4	80			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Qualcare	Qualcare	114.75	75			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Three Rivers	Three Rivers	145.35	95			12.23	145.35	percent of total billed charges	
IAAD IA STREPTOCOCCUS GROUP A	87430	CPT				both			153	19.33	Wellcare	Medicare	16.81				12.23	145.35	fee schedule	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Americare	Americare	286.11	75			9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	First Health	First Health	267.04	70			9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Horizon	Medicare Blue	114.44	30		29.32	9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Amerihealth	HMO/PPO	15.2			42.97	9.58	362.41	fee schedule	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Aetna	Medicare	11.98			18.62	9.58	362.41	fee schedule	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Amerihealth	Medicare	11.98				9.58	362.41	fee schedule	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Aetna	Better Health	116.12	30.44		86.69	9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Aetna	Commercial	144.96	38		22.33	9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Horizon	MGD	146.03	38.28			9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Multiplan	Multiplan	305.18	80			9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	WellPoint	WellPoint	118.41	31.04		85.3	9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Corrections	Corrections	305.18	80			9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	First Trenton	First Trenton	343.33	90			9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Consumer	Consumer	362.41	95			9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Horizon	Indemnity	146.03	38.28			9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Horizon	NJ Health	12.23			6.06	9.58	362.41	fee schedule	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Horizon	PPO	146.03	38.28			9.58	362.41	percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Qualcare	Qualcare	286.11	75			9.58	362.41	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Managed Care Inc	Managed Care Inc	343.33	90			9.58		362.41 percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	UHC	Medicare	11.98			14.71	9.58		362.41 fee schedule	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Wellcare	Medicare	11.98			36.72	9.58		362.41 fee schedule	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Three Rivers	Three Rivers	362.41	95			9.58		362.41 percent of total billed charges	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	Wellcare	Medicaid	9.58				9.58		362.41 fee schedule	
IAAD IA NOT OTHERWISE SPECIFIED EACH ORGANISM	87449	CPT				both			381.48	13.78	UHC	Medicaid	9.58			66.32	9.58		362.41 fee schedule	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Horizon	MGD	168.29	38.28			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Aetna	Better Health	133.82	30.44			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Corrections	Corrections	351.7	80			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Amerihealth	HMO/PPO	285.75	65			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Americare	Americare	329.72	75			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Consumer	Consumer	417.64	95			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	First Trenton	First Trenton	395.66	90			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Aetna	Commercial	167.06	38			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Horizon	Indemnity	168.29	38.28			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Aetna	Medicare	136.4	30.8			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Horizon	Medicare Blue	131.89	30			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Qualcare	Qualcare	329.72	75			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Horizon	PPO	168.29	38.28			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	First Health	First Health	307.73	70			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Managed Care Inc	Managed Care Inc	395.66	90			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Amerihealth	Medicare	35.09				35.09		417.64 fee schedule	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Three Rivers	Three Rivers	417.64	95			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	UHC	Medicaid	133.82	30.44			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	UHC	Medicare	35.09				35.09		417.64 fee schedule	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Wellcare	Medicare	35.09				35.09		417.64 fee schedule	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Multiplan	Multiplan	351.7	80			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	WellPoint	WellPoint	136.46	31.04			35.09		417.64 percent of total billed charges	
IADNA ANAPLASMA PHAGOCYTOPHILUM AMPLIFIED PRB TQ	87468	CPT				outpatient			439.62	40.35	Wellcare	Medicaid	133.82	30.44			35.09		417.64 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Amerihealth	HMO/PPO	48.5				35.09		844 fee schedule	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Multiplan	Multiplan	710.74	80			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Aetna	Better Health	270.44	30.44			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Americare	Americare	666.32	75			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	First Health	First Health	621.89	70			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Corrections	Corrections	710.74	80			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Aetna	Medicare	273.63	30.8			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Horizon	MGD	340.09	38.28			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Amerihealth	Medicare	35.09				35.09		844 fee schedule	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Qualcare	Qualcare	666.32	75			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Aetna	Commercial	337.6	38			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Consumer	Consumer	844	95			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	First Trenton	First Trenton	799.58	90			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Horizon	Medicare Blue	266.53	30			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	UHC	Medicare	35.09				35.09		844 fee schedule	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Wellcare	Medicaid	270.44	30.44			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Horizon	Indemnity	340.09	38.28			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	UHC	Medicaid	270.44	30.44			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	WellPoint	WellPoint	275.77	31.04			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Wellcare	Medicare	35.09				35.09		844 fee schedule	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Horizon	NJ Health	38.96				35.09		844 fee schedule	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Horizon	PPO	340.09	38.28			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Managed Care Inc	Managed Care Inc	799.58	90			35.09		844 percent of total billed charges	
IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	87471	CPT				both			888.42	40.35	Three Rivers	Three Rivers	844	95			35.09		844 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Americare	Americare	416.93	75			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	First Trenton	First Trenton	500.31	90			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Aetna	Better Health	169.22	30.44			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Aetna	Commercial	211.24	38			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Consumer	Consumer	528.11	95			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Aetna	Medicare	171.22	30.8			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Horizon	MGD	212.8	38.28		98	35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Horizon	PPO	212.8	38.28			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Horizon	Indemnity	212.8	38.28			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Amerihealth	HMO/PPO	48.5				35.09		528.11 fee schedule	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Corrections	Corrections	444.72	80			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Managed Care Inc	Managed Care Inc	500.31	90			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Horizon	NJ Health	38.96				35.09		528.11 fee schedule	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Amerihealth	Medicare	35.09				35.09		528.11 fee schedule	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Multiplan	Multiplan	444.72	80			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Three Rivers	Three Rivers	528.11	95			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Horizon	Medicare Blue	166.77	30			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	First Health	First Health	389.13	70			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Qualcare	Qualcare	416.93	75			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Wellcare	Medicare	35.09				35.09		528.11 fee schedule	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	WellPoint	WellPoint	172.55	31.04			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	Wellcare	Medicaid	169.22	30.44			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	UHC	Medicaid	169.22	30.44			35.09		528.11 percent of total billed charges	
IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	87476	CPT				both			555.9	40.35	UHC	Medicare	35.09				35.09		528.11 fee schedule	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Horizon	Indemnity	26.36	38.28			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Americare	Americare	51.64	75			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Aetna	Commercial	26.16	38			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Corrections	Corrections	55.08	80			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	First Trenton	First Trenton	61.97	90			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Multiplan	Multiplan	55.08	80			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Amerihealth	HMO/PPO	48.5				20.66		65.41 fee schedule	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Aetna	Better Health	20.96	30.44			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Horizon	PPO	26.36	38.28			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Qualcare	Qualcare	51.64	75			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Aetna	Medicare	21.21	30.8			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Consumer	Consumer	65.41	95			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Managed Care Inc	Managed Care Inc	61.97	90			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Three Rivers	Three Rivers	65.41	95			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Amerihealth	Medicare	35.09				20.66		65.41 fee schedule	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Horizon	Medicare Blue	20.66	30			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Wellcare	Medicare	35.09				20.66		65.41 fee schedule	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Horizon	NJ Health	38.96				20.66		65.41 fee schedule	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Horizon	MGD	26.36	38.28			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	First Health	First Health	48.2	70			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	UHC	Medicaid	20.96	30.44			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	UHC	Medicare	35.09				20.66		65.41 fee schedule	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	WellPoint	WellPoint	21.37	31.04			20.66		65.41 percent of total billed charges	
IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	87481	CPT				outpatient			68.85	40.35	Wellcare	Medicaid	20.96	30.44			20.66		65.41 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Aetna	Commercial	346.51	38			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Aetna	Better Health	277.58	30.44			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Americare	Americare	683.91	75			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Horizon	MGD	349.07	38.28			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Aetna	Medicare	416.78				273.56		866.29 fee schedule	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	First Health	First Health	638.32	70			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Amerihealth	HMO/PPO	311				273.56		866.29 fee schedule	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	First Trenton	First Trenton	820.69	90			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	WellPoint	WellPoint	283.05	31.04			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Consumer	Consumer	866.29	95			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Amerihealth	Medicare	416.78				273.56		866.29 fee schedule	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Horizon	PPO	349.07	38.28			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Corrections	Corrections	729.5	80			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Multiplan	Multiplan	729.5	80			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Horizon	Indemnity	349.07	38.28			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Managed Care Inc	Managed Care Inc	820.69	90			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	UHC	Medicaid	333.42				273.56		866.29 fee schedule	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Horizon	Medicare Blue	273.56	30			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Wellcare	Medicaid	333.42				273.56		866.29 fee schedule	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Wellcare	Medicare	416.78				273.56		866.29 fee schedule	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Qualcare	Qualcare	683.91	75			273.56		866.29 percent of total billed charges	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Horizon	NJ Health	448.23				273.56		866.29 fee schedule	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	UHC	Medicare	416.78				273.56		866.29 fee schedule	
CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	87483	CPT				inpatient			911.88	479.3	Three Rivers	Three Rivers	866.29	95			273.56		866.29 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Amerihealth	Medicare	35.09				34.58		316.86 fee schedule	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Aetna	Medicare	35.09				34.58		316.86 fee schedule	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	UHC	Medicaid	101.53	30.44			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Americare	Americare	250.16	75			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	First Health	First Health	233.48	70			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Aetna	Better Health	101.53	30.44			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	UHC	Medicare	35.09				34.58		316.86 fee schedule	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Horizon	MGD	127.68	38.28			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Consumer	Consumer	316.86	95			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Horizon	Medicare Blue	100.06	30			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Wellcare	Medicaid	101.53	30.44			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Aetna	Commercial	126.75	38			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	First Trenton	First Trenton	300.19	90			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Amerihealth	HMO/PPO	216.8	65			34.58		316.86 percent of total billed charges	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFIED PROBE TQ	87484	CPT				inpatient			333.54	40.35	Wellcare	Medicare	35.09				34.58		316.86 fee schedule	
IADNA EHRLICHIA CHAFFEENSIS AMPLIFI

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	First Health	First Health	329.87	70			28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	UHC	Medicare	35.09			34.79	28.07	447.68	fee schedule							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Amerihealth	Medicare	35.09				28.07	447.68	fee schedule							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Amerihealth	HMO/PPO	48.5			34.24	28.07	447.68	fee schedule							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Aetna	Better Health	143.45	30.44		64.37	28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Aetna	Commercial	179.07	38		77.06	28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Americare	Americare	353.43	75			28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Horizon	MGD	180.39	38.28		61.05	28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Multiplan	Multiplan	376.99	80			28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Consumer	Consumer	447.68	95			28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Corrections	Corrections	376.99	80			28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Wellcare	Medicaid	28.07			67.61	28.07	447.68	fee schedule							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Aetna	Medicare	35.09			25.71	28.07	447.68	fee schedule							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	UHC	Medicaid	28.07			66.27	28.07	447.68	fee schedule							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Horizon	NJ Health	38.96			18.06	28.07	447.68	fee schedule							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Horizon	Medicare Blue	141.37	30		24.6	28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	First Trenton	First Trenton	424.12	90			28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Qualcare	Qualcare	353.43	75			28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Horizon	PPO	180.39	38.28		89.21	28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Wellcare	Medicare	35.09			14.99	28.07	447.68	fee schedule							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Horizon	Indemnity	180.39	38.28		38.73	28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Three Rivers	Three Rivers	447.68	95			28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	Managed Care Inc	Managed Care Inc	424.12	90			28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	87486	CPT				both			471.24	40.35	WellPoint	WellPoint	146.27	31.04		54.76	28.07	447.68	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Horizon	PPO	139.78	38.28		24.25	24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Aetna	Commercial	138.76	38		23.38	24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Amerihealth	Medicare	35.09			14.05	24.17	346.9	fee schedule							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Horizon	Indemnity	139.78	38.28		23.64	24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Aetna	Medicare	35.09			16.52	24.17	346.9	fee schedule							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Aetna	Better Health	111.15	30.44		29.42	24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Americare	Americare	273.87	75			24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	First Health	First Health	255.61	70			24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	First Trenton	First Trenton	328.64	90			24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	UHC	Medicare	35.09			12.06	24.17	346.9	fee schedule							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Consumer	Consumer	346.9	95			24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Horizon	NJ Health	38.96			11.59	24.17	346.9	fee schedule							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Horizon	MGD	139.78	38.28		21.06	24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Amerihealth	HMO/PPO	48.5			17.94	24.17	346.9	fee schedule							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Multiplan	Multiplan	292.13	80			24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Wellcare	Medicaid	28.07			27.37	24.17	346.9	fee schedule							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Managed Care Inc	Managed Care Inc	328.64	90			24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Corrections	Corrections	292.13	80		29.67	24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Three Rivers	Three Rivers	346.9	95			24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Horizon	Medicare Blue	109.55	30		9.06	24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Qualcare	Qualcare	273.87	75			24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	UHC	Medicaid	28.07			25.95	24.17	346.9	fee schedule							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	WellPoint	WellPoint	113.35	31.04		31.5	24.17	346.9	percent of total billed charges							
IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	87491	CPT				both			365.16	40.35	Wellcare	Medicare	35.09			12.93	24.17	346.9	fee schedule							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Aetna	Medicare	37.27				29.78	1538.77	fee schedule							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Corrections	Corrections	1295.81	80			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Aetna	Commercial	615.51	38			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Aetna	Better Health	493.05	30.44			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	First Trenton	First Trenton	1457.78	90			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Americare	Americare	1214.82	75			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Amerihealth	HMO/PPO	29.78				29.78	1538.77	fee schedule							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Consumer	Consumer	1538.77	95			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Horizon	Indemnity	620.04	38.28			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Multiplan	Multiplan	1295.81	80			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Horizon	MGD	620.04	38.28			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Horizon	Medicare Blue	485.93	30			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Horizon	NJ Health	38.96				29.78	1538.77	fee schedule							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Qualcare	Qualcare	1214.82	75			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Amerihealth	Medicare	37.27				29.78	1538.77	fee schedule							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	UHC	Medicaid	29.82				29.78	1538.77	fee schedule							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Horizon	PPO	620.04	38.28			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Wellcare	Medicare	37.27				29.78	1538.77	fee schedule							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	WellPoint	WellPoint	502.77	31.04			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Managed Care Inc	Managed Care Inc	1457.78	90			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	First Health	First Health	1133.83	70			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Three Rivers	Three Rivers	1538.77	95			29.78	1538.77	percent of total billed charges							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	UHC	Medicare	37.27				29.78	1538.77	fee schedule							
INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	87493	CPT				outpatient			1619.76	42.86	Wellcare	Medicaid	29.82				29.78	1538.77	fee schedule							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Amerihealth	Medicare	35.09				28.07	1319.78	fee schedule							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	WellPoint	WellPoint	431.22	31.04			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Multiplan	Multiplan	1111.39	80			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Aetna	Commercial	527.91	38			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Horizon	MGD	531.8	38.28			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Consumer	Consumer	1319.78	95			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Aetna	Better Health	422.88	30.44			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Aetna	Medicare	35.09				28.07	1319.78	fee schedule							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Corrections	Corrections	1111.39	80			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Horizon	NJ Health	154.92				28.07	1319.78	fee schedule							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Qualcare	Qualcare	1041.93	75			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Horizon	Indemnity	531.8	38.28			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Horizon	PPO	531.8	38.28			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Wellcare	Medicaid	28.07				28.07	1319.78	fee schedule							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	First Health	First Health	972.47	70			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Americare	Americare	1041.93	75			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	First Trenton	First Trenton	1250.32	90			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Amerihealth	HMO/PPO	48.5				28.07	1319.78	fee schedule							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	UHC	Medicare	35.09				28.07	1319.78	fee schedule							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	UHC	Medicaid	28.07				28.07	1319.78	fee schedule							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Three Rivers	Three Rivers	1319.78	95			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Horizon	Medicare Blue	416.77	30			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Managed Care Inc	Managed Care Inc	1250.32	90			28.07	1319.78	percent of total billed charges							
IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	87496	CPT				both			1389.24	40.35	Wellcare	Medicare	35.09				28.07	1319.78	fee schedule							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Corrections	Corrections	1183.2	80			34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Aetna	Better Health	450.21	30.44		99.57	34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Amerihealth	HMO/PPO	59.2			43.71	34.27	1405.05	fee schedule							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Aetna	Commercial	562.02	38		28.2	34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Multiplan	Multiplan	1183.2	80			34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Aetna	Medicare	42.84			20.75	34.27	1405.05	fee schedule							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	First Health	First Health	1035.3	70			34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	First Trenton	First Trenton	1331.1	90			34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Horizon	Medicare Blue	443.7	30		22.44	34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Wellcare	Medicaid	34.27			216.36	34.27	1405.05	fee schedule							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Consumer	Consumer	1405.05	95			34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Americare	Americare	1109.25	75			34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Qualcare	Qualcare	1109.25	75			34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Amerihealth	Medicare	42.84				34.27	1405.05	fee schedule							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Horizon	Indemnity	566.16	38.28		72.7	34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Managed Care Inc	Managed Care Inc	1331.1	90			34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Horizon	MGD	566.16	38.28		62.9	34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Horizon	NJ Health	47.57			22.07	34.27	1405.05	fee schedule							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Horizon	PPO	566.16	38.28		61.26	34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	UHC	Medicaid	34.27			95.49	34.27	1405.05	fee schedule							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Wellcare	Medicare	42.84			31.98	34.27	1405.05	fee schedule							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	Three Rivers	Three Rivers	1405.05	95			34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	WellPoint	WellPoint	459.08	31.04		109.81	34.27	1405.05	percent of total billed charges							
IADNA CYTOMEGALOVIRUS QUANTIFICATION	87497	CPT				both			1479	49.27	UHC	Medicare	42.84			55.61	34.27	1405.05	fee schedule							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Americare	Americare	810.9	75			28.07	1027.14	percent of total billed charges							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Aetna	Better Health	329.12	30.44			28.07	1027.14	percent of total billed charges							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Aetna	Medicare	35.09				28.07	1027.14	fee schedule							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Amerihealth	HMO/PPO	48.5				28.07	1027.14	fee schedule							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	First Health	First Health	756.84	70			28.07	1027.14	percent of total billed charges							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Amerihealth	Medicare	35.09				28.07	1027.14	fee schedule							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Corrections	Corrections	864.96	80			28.07	1027.14	percent of total billed charges							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Horizon	MGD	413.88	38.28			28.07	1027.14	percent of total billed charges							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Consumer	Consumer	1027.14	95			28.07	1027.14	percent of total billed charges							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Aetna	Commercial	410.86	38			28.07	1027.14	percent of total billed charges							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT				both			1081.2	40.35	Horizon	Indemnity	413.88	38.28			28.07	1027.14	percent of total billed charges							
IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	87498	CPT		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Americare	Americare	192.78	75			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Corrections	Corrections	205.63	80			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Horizon	Medicare Blue	77.11	30			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Aetna	Medicare	35.09				28.07	244.19	fee schedule	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Amerihealth	HMO/PPO	48.5				28.07	244.19	fee schedule	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	First Trenton	First Trenton	231.34	90			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	UHC	Medicare	35.09				28.07	244.19	fee schedule	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Aetna	Commercial	97.68	38			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Amerihealth	Medicare	35.09				28.07	244.19	fee schedule	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	WellPoint	WellPoint	79.79	31.04			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	First Health	First Health	179.93	70			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Horizon	MGD	98.39	38.28			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Horizon	Indemnity	98.39	38.28			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Horizon	NJ Health	45.24				28.07	244.19	fee schedule	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	UHC	Medicaid	28.07				28.07	244.19	fee schedule	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Horizon	PPO	98.39	38.28			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Multiplan	Multiplan	205.63	80			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Managed Care Inc	Managed Care Inc	231.34	90			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Qualcare	Qualcare	192.78	75			28.07	244.19	percent of total billed charges	
INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	87500	CPT				outpatient			257.04	40.35	Three Rivers	Three Rivers	244.19	95			28.07	244.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Aetna	Commercial	772.87	38			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Aetna	Medicare	626.44	30.8			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Americare	Americare	1525.41	75			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	First Health	First Health	1423.72	70			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Corrections	Corrections	1627.1	80			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Aetna	Better Health	619.11	30.44			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Horizon	PPO	778.57	38.28		722.52	416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Amerihealth	Medicare	416.78				416.78	1932.19	fee schedule	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Amerihealth	HMO/PPO	1322.02	65			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Horizon	NJ Health	444.67			93.53	416.78	1932.19	fee schedule	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Consumer	Consumer	1932.19	95			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	First Trenton	First Trenton	1830.49	90			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Multiplan	Multiplan	1627.1	80			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	WellPoint	WellPoint	631.32	31.04			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Wellcare	Medicare	416.78				416.78	1932.19	fee schedule	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Horizon	Medicare Blue	610.16	30		80.3	416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Qualcare	Qualcare	1525.41	75			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Horizon	Indemnity	778.57	38.28			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	UHC	Medicaid	619.11	30.44		345.14	416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Horizon	MGD	778.57	38.28		353.63	416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	UHC	Medicare	416.78			238.11	416.78	1932.19	fee schedule	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Managed Care Inc	Managed Care Inc	1830.49	90			416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Wellcare	Medicaid	619.11	30.44		587.57	416.78	1932.19	percent of total billed charges	
IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	87507	CPT				both			2033.88	479.3	Three Rivers	Three Rivers	1932.19	95			416.78	1932.19	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Horizon	MGD	452.93	38.28		114.34	34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Amerihealth	Medicare	42.84				34.27	1124.04	fee schedule	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Aetna	Medicare	42.84			24.03	34.27	1124.04	fee schedule	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Aetna	Better Health	360.17	30.44		74.96	34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	First Health	First Health	828.24	70			34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Aetna	Commercial	449.62	38		68.4	34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Amerihealth	HMO/PPO	59.2			29.32	34.27	1124.04	fee schedule	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Consumer	Consumer	1124.04	95			34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Horizon	Medicare Blue	354.96	30		24.34	34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Corrections	Corrections	946.56	80			34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	UHC	Medicare	42.84			49.15	34.27	1124.04	fee schedule	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Multiplan	Multiplan	946.56	80			34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Americare	Americare	887.4	75			34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Horizon	Indemnity	452.93	38.28		85.48	34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Horizon	NJ Health	47.57			23.54	34.27	1124.04	fee schedule	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Qualcare	Qualcare	887.4	75			34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	First Trenton	First Trenton	1064.88	90			34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Horizon	PPO	452.93	38.28		100.05	34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	UHC	Medicaid	34.27			98.33	34.27	1124.04	fee schedule	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Wellcare	Medicare	42.84			17.99	34.27	1124.04	fee schedule	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Managed Care Inc	Managed Care Inc	1064.88	90			34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Wellcare	Medicaid	34.27			87.87	34.27	1124.04	fee schedule	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	Three Rivers	Three Rivers	1124.04	95			34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS B VIRUS QUANTIFICATION	87517	CPT				both			1183.2	49.27	WellPoint	WellPoint	367.27	31.04		140.87	34.27	1124.04	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Multiplan	Multiplan	816.82	80			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Aetna	Medicare	35.09				28.07	969.97	fee schedule	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Amerihealth	Medicare	35.09				28.07	969.97	fee schedule	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Aetna	Commercial	387.99	38			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Aetna	Better Health	310.8	30.44			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Horizon	Indemnity	390.85	38.28			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Americare	Americare	765.77	75			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Consumer	Consumer	969.97	95			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Qualcare	Qualcare	765.77	75			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Amerihealth	HMO/PPO	48.5				28.07	969.97	fee schedule	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Corrections	Corrections	816.82	80			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	WellPoint	WellPoint	316.92	31.04			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	First Health	First Health	714.71	70			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Wellcare	Medicaid	28.07				28.07	969.97	fee schedule	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	First Trenton	First Trenton	918.92	90			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	UHC	Medicaid	28.07				28.07	969.97	fee schedule	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Horizon	MGD	390.85	38.28			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Horizon	Medicare Blue	306.31	30			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Horizon	PPO	390.85	38.28			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	UHC	Medicare	35.09				28.07	969.97	fee schedule	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Horizon	NJ Health	74.48				28.07	969.97	fee schedule	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Wellcare	Medicare	35.09				28.07	969.97	fee schedule	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Managed Care Inc	Managed Care Inc	918.92	90			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	87521	CPT				both			1021.02	40.35	Three Rivers	Three Rivers	969.97	95			28.07	969.97	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	First Health	First Health	1893.53	70			34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Aetna	Medicare	42.84			43.82	34.27	2569.79	fee schedule	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Aetna	Commercial	1027.92	38		103.89	34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Amerihealth	Medicare	42.84				34.27	2569.79	fee schedule	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Consumer	Consumer	2569.79	95			34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Americare	Americare	2028.78	75			34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Corrections	Corrections	2164.03	80			34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Aetna	Better Health	823.41	30.44		120.67	34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Horizon	MGD	1035.49	38.28		155.3	34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Horizon	NJ Health	239.12			27.7	34.27	2569.79	fee schedule	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Amerihealth	HMO/PPO	59.2			29.4	34.27	2569.79	fee schedule	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	First Trenton	First Trenton	2434.54	90			34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Horizon	PPO	1035.49	38.28		126.72	34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	UHC	Medicare	42.84			81.48	34.27	2569.79	fee schedule	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Wellcare	Medicare	42.84			34.93	34.27	2569.79	fee schedule	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Horizon	Indemnity	1035.49	38.28		179.41	34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Multiplan	Multiplan	2164.03	80			34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Managed Care Inc	Managed Care Inc	2434.54	90			34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Horizon	Medicare Blue	811.51	30		42.6	34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Wellcare	Medicaid	34.27			158.47	34.27	2569.79	fee schedule	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Three Rivers	Three Rivers	2569.79	95			34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	WellPoint	WellPoint	839.64	31.04		188.26	34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	Qualcare	Qualcare	2028.78	75			34.27	2569.79	percent of total billed charges	
IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	87522	CPT				both			2705.04	49.27	UHC	Medicaid	34.27			191.47	34.27	2569.79	fee schedule	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	First Health	First Health	319.87	70			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Horizon	Indemnity	174.92	38.28			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Horizon	MGD	174.92	38.28			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Aetna	Better Health	139.1	30.44			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Consumer	Consumer	434.11	95			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Americare	Americare	342.72	75			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	First Trenton	First Trenton	411.26	90			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Aetna	Commercial	173.64	38			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Three Rivers	Three Rivers	434.11	95			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Horizon	PPO	174.92	38.28			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Multiplan	Multiplan	365.57	80			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	UHC	Medicaid	28.07				28.07	434.11	fee schedule	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Corrections	Corrections	365.57	80			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Amerihealth	HMO/PPO	48.5				28.07	434.11	fee schedule	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Horizon	Medicare Blue	137.09	30			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Aetna	Medicare	35.09				28.07	434.11	fee schedule	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Horizon	NJ Health	38.96				28.07	434.11	fee schedule	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Wellcare	Medicaid	28.07				28.07	434.11	fee schedule	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Qualcare	Qualcare	342.72	75			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	UHC	Medicare	35.09				28.07	434.11	fee schedule	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	WellPoint	WellPoint	141.84	31.04			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Amerihealth	Medicare	35.09				28.07	434.11	fee schedule	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	87529	CPT				both			456.96	40.35	Managed Care Inc	Managed Care Inc	411.26	90			28.07	434.11	percent of total billed charges	
IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																			
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																			
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Horizon	PPO	351.02	38.28			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Horizon	Indemnity	351.02	38.28			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	First Health	First Health	641.89	70			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Corrections	Corrections	733.58	80			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	First Trenton	First Trenton	825.28	90			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Americare	Americare	687.74	75			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	UHC	Medicare	42.84				34.27		871.13 fee schedule	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Horizon	NJ Health	47.57				34.27		871.13 fee schedule	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Three Rivers	Three Rivers	871.13	95			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Amerihealth	HMO/PPO	59.2				34.27		871.13 fee schedule	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Horizon	Medicare Blue	275.09	30			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Wellcare	Medicaid	34.27				34.27		871.13 fee schedule	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Managed Care Inc	Managed Care Inc	825.28	90			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	UHC	Medicaid	34.27				34.27		871.13 fee schedule	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Multiplan	Multiplan	733.58	80			34.27		871.13 percent of total billed charges	
IADNA HERPES SOMPLX VIRUS QUANTIFICATION	87530	CPT				inpatient			916.98	49.27	Wellcare	Medicare	42.84				34.27		871.13 fee schedule	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Aetna	Medicare	35.09				28.07		452.52 fee schedule	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Aetna	Better Health	145	30.44			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Americare	Americare	357.26	75			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	First Health	First Health	333.44	70			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Horizon	Medicare Blue	142.9	30			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Aetna	Commercial	181.01	38			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Consumer	Consumer	452.52	95			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Amerihealth	Medicare	35.09				28.07		452.52 fee schedule	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Horizon	Indemnity	182.34	38.28			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Amerihealth	HMO/PPO	48.5				28.07		452.52 fee schedule	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Horizon	MGD	182.34	38.28			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Horizon	PPO	182.34	38.28			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Multiplan	Multiplan	381.07	80			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	UHC	Medicare	35.09				28.07		452.52 fee schedule	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Qualcare	Qualcare	357.26	75			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Corrections	Corrections	381.07	80			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	UHC	Medicaid	28.07				28.07		452.52 fee schedule	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Wellcare	Medicare	35.09				28.07		452.52 fee schedule	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Three Rivers	Three Rivers	452.52	95			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	First Trenton	First Trenton	428.71	90			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Wellcare	Medicaid	28.07				28.07		452.52 fee schedule	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Horizon	NJ Health	38.96				28.07		452.52 fee schedule	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	Managed Care Inc	Managed Care Inc	428.71	90			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	87532	CPT				both			476.34	40.35	WellPoint	WellPoint	147.86	31.04			28.07		452.52 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Aetna	Better Health	175.43	30.44			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Qualcare	Qualcare	432.23	75			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	UHC	Medicare	41.76				33.41		547.49 fee schedule	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Amerihealth	HMO/PPO	57.7				33.41		547.49 fee schedule	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Aetna	Commercial	218.99	38			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Corrections	Corrections	461.04	80			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	WellPoint	WellPoint	178.88	31.04		232.82	33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Aetna	Medicare	41.76				33.41		547.49 fee schedule	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Americare	Americare	432.23	75			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	First Trenton	First Trenton	518.67	90			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Multiplan	Multiplan	461.04	80			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Amerihealth	Medicare	41.76				33.41		547.49 fee schedule	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Consumer	Consumer	547.49	95			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Horizon	Medicare Blue	172.89	30			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	UHC	Medicaid	33.41			35.94	33.41		547.49 fee schedule	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	First Health	First Health	403.41	70			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Wellcare	Medicare	41.76				33.41		547.49 fee schedule	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Horizon	MGD	220.61	38.28		119.5	33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Horizon	Indemnity	220.61	38.28			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Horizon	NJ Health	46.35				33.41		547.49 fee schedule	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Horizon	PPO	220.61	38.28			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Managed Care Inc	Managed Care Inc	518.67	90			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Three Rivers	Three Rivers	547.49	95			33.41		547.49 percent of total billed charges	
IADNA HERPES VIRUS-6 QUANTIFICATION	87533	CPT				both			576.3	48.02	Wellcare	Medicaid	33.41				33.41		547.49 fee schedule	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Amerihealth	Medicare	35.09				28.07		737.41 fee schedule	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Corrections	Corrections	620.98	80			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	First Health	First Health	543.35	70			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Americare	Americare	582.17	75			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	UHC	Medicare	35.09				28.07		737.41 fee schedule	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Aetna	Commercial	294.96	38			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Aetna	Medicare	35.09				28.07		737.41 fee schedule	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Aetna	Better Health	236.28	30.44			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	WellPoint	WellPoint	240.94	31.04			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Horizon	MGD	297.14	38.28		24.67	28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	First Trenton	First Trenton	698.6	90			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Consumer	Consumer	737.41	95			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Wellcare	Medicare	35.09				28.07		737.41 fee schedule	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Horizon	Indemnity	297.14	38.28			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Amerihealth	HMO/PPO	48.5				28.07		737.41 fee schedule	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Horizon	Medicare Blue	232.87	30			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Managed Care Inc	Managed Care Inc	698.6	90			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Horizon	NJ Health	38.96			19.12	28.07		737.41 fee schedule	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Wellcare	Medicaid	28.07			112.74	28.07		737.41 fee schedule	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	UHC	Medicaid	28.07			60.45	28.07		737.41 fee schedule	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Three Rivers	Three Rivers	737.41	95			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Multiplan	Multiplan	620.98	80			28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Horizon	PPO	297.14	38.28		105.91	28.07		737.41 percent of total billed charges	
IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	87535	CPT				both			776.22	40.35	Qualcare	Qualcare	582.17	75			28.07		737.41 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Aetna	Better Health	116.08	30.44		60.36	68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Horizon	Indemnity	145.98	38.28		49.94	68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Amerihealth	Medicare	85.1				68.08		362.27 fee schedule	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	First Health	First Health	266.94	70			68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Consumer	Consumer	362.27	95			68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Amerihealth	HMO/PPO	117.6			38.32	68.08		362.27 fee schedule	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Corrections	Corrections	305.07	80			68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Americare	Americare	286.01	75			68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Aetna	Commercial	144.91	38		43.02	68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Horizon	PPO	145.98	38.28		50.3	68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	First Trenton	First Trenton	343.21	90			68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Horizon	Medicare Blue	114.4	30		20.97	68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Aetna	Medicare	85.1			20.05	68.08		362.27 fee schedule	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	UHC	Medicaid	68.08			56.49	68.08		362.27 fee schedule	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Horizon	MGD	145.98	38.28		42.4	68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Three Rivers	Three Rivers	362.27	95			68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Horizon	NJ Health	229.32			11.32	68.08		362.27 fee schedule	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	WellPoint	WellPoint	118.37	31.04		61.9	68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Managed Care Inc	Managed Care Inc	343.21	90			68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Wellcare	Medicare	85.1			19.1	68.08		362.27 fee schedule	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Multiplan	Multiplan	305.07	80			68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	UHC	Medicare	85.1			25.61	68.08		362.27 fee schedule	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Qualcare	Qualcare	286.01	75			68.08		362.27 percent of total billed charges	
IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	87536	CPT				both			381.34	97.87	Wellcare	Medicaid	68.08			45.11	68.08		362.27 fee schedule	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Aetna	Commercial	387.21	38			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Aetna	Medicare	35.09				28.07		968.03 fee schedule	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Amerihealth	Medicare	35.09				28.07		968.03 fee schedule	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Amerihealth	HMO/PPO	48.5				28.07		968.03 fee schedule	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Americare	Americare	764.24	75			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Aetna	Better Health	310.18	30.44			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	UHC	Medicare	35.09				28.07		968.03 fee schedule	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	First Health	First Health	713.29	70			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Horizon	Medicare Blue	305.69	30			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Horizon	Indemnity	390.07	38.28			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Wellcare	Medicare	35.09				28.07		968.03 fee schedule	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Horizon	MGD	390.07	38.28			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Consumer	Consumer	968.03	95			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Corrections	Corrections	815.18	80			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	WellPoint	WellPoint	316.29	31.04			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Horizon	PPO	390.07	38.28			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Multiplan	Multiplan	815.18	80			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Qualcare	Qualcare	764.24	75			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Three Rivers	Three Rivers	968.03	95			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	First Trenton	First Trenton	917.08	90			28.07		968.03 percent of total billed charges	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Wellcare	Medicaid	28.07				28.07		968.03 fee schedule	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	UHC	Medicaid	28.07				28.07		968.03 fee schedule	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Horizon	NJ Health	38.96				28.07		968.03 fee schedule	
IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	87538	CPT				both			1018.98	40.35	Managed Care Inc	Managed Care Inc	917.08	90			28.07		968.03 percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Aetna	Commercial	78.68	38			28.07		196.71 percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Aetna	Better Health	63.03	30.44			28.07		196.71 percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Americare	Americare	155.3	75			28.07		196.71 percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	First Trenton	First Trenton	186.35	90			28.07		196.71 percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	UHC	Medicaid	28.07				28.07		196.71 fee schedule	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	First Health	First Health	144.94	70			28.07		196.71 percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Aetna	Medicare	35.09				28.07		196.71 fee schedule	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Corrections	Corrections	165.65	80			28.07		196.71 percent of total billed charges	
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hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119 true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Horizon	Indemnity	79.26	38.28			28.07	196.71	percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Multiplan	Multiplan	165.65	80			28.07	196.71	percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Amerihealth	Medicare	35.09				28.07	196.71	fee schedule	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Horizon	MGD	79.26	38.28			28.07	196.71	percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Wellcare	Medicaid	28.07				28.07	196.71	fee schedule	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Horizon	Medicare Blue	62.12	30			28.07	196.71	percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Horizon	PPO	79.26	38.28			28.07	196.71	percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Qualcare	Qualcare	156.3	75			28.07	196.71	percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Managed Care Inc	Managed Care Inc	186.35	90			28.07	196.71	percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Wellcare	Medicare	35.09				28.07	196.71	fee schedule	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	Three Rivers	Three Rivers	196.71	95			28.07	196.71	percent of total billed charges	
IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	87541	CPT				outpatient			207.06	40.35	UHC	Medicare	35.09				28.07	196.71	fee schedule	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Americare	Americare	118.58	75			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	First Trenton	First Trenton	142.29	90			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Aetna	Commercial	60.08	38			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Multiplan	Multiplan	126.48	80			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Consumer	Consumer	150.2	95			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Amerihealth	HMO/PPO	48.5				38.59	150.2	fee schedule	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Horizon	MGD	60.52	38.28			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Aetna	Better Health	48.13	30.44			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Horizon	Indemnity	60.52	38.28			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Horizon	PPO	60.52	38.28			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Aetna	Medicare	48.24				38.59	150.2	fee schedule	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Qualcare	Qualcare	118.58	75			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Wellcare	Medicaid	38.59				38.59	150.2	fee schedule	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Amerihealth	Medicare	48.24				38.59	150.2	fee schedule	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	UHC	Medicaid	38.59				38.59	150.2	fee schedule	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Corrections	Corrections	126.48	80			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Managed Care Inc	Managed Care Inc	142.29	90			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	UHC	Medicare	48.24				38.59	150.2	fee schedule	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	First Health	First Health	110.67	70			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Horizon	Medicare Blue	47.43	30			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Three Rivers	Three Rivers	150.2	95			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Horizon	NJ Health	38.96				38.59	150.2	fee schedule	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	Wellcare	Medicare	48.24				38.59	150.2	fee schedule	
IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	87551	CPT				outpatient			158.1	55.48	WellPoint	WellPoint	49.07	31.04			38.59	150.2	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Horizon	Medicare Blue	164.32	30			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Aetna	Better Health	166.73	30.44			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	First Health	First Health	383.42	70			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Horizon	NJ Health	38.96			11.2	33.34	520.35	fee schedule	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	First Trenton	First Trenton	492.97	90			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Corrections	Corrections	438.19	80			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Aetna	Medicare	41.68			13.62	33.34	520.35	fee schedule	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Americare	Americare	410.81	75			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	UHC	Medicare	41.68				33.34	520.35	fee schedule	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Aetna	Commercial	208.14	38			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Qualcare	Qualcare	410.81	75			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	UHC	Medicaid	33.34				33.34	520.35	fee schedule	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	WellPoint	WellPoint	170.02	31.04			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Wellcare	Medicaid	33.34				33.34	520.35	fee schedule	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Amerihealth	Medicare	41.68				33.34	520.35	fee schedule	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Amerihealth	HMO/PPO	48.5				33.34	520.35	fee schedule	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Consumer	Consumer	520.35	95			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Horizon	Indemnity	209.67	38.28			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Horizon	PPO	209.67	38.28			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Wellcare	Medicare	41.68				33.34	520.35	fee schedule	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Managed Care Inc	Managed Care Inc	492.97	90			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Multiplan	Multiplan	438.19	80			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Three Rivers	Three Rivers	520.35	95			33.34	520.35	percent of total billed charges	
IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	87556	CPT				both			547.74	47.93	Horizon	MGD	209.67	38.28			33.34	520.35	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Amerihealth	Medicare	35.09				25.4	151.16	fee schedule	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Amerihealth	HMO/PPO	103.43	65			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Americare	Americare	119.34	75			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Aetna	Medicare	35.09				25.4	151.16	fee schedule	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Horizon	MGD	60.91	38.28			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Aetna	Better Health	48.44	30.44			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Wellcare	Medicaid	28.07				25.4	151.16	fee schedule	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Consumer	Consumer	151.16	95			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	UHC	Medicare	35.09				25.4	151.16	fee schedule	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Corrections	Corrections	127.3	80			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Horizon	Medicare Blue	47.74	30			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	First Health	First Health	111.38	70			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	WellPoint	WellPoint	49.39	31.04			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Aetna	Commercial	60.47	38			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	UHC	Medicaid	28.07				25.4	151.16	fee schedule	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	First Trenton	First Trenton	143.21	90			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Wellcare	Medicare	35.09				25.4	151.16	fee schedule	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Multiplan	Multiplan	127.3	80			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Horizon	Indemnity	60.91	38.28			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Qualcare	Qualcare	119.34	75			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Horizon	NJ Health	27.52				25.4	151.16	fee schedule	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Horizon	PPO	60.91	38.28			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Managed Care Inc	Managed Care Inc	143.21	90			25.4	151.16	percent of total billed charges	
IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	87563	CPT				both			159.12	40.35	Three Rivers	Three Rivers	151.16	95			25.4	151.16	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Aetna	Commercial	179.85	38		53.68	28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Aetna	Medicare	35.09			17.91	28.07	449.62	fee schedule	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Aetna	Better Health	144.07	30.44		44.84	28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Amerihealth	HMO/PPO	48.5			23.85	28.07	449.62	fee schedule	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Consumer	Consumer	449.62	95			28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	First Trenton	First Trenton	425.95	90			28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Multiplan	Multiplan	378.62	80			28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Americare	Americare	354.96	75			28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Horizon	MGD	181.17	38.28		42.53	28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Horizon	Medicare Blue	141.98	30		17.14	28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Amerihealth	Medicare	35.09				28.07	449.62	fee schedule	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Horizon	NJ Health	38.96			12.58	28.07	449.62	fee schedule	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Corrections	Corrections	378.62	80			28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Wellcare	Medicare	35.09			10.44	28.07	449.62	fee schedule	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Qualcare	Qualcare	354.96	75			28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Horizon	PPO	181.17	38.28		62.14	28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Horizon	Indemnity	181.17	38.28		26.98	28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	WellPoint	WellPoint	146.91	31.04		38.14	28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	First Health	First Health	331.3	70			28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Wellcare	Medicaid	28.07			47.1	28.07	449.62	fee schedule	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Managed Care Inc	Managed Care Inc	425.95	90			28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	Three Rivers	Three Rivers	449.62	95			28.07	449.62	percent of total billed charges	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	UHC	Medicaid	28.07			46.16	28.07	449.62	fee schedule	
IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	87581	CPT				both			473.28	40.35	UHC	Medicare	35.09			24.23	28.07	449.62	fee schedule	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Amerihealth	HMO/PPO	48.5			23.19	2.11	346.9	fee schedule	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Aetna	Better Health	111.15	30.44		39.87	2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Aetna	Medicare	35.09			18.91	2.11	346.9	fee schedule	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Aetna	Commercial	138.76	38		29.63	2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	First Health	First Health	255.61	70			2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Amerihealth	Medicare	35.09			14.05	2.11	346.9	fee schedule	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Horizon	NJ Health	73.89			15.52	2.11	346.9	fee schedule	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Corrections	Corrections	292.13	80		33.42	2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Wellcare	Medicaid	28.07			37.41	2.11	346.9	fee schedule	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Americare	Americare	273.87	75			2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Horizon	Medicare Blue	109.55	30		12.58	2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Horizon	PPO	139.78	38.28		34.04	2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Wellcare	Medicare	35.09			16.18	2.11	346.9	fee schedule	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Consumer	Consumer	346.9	95			2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	UHC	Medicaid	28.07			34.49	2.11	346.9	fee schedule	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Multiplan	Multiplan	292.13	80			2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	WellPoint	WellPoint	113.35	31.04		40.77	2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Horizon	Indemnity	139.78	38.28		33.25	2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Qualcare	Qualcare	273.87	75			2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	First Trenton	First Trenton	328.64	90			2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Three Rivers	Three Rivers	346.9	95			2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Horizon	MGD	139.78	38.28		28.95	2.11	346.9	percent of total billed charges	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	UHC	Medicare	35.09			16.35	2.11	346.9	fee schedule	
IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	87591	CPT				both			365.16	40.35	Managed Care Inc	Managed Care Inc	328.64	90			2.11	346.9	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Aetna	Better Health	35.09	30.44			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Aetna	Commercial	43.8	38			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Amerihealth	Medicare	51.31				34.58	109.5	fee schedule	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Corrections	Corrections	92.21	80			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Consumer	Consumer	109.5	95			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Americare	Americare	86.45	75			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Amerihealth	HMO/PPO	74.92	65			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Aetna	Medicare	51.31				34.58	109.5	fee schedule	
IADNA ORTHOPOXVIRUS AMPLIF

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	UHC	Medicare	51.31				34.58	109.5	fee schedule	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Horizon	Medicare Blue	34.58	30			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Wellcare	Medicaid	35.09	30.44			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Horizon	PPO	44.12	38.28			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	WellPoint	WellPoint	35.78	31.04			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Managed Care Inc	Managed Care Inc	103.73	90			34.58	109.5	percent of total billed charges	
IADNA ORTHOPOXVIRUS AMPLIFIED PROBE TECHNIQUE EA	87593	CPT				both			115.26	59.01	Three Rivers	Three Rivers	109.5	95			34.58	109.5	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Amerihealth	HMO/PPO	119.34	65			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Aetna	Commercial	69.77	38			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		First Trenton	First Trenton	165.24	90			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		First Health	First Health	128.52	70			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Americare	Americare	137.7	75			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Corrections	Corrections	146.88	80			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		UHC	Medicaid	55.89	30.44			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Aetna	Better Health	55.89	30.44			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Horizon	Indemnity	70.28	38.28			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Aetna	Medicare	56.55	30.8			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Horizon	PPO	70.28	38.28			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Wellcare	Medicaid	55.89	30.44			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Consumer	Consumer	174.42	95			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Horizon	MGD	70.28	38.28			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		WellPoint	WellPoint	56.99	31.04			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Multiplan	Multiplan	146.88	80			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Managed Care Inc	Managed Care Inc	165.24	90			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Horizon	Medicare Blue	55.08	30			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Qualcare	Qualcare	137.7	75			55.08	174.42	percent of total billed charges	
BKR CHG HPV TYPE B	87621	CPT				outpatient			183.6		Three Rivers	Three Rivers	174.42	95			55.08	174.42	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Amerihealth	Medicare	35.09			7.07	25.98	620.16	fee schedule	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Horizon	MGD	249.89	38.28		42.31	25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Amerihealth	HMO/PPO	25.98			21.35	25.98	620.16	fee schedule	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Consumer	Consumer	620.16	95			25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Aetna	Medicare	35.09			20.02	25.98	620.16	fee schedule	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Aetna	Commercial	248.06	38		42.43	25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Aetna	Better Health	198.71	30.44		15.27	25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Americare	Americare	489.6	75			25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	UHC	Medicare	35.09			28.5	25.98	620.16	fee schedule	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Multiplan	Multiplan	522.24	80			25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Corrections	Corrections	522.24	80		52.75	25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	First Trenton	First Trenton	587.52	90			25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	First Health	First Health	456.96	70			25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	WellPoint	WellPoint	202.63	31.04		40.55	25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Horizon	Indemnity	249.89	38.28		60.7	25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Horizon	PPO	249.89	38.28		40.46	25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	UHC	Medicaid	28.07			29.8	25.98	620.16	fee schedule	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Qualcare	Qualcare	489.6	75			25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Horizon	Medicare Blue	195.84	30		23.39	25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Horizon	NJ Health	37.44			13.28	25.98	620.16	fee schedule	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Wellcare	Medicare	35.09			15.87	25.98	620.16	fee schedule	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Wellcare	Medicaid	28.07			37.07	25.98	620.16	fee schedule	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Three Rivers	Three Rivers	620.16	95			25.98	620.16	percent of total billed charges	
IADNA HUMAN PAPILLOMAVIRUS HI-RSK TYP POOLD RSLT	87624	CPT				both			652.8	40.35	Managed Care Inc	Managed Care Inc	587.52	90			25.98	620.16	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Amerihealth	HMO/PPO	74.64			78.48	74.64	930.24	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Multiplan	Multiplan	783.36	80			74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Aetna	Commercial	372.1	38		113.23	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Aetna	Better Health	298.07	30.44		116.77	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Aetna	Medicare	301.59	30.8		65.2	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Qualcare	Qualcare	734.4	75			74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Consumer	Consumer	930.24	95			74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Amerihealth	Medicare	142.63				74.64	930.24	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Horizon	Indemnity	374.84	38.28		129.27	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Wellcare	Medicare	142.63			62.48	74.64	930.24	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Americare	Americare	734.4	75			74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Corrections	Corrections	783.36	80		59.42	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	UHC	Medicare	142.63			63.2	74.64	930.24	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	First Health	First Health	685.44	70			74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Horizon	NJ Health	331.8			68.35	74.64	930.24	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	First Trenton	First Trenton	881.28	90			74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Horizon	PPO	374.84	38.28		144.86	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Horizon	Medicare Blue	293.76	30		60.79	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Three Rivers	Three Rivers	930.24	95			74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Horizon	MGD	374.84	38.28		120.12	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	UHC	Medicaid	298.07	30.44		143.98	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Managed Care Inc	Managed Care Inc	881.28	90			74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	Wellcare	Medicaid	298.07	30.44		146.73	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	87631	CPT				both			979.2	164.02	WellPoint	WellPoint	303.94	31.04		122.04	74.64	930.24	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Consumer	Consumer	1392.45	95			242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	First Trenton	First Trenton	1319.17	90			242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Horizon	MGD	561.09	38.28		208.98	242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Aetna	Better Health	446.17	30.44		220.35	242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Aetna	Commercial	556.98	38		263.8	242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Qualcare	Qualcare	1099.31	75			242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Amerihealth	Medicare	416.78				242.49	1392.45	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Aetna	Medicare	416.78			88.02	242.49	1392.45	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Corrections	Corrections	1172.59	80			242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Horizon	Indemnity	561.09	38.28		132.56	242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Wellcare	Medicaid	333.42			231.45	242.49	1392.45	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Americare	Americare	1099.31	75			242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Amerihealth	HMO/PPO	242.49			117.21	242.49	1392.45	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Managed Care Inc	Managed Care Inc	1319.17	90			242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Horizon	Medicare Blue	439.72	30		84.22	242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Horizon	NJ Health	1077.99			61.82	242.49	1392.45	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	UHC	Medicaid	333.42			226.84	242.49	1392.45	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Horizon	PPO	561.09	38.28		305.39	242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	UHC	Medicare	416.78			119.07	242.49	1392.45	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	First Health	First Health	1026.02	70			242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Wellcare	Medicare	416.78			51.31	242.49	1392.45	fee schedule	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Multiplan	Multiplan	1172.59	80			242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	WellPoint	WellPoint	454.97	31.04		187.43	242.49	1392.45	percent of total billed charges	
IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	87633	CPT				both			1465.74	479.3	Three Rivers	Three Rivers	1392.45	95			242.49	1392.45	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Aetna	Better Health	49.37	30.44			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Horizon	Indemnity	62.08	38.28			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Wellcare	Medicaid	41.05				41.05	154.07	fee schedule	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Consumer	Consumer	154.07	95			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Aetna	Medicare	51.31				41.05	154.07	fee schedule	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Americare	Americare	121.64	75			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Amerihealth	Medicare	51.31				41.05	154.07	fee schedule	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Corrections	Corrections	129.74	80			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Aetna	Commercial	61.63	38			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Horizon	Medicare Blue	48.65	30			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	First Trenton	First Trenton	145.96	90			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Horizon	MGD	62.08	38.28			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	First Health	First Health	113.53	70			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Amerihealth	HMO/PPO	105.42	65			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Horizon	PPO	62.08	38.28			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	WellPoint	WellPoint	50.34	31.04			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	UHC	Medicaid	41.05				41.05	154.07	fee schedule	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Multiplan	Multiplan	129.74	80			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Managed Care Inc	Managed Care Inc	145.96	90			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Three Rivers	Three Rivers	154.07	95			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	UHC	Medicare	51.31				41.05	154.07	fee schedule	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Qualcare	Qualcare	121.64	75			41.05	154.07	percent of total billed charges	
IADNA SARS-COV-2 COVID-19 AMPLIFIED PROBE TQ	87635	CPT				both			162.18	59.01	Wellcare	Medicare	51.31				41.05	154.07	fee schedule	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	First Trenton	First Trenton	498.47	90			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Aetna	Better Health	168.59	30.44			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Amerihealth	HMO/PPO	360.01	65			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Amerihealth	Medicare	142.63				114.1	526.17	fee schedule	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Americare	Americare	415.4	75			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Aetna	Medicare	142.63				114.1	526.17	fee schedule	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Horizon	Indemnity	212.02	38.28			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Aetna	Commercial	210.47	38			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Horizon	PPO	212.02	38.28			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Consumer	Consumer	526.17	95			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Multiplan	Multiplan	443.09	80			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	First Health	First Health	387.7	70			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Managed Care Inc	Managed Care Inc	498.47	90			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Corrections	Corrections	443.09	80			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Qualcare	Qualcare	415.4	75			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Horizon	MGD	212.02	38.28			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	UHC	Medicaid	114.1				114.1	526.17	fee schedule	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Horizon	Medicare Blue	166.16	30			114.1	526.17	percent of total billed charges	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	Wellcare	Medicaid	114.1				114.1	526.17	fee schedule	
IADNA SARSCOV2 & INF A&B & RSV MULT AMP PROBE TQ	87637	CPT				both			553.86	164.02	UHC	Medicare	142.63				114.1	526.17	fee schedule	
IADNA SARS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Consumer		584.31				28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	First Trenton	First Trenton	553.55				28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Aetna	Commercial	233.72	38		149.46	28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Aetna	Better Health	187.22	30.44		160.76	28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Americare	Americare	461.3	75			28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	First Health	First Health	430.54	70			28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Aetna	Medicare	35.09			30.65	28.07		584.31 fee schedule	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Horizon	Medicare Blue	184.52	30		51.75	28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Corrections	Corrections	492.05	80			28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Horizon	PPO	235.44	38.28		173.16	28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Multiplan	Multiplan	492.05	80			28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Horizon	NJ Health	96.12			18.26	28.07		584.31 fee schedule	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Horizon	Indemnity	235.44	38.28			28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	UHC	Medicaid	28.07			147.61	28.07		584.31 fee schedule	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Qualcare	Qualcare	461.3	75			28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Horizon	MGD	235.44	38.28		63.25	28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Managed Care Inc	Managed Care Inc	553.55	90			28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Wellcare	Medicare	35.09				28.07		584.31 fee schedule	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	Three Rivers	Three Rivers	584.31	95			28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	WellPoint	WellPoint	190.91	31.04		169.83	28.07		584.31 percent of total billed charges	
IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	87641	CPT				both			615.06	40.35	UHC	Medicare	35.09			77.82	28.07		584.31 fee schedule	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	First Health	First Health	255.61	70			26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Aetna	Medicare	35.09				26.04		346.9 fee schedule	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Amerihealth	HMO/PPO	26.04			12.34	26.04		346.9 fee schedule	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Americare	Americare	273.87	75			26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	UHC	Medicare	35.09			11.96	26.04		346.9 fee schedule	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	First Trenton	First Trenton	328.64	90			26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Aetna	Better Health	111.15	30.44		37.54	26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Aetna	Commercial	138.76	38		22.09	26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Consumer	Consumer	346.9	95			26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Corrections	Corrections	292.13	80			26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Wellcare	Medicare	35.09				26.04		346.9 fee schedule	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Amerihealth	Medicare	35.09			14.05	26.04		346.9 fee schedule	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Managed Care Inc	Managed Care Inc	328.64	90			26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Horizon	Indemnity	139.78	38.28		20.71	26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Horizon	Medicare Blue	109.55	30		11.73	26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	WellPoint	WellPoint	113.35	31.04		27.5	26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Three Rivers	Three Rivers	346.9	95			26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Horizon	NJ Health	37.53			7.77	26.04		346.9 fee schedule	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Horizon	MGD	139.78	38.28		26.11	26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Multiplan	Multiplan	292.13	80			26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Wellcare	Medicaid	28.07			27.93	26.04		346.9 fee schedule	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Qualcare	Qualcare	273.87	75			26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	Horizon	PPO	139.78	38.28		24.62	26.04		346.9 percent of total billed charges	
IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	87661	CPT				both			365.16	40.35	UHC	Medicaid	28.07			22.31	26.04		346.9 fee schedule	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Aetna	Better Health	363.89	30.44			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Americare	Americare	896.58	75			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Amerihealth	HMO/PPO	777.04	65			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Aetna	Medicare	51.31				41.05		1135.67 fee schedule	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Consumer	Consumer	1135.67	95			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Horizon	MGD	457.61	38.28			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Amerihealth	Medicare	51.31				41.05		1135.67 fee schedule	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	First Trenton	First Trenton	1075.9	90			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Aetna	Commercial	454.27	38			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Corrections	Corrections	956.35	80			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Multiplan	Multiplan	956.35	80			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Horizon	Indemnity	457.61	38.28			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Wellcare	Medicaid	41.05				41.05		1135.67 fee schedule	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Horizon	Medicare Blue	358.63	30			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	First Health	First Health	836.81	70			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Horizon	PPO	457.61	38.28			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	WellPoint	WellPoint	371.06	31.04			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Horizon	NJ Health	49.67				41.05		1135.67 fee schedule	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Qualcare	Qualcare	896.58	75			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Managed Care Inc	Managed Care Inc	1075.9	90			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Wellcare	Medicare	51.31				41.05		1135.67 fee schedule	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	Three Rivers	Three Rivers	1135.67	95			41.05		1135.67 percent of total billed charges	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	UHC	Medicare	51.31				41.05		1135.67 fee schedule	
IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	87662	CPT				outpatient			1195.44	59.01	UHC	Medicaid	41.05				41.05		1135.67 fee schedule	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Aetna	Better Health	522.24	30.44		139.66	26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Corrections	Corrections	1372.51	80			26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Aetna	Medicare	35.09			13.62	26.32		1629.86 fee schedule	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Horizon	Medicare Blue	514.69	30		35.83	26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Aetna	Commercial	651.94	38		22.19	26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Amerihealth	Medicare	35.09			14.05	26.32		1629.86 fee schedule	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	First Trenton	First Trenton	1544.08	90			26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Americare	Americare	1286.73	75			26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	First Health	First Health	1200.95	70			26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Consumer	Consumer	1629.86	95			26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Amerihealth	HMO/PPO	48.5			5.84	26.32		1629.86 fee schedule	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	WellPoint	WellPoint	532.53	31.04		69.8	26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Horizon	PPO	656.75	38.28		59.28	26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	UHC	Medicare	35.09			22.3	26.32		1629.86 fee schedule	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Managed Care Inc	Managed Care Inc	1544.08	90			26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Horizon	MGD	656.75	38.28		82.94	26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	UHC	Medicaid	28.07			50.62	26.32		1629.86 fee schedule	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Multiplan	Multiplan	1372.51	80			26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Horizon	Indemnity	656.75	38.28		47.65	26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Qualcare	Qualcare	1286.73	75			26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Horizon	NJ Health	154.92			19.78	26.32		1629.86 fee schedule	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Three Rivers	Three Rivers	1629.86	95			26.32		1629.86 percent of total billed charges	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Wellcare	Medicaid	28.07			73.51	26.32		1629.86 fee schedule	
IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	87798	CPT				both			1715.64	40.35	Wellcare	Medicare	35.09				26.32		1629.86 fee schedule	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Wellcare	Medicare	42.84			49.02	41.92		1452.53 fee schedule	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Americare	Americare	1146.74	75			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Aetna	Better Health	465.42	30.44			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Aetna	Commercial	581.01	38		92.42	41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Amerihealth	Medicare	42.84				41.92		1452.53 fee schedule	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Horizon	NJ Health	47.57			23.13	41.92		1452.53 fee schedule	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Amerihealth	HMO/PPO	59.2			38.44	41.92		1452.53 fee schedule	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	First Trenton	First Trenton	1376.08	90			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Horizon	Medicare Blue	458.69	30		27.23	41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Aetna	Medicare	470.93	30.8		21.12	41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	First Health	First Health	1070.29	70			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Managed Care Inc	Managed Care Inc	1376.08	90			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	UHC	Medicaid	465.42	30.44		159.14	41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Horizon	PPO	585.29	38.28		118.08	41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Consumer	Consumer	1452.53	95			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	WellPoint	WellPoint	474.6	31.04		211.62	41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Horizon	Indemnity	585.29	38.28		26.54	41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Multiplan	Multiplan	1223.18	80			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Corrections	Corrections	1223.18	80			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Qualcare	Qualcare	1146.74	75			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Horizon	MGD	585.29	38.28		118.82	41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	UHC	Medicare	42.84			39.27	41.92		1452.53 fee schedule	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Three Rivers	Three Rivers	1452.53	95			41.92		1452.53 percent of total billed charges	
IADNA NOS QUANTIFICATION EACH ORGANISM	87799	CPT				both			1528.98	49.27	Wellcare	Medicaid	465.42	30.44		98.79	41.92		1452.53 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Amerihealth	HMO/PPO	27.7				27.7		187.02 fee schedule	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Qualcare	Qualcare	147.65	75			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Aetna	Medicare	43.67				27.7		187.02 fee schedule	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Aetna	Better Health	59.92	30.44			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Americare	Americare	147.65	75			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Corrections	Corrections	157.49	80			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Horizon	MGD	75.36	38.28			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Aetna	Commercial	74.81	38			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Amerihealth	Medicare	43.67				27.7		187.02 fee schedule	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	UHC	Medicare	43.67				27.7		187.02 fee schedule	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Wellcare	Medicaid	34.94				27.7		187.02 fee schedule	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Consumer	Consumer	187.02	95			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Horizon	PPO	75.36	38.28			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	First Trenton	First Trenton	177.17	90			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Three Rivers	Three Rivers	187.02	95			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Multiplan	Multiplan	157.49	80			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Wellcare	Medicare	43.67				27.7		187.02 fee schedule	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Horizon	Medicare Blue	59.06	30			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	First Health	First Health	137.8	70			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Horizon	NJ Health	44.53				27.7		187.02 fee schedule	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Horizon	Indemnity	75.36	38.28			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	Managed Care Inc	Managed Care Inc	177.17	90			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	UHC	Medicaid	34.94				27.7		187.02 fee schedule	
IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	87800	CPT				both			196.86	50.22	WellPoint	WellPoint	61.11	31.04			27.7		187.02 percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Americare	Americare	654.08	75			48.5		828.5 percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMP

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Aetna	Medicare	70.2				48.5	828.5	fee schedule	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Wellcare	Medicare	70.2				48.5	828.5	fee schedule	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	UHC	Medicaid	56.16			37	48.5	828.5	fee schedule	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Horizon	MGD	333.84	38.28		40.29	48.5	828.5	percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Amerihealth	Medicare	70.2			14.05	48.5	828.5	fee schedule	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Managed Care Inc	Managed Care Inc	784.89	90			48.5	828.5	percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Horizon	NJ Health	77.95			12.5	48.5	828.5	fee schedule	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Multiplan	Multiplan	697.68	80			48.5	828.5	percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Consumer	Consumer	828.5	95			48.5	828.5	percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Qualcare	Qualcare	654.08	75			48.5	828.5	percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	First Health	First Health	610.47	70			48.5	828.5	percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	UHC	Medicare	70.2			14.73	48.5	828.5	fee schedule	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Corrections	Corrections	697.68	80			48.5	828.5	percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	WellPoint	WellPoint	270.7	31.04		41.97	48.5	828.5	percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Horizon	Indemnity	333.84	38.28		31.5	48.5	828.5	percent of total billed charges	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Wellcare	Medicaid	56.16			56.46	48.5	828.5	fee schedule	
IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	87801	CPT				both			872.1	80.73	Three Rivers	Three Rivers	828.5	95			48.5	828.5	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Aetna	Medicare	21.76				12.07	33.33	fee schedule	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Corrections	Corrections	70.18	80			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Aetna	Commercial	33.33	38			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	First Health	First Health	61.4	70			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Amerihealth	HMO/PPO	15.22				12.07	33.33	fee schedule	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Horizon	MGD	33.58	38.28			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	WellPoint	WellPoint	27.23	31.04			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Aetna	Better Health	26.7	30.44			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Horizon	Indemnity	33.58	38.28			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	First Trenton	First Trenton	78.95	90			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Amerihealth	Medicare	21.76				12.07	33.33	fee schedule	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Multiplan	Multiplan	70.18	80			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Horizon	PPO	33.58	38.28			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Qualcare	Qualcare	65.79	75			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Three Rivers	Three Rivers	83.33	95			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Americare	Americare	65.79	75			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Wellcare	Medicaid	17.41				12.07	33.33	fee schedule	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Horizon	NJ Health	12.07				12.07	33.33	fee schedule	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	UHC	Medicare	21.76				12.07	33.33	fee schedule	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Managed Care Inc	Managed Care Inc	78.95	90			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Consumer	Consumer	83.33	95			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Horizon	Medicare Blue	26.32	30			12.07	33.33	percent of total billed charges	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	UHC	Medicaid	17.41				12.07	33.33	fee schedule	
IAADIADOO ADENOVIRUS	87809	CPT				outpatient			87.72	25.02	Wellcare	Medicare	21.76				12.07	33.33	fee schedule	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Americare	Americare	68.09	75			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Consumer	Consumer	86.24	95			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Aetna	Medicare	16.53				13.22	86.24	fee schedule	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Aetna	Better Health	27.63	30.44			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Amerihealth	Medicare	16.53				13.22	86.24	fee schedule	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	First Health	First Health	63.55	70			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Amerihealth	HMO/PPO	15.2				13.22	86.24	fee schedule	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Aetna	Commercial	34.5	38			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Horizon	MGD	34.75	38.28			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Wellcare	Medicaid	13.22				13.22	86.24	fee schedule	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Horizon	Indemnity	34.75	38.28			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Horizon	Medicare Blue	27.23	30			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Corrections	Corrections	72.62	80			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Multiplan	Multiplan	72.62	80			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Horizon	NJ Health	23.52			8.82	13.22	86.24	fee schedule	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Qualcare	Qualcare	68.09	75			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	First Trenton	First Trenton	81.7	90			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	UHC	Medicare	16.53				13.22	86.24	fee schedule	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Horizon	PPO	34.75	38.28			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	UHC	Medicaid	13.22				13.22	86.24	fee schedule	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Managed Care Inc	Managed Care Inc	81.7	90			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Wellcare	Medicare	16.53				13.22	86.24	fee schedule	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	Three Rivers	Three Rivers	86.24	95			13.22	86.24	percent of total billed charges	
IAADIADOO STREPTOCOCCUS GROUP A	87880	CPT				both			90.78	19.01	WellPoint	WellPoint	28.18	31.04			13.22	86.24	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Amerihealth	Medicare	16.07				5.81	197.68	fee schedule	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Horizon	NJ Health	29.79			3.2	5.81	197.68	fee schedule	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	UHC	Medicaid	12.86			28.75	5.81	197.68	fee schedule	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Americare	Americare	156.06	75			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Aetna	Better Health	63.34	30.44		28.89	5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Consumer	Consumer	197.68	95			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Horizon	MGD	79.65	38.28			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Aetna	Commercial	79.07	38		7.41	5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	First Trenton	First Trenton	187.27	90			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Multiplan	Multiplan	166.46	80			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Amerihealth	HMO/PPO	15.2			14.32	5.81	197.68	fee schedule	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Horizon	Medicare Blue	62.42	30		9.77	5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Horizon	Indemnity	79.65	38.28			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	First Health	First Health	145.66	70			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Corrections	Corrections	166.46	80			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Aetna	Medicare	16.07			32.63	5.81	197.68	fee schedule	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Managed Care Inc	Managed Care Inc	187.27	90			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Qualcare	Qualcare	156.06	75			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Horizon	PPO	79.65	38.28		18.28	5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	UHC	Medicare	16.07			6.26	5.81	197.68	fee schedule	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Three Rivers	Three Rivers	197.68	95			5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	WellPoint	WellPoint	64.59	31.04		21.34	5.81	197.68	percent of total billed charges	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Wellcare	Medicare	16.07			12.24	5.81	197.68	fee schedule	
IAADIADOO NOT OTHERWISE SPECIFIED	87899	CPT				both			208.08	18.48	Wellcare	Medicaid	12.86			14.6	5.81	197.68	fee schedule	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Consumer	Consumer	826.56	95			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	First Health	First Health	609.04	70			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Amerihealth	Medicare	130.35				65.23	826.56	fee schedule	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Aetna	Better Health	264.85	30.44			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Aetna	Medicare	130.35				65.23	826.56	fee schedule	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Amerihealth	HMO/PPO	103.93				65.23	826.56	fee schedule	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Horizon	Indemnity	333.06	38.28			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Corrections	Corrections	696.05	80			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Three Rivers	Three Rivers	826.56	95			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Horizon	Medicare Blue	261.02	30		27.78	65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	First Trenton	First Trenton	783.05	90			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Aetna	Commercial	330.62	38		108.8	65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Americare	Americare	652.55	75			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Horizon	MGD	333.06	38.28			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	WellPoint	WellPoint	270.07	31.04			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	UHC	Medicaid	104.28			120.65	65.23	826.56	fee schedule	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Multiplan	Multiplan	696.05	80			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Wellcare	Medicare	130.35				65.23	826.56	fee schedule	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Horizon	PPO	333.06	38.28			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Wellcare	Medicaid	104.28			77.27	65.23	826.56	fee schedule	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Qualcare	Qualcare	652.55	75			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Horizon	NJ Health	144.75			11.5	65.23	826.56	fee schedule	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	Managed Care Inc	Managed Care Inc	783.05	90			65.23	826.56	percent of total billed charges	
NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	87900	CPT				both			870.06	149.9	UHC	Medicare	130.35			18.37	65.23	826.56	fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Aetna	Commercial	526.36	38		221.06	115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Aetna	Medicare	257.45				115.36	1315.9	fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	First Health	First Health	969.61	70			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Consumer	Consumer	1315.9	95			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Aetna	Better Health	421.64	30.44			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Amerihealth	Medicare	257.45				115.36	1315.9	fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Amerihealth	HMO/PPO	371.5				115.36	1315.9	fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Americare	Americare	1038.87	75			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Corrections	Corrections	1108.13	80			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Horizon	Indemnity	530.24	38.28			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Horizon	Medicare Blue	415.65	30		34.26	115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Multiplan	Multiplan	1108.13	80			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Horizon	PPO	530.24	38.28		78.1	115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	First Trenton	First Trenton	1246.64	90			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Horizon	MGD	530.24	38.28			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Qualcare	Qualcare	1038.87	75			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Wellcare	Medicaid	205.96			140.03	115.36	1315.9	fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	WellPoint	WellPoint	429.95	31.04			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	UHC	Medicaid	205.96			132.31	115.36	1315.9	fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Horizon	NJ Health	285.89			13.23	115.36	1315.9	fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Wellcare	Medicare	257.45				115.36	1315.9	fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Managed Care Inc	Managed Care Inc	1246.64	90			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	Three Rivers	Three Rivers	1315.9	95			115.36	1315.9	percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 REV TRNSCRPT	87901	CPT				both			1385.16	296.07	UHC	Medicare	257.45			70.39	115.36	1315.9	fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	First Health	First Health	1170.25	70			53.26	1588.19	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	UHC	Medicaid	508.89	30.44		184.81	53.26	1588.19	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	First Trenton	First Trenton	1504.6	90			53.26	1588.19	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Americare	Americare	1253.84	75			53.26	1588.19	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Aetna	Better Health	508.89	30.44			53.26	1588.19	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Aetna	Commercial	635.28	38			53.26	1588.19	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Aetna	Medicare	514.91	30.8			53.26	1588.19	fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Amerihealth	HMO/PPO	355.78			15.14	53.26	1588.19	fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Multiplan	Multiplan	1337.42	80			53.26	1588.19	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	WellPoint	WellPoint	518.92	31.04		62.19	53.26	1588.19	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Horizon	Medicare Blue	501.53	30			53.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Amerihealth	Medicare	257.45				53.26		1588.19 fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Consumer	Consumer	1588.19	95			53.26		1588.19 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Horizon	Indemnity	639.96	38.28			53.26		1588.19 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Horizon	MGD	639.96	38.28			53.26		1588.19 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Horizon	NJ Health	285.89			21.87	53.26		1588.19 fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Three Rivers	Three Rivers	1588.19	95			53.26		1588.19 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Horizon	PPO	639.96	38.28			53.26		1588.19 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Managed Care Inc	Managed Care Inc	1504.6	90			53.26		1588.19 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Corrections	Corrections	1337.42	80			53.26		1588.19 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Qualcare	Qualcare	1253.84	75			53.26		1588.19 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	UHC	Medicare	257.45			42.49	53.26		1588.19 fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Wellcare	Medicare	257.45				53.26		1588.19 fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP C VIRUS	87902	CPT				both			1671.78	296.07	Wellcare	Medicaid	508.89	30.44		186.47	53.26		1588.19 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Aetna	Medicare	488.66				175.95		2880.84 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Amerihealth	Medicare	488.66				175.95		2880.84 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	First Health	First Health	2122.72	70			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Wellcare	Medicare	488.66				175.95		2880.84 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Aetna	Better Health	923.08	30.44			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Aetna	Commercial	1152.33	38			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Horizon	NJ Health	542.61			3.31	175.95		2880.84 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Amerihealth	HMO/PPO	689				175.95		2880.84 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Corrections	Corrections	2425.97	80			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Wellcare	Medicaid	390.93			457.25	175.95		2880.84 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Horizon	MGD	1160.83	38.28			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	WellPoint	WellPoint	941.28	31.04			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Americare	Americare	2274.35	75			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Multiplan	Multiplan	2425.97	80			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Horizon	Medicare Blue	909.74	30			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Qualcare	Qualcare	2274.35	75			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Consumer	Consumer	2880.84	95			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	UHC	Medicaid	390.93			143.16	175.95		2880.84 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	First Trenton	First Trenton	2729.21	90			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	UHC	Medicare	488.66				175.95		2880.84 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Horizon	Indemnity	1160.83	38.28			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Horizon	PPO	1160.83	38.28			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Managed Care Inc	Managed Care Inc	2729.21	90			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	87903	CPT				both			3032.46	561.96	Three Rivers	Three Rivers	2880.84	95			175.95		2880.84 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Aetna	Better Health	289.37	30.44			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Amerihealth	Medicare	26.07				26.07		903.11 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Americare	Americare	712.98	75			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Horizon	Medicare Blue	285.19	30			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Horizon	Indemnity	363.9	38.28			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	First Health	First Health	665.45	70			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Aetna	Commercial	361.24	38			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	UHC	Medicare	26.07				26.07		903.11 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Consumer	Consumer	903.11	95			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Horizon	PPO	363.9	38.28			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Amerihealth	HMO/PPO	40.2				26.07		903.11 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Wellcare	Medicare	26.07				26.07		903.11 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Qualcare	Qualcare	712.98	75			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Three Rivers	Three Rivers	903.11	95			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Aetna	Medicare	292.8	30.8			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	WellPoint	WellPoint	295.08	31.04			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Corrections	Corrections	760.51	80			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Horizon	MGD	363.9	38.28			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	First Trenton	First Trenton	855.58	90			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Multiplan	Multiplan	760.51	80			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Horizon	NJ Health	28.95			0.74	26.07		903.11 fee schedule	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	UHC	Medicaid	289.37	30.44		32.12	26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Managed Care Inc	Managed Care Inc	855.58	90			26.07		903.11 percent of total billed charges	
NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	87904	CPT				both			950.64	29.98	Wellcare	Medicaid	289.37	30.44			26.07		903.11 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Amerihealth	Medicare	12.22				12.22		93.99 fee schedule	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Americare	Americare	74.21	75			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Aetna	Better Health	30.12	30.44			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Wellcare	Medicare	12.22				12.22		93.99 fee schedule	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Horizon	Indemnity	37.87	38.28			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Amerihealth	HMO/PPO	15.22				12.22		93.99 fee schedule	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Aetna	Medicare	30.47	30.8			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Aetna	Commercial	37.6	38			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Corrections	Corrections	79.15	80			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	First Trenton	First Trenton	89.05	90			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Consumer	Consumer	93.99	95			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Horizon	MGD	37.87	38.28			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Multiplan	Multiplan	79.15	80			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Horizon	Medicare Blue	29.68	30			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	First Health	First Health	69.26	70			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Horizon	PPO	37.87	38.28			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Horizon	NJ Health	13.56				12.22		93.99 fee schedule	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Wellcare	Medicaid	30.12	30.44			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Qualcare	Qualcare	74.21	75			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Managed Care Inc	Managed Care Inc	89.05	90			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	WellPoint	WellPoint	30.71	31.04			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	Three Rivers	Three Rivers	93.99	95			12.22		93.99 percent of total billed charges	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	UHC	Medicare	12.22				12.22		93.99 fee schedule	
INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	87905	CPT				outpatient			98.94	14.05	UHC	Medicaid	30.12	30.44			12.22		93.99 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Americare	Americare	1757.21	75			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Aetna	Better Health	713.19	30.44			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Aetna	Medicare	128.73				72.52		2225.79 fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Aetna	Commercial	890.32	38		111.11	72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Amerihealth	HMO/PPO	371.5				72.52		2225.79 fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Multiplan	Multiplan	1874.35	80			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	First Trenton	First Trenton	2108.65	90			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Consumer	Consumer	2225.79	95			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Amerihealth	Medicare	128.73				72.52		2225.79 fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Corrections	Corrections	1874.35	80			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Horizon	PPO	896.88	38.28			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Horizon	Indemnity	896.88	38.28			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	First Health	First Health	1640.06	70			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Qualcare	Qualcare	1757.21	75			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Managed Care Inc	Managed Care Inc	2108.65	90			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Horizon	NJ Health	142.02			6.08	72.52		2225.79 fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Horizon	MGD	896.88	38.28			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Horizon	Medicare Blue	702.88	30			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Three Rivers	Three Rivers	2225.79	95			72.52		2225.79 percent of total billed charges	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Wellcare	Medicaid	102.98			67.32	72.52		2225.79 fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	UHC	Medicaid	102.98			71.95	72.52		2225.79 fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	UHC	Medicare	128.73			18.95	72.52		2225.79 fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	Wellcare	Medicare	128.73				72.52		2225.79 fee schedule	
NFCT AGT GNOTYP ALYS NUCLE ACD HIV1 OTHER REGION	87906	CPT				both			2342.94	148.04	WellPoint	WellPoint	727.25	31.04			72.52		2225.79 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Aetna	Medicare	257.45				149.78		1643.42 fee schedule	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Americare	Americare	1297.44	75			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Amerihealth	HMO/PPO	149.78				149.78		1643.42 fee schedule	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Horizon	MGD	662.21	38.28			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Aetna	Better Health	526.59	30.44			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Consumer	Consumer	1643.42	95			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	WellPoint	WellPoint	536.97	31.04			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Aetna	Commercial	657.37	38			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Horizon	Indemnity	662.21	38.28			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	First Trenton	First Trenton	1556.93	90			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Amerihealth	Medicare	257.45				149.78		1643.42 fee schedule	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Multiplan	Multiplan	1383.94	80			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Horizon	Medicare Blue	518.98	30			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Corrections	Corrections	1383.94	80			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	First Health	First Health	1210.94	70			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Qualcare	Qualcare	1297.44	75			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Horizon	PPO	662.21	38.28			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	UHC	Medicaid	205.96				149.78		1643.42 fee schedule	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Horizon	NJ Health	665.85				149.78		1643.42 fee schedule	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	UHC	Medicare	257.45				149.78		1643.42 fee schedule	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Managed Care Inc	Managed Care Inc	1556.93	90			149.78		1643.42 percent of total billed charges	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Wellcare	Medicare	257.45				149.78		1643.42 fee schedule	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Wellcare	Medicaid	205.96				149.78		1643.42 fee schedule	
NFCT AGT GENOTYPE ALYS NUCLEIC ACID CMV	87910	CPT				outpatient			1729.92	296.07	Three Rivers	Three Rivers	1643.42	95			149.78		1643.42 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Aetna	Better Health	447.72	30.44			149.78		1397.3 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Horizon	PPO	563.04	38.28		136.08	149.78		1397.3 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Aetna	Commercial	558.92	38			149.78		1397.3 percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Amerihealth	HMO/PPO	149.78				149.78		1397.3 fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Aetna	Medicare

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Horizon	MGD	563.04	38.28			149.78	1397.3	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Consumer	Consumer	1397.3	95			149.78	1397.3	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Horizon	Indemnity	563.04	38.28			149.78	1397.3	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	First Trenton	First Trenton	1323.76	90			149.78	1397.3	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Wellcare	Medicaid	205.96			139.18	149.78	1397.3	fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Horizon	NJ Health	665.85			24.76	149.78	1397.3	fee schedule	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	WellPoint	WellPoint	456.55	31.04			149.78	1397.3	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Managed Care Inc	Managed Care Inc	1323.76	90			149.78	1397.3	percent of total billed charges	
NFCT AGENT GENOTYPE ALYS NUCLEIC ACD HEP B VIRUS	87912	CPT				both			1470.84	296.07	Three Rivers	Three Rivers	1397.3	95			149.78	1397.3	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Horizon	Indemnity	4475.41	38.28			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		First Health	First Health	8183.87	70			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Amerihealth	HMO/PPO	7599.31	65			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Horizon	Medicare Blue	3507.37	30			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		First Trenton	First Trenton	10522.12	90			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Aetna	Commercial	4442.67	38			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Americare	Americare	8768.43	75			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Aetna	Better Health	3558.81	30.44			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Horizon	PPO	4475.41	38.28			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Wellcare	Medicaid	3558.81	30.44			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Qualcare	Qualcare	8768.43	75			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		WellPoint	WellPoint	3628.96	31.04			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Managed Care Inc	Managed Care Inc	10522.12	90			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Aetna	Medicare	3600.9	30.8			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Multiplan	Multiplan	9352.99	80			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Consumer	Consumer	11106.68	95			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Three Rivers	Three Rivers	11106.68	95			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Horizon	MGD	4475.41	38.28			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		Corrections	Corrections	9352.99	80			48.04	11106.68	percent of total billed charges	
UNLISTED MICROBIOLOGY PROCEDURE	87999	CPT				outpatient			11691.24		UHC	Medicaid	3558.81	30.44			48.04	11106.68	percent of total billed charges	
NECROPSY GROSS EXAMINATION ONLY W/O CNS	88000	CPT				outpatient					Horizon	NJ Health	173.07				173.07	173.07	fee schedule	
NECROPSY GROSS EXAMINATION W/BRAIN	88005	CPT				outpatient					Horizon	NJ Health	201.92				201.92	201.92	fee schedule	
NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	88007	CPT				outpatient					Horizon	NJ Health	211.54				211.54	211.54	fee schedule	
NECROPSY GROSS EXAMINATION INFANT W/BRAIN	88012	CPT				outpatient					Horizon	NJ Health	173.07				173.07	173.07	fee schedule	
NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	88014	CPT				outpatient					Horizon	NJ Health	158.64				158.64	158.64	fee schedule	
NECROPSY GROSS EXAM MACERATED STILLBORN	88016	CPT				outpatient					Horizon	NJ Health	221.15				221.15	221.15	fee schedule	
NECROPSY GROSS & MICROSCOPIC W/O CNS	88020	CPT				outpatient					Horizon	NJ Health	298.08				298.08	298.08	fee schedule	
NECROPSY GROSS & MICROSCOPIC W/BRAIN	88025	CPT				outpatient					Horizon	NJ Health	288.45				288.45	288.45	fee schedule	
NECROPSY GROSS&MICRSCP BRAIN & SPINAL CORD	88027	CPT				outpatient					Horizon	NJ Health	307.68				307.68	307.68	fee schedule	
NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	88028	CPT				outpatient					Horizon	NJ Health	173.07				173.07	173.07	fee schedule	
NECROPSY GROSS&MICRSCP STILLBORN/NEWBORN BRAIN	88029	CPT				outpatient					Horizon	NJ Health	173.07				173.07	173.07	fee schedule	
NECROPSY LIMITED GROSS&/MICRSCP REGIONAL	88036	CPT				outpatient					Horizon	NJ Health	86.53				86.53	86.53	fee schedule	
NECROPSY LIMITD GROSS&/MICRSCP SINGLE ORGAN	88037	CPT				outpatient					Horizon	NJ Health	76.93				76.93	76.93	fee schedule	
NECROPSY FORENSIC EXAMINATION	88040	CPT				outpatient					Horizon	NJ Health	480.77				480.77	480.77	fee schedule	
NECROPSY CORONER CALL	88045	CPT				outpatient					Horizon	NJ Health	48.08				48.08	48.08	fee schedule	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Aetna	Better Health	59.61	30.44			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Amerihealth	Medicare	45.54				19	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Multiplan	Multiplan	156.67	80			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Amerihealth	HMO/PPO	19				19	186.05	fee schedule	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Aetna	Commercial	74.32			46.76	19	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Aetna	Medicare	45.54			28.08	19	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Corrections	Corrections	156.67	80			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	First Trenton	First Trenton	176.26	90			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Consumer	Consumer	186.05	95			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Horizon	NJ Health	23.52			15.25	19	186.05	fee schedule	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Qualcare	Qualcare	146.88	75			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Horizon	Indemnity	88.12			55.52	19	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Americare	Americare	146.88	75			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	First Health	First Health	137.09	70			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Horizon	Medicare Blue	45.54			21.49	19	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Managed Care Inc	Managed Care Inc	176.26	90			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	UHC	Medicare	45.54			21.63	19	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Wellcare	Medicaid	61.56			50.87	19	186.05	fee schedule	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	UHC	Medicaid	61.56			38.51	19	186.05	fee schedule	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Horizon	PPO	88.12			41.47	19	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Wellcare	Medicare	45.54				19	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Three Rivers	Three Rivers	186.05	95			19	186.05	percent of total billed charges	
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	Horizon	MGD	88.12			51.97	19	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	88104	CPT				both			195.84	52.37	WellPoint	WellPoint	60.79	31.04		45.67	19	186.05	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Horizon	NJ Health	23.52			10.13	23.52	234.5	fee schedule	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Americare	Americare	185.13	75			23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Amerihealth	Medicare	45.54				23.52	234.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Aetna	Better Health	75.14	30.44		71.53	23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Aetna	Commercial	74.32			60.64	23.52	234.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Aetna	Medicare	45.54				23.52	234.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Horizon	Indemnity	88.12			69.83	23.52	234.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Corrections	Corrections	197.47	80		70.92	23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	First Health	First Health	172.79	70			23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Amerihealth	HMO/PPO	26.4			11.25	23.52	234.5	fee schedule	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	First Trenton	First Trenton	222.16	90			23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Consumer	Consumer	234.5	95			23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Horizon	MGD	88.12			116.87	23.52	234.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Managed Care Inc	Managed Care Inc	222.16	90			23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Horizon	Medicare Blue	45.54			27.62	23.52	234.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Multiplan	Multiplan	197.47	80			23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Horizon	PPO	88.12			77.2	23.52	234.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Three Rivers	Three Rivers	234.5	95			23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	WellPoint	WellPoint	76.62	31.04		38.56	23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Qualcare	Qualcare	185.13	75			23.52	234.5	percent of total billed charges	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	UHC	Medicaid	55.98			51.99	23.52	234.5	fee schedule	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Wellcare	Medicaid	55.98			57.25	23.52	234.5	fee schedule	
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	UHC	Medicare	45.54			42.25	23.52	234.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP CONCENTRATION SMEARS & INTERPRETATION	88108	CPT				both			246.84	52.37	Wellcare	Medicare	45.54			34	23.52	234.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Consumer	Consumer	240.31	95			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Amerihealth	HMO/PPO	32.5				32.5	240.31	fee schedule	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Aetna	Commercial	101.18				32.5	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Amerihealth	Medicare	62				32.5	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Aetna	Better Health	77	30.44			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	First Health	First Health	177.07	70			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Americare	Americare	189.72	75			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Horizon	MGD	119.97				32.5	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Corrections	Corrections	202.37	80			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Horizon	Indemnity	119.97				32.5	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Aetna	Medicare	62				32.5	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	First Trenton	First Trenton	227.66	90			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Wellcare	Medicare	62				32.5	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	UHC	Medicaid	55.24				32.5	240.31	fee schedule	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Three Rivers	Three Rivers	240.31	95			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Managed Care Inc	Managed Care Inc	227.66	90			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Horizon	Medicare Blue	62				32.5	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	UHC	Medicare	62				32.5	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Multiplan	Multiplan	202.37	80			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Wellcare	Medicaid	55.24				32.5	240.31	fee schedule	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Horizon	NJ Health	113.62				32.5	240.31	fee schedule	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Qualcare	Qualcare	189.72	75			32.5	240.31	percent of total billed charges	
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	Horizon	PPO	119.97				32.5	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	88112	CPT				both			252.96	71.3	WellPoint	WellPoint	78.52	31.04			32.5	240.31	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Horizon	PPO	99.96	38.28		65.01	16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Consumer	Consumer	248.06	95			16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Aetna	Medicare	20.26			50.12	16.21	248.06	fee schedule	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Aetna	Commercial	99.23	38		44.09	16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	First Trenton	First Trenton	235.01	90			16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Americare	Americare	195.84	75			16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Amerihealth	Medicare	20.26				16.21	248.06	fee schedule	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Aetna	Better Health	79.48	30.44		34.6	16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	WellPoint	WellPoint	81.05	31.04		62.01	16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Corrections	Corrections	208.9	80			16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Amerihealth	HMO/PPO	32.5			40.79	16.21	248.06	fee schedule	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Wellcare	Medicaid	16.21			59.74	16.21	248.06	fee schedule	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Horizon	Medicare Blue	78.34	30		39.64	16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Horizon	NJ Health	70.56			17.26	16.21	248.06	fee schedule	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	First Health	First Health	182.78	70			16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	UHC	Medicare	20.26			42.14	16.21	248.06	fee schedule	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Managed Care Inc	Managed Care Inc	235.01	90			16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Three Rivers	Three Rivers	248.06	95			16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Horizon	Indemnity	99.96	38.28		88.15	16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	UHC	Medicaid	16.21			47.38	16.21	248.06	fee schedule	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Horizon	MGD	99.96	38.28		59.47	16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Multiplan	Multiplan	208.9	80			16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Qualcare	Qualcare	195.84	75			16.21	248.06	percent of total billed charges	
CYTP CERVI/VAG AUTO THIN LAYER PREP MNL SCREEN	88142	CPT				outpatient			261.12	23.3	Wellcare	Medicare	20.26			22.22	16.21	248.06	fee schedule	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Aetna	Better Health	22.67	30.44			9.4	70.74	percent of total billed charges	
CYTP SLID

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Consumer	Consumer	70.74	95			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Qualcare	Qualcare	55.85	75			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Amerihealth	Medicare	14.65				9.4	70.74	fee schedule	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Horizon	Indemnity	28.5	38.28			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Horizon	Medicare Blue	22.34	30			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Horizon	NJ Health	11.76				9.4	70.74	fee schedule	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Horizon	MGD	28.5	38.28			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Horizon	PPO	28.5	38.28			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	UHC	Medicaid	11.72				9.4	70.74	fee schedule	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Managed Care Inc	Managed Care Inc	67.01	90			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	First Health	First Health	52.12	70			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Three Rivers	Three Rivers	70.74	95			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Wellcare	Medicare	14.65				9.4	70.74	fee schedule	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	Wellcare	Medicaid	11.72				9.4	70.74	fee schedule	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	WellPoint	WellPoint	23.11	31.04			9.4	70.74	percent of total billed charges	
CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	88155	CPT				outpatient			74.46	16.85	UHC	Medicare	14.65				9.4	70.74	fee schedule	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	First Trenton	First Trenton	268.06	90			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Wellcare	Medicaid	64.96				13.72	282.95	fee schedule	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Consumer	Consumer	282.95	95			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Corrections	Corrections	238.27	80			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Amerihealth	Medicare	28.42				13.72	282.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Aetna	Commercial	46.38				13.72	282.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	First Health	First Health	208.49	70			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Aetna	Better Health	90.66	30.44			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Horizon	PPO	54.99				13.72	282.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Aetna	Medicare	28.42				13.72	282.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Horizon	NJ Health	13.72				13.72	282.95	fee schedule	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Horizon	Medicare Blue	28.42				13.72	282.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Horizon	Indemnity	54.99				13.72	282.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Americare	Americare	223.38	75			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Qualcare	Qualcare	223.38	75			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Multiplan	Multiplan	238.27	80			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	WellPoint	WellPoint	92.45	31.04			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Amerihealth	HMO/PPO	18.72				13.72	282.95	fee schedule	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Managed Care Inc	Managed Care Inc	268.06	90			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Horizon	MGD	54.99				13.72	282.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	UHC	Medicare	28.42				13.72	282.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	UHC	Medicaid	64.96				13.72	282.95	fee schedule	
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Wellcare	Medicare	28.42				13.72	282.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC SCR&INTERPJ	88160	CPT				inpatient			297.84	32.68	Three Rivers	Three Rivers	282.95	95			13.72	282.95	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Aetna	Commercial	46.38				21.5	334.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Amerihealth	HMO/PPO	21.5				21.5	334.31	fee schedule	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	UHC	Medicaid	107.12	30.44			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Corrections	Corrections	281.52	80			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Amerihealth	Medicare	28.42				21.5	334.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Aetna	Better Health	107.12	30.44			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	First Trenton	First Trenton	316.71	90			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Aetna	Medicare	108.39	30.8			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Americare	Americare	263.93	75			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	First Health	First Health	246.33	70			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Managed Care Inc	Managed Care Inc	316.71	90			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Horizon	Medicare Blue	28.42				21.5	334.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Horizon	Indemnity	54.99				21.5	334.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Horizon	MGD	54.99				21.5	334.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Multiplan	Multiplan	281.52	80			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Consumer	Consumer	334.31	95			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	UHC	Medicare	28.42				21.5	334.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Wellcare	Medicaid	107.12	30.44			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Qualcare	Qualcare	263.93	75			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Horizon	PPO	54.99				21.5	334.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Wellcare	Medicare	28.42				21.5	334.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Horizon	NJ Health	23.52				21.5	334.31	fee schedule	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	WellPoint	WellPoint	109.23	31.04			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	88161	CPT				both			351.9	32.68	Three Rivers	Three Rivers	334.31	95			21.5	334.31	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Wellcare	Medicaid	104.99				25.6	129.36	fee schedule	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	UHC	Medicare	62				25.6	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Aetna	Better Health	36.33	30.44			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Amerihealth	Medicare	62				25.6	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	First Trenton	First Trenton	107.41	90			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Aetna	Commercial	101.18				25.6	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Aetna	Medicare	62				25.6	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Consumer	Consumer	113.37	95			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Horizon	Indemnity	119.97				25.6	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Americare	Americare	89.51	75			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Horizon	PPO	119.97				25.6	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Corrections	Corrections	95.47	80			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Managed Care Inc	Managed Care Inc	107.41	90			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Multiplan	Multiplan	95.47	80			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Amerihealth	HMO/PPO	25.6				25.6	129.36	fee schedule	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Horizon	NJ Health	129.36				25.6	129.36	fee schedule	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	WellPoint	WellPoint	37.04	31.04			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Qualcare	Qualcare	89.51	75			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	First Health	First Health	83.54	70			25.6	129.36	percent of total billed charges	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Horizon	Medicare Blue	62				25.6	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Horizon	MGD	119.97				25.6	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Wellcare	Medicare	62				25.6	129.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	UHC	Medicaid	104.99				25.6	129.36	fee schedule	
CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	88162	CPT				outpatient			119.34	71.3	Three Rivers	Three Rivers	113.37	95			25.6	129.36	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Amerihealth	Medicare	18.19				7.6	145.35	fee schedule	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Aetna	Better Health	46.57	30.44			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Corrections	Corrections	122.4	80			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Amerihealth	HMO/PPO	7.6				7.6	145.35	fee schedule	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Aetna	Medicare	47.12	30.8			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Aetna	Commercial	58.14	38			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Americare	Americare	114.75	75			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Horizon	MGD	58.57	38.28			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Consumer	Consumer	145.35	95			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Wellcare	Medicare	18.19				7.6	145.35	fee schedule	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Horizon	Medicare Blue	45.9	30			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	WellPoint	WellPoint	47.49	31.04			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	First Health	First Health	107.1	70			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	First Trenton	First Trenton	137.7	90			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	UHC	Medicaid	46.57	30.44			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Horizon	Indemnity	58.57	38.28			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Multiplan	Multiplan	122.4	80			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Horizon	NJ Health	35.28				7.6	145.35	fee schedule	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Wellcare	Medicaid	46.57	30.44			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Horizon	PPO	58.57	38.28			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Qualcare	Qualcare	114.75	75			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Managed Care Inc	Managed Care Inc	137.7	90			7.6	145.35	percent of total billed charges	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	UHC	Medicare	18.19				7.6	145.35	fee schedule	
CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	88164	CPT				outpatient			153	20.92	Three Rivers	Three Rivers	145.35	95			7.6	145.35	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	UHC	Medicare	198.83			75.91	20	432.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Aetna	Commercial	324.49			120.21	20	432.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Consumer	Consumer	432.17	95			20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Amerihealth	Medicare	198.83				20	432.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Horizon	Indemnity	384.74			110.88	20	432.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Corrections	Corrections	363.94	80			20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Aetna	Better Health	138.48	30.44			20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Americare	Americare	341.19	75			20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Horizon	NJ Health	78.4			36.34	20	432.17	fee schedule	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Amerihealth	HMO/PPO	20			68.22	20	432.17	fee schedule	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	First Health	First Health	318.44	70			20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Wellcare	Medicare	198.83				20	432.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	WellPoint	WellPoint	141.21	31.04		103.72	20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Horizon	Medicare Blue	198.83			66.64	20	432.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Aetna	Medicare	198.83			67.61	20	432.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	First Trenton	First Trenton	409.43	90			20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Horizon	MGD	384.74			159.6	20	432.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Horizon	PPO	384.74			155.75	20	432.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Multiplan	Multiplan	363.94	80			20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Managed Care Inc	Managed Care Inc	409.43	90			20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Qualcare	Qualcare	341.19	75			20	432.17	percent of total billed charges	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Wellcare	Medicaid	44.85			128.51	20	432.17	fee schedule	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	UHC	Medicaid	44.85			78.75	20	432.17	fee schedule	
CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	88172	CPT				both			454.92	228.65	Three Rivers	Three Rivers	432.17	95			20	432.17	percent of total billed charges	
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96	71.3	First Health	First Health	284.17	70			17.41	385.66	percent of total billed charges	
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Horizon	Medicare Blue	62			72.23	17.41	385.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Corrections	Corrections	324.77	80			17.41	385.66	percent of total billed charges	
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Horizon	NJ Health	49			55.1	17.41	385.66	fee schedule	
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Amerihealth	Medicare	62				17.41	385.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Qualcare	Qualcare	304.47	75			17.41	385.66	percent of total billed charges	
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Horizon	PPO	119.97			163.28	17.41	385.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Managed Care Inc	Managed Care Inc	365.36	90			17.41	385.66	percent of total billed charges	
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 WellPoint	WellPoint	126.01	31.04		90.85	17.41	385.66	percent of total billed charges	
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Three Rivers	Three Rivers	385.66	95			17.41	385.66	percent of total billed charges	
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 UHC	Medicaid	135.91			76.97	17.41	385.66	fee schedule	
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Wellcare	Medicare	62				17.41	385.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	88173	CPT				both			405.96		71.3 Wellcare	Medicaid	135.91			108.8	17.41	385.66	fee schedule	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Americare	Americare	92.57	75			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Corrections	Corrections	98.74	80			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Aetna	Medicare	26.61				21.29	117.25	fee schedule	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 First Health	First Health	86.39	70			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Amerihealth	Medicare	26.61				21.29	117.25	fee schedule	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Aetna	Commercial	46.9	38			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Wellcare	Medicaid	21.29				21.29	117.25	fee schedule	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Aetna	Better Health	37.57	30.44			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Consumer	Consumer	117.25	95			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Horizon	Medicare Blue	37.03	30			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Horizon	MGD	47.25	38.28			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Amerihealth	HMO/PPO	32.5				21.29	117.25	fee schedule	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 First Trenton	First Trenton	111.08	90			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Multiplan	Multiplan	98.74	80			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Horizon	NJ Health	28.46				21.29	117.25	fee schedule	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Horizon	Indemnity	47.25	38.28			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Horizon	PPO	47.25	38.28			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 UHC	Medicaid	21.29				21.29	117.25	fee schedule	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Managed Care Inc	Managed Care Inc	111.08	90			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Qualcare	Qualcare	92.57	75			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Three Rivers	Three Rivers	117.25	95			21.29	117.25	percent of total billed charges	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 Wellcare	Medicare	26.61				21.29	117.25	fee schedule	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 UHC	Medicare	26.61				21.29	117.25	fee schedule	
CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	88175	CPT				outpatient			123.42		30.6 WellPoint	WellPoint	38.31	31.04			21.29	117.25	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Corrections	Corrections	1236.24	80			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Aetna	Commercial	101.18				34.15	1468.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 First Health	First Health	1081.71	70			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Amerihealth	Medicare	62				34.15	1468.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 First Trenton	First Trenton	1390.77	90			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Aetna	Medicare	62				34.15	1468.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Aetna	Better Health	470.39	30.44			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Americare	Americare	1158.98	75			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Horizon	Indemnity	119.97				34.15	1468.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Multiplan	Multiplan	1236.24	80			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Horizon	Medicare Blue	62				34.15	1468.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Horizon	MGD	119.97				34.15	1468.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Horizon	NJ Health	646.8				34.15	1468.04	fee schedule	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Consumer	Consumer	1468.04	95			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Amerihealth	HMO/PPO	72.43				34.15	1468.04	fee schedule	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Qualcare	Qualcare	1158.98	75			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Horizon	PPO	119.97				34.15	1468.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 UHC	Medicaid	136.61				34.15	1468.04	fee schedule	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 UHC	Medicare	62				34.15	1468.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Wellcare	Medicare	62				34.15	1468.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Managed Care Inc	Managed Care Inc	1390.77	90			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 WellPoint	WellPoint	479.66	31.04			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Three Rivers	Three Rivers	1468.04	95			34.15	1468.04	percent of total billed charges	
FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	88182	CPT				outpatient			1545.3		71.3 Wellcare	Medicaid	136.61				34.15	1468.04	fee schedule	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Americare	Americare	856.8	75			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Horizon	Indemnity	807.65			249.25	52.14	1085.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 First Health	First Health	799.68	70			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Aetna	Better Health	347.75	30.44			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Aetna	Medicare	351.86	30.8		132	52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Amerihealth	Medicare	417.39				52.14	1085.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Horizon	Medicare Blue	417.39			104.61	52.14	1085.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Corrections	Corrections	913.92	80			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Amerihealth	HMO/PPO	72.43			43.46	52.14	1085.28	fee schedule	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Qualcare	Qualcare	856.8	75			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 UHC	Medicare	417.39			111.74	52.14	1085.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Aetna	Commercial	681.18			233.17	52.14	1085.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 First Trenton	First Trenton	1028.16	90			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 UHC	Medicaid	347.75	30.44		145.56	52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Multiplan	Multiplan	913.92	80			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Horizon	PPO	807.65				52.14	1085.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Horizon	NJ Health	52.14			83.38	52.14	1085.28	fee schedule	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Wellcare	Medicare	417.39			247.21	52.14	1085.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 WellPoint	WellPoint	354.6	31.04		217.79	52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Consumer	Consumer	1085.28	95			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Horizon	MGD	807.65			254.43	52.14	1085.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Managed Care Inc	Managed Care Inc	1028.16	90			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Three Rivers	Three Rivers	1085.28	95			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	88184	CPT				both			1142.4		480 Wellcare	Medicaid	347.75	30.44			52.14	1085.28	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Aetna	Medicare	443.28	30.8		11.55	19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Aetna	Better Health	438.1	30.44			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Consumer	Consumer	1367.26	95			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Corrections	Corrections	1151.38	80			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Horizon	MGD	550.93	38.28		21.27	19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Horizon	Indemnity	550.93	38.28		21.81	19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Aetna	Commercial	546.9	38		20.41	19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Amerihealth	HMO/PPO	72.43			3.8	19.54	1367.26	fee schedule	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		UHC	Medicaid	19.54			13.36	19.54	1367.26	fee schedule	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Americare	Americare	1079.42	75			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		First Health	First Health	1007.45	70			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		First Trenton	First Trenton	1295.3	90			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Multiplan	Multiplan	1151.38	80			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Horizon	Medicare Blue	431.77	30		9.16	19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Wellcare	Medicaid	19.54				19.54	1367.26	fee schedule	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Qualcare	Qualcare	1079.42	75			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Horizon	NJ Health	52.14			7.52	19.54	1367.26	fee schedule	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Managed Care Inc	Managed Care Inc	1295.3	90			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		WellPoint	WellPoint	446.73	31.04		19.06	19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Horizon	PPO	550.93	38.28			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	88185	CPT				both			1439.22		Three Rivers	Three Rivers	1367.26	95			19.54	1367.26	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Aetna	Medicare	266.72	30.8			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		First Trenton	First Trenton	779.38	90			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Aetna	Better Health	263.6	30.44			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Horizon	Medicare Blue	259.79	30			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Corrections	Corrections	692.78	80			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Americare	Americare	649.49	75			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		First Health	First Health	606.19	70			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Multiplan	Multiplan	692.78	80			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Consumer	Consumer	822.68	95			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Horizon	Indemnity	331.5	38.28			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Aetna	Commercial	329.07	38			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Qualcare	Qualcare	649.49	75			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		UHC	Medicaid	27.7			26.58	27.7	822.68	fee schedule	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Amerihealth	HMO/PPO	72.43				27.7	822.68	fee schedule	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Horizon	MGD	331.5	38.28			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Horizon	PPO	331.5	38.28			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		WellPoint	WellPoint	268.8	31.04			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Managed Care Inc	Managed Care Inc	779.38	90			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Horizon	NJ Health	57.06				27.7	822.68	fee schedule	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Wellcare	Medicaid	27.7				27.7	822.68	fee schedule	
FLOW CYTOMETRY INTERPJ 2-8 MARKERS	88187	CPT				both			865.98		Three Rivers	Three Rivers	822.68	95			27.7	822.68	percent of total billed charges	
FLOW CYTOMETRY INTERPJ 9-15 MARKERS	88188	CPT				outpatient					Wellcare	Medicaid	47.85				47.85	72.43	fee schedule	
FLOW CYTOMETRY INTERPJ 9-15 MARKERS	88188	CPT				outpatient					Amerihealth	HMO/PPO	72.43				47.85	72.43	fee schedule	
FLOW CYTOMETRY INTERPJ 9-15 MARKERS	88188	CPT				outpatient					UHC	Medicaid	47.85				47.85	72.43	fee schedule	
FLOW CYTOMETRY INTERPJ 9-15 MARKERS	88188	CPT				outpatient					Horizon	NJ Health	71.19				47.85	72.43	fee schedule	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Aetna	Better Health	133.82	30.44			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Amerihealth	HMO/PPO	72.43				64.66	417.64	fee schedule	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Aetna	Commercial	167.06	38			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		First Health	First Health	307.73	70			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Corrections	Corrections	351.7	80			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		First Trenton	First Trenton	395.66	90			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Aetna	Medicare	135.4	30.8			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Horizon	Indemnity	168.29	38.28			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Americare	Americare	329.72	75			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Horizon	Medicare Blue	131.89	30			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Horizon	MGD	168.29	38.28			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MAR

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Horizon	NJ Health	93.77				64.66	417.64	fee schedule	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		WellPoint	WellPoint	136.46	31.04			64.66	417.64	percent of total billed charges	
FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	88189	CPT				both			439.62		Three Rivers	Three Rivers	417.64	95			64.66	417.64	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Amerihealth	Medicare	62				54.65	170.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Aetna	Better Health	54.65	30.44			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	First Health	First Health	125.66	70			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Americare	Americare	134.64	75			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Horizon	Medicare Blue	62				54.65	170.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Corrections	Corrections	143.62	80			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Aetna	Medicare	55.29	30.8			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Aetna	Commercial	101.18				54.65	170.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	UHC	Medicare	62				54.65	170.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Amerihealth	HMO/PPO	116.69	65			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Horizon	MGD	119.97				54.65	170.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Consumer	Consumer	170.54	95			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	UHC	Medicaid	54.65	30.44			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Horizon	Indemnity	119.97				54.65	170.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Wellcare	Medicaid	54.65	30.44			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Multiplan	Multiplan	143.62	80			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	First Trenton	First Trenton	161.57	90			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Horizon	PPO	119.97				54.65	170.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Managed Care Inc	Managed Care Inc	161.57	90			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Qualcare	Qualcare	134.64	75			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Three Rivers	Three Rivers	170.54	95			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	WellPoint	WellPoint	55.72	31.04			54.65	170.54	percent of total billed charges	
UNLISTED CYTOPATHOLOGY PROCEDURE	88199	CPT				outpatient			179.52	71.3	Wellcare	Medicare	62				54.65	170.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Amerihealth	Medicare	116.49				68.85	1706.41	fee schedule	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Aetna	Better Health	546.77	30.44		21	68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Amerihealth	HMO/PPO	181.4				68.85	1706.41	fee schedule	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Aetna	Commercial	682.56	38		116	68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Horizon	Indemnity	687.59	38.28			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Consumer	Consumer	1706.41	95			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Horizon	MGD	687.59	38.28			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Corrections	Corrections	1436.98	80			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	First Trenton	First Trenton	1616.6	90			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Aetna	Medicare	116.49				68.85	1706.41	fee schedule	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	First Health	First Health	1257.35	70			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Wellcare	Medicaid	93.19				68.85	1706.41	fee schedule	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Horizon	NJ Health	176.4			5.37	68.85	1706.41	fee schedule	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Americare	Americare	1347.17	75			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Horizon	PPO	687.59	38.28		35.09	68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Multiplan	Multiplan	1436.98	80			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Horizon	Medicare Blue	538.87	30		73.55	68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Qualcare	Qualcare	1347.17	75			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	UHC	Medicaid	93.19			70.89	68.85	1706.41	fee schedule	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Three Rivers	Three Rivers	1706.41	95			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Managed Care Inc	Managed Care Inc	1616.6	90			68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	WellPoint	WellPoint	557.55	31.04		42.53	68.85	1706.41	percent of total billed charges	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	UHC	Medicare	116.49				68.85	1706.41	fee schedule	
TISS CUL NON-NEO DISORDERS LYMPHOCYTE	88230	CPT				both			1796.22	133.96	Wellcare	Medicare	116.49				68.85	1706.41	fee schedule	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Aetna	Commercial	563.96	38			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Aetna	Better Health	451.76	30.44			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	UHC	Medicaid	112.58			25.35	112.58	1409.9	fee schedule	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Consumer	Consumer	1409.9	95			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Americare	Americare	1113.08	75			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Aetna	Medicare	140.73				112.58	1409.9	fee schedule	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	WellPoint	WellPoint	460.66	31.04			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Corrections	Corrections	1187.28	80			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Multiplan	Multiplan	1187.28	80			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Amerihealth	Medicare	140.73				112.58	1409.9	fee schedule	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Amerihealth	HMO/PPO	220.3				112.58	1409.9	fee schedule	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	First Trenton	First Trenton	1335.69	90			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Qualcare	Qualcare	1113.08	75			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	First Health	First Health	1038.67	70			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Horizon	Medicare Blue	445.23	30			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Horizon	MGD	568.11	38.28			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	UHC	Medicare	140.73				112.58	1409.9	fee schedule	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Horizon	Indemnity	568.11	38.28			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Wellcare	Medicare	140.73				112.58	1409.9	fee schedule	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Managed Care Inc	Managed Care Inc	1335.69	90			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Horizon	NJ Health	176.4			67.86	112.58	1409.9	fee schedule	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Wellcare	Medicaid	112.58				112.58	1409.9	fee schedule	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Horizon	PPO	568.11	38.28			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	88233	CPT				both			1484.1	161.84	Three Rivers	Three Rivers	1409.9	95			112.58	1409.9	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	First Trenton	First Trenton	518.67	90			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Aetna	Better Health	175.43	30.44			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Horizon	Indemnity	220.61	38.28			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Aetna	Commercial	218.99	38			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Amerihealth	HMO/PPO	229.2				71.3	547.49	fee schedule	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Aetna	Medicare	150.3				71.3	547.49	fee schedule	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Amerihealth	Medicare	150.3				71.3	547.49	fee schedule	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Horizon	MGD	220.61	38.28			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Horizon	PPO	220.61	38.28			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Americare	Americare	432.23	75			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Multiplan	Multiplan	461.04	80			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	UHC	Medicare	150.3				71.3	547.49	fee schedule	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	First Health	First Health	403.41	70			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Consumer	Consumer	547.49	95			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Qualcare	Qualcare	432.23	75			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Horizon	NJ Health	176.4				71.3	547.49	fee schedule	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Managed Care Inc	Managed Care Inc	518.67	90			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Corrections	Corrections	461.04	80			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Horizon	Medicare Blue	172.89	30			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Three Rivers	Three Rivers	547.49	95			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	WellPoint	WellPoint	178.88	31.04			71.3	547.49	percent of total billed charges	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	UHC	Medicaid	120.24				71.3	547.49	fee schedule	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Wellcare	Medicare	150.3				71.3	547.49	fee schedule	
TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	88235	CPT				both			576.3	172.85	Wellcare	Medicaid	120.24				71.3	547.49	fee schedule	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Aetna	Better Health	154.62	30.44			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	First Trenton	First Trenton	457.16	90			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Americare	Americare	380.97	75			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Aetna	Commercial	193.02	38			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Aetna	Medicare	143.75				80.78	482.56	fee schedule	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Horizon	Indemnity	194.45	38.28			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Horizon	Medicare Blue	152.39	30		54.53	80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Amerihealth	HMO/PPO	196.6				80.78	482.56	fee schedule	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Consumer	Consumer	482.56	95			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Managed Care Inc	Managed Care Inc	457.16	90			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Multiplan	Multiplan	406.37	80			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Amerihealth	Medicare	143.75				80.78	482.56	fee schedule	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Corrections	Corrections	406.37	80			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Horizon	NJ Health	176.4			6.56	80.78	482.56	fee schedule	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Qualcare	Qualcare	380.97	75			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	First Health	First Health	355.57	70			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Three Rivers	Three Rivers	482.56	95			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	UHC	Medicaid	115				80.78	482.56	fee schedule	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	UHC	Medicare	143.75				80.78	482.56	fee schedule	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Horizon	MGD	194.45	38.28		215.19	80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	WellPoint	WellPoint	157.67	31.04		102.96	80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Horizon	PPO	194.45	38.28			80.78	482.56	percent of total billed charges	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Wellcare	Medicare	143.75				80.78	482.56	fee schedule	
TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	88237	CPT				both			507.96	165.31	Wellcare	Medicaid	115				80.78	482.56	fee schedule	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Americare	Americare	434.52	75			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Amerihealth	HMO/PPO	229.6				109.85	550.39	fee schedule	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Aetna	Medicare	147.52				109.85	550.39	fee schedule	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Amerihealth	Medicare	147.52				109.85	550.39	fee schedule	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Aetna	Commercial	220.16	38			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	First Trenton	First Trenton	521.42	90			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Aetna	Better Health	176.36	30.44			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	First Health	First Health	405.55	70			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Horizon	MGD	221.78	38.28			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Horizon	Indemnity	221.78	38.28			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Corrections	Corrections	463.49	80			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Multiplan	Multiplan	463.49	80			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	UHC	Medicare	147.52				109.85	550.39	fee schedule	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Managed Care Inc	Managed Care Inc	521.42	90			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Consumer	Consumer	550.39	95			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Qualcare	Qualcare	434.52	75			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	UHC	Medicaid	118.02				109.85	550.39	fee schedule	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Horizon	Medicare Blue	173.81	30			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Horizon	NJ Health	194.04				109.85	550.39	fee schedule	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Wellcare	Medicare	147.52				109.85	550.39	fee schedule	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Wellcare	Medicaid	118.02				109.85	550.39	fee schedule	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	WellPoint	WellPoint	179.83	31.04			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both			579.36	169.65	Horizon	PPO	221.78	38.28			109.85	550.39	percent of total billed charges	
TISS CUL NEO DISORDERS SOLID TUMOR	88239	CPT				both

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	First Health	First Health	135.66	70			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Americare	Americare	145.35	75			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Wellcare	Medicaid	10.46				10.46	184.11	fee schedule	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Corrections	Corrections	155.04	80			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Amerihealth	HMO/PPO	14				10.46	184.11	fee schedule	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Aetna	Medicare	13.07				10.46	184.11	fee schedule	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Wellcare	Medicare	13.07				10.46	184.11	fee schedule	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Aetna	Commercial	73.64	38			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Amerihealth	Medicare	13.07				10.46	184.11	fee schedule	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Consumer	Consumer	184.11	95			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Horizon	MGD	74.19	38.28			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	WellPoint	WellPoint	60.16	31.04			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	UHC	Medicaid	10.46				10.46	184.11	fee schedule	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Horizon	Indemnity	74.19	38.28			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Horizon	NJ Health	11.21				10.46	184.11	fee schedule	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Horizon	Medicare Blue	58.14	30			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Horizon	PPO	74.19	38.28			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Multiplan	Multiplan	155.04	80			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Managed Care Inc	Managed Care Inc	174.42	90			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Qualcare	Qualcare	145.35	75			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	Three Rivers	Three Rivers	184.11	95			10.46	184.11	percent of total billed charges	
CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	88240	CPT				outpatient			193.8	15.03	UHC	Medicare	13.07				10.46	184.11	fee schedule	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	First Trenton	First Trenton	144.13	90			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Aetna	Commercial	60.85	38			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	UHC	Medicare	12.09				9.67	152.13	fee schedule	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Aetna	Better Health	48.75	30.44			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Americare	Americare	120.11	75			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Amerihealth	Medicare	12.09				9.67	152.13	fee schedule	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Horizon	Indemnity	61.3	38.28			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Aetna	Medicare	12.09				9.67	152.13	fee schedule	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Managed Care Inc	Managed Care Inc	144.13	90			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Horizon	MGD	61.3	38.28			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Multiplan	Multiplan	128.11	80			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	First Health	First Health	112.1	70			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Amerihealth	HMO/PPO	14				9.67	152.13	fee schedule	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Consumer	Consumer	152.13	95			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Qualcare	Qualcare	120.11	75			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Horizon	Medicare Blue	48.04	30			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	UHC	Medicaid	9.67				9.67	152.13	fee schedule	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Corrections	Corrections	128.11	80			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Wellcare	Medicare	12.09				9.67	152.13	fee schedule	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Horizon	NJ Health	11.21				9.67	152.13	fee schedule	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Wellcare	Medicaid	9.67				9.67	152.13	fee schedule	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	WellPoint	WellPoint	49.71	31.04			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Horizon	PPO	61.3	38.28			9.67	152.13	percent of total billed charges	
THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	88241	CPT				outpatient			160.14	13.9	Three Rivers	Three Rivers	152.13	95			9.67	152.13	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Consumer	Consumer	169.58	95			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Aetna	Medicare	54.98	30.8			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Multiplan	Multiplan	142.8	80			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Aetna	Commercial	67.83	38			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Americare	Americare	133.88	75			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	First Trenton	First Trenton	160.65	90			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Aetna	Better Health	54.34	30.44			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Horizon	MGD	68.33	38.28			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Corrections	Corrections	142.8	80			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Amerihealth	HMO/PPO	275.1				53.55	275.1	fee schedule	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Qualcare	Qualcare	133.88	75			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Wellcare	Medicare	264.34				53.55	275.1	fee schedule	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Three Rivers	Three Rivers	169.58	95			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Horizon	PPO	68.33	38.28			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Horizon	Medicare Blue	53.55	30			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Amerihealth	Medicare	264.34				53.55	275.1	fee schedule	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Horizon	Indemnity	68.33	38.28			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Managed Care Inc	Managed Care Inc	160.65	90			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	UHC	Medicaid	54.34	30.44			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	First Health	First Health	124.95	70			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Horizon	NJ Health	196.25				53.55	275.1	fee schedule	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	WellPoint	WellPoint	55.41	31.04			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	UHC	Medicare	264.34				53.55	275.1	fee schedule	
CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	88261	CPT				outpatient			178.5	303.99	Wellcare	Medicaid	54.34	30.44			53.55	275.1	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Amerihealth	HMO/PPO	192.9				100.39	1706.41	fee schedule	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Horizon	MGD	687.59	38.28			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Aetna	Better Health	546.77	30.44		101.86	100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Consumer	Consumer	1706.41	95			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Horizon	Medicare Blue	538.87	30		73.55	100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Aetna	Medicare	125.49				100.39	1706.41	fee schedule	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Aetna	Commercial	682.56	38		116	100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Americare	Americare	1347.17	75			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Amerihealth	Medicare	125.49				100.39	1706.41	fee schedule	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Horizon	NJ Health	337.12			140.85	100.39	1706.41	fee schedule	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Corrections	Corrections	1436.98	80			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Horizon	Indemnity	687.59	38.28			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Three Rivers	Three Rivers	1706.41	95			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Horizon	PPO	687.59	38.28		102.66	100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Qualcare	Qualcare	1347.17	75			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Wellcare	Medicaid	100.39				100.39	1706.41	fee schedule	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	First Health	First Health	1257.35	70			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Multiplan	Multiplan	1436.98	80			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	First Trenton	First Trenton	1616.6	90			100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	UHC	Medicaid	100.39			145.88	100.39	1706.41	fee schedule	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Wellcare	Medicare	125.49				100.39	1706.41	fee schedule	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	UHC	Medicare	125.49				100.39	1706.41	fee schedule	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	WellPoint	WellPoint	557.55	31.04		42.53	100.39	1706.41	percent of total billed charges	
CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	88262	CPT				both			1796.22	144.31	Managed Care Inc	Managed Care Inc	1616.6	90			100.39	1706.41	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Consumer	Consumer	633.73	95			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Americare	Americare	500.31	75			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Aetna	Commercial	253.49	38			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Horizon	Indemnity	255.36	38.28			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Aetna	Better Health	203.06	30.44			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Qualcare	Qualcare	500.31	75			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Amerihealth	HMO/PPO	172.3				92.41	633.73	fee schedule	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	First Trenton	First Trenton	600.37	90			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Corrections	Corrections	533.66	80			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Horizon	PPO	255.36	38.28			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Aetna	Medicare	205.46	30.8			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Horizon	Medicare Blue	200.12	30		54.77	92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	UHC	Medicare	144.61				92.41	633.73	fee schedule	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Multiplan	Multiplan	533.66	80			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Amerihealth	Medicare	144.61				92.41	633.73	fee schedule	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Horizon	NJ Health	138.42			6.7	92.41	633.73	fee schedule	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	WellPoint	WellPoint	207.06	31.04		103.41	92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Three Rivers	Three Rivers	633.73	95			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	First Health	First Health	466.96	70			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Managed Care Inc	Managed Care Inc	600.37	90			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Horizon	MGD	255.36	38.28		208.93	92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	UHC	Medicaid	203.06	30.44		124.91	92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Wellcare	Medicaid	203.06	30.44			92.41	633.73	percent of total billed charges	
CHRMSM ANALYZE 20-25 CELLS	88264	CPT				both			667.08	166.3	Wellcare	Medicare	144.61				92.41	633.73	fee schedule	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Horizon	MGD	156.57	38.28			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Amerihealth	Medicare	173.66				71.3	388.57	fee schedule	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Corrections	Corrections	327.22	80			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	First Health	First Health	286.31	70			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Americare	Americare	306.77	75			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Aetna	Better Health	124.51	30.44			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Aetna	Medicare	173.66				71.3	388.57	fee schedule	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Consumer	Consumer	388.57	95			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Horizon	PPO	156.57	38.28			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Aetna	Commercial	155.43	38			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	First Trenton	First Trenton	368.12	90			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Horizon	Medicare Blue	122.71	30			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Amerihealth	HMO/PPO	258.9				71.3	388.57	fee schedule	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Wellcare	Medicare	173.66				71.3	388.57	fee schedule	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Horizon	Indemnity	156.57	38.28			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Horizon	NJ Health	184.69				71.3	388.57	fee schedule	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Three Rivers	Three Rivers	388.57	95			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	WellPoint	WellPoint	126.96	31.04			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Managed Care Inc	Managed Care Inc	368.12	90			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Multiplan	Multiplan	327.22	80			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Qualcare	Qualcare	306.77	75			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	UHC	Medicaid	124.51	30.44			71.3	388.57	percent of total billed charges	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	UHC	Medicare	173.66				71.3	388.57	fee schedule	
CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	88269	CPT				both			409.02	199.71	Wellcare	Medicaid	124.51	30.44			71.3	388.57	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	First Trenton	First Trenton	1180.55	90			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	UHC	Medicare	21.42				16.7	1246.13	fee schedule	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Aetna	Medicare	21.42				16.7	1246.13	fee schedule	
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hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Americare	Americare	983.79	75			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Consumer	Consumer	1246.13	95			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Horizon	Indemnity	502.13	38.28			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Amerihealth	Medicare	21.42				16.7	1246.13	fee schedule	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Multiplan	Multiplan	1049.38	80			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Aetna	Commercial	498.45	38			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Wellcare	Medicare	21.42				16.7	1246.13	fee schedule	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	First Health	First Health	918.2	70			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Three Rivers	Three Rivers	1246.13	95			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Corrections	Corrections	1049.38	80			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Horizon	PPO	502.13	38.28			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Horizon	MGD	502.13	38.28			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Qualcare	Qualcare	983.79	75			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Horizon	Medicare Blue	393.52	30			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Managed Care Inc	Managed Care Inc	1180.55	90			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Horizon	NJ Health	20.11				16.7	1246.13	fee schedule	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	Wellcare	Medicaid	17.14				16.7	1246.13	fee schedule	
MOLECULAR CYTOGENETICS DNA PROBE EACH	88271	CPT				both			1311.72	24.63	WellPoint	WellPoint	407.16	31.04			16.7	1246.13	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Aetna	Commercial	250.39	38			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Corrections	Corrections	527.14	80			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Multiplan	Multiplan	527.14	80			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Amerihealth	HMO/PPO	35				27.85	625.97	fee schedule	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	WellPoint	WellPoint	204.53	31.04			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	First Trenton	First Trenton	593.03	90			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Aetna	Better Health	200.58	30.44			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Aetna	Medicare	34.81				27.85	625.97	fee schedule	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Qualcare	Qualcare	494.19	75			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Horizon	MGD	252.23	38.28			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Americare	Americare	494.19	75			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Amerihealth	Medicare	34.81				27.85	625.97	fee schedule	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	UHC	Medicare	34.81				27.85	625.97	fee schedule	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Horizon	NJ Health	32.14				27.85	625.97	fee schedule	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Consumer	Consumer	625.97	95			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	First Health	First Health	461.24	70			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Horizon	Medicare Blue	197.68	30			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Managed Care Inc	Managed Care Inc	593.03	90			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	UHC	Medicaid	27.85				27.85	625.97	fee schedule	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Horizon	Indemnity	252.23	38.28			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Wellcare	Medicare	34.81				27.85	625.97	fee schedule	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Horizon	PPO	252.23	38.28			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Three Rivers	Three Rivers	625.97	95			27.85	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	88273	CPT				both			658.92	40.03	Wellcare	Medicaid	27.85				27.85	625.97	fee schedule	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Aetna	Medicare	42.38				33.9	625.97	fee schedule	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Consumer	Consumer	625.97	95			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Amerihealth	Medicare	42.38				33.9	625.97	fee schedule	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Americare	Americare	494.19	75			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	First Trenton	First Trenton	593.03	90			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Aetna	Better Health	200.58	30.44			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Multiplan	Multiplan	527.14	80			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Horizon	MGD	252.23	38.28			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Horizon	Medicare Blue	197.68	30			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Corrections	Corrections	527.14	80			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	First Health	First Health	461.24	70			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Amerihealth	HMO/PPO	45				33.9	625.97	fee schedule	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Horizon	Indemnity	252.23	38.28			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Aetna	Commercial	250.39	38			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Qualcare	Qualcare	494.19	75			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Horizon	NJ Health	38.65				33.9	625.97	fee schedule	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Managed Care Inc	Managed Care Inc	593.03	90			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	UHC	Medicaid	33.9				33.9	625.97	fee schedule	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	UHC	Medicare	42.38				33.9	625.97	fee schedule	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Wellcare	Medicaid	33.9				33.9	625.97	fee schedule	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Horizon	PPO	252.23	38.28			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	WellPoint	WellPoint	204.53	31.04			33.9	625.97	percent of total billed charges	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Wellcare	Medicare	42.38				33.9	625.97	fee schedule	
MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	88274	CPT				both			658.92	48.74	Three Rivers	Three Rivers	625.97	95			33.9	625.97	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Corrections	Corrections	733.58	80			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Americare	Americare	687.74	75			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Multiplan	Multiplan	733.58	80			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Aetna	Better Health	279.13	30.44			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Consumer	Consumer	871.13	95			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	First Trenton	First Trenton	825.28	90			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Horizon	Medicare Blue	275.09	30			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Aetna	Medicare	51.19				40.95	871.13	fee schedule	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Horizon	MGD	351.02	38.28			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Amerihealth	HMO/PPO	55				40.95	871.13	fee schedule	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Qualcare	Qualcare	687.74	75			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Aetna	Commercial	348.45	38			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Horizon	NJ Health	44.59				40.95	871.13	fee schedule	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Horizon	Indemnity	351.02	38.28			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Wellcare	Medicare	51.19				40.95	871.13	fee schedule	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	First Health	First Health	641.89	70			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Three Rivers	Three Rivers	871.13	95			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Amerihealth	Medicare	51.19				40.95	871.13	fee schedule	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	WellPoint	WellPoint	284.63	31.04			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Horizon	PPO	351.02	38.28			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	UHC	Medicaid	40.95				40.95	871.13	fee schedule	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Managed Care Inc	Managed Care Inc	825.28	90			40.95	871.13	percent of total billed charges	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	UHC	Medicare	51.19				40.95	871.13	fee schedule	
MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	88275	CPT				both			916.98	58.87	Wellcare	Medicaid	40.95				40.95	871.13	fee schedule	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Consumer	Consumer	633.73	95			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Americare	Americare	500.31	75			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Amerihealth	Medicare	33.47				24.48	633.73	fee schedule	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Aetna	Commercial	253.49	38			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Aetna	Better Health	203.06	30.44			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Aetna	Medicare	33.47				24.48	633.73	fee schedule	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Horizon	Indemnity	255.36	38.28			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Horizon	MGD	255.36	38.28			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Wellcare	Medicaid	26.78				24.48	633.73	fee schedule	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	First Trenton	First Trenton	600.37	90			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Corrections	Corrections	533.66	80			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Amerihealth	HMO/PPO	39.1				24.48	633.73	fee schedule	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	First Health	First Health	466.96	70			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Horizon	NJ Health	75.3				24.48	633.73	fee schedule	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Multiplan	Multiplan	533.66	80			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Horizon	Medicare Blue	200.12	30			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Wellcare	Medicare	33.47				24.48	633.73	fee schedule	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Horizon	PPO	255.36	38.28			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	WellPoint	WellPoint	207.06	31.04			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	UHC	Medicaid	26.78				24.48	633.73	fee schedule	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Qualcare	Qualcare	500.31	75			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Managed Care Inc	Managed Care Inc	600.37	90			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	UHC	Medicare	33.47				24.48	633.73	fee schedule	
CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	88280	CPT				both			667.08	38.49	Three Rivers	Three Rivers	633.73	95			24.48	633.73	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Amerihealth	HMO/PPO	106.8				54.88	387.6	fee schedule	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Aetna	Better Health	124.2	30.44			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	UHC	Medicaid	54.88				54.88	387.6	fee schedule	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Corrections	Corrections	326.4	80			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Amerihealth	Medicare	68.6				54.88	387.6	fee schedule	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Aetna	Medicare	68.6				54.88	387.6	fee schedule	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Aetna	Commercial	155.04	38			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Americare	Americare	306	75			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Horizon	MGD	156.18	38.28			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Horizon	Medicare Blue	122.4	30			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Wellcare	Medicare	68.6				54.88	387.6	fee schedule	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Horizon	Indemnity	156.18	38.28			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	First Trenton	First Trenton	367.2	90			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	First Health	First Health	285.6	70			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Horizon	PPO	156.18	38.28			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Consumer	Consumer	387.6	95			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Managed Care Inc	Managed Care Inc	367.2	90			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	WellPoint	WellPoint	126.64	31.04			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Wellcare	Medicaid	54.88				54.88	387.6	fee schedule	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Multiplan	Multiplan	326.4	80			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Horizon	NJ Health	90.16				54.88	387.6	fee schedule	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Qualcare	Qualcare	306	75			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	Three Rivers	Three Rivers	387.6	95			54.88	387.6	percent of total billed charges	
CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	88283	CPT				outpatient			408	78.89	UHC	Medicare	68.6				54.88	387.6	fee schedule	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Amerihealth	Medicare	26.91				3.92	225.78	fee schedule	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	First Trenton	First Trenton	213.89	90			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Aetna	Better Health	72.34	30.44			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Americare	Americare	178.25	75			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Aetna	Medicare	26.91				3.92	225.78	fee schedule	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Horizon	Medicare Blue	71.3	30			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Corrections	Corrections	190.13	80			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	UHC	Medicaid	21.53				3.92	225.78	fee schedule	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STU

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Aetna	Commercial	90.31	38			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Amerihealth	HMO/PPO	29.6				3.92	225.78	fee schedule	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	First Health	First Health	166.36	70			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	UHC	Medicare	26.91				3.92	225.78	fee schedule	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Wellcare	Medicaid	21.53				3.92	225.78	fee schedule	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Wellcare	Medicare	26.91				3.92	225.78	fee schedule	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Horizon	NJ Health	3.92				3.92	225.78	fee schedule	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Managed Care Inc	Managed Care Inc	213.89	90			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Multiplan	Multiplan	190.13	80			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Horizon	MGD	90.98	38.28			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Horizon	PPO	90.98	38.28			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	WellPoint	WellPoint	73.77	31.04			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Quelcare	Quelcare	178.25	75			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	88285	CPT				both			237.66	30.95	Three Rivers	Three Rivers	225.78	95			3.92	225.78	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	First Trenton	First Trenton	3390.17	90			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Aetna	Better Health	1146.63	30.44			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Aetna	Medicare	34.43				27.54	3578.52	fee schedule	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Corrections	Corrections	3013.49	80			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Americare	Americare	2825.15	75			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	First Health	First Health	2636.8	70			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Multiplan	Multiplan	3013.49	80			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Consumer	Consumer	3578.52	95			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Horizon	Indemnity	1441.95	38.28			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Aetna	Commercial	1431.41	38			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Horizon	Medicare Blue	1130.06	30			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Horizon	MGD	1441.95	38.28			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Amerihealth	HMO/PPO	42.5				27.54	3578.52	fee schedule	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	UHC	Medicaid	27.54				27.54	3578.52	fee schedule	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Quelcare	Quelcare	2825.15	75			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Horizon	NJ Health	84.28				27.54	3578.52	fee schedule	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Horizon	PPO	1441.95	38.28			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	WellPoint	WellPoint	1169.23	31.04			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Wellcare	Medicare	34.43				27.54	3578.52	fee schedule	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	UHC	Medicare	34.43				27.54	3578.52	fee schedule	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Amerihealth	Medicare	34.43				27.54	3578.52	fee schedule	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Managed Care Inc	Managed Care Inc	3390.17	90			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Three Rivers	Three Rivers	3578.52	95			27.54	3578.52	percent of total billed charges	
CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	88289	CPT				both			3766.86	39.59	Wellcare	Medicaid	27.54				27.54	3578.52	fee schedule	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		First Health	First Health	918.2	70			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		First Trenton	First Trenton	1180.55	90			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Corrections	Corrections	1049.38	80			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Aetna	Commercial	498.45	38			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Quelcare	Quelcare	983.79	75			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Horizon	Medicare Blue	393.52	30			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Aetna	Better Health	399.29	30.44			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Aetna	Medicare	404.01	30.8			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		UHC	Medicaid	26.68				26.68	1246.13	fee schedule	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		WellPoint	WellPoint	407.16	31.04			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Americare	Americare	983.79	75			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Amerihealth	HMO/PPO	852.62	65			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Wellcare	Medicaid	26.68				26.68	1246.13	fee schedule	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Horizon	MGD	502.13	38.28			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Consumer	Consumer	1246.13	95			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Multiplan	Multiplan	1049.38	80			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Horizon	Indemnity	502.13	38.28			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Horizon	NJ Health	52.57				26.68	1246.13	fee schedule	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Horizon	PPO	502.13	38.28			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Managed Care Inc	Managed Care Inc	1180.55	90			26.68	1246.13	percent of total billed charges	
CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	88291	CPT				outpatient			1311.72		Three Rivers	Three Rivers	1246.13	95			26.68	1246.13	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Aetna	Medicare	62				62	1172.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Corrections	Corrections	987.36	80			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Horizon	MGD	119.97			111.11	62	1172.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Amerihealth	Medicare	62				62	1172.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Aetna	Better Health	375.69	30.44			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Consumer	Consumer	1172.49	95			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	First Health	First Health	863.94	70			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Aetna	Commercial	101.18				62	1172.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Amerihealth	HMO/PPO	802.23	65			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Horizon	PPO	119.97				62	1172.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Multiplan	Multiplan	987.36	80			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Horizon	Indemnity	119.97				62	1172.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Quelcare	Quelcare	925.65	75			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	First Trenton	First Trenton	1110.78	90			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Americare	Americare	925.65	75			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	WellPoint	WellPoint	383.1	31.04			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Horizon	Medicare Blue	62				62	1172.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Managed Care Inc	Managed Care Inc	1110.78	90			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Wellcare	Medicare	62				62	1172.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	Three Rivers	Three Rivers	1172.49	95			62	1172.49	percent of total billed charges	
UNLISTED CYTOGENETIC STUDY	88299	CPT				both			1234.2	71.3	UHC	Medicare	62				62	1172.49	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Amerihealth	Medicare	28.42				13.16	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	First Trenton	First Trenton	48.65	90			13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Multiplan	Multiplan	43.25	80			13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Horizon	Indemnity	54.99			19.03	13.16	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Aetna	Medicare	28.42			11.53	13.16	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Aetna	Commercial	46.38			15.89	13.16	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Amerihealth	HMO/PPO	13.16			10.68	13.16	54.99	fee schedule	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Aetna	Better Health	16.46	30.44		16.15	13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Wellcare	Medicaid	13.34			16.32	13.16	54.99	fee schedule	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Horizon	NJ Health	18.33			6.11	13.16	54.99	fee schedule	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	UHC	Medicare	28.42			6.34	13.16	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Wellcare	Medicare	28.42			2.83	13.16	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Americare	Americare	40.55	75			13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	First Health	First Health	37.84	70			13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Quelcare	Quelcare	40.55	75			13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Corrections	Corrections	43.25	80		16.09	13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Consumer	Consumer	51.36	95			13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Managed Care Inc	Managed Care Inc	48.65	90			13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	WellPoint	WellPoint	16.78	31.04		13.34	13.16	54.99	percent of total billed charges	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Horizon	MGD	54.99			17.26	13.16	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Horizon	PPO	54.99			17.57	13.16	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Horizon	Medicare Blue	28.42			9.2	13.16	54.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	UHC	Medicaid	13.34			15.15	13.16	54.99	fee schedule	
LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	88300	CPT				both			54.06	32.68	Three Rivers	Three Rivers	51.36	95			13.16	54.99	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Horizon	Indemnity	88.12			14.6	16.46	88.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	First Health	First Health	37.84	70			16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Aetna	Medicare	45.54				16.46	88.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	First Trenton	First Trenton	48.65	90			16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Aetna	Better Health	16.46	30.44			16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Amerihealth	HMO/PPO	20				16.46	88.12	fee schedule	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Americare	Americare	40.55	75			16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Horizon	NJ Health	41.16			6.93	16.46	88.12	fee schedule	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Horizon	Medicare Blue	45.54				16.46	88.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Horizon	MGD	88.12			25.23	16.46	88.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Multiplan	Multiplan	43.25	80			16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Managed Care Inc	Managed Care Inc	48.65	90			16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Aetna	Commercial	74.32			17.25	16.46	88.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Amerihealth	Medicare	45.54				16.46	88.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Consumer	Consumer	51.36	95			16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	WellPoint	WellPoint	16.78	31.04		12.63	16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	UHC	Medicaid	27.3			15.96	16.46	88.12	fee schedule	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Horizon	PPO	88.12			19.21	16.46	88.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Quelcare	Quelcare	40.55	75			16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Three Rivers	Three Rivers	51.36	95			16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Corrections	Corrections	43.25	80		16.14	16.46	88.12	percent of total billed charges	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Wellcare	Medicaid	27.3			16.26	16.46	88.12	fee schedule	
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	UHC	Medicare	45.54			9.15	16.46	88.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88302	CPT				both			54.06	52.37	Wellcare	Medicare	45.54				16.46	88.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Multiplan	Multiplan	651.17	80			30	773.26	percent of total billed charges	
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Consumer	Consumer	773.26	95			30	773.26	percent of total billed charges	
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Amerihealth	Medicare	62				30	773.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Corrections	Corrections	651.17	80		33.9	30	773.26	percent of total billed charges	
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	First Health	First Health	569.77	70			30	773.26	percent of total billed charges	
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Aetna	Better Health	247.77	30.44		33.35	30	773.26	percent of total billed charges	
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Aetna	Commercial	101.18			28.04	30	773.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Aetna	Medicare	62			22.82	30	773.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Quelcare	Quelcare	610.47	75			30	773.26	percent of total billed charges	
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	First Trenton	First Trenton	732.56	90			30	773.26	percent of total billed charges	
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Horizon	Indemnity	119.97			26.69	30	773.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96	71.3	Horizon	MGD	119.97			31.72	30	773.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEV

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96		71.3 Wellcare	Medicare	62			49.6	30	773.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96		71.3 Three Rivers	Three Rivers	773.26	95			30	773.26	percent of total billed charges	
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96		71.3 UHC	Medicaid	35.14			32.71	30	773.26	fee schedule	
LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88304	CPT				both			813.96		71.3 Wellcare	Medicaid	35.14			28.73	30	773.26	fee schedule	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Horizon	PPO	119.97			80.02	28.88	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Aetna	Medicare	62			29.98	28.88	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Aetna	Commercial	101.18			56.07	28.88	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Amerihealth	HMO/PPO	60			41.21	28.88	476.75	fee schedule	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Aetna	Better Health	152.76	30.44		45.64	28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 First Health	First Health	351.29	70			28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Americare	Americare	376.38	75			28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 UHC	Medicaid	57.97			57.97	28.88	476.75	fee schedule	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Wellcare	Medicaid	57.97			57.63	28.88	476.75	fee schedule	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Corrections	Corrections	401.47	80		34.19	28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Consumer	Consumer	476.75	95			28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 First Trenton	First Trenton	451.66	90			28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Amerihealth	Medicare	62				28.88	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Multiplan	Multiplan	401.47	80			28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Horizon	Medicare Blue	62			29.16	28.88	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Horizon	Indemnity	119.97			63.62	28.88	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Wellcare	Medicare	62			33.84	28.88	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 WellPoint	WellPoint	155.77	31.04		52.68	28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Horizon	MGD	119.97			70.14	28.88	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Qualcare	Qualcare	376.38	75			28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Horizon	NJ Health	78.4			41.74	28.88	476.75	fee schedule	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 UHC	Medicare	62			35.38	28.88	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Managed Care Inc	Managed Care Inc	451.66	90			28.88	476.75	percent of total billed charges	
LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88305	CPT				both			501.84		71.3 Three Rivers	Three Rivers	476.75	95			28.88	476.75	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Amerihealth	HMO/PPO	104			135.19	104	807.65	fee schedule	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Aetna	Commercial	681.18			163.95	104	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Aetna	Medicare	417.39				104	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Amerihealth	Medicare	417.39				104	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Aetna	Better Health	196.85	30.44		185.75	104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Corrections	Corrections	517.34	80		196.83	104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Multiplan	Multiplan	517.34	80			104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Americare	Americare	485.01	75			104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 First Health	First Health	452.68	70			104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Wellcare	Medicaid	235.21			152.21	104	807.65	fee schedule	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Horizon	Medicare Blue	417.39			93.37	104	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Consumer	Consumer	614.35	95			104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Horizon	PPO	807.65			243.66	104	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Three Rivers	Three Rivers	614.35	95			104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Wellcare	Medicare	417.39			95.92	104	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 First Trenton	First Trenton	582.01	90			104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Horizon	Indemnity	807.65			227.7	104	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Horizon	NJ Health	115.64			68.05	104	807.65	fee schedule	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Horizon	MGD	807.65			215.11	104	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Managed Care Inc	Managed Care Inc	582.01	90			104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 UHC	Medicare	417.39			104.53	104	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 WellPoint	WellPoint	200.73	31.04		176.84	104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 Qualcare	Qualcare	485.01	75			104	807.65	percent of total billed charges	
LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88307	CPT				both			646.68		480 UHC	Medicaid	235.21			169.88	104	807.65	fee schedule	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Aetna	Commercial	1548.92				141	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Americare	Americare	1072.53	75			141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Amerihealth	Medicare	947.87				141	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Amerihealth	HMO/PPO	141			282.02	141	1834.13	fee schedule	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Aetna	Medicare	947.87				141	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Consumer	Consumer	1358.54	95			141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Corrections	Corrections	1144.03	80		369.26	141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Aetna	Better Health	435.3	30.44			141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Horizon	NJ Health	174.44			89.49	141	1834.13	fee schedule	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Three Rivers	Three Rivers	1358.54	95			141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 First Health	First Health	1001.03	70			141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Horizon	Indemnity	1834.13			444.14	141	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 First Trenton	First Trenton	1287.04	90			141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Wellcare	Medicaid	352.72				141	1834.13	fee schedule	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Horizon	Medicare Blue	947.87			267.03	141	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Horizon	PPO	1834.13			373.52	141	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Horizon	MGD	1834.13			452.29	141	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Multiplan	Multiplan	1144.03	80			141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Managed Care Inc	Managed Care Inc	1287.04	90			141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 UHC	Medicare	947.87				141	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 UHC	Medicaid	352.72			465.35	141	1834.13	fee schedule	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Qualcare	Qualcare	1072.53	75			141	1834.13	percent of total billed charges	
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 Wellcare	Medicare	947.87				141	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	88309	CPT				both			1430.04		1090.05 WellPoint	WellPoint	443.88	31.04			141	1834.13	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Aetna	Better Health	14.9	30.44			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Amerihealth	HMO/PPO	40.45				11.76	46.51	fee schedule	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Horizon	MGD	18.74	38.28		15.67	11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		First Health	First Health	34.27	70			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Americare	Americare	36.72	75			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Wellcare	Medicaid	16.38			15	11.76	46.51	fee schedule	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Corrections	Corrections	39.17	80		14.28	11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		First Trenton	First Trenton	44.06	90			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Aetna	Commercial	18.6	38		13.3	11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Horizon	Indemnity	18.74	38.28		16.59	11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Horizon	NJ Health	11.76			5.66	11.76	46.51	fee schedule	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Three Rivers	Three Rivers	46.51	95			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Consumer	Consumer	46.51	95			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Horizon	PPO	18.74	38.28		23.06	11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Multiplan	Multiplan	39.17	80			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Managed Care Inc	Managed Care Inc	44.06	90			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Aetna	Medicare	15.08	30.8			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Qualcare	Qualcare	36.72	75			11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		Horizon	Medicare Blue	14.69	30		5.55	11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		WellPoint	WellPoint	15.2	31.04		9.63	11.76	46.51	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT				both			48.96		UHC	Medicaid	16.38			14.3	11.76	46.51	fee schedule	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 UHC	Medicare	62			21.11	25.48	470.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Americare	Americare	371.79	75			25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Consumer	Consumer	470.93	95			25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Aetna	Better Health	150.9	30.44		34.91	25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Aetna	Medicare	62			21.03	25.48	470.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Amerihealth	Medicare	62				25.48	470.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Aetna	Commercial	101.18			15.91	25.48	470.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Horizon	NJ Health	25.48			21.17	25.48	470.93	fee schedule	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 WellPoint	WellPoint	153.87	31.04		23.54	25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 First Trenton	First Trenton	446.15	90			25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Multiplan	Multiplan	396.58	80			25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Amerihealth	HMO/PPO	62.4				25.48	470.93	fee schedule	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Qualcare	Qualcare	371.79	75			25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Corrections	Corrections	396.58	80			25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 UHC	Medicaid	92.15			26.62	25.48	470.93	fee schedule	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 First Health	First Health	347	70			25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Managed Care Inc	Managed Care Inc	446.15	90			25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Horizon	PPO	119.97			36.49	25.48	470.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Horizon	Indemnity	119.97				25.48	470.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Wellcare	Medicaid	92.15			44.25	25.48	470.93	fee schedule	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Three Rivers	Three Rivers	470.93	95			25.48	470.93	percent of total billed charges	
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Horizon	Medicare Blue	62			32.1	25.48	470.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Wellcare	Medicare	62			35.95	25.48	470.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	88312	CPT				both			495.72		71.3 Horizon	MGD	119.97			49.61	25.48	470.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Amerihealth	HMO/PPO	62.4				19.6	444.77	fee schedule	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Aetna	Medicare	149.57			14.9	19.6	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Horizon	NJ Health	19.6			17.07	19.6	444.77	fee schedule	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Americare	Americare	351.14	75			19.6	444.77	percent of total billed charges	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Aetna	Better Health	142.51	30.44			19.6	444.77	percent of total billed charges	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Corrections	Corrections	374.54	80		25.92	19.6	444.77	percent of total billed charges	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 First Trenton	First Trenton	421.36	90			19.6	444.77	percent of total billed charges	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Consumer	Consumer	444.77	95			19.6	444.77	percent of total billed charges	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Amerihealth	Medicare	149.57				19.6	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Horizon	MGD	289.42			33.59	19.6	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Horizon	Medicare Blue	149.57			12.43	19.6	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Multiplan	Multiplan	374.54	80			19.6	444.77	percent of total billed charges	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Aetna	Commercial	244.1			20.21	19.6	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 WellPoint	WellPoint	145.32	31.04		19.52	19.6	444.77	percent of total billed charges	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Horizon	PPO	289.42				19.6	444.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 Qualcare	Qualcare	351.14	75			19.6	444.77	percent of total billed charges	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	88313	CPT				both			468.18		172.01 First Health	First Health	327.73	70			19.6	444.77	percent of total billed charges	
SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Aetna	Medicare	73.83	30.8			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Horizon	Indemnity	91.76	38.28			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Aetna	Better Health	72.96	30.44			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Corrections	Corrections	191.76	80			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Amerihealth	HMO/PPO	40				23.52	227.72	fee schedule	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Horizon	NJ Health	23.52			24.12	23.52	227.72	fee schedule	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		WellPoint	WellPoint	74.4	31.04			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		First Trenton	First Trenton	215.73	90			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Horizon	MGD	91.76	38.28			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Horizon	PPO	91.76	38.28			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Aetna	Commercial	91.09	38			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Managed Care Inc	Managed Care Inc	215.73	90			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		First Health	First Health	167.79	70			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Three Rivers	Three Rivers	227.72	95			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Multiplan	Multiplan	191.76	80			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		UHC	Medicaid	72.96	30.44			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Wellcare	Medicaid	72.96	30.44			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	88314	CPT				both			239.7		Horizon	Medicare Blue	71.91	30			23.52	227.72	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Americare	Americare	1072.53	75			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Consumer	Consumer	1358.54	95			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Aetna	Better Health	435.3	30.44			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	UHC	Medicare	947.87				19.21	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	First Trenton	First Trenton	1287.04	90			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Amerihealth	Medicare	947.87				19.21	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Aetna	Medicare	947.87				19.21	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Aetna	Commercial	1546.92				19.21	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Amerihealth	HMO/PPO	34				19.21	1834.13	fee schedule	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Corrections	Corrections	1144.03	80			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Horizon	NJ Health	19.21			76.27	19.21	1834.13	fee schedule	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Wellcare	Medicare	947.87				19.21	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Managed Care Inc	Managed Care Inc	1287.04	90			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	First Health	First Health	1001.03	70			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Horizon	MGD	1834.13				19.21	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Multiplan	Multiplan	1144.03	80			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Horizon	Indemnity	1834.13				19.21	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Horizon	Medicare Blue	947.87				19.21	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Horizon	PPO	1834.13				19.21	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Qualcare	Qualcare	1072.53	75			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Wellcare	Medicaid	111.97				19.21	1834.13	fee schedule	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	Three Rivers	Three Rivers	1358.54	95			19.21	1834.13	percent of total billed charges	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	UHC	Medicaid	111.97				19.21	1834.13	fee schedule	
SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	88319	CPT				both			1430.04	1090.05	WellPoint	WellPoint	443.88	31.04			19.21	1834.13	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Aetna	Better Health	172.94	30.44			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Consumer	Consumer	539.73	95			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Amerihealth	HMO/PPO	40				40	539.73	fee schedule	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Amerihealth	Medicare	45.54				40	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Corrections	Corrections	454.51	80			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Aetna	Commercial	74.32				40	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	First Health	First Health	397.7	70			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Wellcare	Medicaid	76.87				40	539.73	fee schedule	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Multiplan	Multiplan	454.51	80			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	First Trenton	First Trenton	511.33	90			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Horizon	MGD	88.12				40	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Horizon	Medicare Blue	45.54				40	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Horizon	Indemnity	88.12				40	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Aetna	Medicare	45.54				40	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Wellcare	Medicare	45.54				40	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	UHC	Medicare	45.54				40	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Qualcare	Qualcare	426.11	75			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Horizon	NJ Health	54.88				40	539.73	fee schedule	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Horizon	PPO	88.12				40	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Americare	Americare	426.11	75			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	WellPoint	WellPoint	176.35	31.04			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Managed Care Inc	Managed Care Inc	511.33	90			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	UHC	Medicaid	76.87				40	539.73	fee schedule	
CONSLT&REPRT REFERRED SLIDES PREPARED ELSEWHERE	88321	CPT				outpatient			568.14	52.37	Three Rivers	Three Rivers	539.73	95			40	539.73	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Amerihealth	Medicare	62				35.09	1224.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Aetna	Commercial	101.18				35.09	1224.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Consumer	Consumer	1224.82	95			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Corrections	Corrections	1031.42	80			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	First Trenton	First Trenton	1160.35	90			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Amerihealth	HMO/PPO	50				35.09	1224.82	fee schedule	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	First Health	First Health	902.5	70			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Aetna	Better Health	392.46	30.44			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	UHC	Medicare	62				35.09	1224.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Aetna	Medicare	62				35.09	1224.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Horizon	NJ Health	64.68				35.09	1224.82	fee schedule	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Horizon	Medicare Blue	62				35.09	1224.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Horizon	Indemnity	119.97				35.09	1224.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Americare	Americare	966.96	75			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Multiplan	Multiplan	1031.42	80			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Wellcare	Medicaid	92.02				35.09	1224.82	fee schedule	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Horizon	PPO	119.97				35.09	1224.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Horizon	MGD	119.97				35.09	1224.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Three Rivers	Three Rivers	1224.82	95			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	UHC	Medicaid	92.02				35.09	1224.82	fee schedule	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Managed Care Inc	Managed Care Inc	1160.35	90			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Qualcare	Qualcare	966.96	75			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	WellPoint	WellPoint	400.19	31.04			35.09	1224.82	percent of total billed charges	
CONSLT&REPRT REFERRED MATRL REQUIRING PREP,I SLD	88323	CPT				both			1289.28	71.3	Wellcare	Medicare	62				35.09	1224.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Aetna	Medicare	198.83				54.65	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	First Trenton	First Trenton	161.57	90			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Aetna	Commercial	324.49				54.65	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Amerihealth	Medicare	198.83				54.65	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Horizon	MGD	384.74				54.65	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Qualcare	Qualcare	134.64	75			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Wellcare	Medicaid	122.78				54.65	384.74	fee schedule	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Aetna	Better Health	54.65	30.44			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Horizon	PPO	384.74				54.65	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Managed Care Inc	Managed Care Inc	161.57	90			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Americare	Americare	134.64	75			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	First Health	First Health	125.66	70			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	UHC	Medicaid	122.78				54.65	384.74	fee schedule	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	UHC	Medicare	198.83				54.65	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Amerihealth	HMO/PPO	60				54.65	384.74	fee schedule	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Consumer	Consumer	170.54	95			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Horizon	Indemnity	384.74				54.65	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Wellcare	Medicare	198.83				54.65	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Multiplan	Multiplan	143.62	80			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	WellPoint	WellPoint	55.72	31.04			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Corrections	Corrections	143.62	80			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Three Rivers	Three Rivers	170.54	95			54.65	384.74	percent of total billed charges	
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Horizon	Medicare Blue	198.83				54.65	384.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSLTJ COMPRE RVW RECORD REPRT REFERRED MATRL	88325	CPT				outpatient			179.52	228.65	Horizon	NJ Health	94.86				54.65	384.74	fee schedule	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Aetna	Better Health	435.3	30.44			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Americare	Americare	1072.53	75			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Managed Care Inc	Managed Care Inc	1287.04	90			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Aetna	Medicare	68.92				34	1358.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Amerihealth	HMO/PPO	34				34	1358.54	fee schedule	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Aetna	Commercial	112.48				34	1358.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	First Trenton	First Trenton	1287.04	90			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Consumer	Consumer	1358.54	95			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	First Health	First Health	1001.03	70			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Three Rivers	Three Rivers	1358.54	95			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	UHC	Medicare	68.92				34	1358.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Corrections	Corrections	1144.03	80			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Horizon	MGD	133.36				34	1358.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Amerihealth	Medicare	68.92				34	1358.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Horizon	Medicare Blue	68.92			166.56	34	1358.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Horizon	NJ Health	64.68				34	1358.54	fee schedule	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	UHC	Medicaid	44.31				34	1358.54	fee schedule	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Wellcare	Medicare	68.92				34	1358.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Wellcare	Medicaid	44.31				34	1358.54	fee schedule	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Horizon	PPO	133.36				34	1358.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Horizon	Indemnity	133.36				34	1358.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	WellPoint	WellPoint	443.88	31.04			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Multiplan	Multiplan	1144.03	80			34	1358.54	percent of total billed charges	
PATHOLOGY CONSULTATION DURING SURGERY	88329	CPT				both			1430.04	79.26	Qualcare	Qualcare	1072.53	75			34	1358.54	percent of total billed charges	
PATH CONSLTJ SURG

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Multiplan	Multiplan	262.75				70	384.74	percent of total billed charges	
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Managed Care Inc	Managed Care Inc	295.6			90		384.74	percent of total billed charges	
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Horizon	MGD	384.74				82.65	70	384.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	WellPoint	WellPoint	101.95	31.04			77.99	70	384.74 percent of total billed charges	
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Corrections	Corrections	262.75	80			98.83	70	384.74 percent of total billed charges	
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Amerihealth	Medicare	198.83					70	384.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Three Rivers	Three Rivers	312.02	95				70	384.74 percent of total billed charges	
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	UHC	Medicaid	81.47				96.3	70	384.74 fee schedule	
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Qualcare	Qualcare	246.33	75				70	384.74 percent of total billed charges	
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	UHC	Medicare	198.83				46.7	70	384.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Horizon	PPO	384.74				91.55	70	384.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Horizon	Indemnity	384.74				95.35	70	384.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Wellcare	Medicare	198.83					70	384.74 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1ST SPEC	88331	CPT				both			328.44	228.65	Horizon	NJ Health	94.08				30.74	70	384.74 fee schedule	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Aetna	Medicare	50.89	30.8				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Corrections	Corrections	132.19	80				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		First Health	First Health	115.67	70				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		First Trenton	First Trenton	148.72	90				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Consumer	Consumer	156.98	95				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Multiplan	Multiplan	132.19	80				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Aetna	Better Health	50.3	30.44				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Americare	Americare	123.93	75				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Horizon	MGD	63.25	38.28				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Horizon	Medicare Blue	49.57	30				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		UHC	Medicaid	43.9					29	156.98 fee schedule	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Horizon	Indemnity	63.25	38.28				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Aetna	Commercial	62.79	38				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Qualcare	Qualcare	123.93	75				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		WellPoint	WellPoint	51.29	31.04				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Amerihealth	HMO/PPO	29					29	156.98 fee schedule	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Horizon	NJ Health	29.4					29	156.98 fee schedule	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Horizon	PPO	63.25	38.28				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Managed Care Inc	Managed Care Inc	148.72	90				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Three Rivers	Three Rivers	156.98	95				29	156.98 percent of total billed charges	
PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	88332	CPT				both			165.24		Wellcare	Medicaid	43.9					29	156.98 fee schedule	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Aetna	Medicare	947.87				73.48	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Corrections	Corrections	1144.03	80			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	UHC	Medicare	947.87				73.48	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Aetna	Commercial	1546.92				73.48	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Amerihealth	Medicare	947.87				73.48	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Amerihealth	HMO/PPO	929.53	65			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Aetna	Better Health	436.3	30.44			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	First Health	First Health	1001.03	70			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Americare	Americare	1072.53	75			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	First Trenton	First Trenton	1287.04	90			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Horizon	MGD	1834.13				73.48	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Horizon	Indemnity	1834.13				73.48	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Consumer	Consumer	1358.54	95			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Multiplan	Multiplan	1144.03	80			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Horizon	PPO	1834.13				73.48	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Three Rivers	Three Rivers	1358.54	95			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Horizon	Medicare Blue	947.87				73.48	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Horizon	NJ Health	73.79				73.48	1834.13	fee schedule	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	WellPoint	WellPoint	443.88	31.04			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Wellcare	Medicaid	73.48				73.48	1834.13	fee schedule	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	UHC	Medicaid	73.48				73.48	1834.13	fee schedule	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Qualcare	Qualcare	1072.53	75			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Managed Care Inc	Managed Care Inc	1287.04	90			73.48	1834.13	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	88333	CPT				both			1430.04	1090.05	Wellcare	Medicare	947.87				73.48	1834.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		WellPoint	WellPoint	51.29	31.04			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Aetna	Commercial	62.79	38			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Aetna	Better Health	50.3	30.44			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Corrections	Corrections	132.19	80			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Aetna	Medicare	50.89	30.8			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Horizon	Medicare Blue	49.57	30			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		First Health	First Health	115.67	70			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Americare	Americare	123.93	75			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Horizon	Indemnity	63.25	38.28			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Amerihealth	HMO/PPO	107.41	65			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Horizon	MGD	63.25	38.28			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		UHC	Medicaid	44.52				38.59	156.98	fee schedule	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Consumer	Consumer	156.98	95			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Multiplan	Multiplan	132.19	80			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Wellcare	Medicaid	44.52				38.59	156.98	fee schedule	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Qualcare	Qualcare	123.93	75			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		First Trenton	First Trenton	148.72	90			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Horizon	NJ Health	38.59				38.59	156.98	fee schedule	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Horizon	PPO	63.25	38.28			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Managed Care Inc	Managed Care Inc	148.72	90			38.59	156.98	percent of total billed charges	
PATH CONSLTJ SURG CYTOLOGIC EXAM EACH ADDL SITE	88334	CPT				both			165.24		Three Rivers	Three Rivers	156.98	95			38.59	156.98	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Corrections	Corrections	391.68	80		50.83	49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		WellPoint	WellPoint	151.97	31.04		43.36	49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Aetna	Better Health	149.03	30.44			49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		First Trenton	First Trenton	440.64	90			49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Aetna	Medicare	150.8	30.8		25.39	49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Amerihealth	HMO/PPO	318.24	65		43.85	49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Americare	Americare	367.2	75			49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Horizon	Indemnity	187.42	38.28		44.86	49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Horizon	NJ Health	58.41			22.97	49.57	465.12	fee schedule	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Three Rivers	Three Rivers	465.12	95			49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Aetna	Commercial	186.05	38		23.51	49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Horizon	Medicare Blue	146.88	30		16.13	49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		UHC	Medicaid	73.96			46.48	49.57	465.12	fee schedule	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Horizon	PPO	187.42	38.28		43.11	49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Consumer	Consumer	465.12	95			49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Managed Care Inc	Managed Care Inc	440.64	90			49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		First Health	First Health	342.72	70			49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Multiplan	Multiplan	391.68	80			49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Wellcare	Medicaid	73.96			43	49.57	465.12	fee schedule	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Qualcare	Qualcare	367.2	75			49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA ADDL SINGLE ANTB STAIN PX	88341	CPT				both			489.6		Horizon	MGD	187.42	38.28		51.62	49.57	465.12	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Aetna	Commercial	324.49			65.07	17.64	979.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Wellcare	Medicaid	86.39			82.23	17.64	979.66	fee schedule	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	First Health	First Health	721.85	70			17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Americare	Americare	773.42	75			17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Amerihealth	HMO/PPO	37.1			63.89	17.64	979.66	fee schedule	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Aetna	Medicare	198.83			41.28	17.64	979.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Aetna	Better Health	313.9	30.44			17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Amerihealth	Medicare	198.83				17.64	979.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Horizon	Indemnity	384.74			110.25	17.64	979.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Wellcare	Medicare	198.83			39.63	17.64	979.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Horizon	MGD	384.74			94.74	17.64	979.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Consumer	Consumer	979.66	95			17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Horizon	Medicare Blue	198.83			39.76	17.64	979.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	UHC	Medicaid	86.39			88.13	17.64	979.66	fee schedule	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Horizon	NJ Health	17.64			81.62	17.64	979.66	fee schedule	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Corrections	Corrections	824.98	80		99.88	17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Horizon	PPO	384.74			89.18	17.64	979.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	UHC	Medicare	198.83			48.42	17.64	979.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Multiplan	Multiplan	824.98	80			17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	First Trenton	First Trenton	928.1	90			17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Qualcare	Qualcare	773.42	75			17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Managed Care Inc	Managed Care Inc	928.1	90			17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	Three Rivers	Three Rivers	979.66	95			17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM 1ST SINGLE ANTB STAIN PROCEDURE	88342	CPT				both			1031.22	228.65	WellPoint	WellPoint	320.09	31.04		89.03	17.64	979.66	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	Americare	Americare	485.01	75			100.94	807.65	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	First Trenton	First Trenton	582.01	90			100.94	807.65	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	Amerihealth	HMO/PPO	420.34	65			100.94	807.65	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	WellPoint	WellPoint	200.73	31.04		157.31	100.94	807.65	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	Aetna	Commercial	681.18			199.89	100.94	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	First Health	First Health	452.68	70			100.94	807.65	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	Aetna	Medicare	417.39				100.94	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	Aetna	Better Health	196.85	30.44			100.94	807.65	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	Managed Care Inc	Managed Care Inc	582.01	90			100.94	807.65	percent of total billed charges	
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	Horizon	PPO	807.65				100.94	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMHCHEMI/IMCYTCHM EA MULTIPLEX ANTIBODY STAIN PX	88344	CPT				both			646.68	480	Horizon	MGD	807.65			306.11	100.94	807.65	other	Payer-

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

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Corrections	Corrections	1084.46	80			56	1287.8	percent of total billed charges	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Horizon	Indemnity	384.74			89.16	56	1287.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Amerihealth	HMO/PPO	56			80.45	56	1287.8	fee schedule	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Consumer	Consumer	1287.8	95			56	1287.8	percent of total billed charges	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Horizon	PPO	384.74				56	1287.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Managed Care Inc	Managed Care Inc	1220.02	90			56	1287.8	percent of total billed charges	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Horizon	Medicare Blue	198.83			91.46	56	1287.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Multiplan	Multiplan	1084.46	80			56	1287.8	percent of total billed charges	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Horizon	NJ Health	92.61			36.72	56	1287.8	fee schedule	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	UHC	Medicare	198.83				56	1287.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	UHC	Medicaid	144.99			93.3	56	1287.8	fee schedule	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Three Rivers	Three Rivers	1287.8	95			56	1287.8	percent of total billed charges	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Qualcare	Qualcare	1016.69	75			56	1287.8	percent of total billed charges	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	Wellcare	Medicaid	144.99				56	1287.8	fee schedule	
IN SITU HYBRIDIZATION 1ST PROBE STAIN	88365	CPT				both			1355.58	228.65	WellPoint	WellPoint	420.77	31.04		95.79	56	1287.8	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Aetna	Commercial	324.49			61.98	113.33	1017.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Aetna	Medicare	198.83				113.33	1017.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Amerihealth	HMO/PPO	696.15	65			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Corrections	Corrections	856.8	80			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	First Trenton	First Trenton	963.9	90			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Amerihealth	Medicare	198.83				113.33	1017.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Aetna	Better Health	326.01	30.44			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Consumer	Consumer	1017.45	95			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Horizon	Indemnity	384.74			76.96	113.33	1017.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Americare	Americare	803.25	75			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	First Health	First Health	749.7	70			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Horizon	NJ Health	128.32			11.35	113.33	1017.45	fee schedule	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Horizon	Medicare Blue	198.83				113.33	1017.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Three Rivers	Three Rivers	1017.45	95			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	UHC	Medicare	198.83				113.33	1017.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Wellcare	Medicaid	222.3			176.88	113.33	1017.45	fee schedule	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Horizon	PPO	384.74				113.33	1017.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Horizon	MGD	384.74			367.23	113.33	1017.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Managed Care Inc	Managed Care Inc	963.9	90			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Multiplan	Multiplan	856.8	80			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	UHC	Medicaid	222.3			64.76	113.33	1017.45	fee schedule	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Qualcare	Qualcare	803.25	75			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	WellPoint	WellPoint	332.44	31.04			113.33	1017.45	percent of total billed charges	
IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	88366	CPT				both			1071	228.65	Wellcare	Medicare	198.83				113.33	1017.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	First Health	First Health	608.33	70			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	First Trenton	First Trenton	782.14	90			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Aetna	Better Health	264.54	30.44			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Aetna	Commercial	681.18				37.1	825.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Horizon	Indemnity	807.65				37.1	825.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Amerihealth	HMO/PPO	37.1				37.1	825.59	fee schedule	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Aetna	Medicare	417.39				37.1	825.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Amerihealth	Medicare	417.39				37.1	825.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Multiplan	Multiplan	695.23	80			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Managed Care Inc	Managed Care Inc	782.14	90			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Americare	Americare	651.78	75			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Horizon	Medicare Blue	417.39				37.1	825.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Horizon	PPO	807.65				37.1	825.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Wellcare	Medicare	417.39				37.1	825.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Corrections	Corrections	695.23	80			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Qualcare	Qualcare	651.78	75			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Consumer	Consumer	825.59	95			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	UHC	Medicare	417.39				37.1	825.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Horizon	MGD	807.65				37.1	825.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	WellPoint	WellPoint	269.75	31.04			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Horizon	NJ Health	179.65				37.1	825.59	fee schedule	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	UHC	Medicaid	91.02				37.1	825.59	fee schedule	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Three Rivers	Three Rivers	825.59	95			37.1	825.59	percent of total billed charges	
M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	88367	CPT				outpatient			869.04	480	Wellcare	Medicaid	91.02				37.1	825.59	fee schedule	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	First Trenton	First Trenton	638.93	90			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Amerihealth	Medicare	417.39				37.1	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Aetna	Medicare	417.39				37.1	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Aetna	Commercial	681.18				37.1	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Americare	Americare	532.44	75			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Consumer	Consumer	674.42	95			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Aetna	Better Health	216.1	30.44			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Corrections	Corrections	567.94	80			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Managed Care Inc	Managed Care Inc	638.93	90			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	First Health	First Health	496.94	70			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Horizon	MGD	807.65				37.1	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Multiplan	Multiplan	567.94	80			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Amerihealth	HMO/PPO	37.1				37.1	807.65	fee schedule	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Horizon	Medicare Blue	417.39				37.1	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Horizon	PPO	807.65				37.1	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Wellcare	Medicare	417.39				37.1	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Three Rivers	Three Rivers	674.42	95			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Horizon	NJ Health	162.52				37.1	807.65	fee schedule	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	UHC	Medicaid	120.77				37.1	807.65	fee schedule	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Qualcare	Qualcare	532.44	75			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Horizon	Indemnity	807.65				37.1	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	WellPoint	WellPoint	220.36	31.04			37.1	807.65	percent of total billed charges	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	Wellcare	Medicaid	120.77				37.1	807.65	fee schedule	
M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	88368	CPT				outpatient			709.92	480	UHC	Medicare	417.39				37.1	807.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Aetna	Commercial	324.49			382.4	113.33	2451.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Amerihealth	HMO/PPO	1677.39	65			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Aetna	Medicare	198.83				113.33	2451.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	First Trenton	First Trenton	2322.54	90			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Americare	Americare	1935.45	75			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Aetna	Better Health	785.53	30.44			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Horizon	NJ Health	184.63			300.91	113.33	2451.57	fee schedule	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Managed Care Inc	Managed Care Inc	2322.54	90			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Amerihealth	Medicare	198.83				113.33	2451.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	First Health	First Health	1806.42	70			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Corrections	Corrections	2064.48	80			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	UHC	Medicare	198.83			197.09	113.33	2451.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Wellcare	Medicaid	324.16				113.33	2451.57	fee schedule	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Consumer	Consumer	2451.57	95			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Horizon	PPO	384.74			179.89	113.33	2451.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Wellcare	Medicare	198.83				113.33	2451.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Horizon	MGD	384.74			414.02	113.33	2451.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	WellPoint	WellPoint	801.02	31.04			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Horizon	Indemnity	384.74			209.6	113.33	2451.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Multiplan	Multiplan	2064.48	80			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Horizon	Medicare Blue	198.83			194.85	113.33	2451.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Qualcare	Qualcare	1935.45	75			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	Three Rivers	Three Rivers	2451.57	95			113.33	2451.57	percent of total billed charges	
M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	88377	CPT				both			2580.6	228.65	UHC	Medicaid	324.16			302.88	113.33	2451.57	fee schedule	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Aetna	Better Health	633.4	30.44			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		UHC	Medicaid	165.35			437.9	137.09	1976.76	fee schedule	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		First Health	First Health	1456.56	70			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Wellcare	Medicaid	165.35				137.09	1976.76	fee schedule	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Corrections	Corrections	1664.64	80			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Americare	Americare	1560.6	75			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Aetna	Medicare	640.89	30.8			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Consumer	Consumer	1976.76	95			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Aetna	Commercial	790.7	38			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		First Trenton	First Trenton	1872.72	90			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Horizon	MGD	796.53	38.28			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Horizon	PPO	796.53	38.28			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		WellPoint	WellPoint	645.88	31.04			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Managed Care Inc	Managed Care Inc	1872.72	90			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Amerihealth	HMO/PPO	1352.52	65			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Three Rivers	Three Rivers	1976.76	95			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Horizon	Indemnity	796.53	38.28			137.09	1976.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Horizon	Medicare Blue	624.24	30			137.09	1976.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Horizon	NJ Health	191.84			134.7	137.09	1976.76	fee schedule	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Multiplan	Multiplan	1664.64	80			137.09	1976.76	percent of total billed charges	
MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	88381	CPT				both			2080.8		Qualcare	Qualcare	1560.6	75			137.09	1976.76	percent of total billed charges	
MACROSCOPIC XM DSJ&PREPJ TISS NONMICRSCP STD EA	88387	CPT				outpatient			338.64		Corrections	Corrections	270.91	80			26.24	321.71	percent of total billed charges	
MACROSCOPIC XM DSJ&PREPJ TISS NONMICRSCP STD EA	88387	CPT				outpatient			338.64		First Health	First Health	237.05	70			26.24	321.71	percent of total billed charges	
MACROSCOPIC XM DSJ&PREPJ TISS NONMICRS

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MACROSCOPIC XM DSJ&PREP,J TISS NONMICRSCP STD EA	88387	CPT				outpatient			338.64		Multiplan	Multiplan	80				26.24	321.71	percent of total billed charges	
MACROSCOPIC XM DSJ&PREP,J TISS NONMICRSCP STD EA	88387	CPT				outpatient			338.64		Horizon	PPO	129.63	38.28			26.24	321.71	percent of total billed charges	
MACROSCOPIC XM DSJ&PREP,J TISS NONMICRSCP STD EA	88387	CPT				outpatient			338.64		Qualcare	Qualcare	253.98	75			26.24	321.71	percent of total billed charges	
MACROSCOPIC XM DSJ&PREP,J TISS NONMICRSCP STD EA	88387	CPT				outpatient			338.64		Managed Care Inc	Managed Care Inc	304.78	90			26.24	321.71	percent of total billed charges	
MACROSCOPIC XM DSJ&PREP,J TISS NONMICRSCP STD EA	88387	CPT				outpatient			338.64		Three Rivers	Three Rivers	321.71	95			26.24	321.71	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Aetna	Commercial	141.47	38			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		WellPoint	WellPoint	115.56	31.04			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Americare	Americare	279.23	75			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		First Health	First Health	260.61	70			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Corrections	Corrections	297.84	80			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Aetna	Medicare	114.67	30.8			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Horizon	MGD	142.52	38.28			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Aetna	Better Health	113.33	30.44			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Amerihealth	HMO/PPO	242	65			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		UHC	Medicaid	113.33	30.44			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Wellcare	Medicaid	113.33	30.44			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Consumer	Consumer	353.69	95			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Horizon	Medicare Blue	111.69	30			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		First Trenton	First Trenton	335.07	90			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Multiplan	Multiplan	297.84	80			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Horizon	Indemnity	142.52	38.28			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Qualcare	Qualcare	279.23	75			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Horizon	PPO	142.52	38.28			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Managed Care Inc	Managed Care Inc	335.07	90			111.69	353.69	percent of total billed charges	
BKR CHG FISH/DERV OR MARKERS EA DNA PROBE	88635	CPT				outpatient			372.3		Three Rivers	Three Rivers	353.69	95			111.69	353.69	percent of total billed charges	
CELL COUNT MISCELLANEOUS BODY FLUIDS	89050	CPT				outpatient				5.43	Amerihealth	Medicare	4.72				4.72	7.8	fee schedule	
CELL COUNT MISCELLANEOUS BODY FLUIDS	89050	CPT				outpatient				5.43	Wellcare	Medicare	4.72				4.72	7.8	fee schedule	
CELL COUNT MISCELLANEOUS BODY FLUIDS	89050	CPT				outpatient				5.43	UHC	Medicare	4.72				4.72	7.8	fee schedule	
CELL COUNT MISCELLANEOUS BODY FLUIDS	89050	CPT				outpatient				5.43	Horizon	NJ Health	5.84				4.72	7.8	fee schedule	
CELL COUNT MISCELLANEOUS BODY FLUIDS	89050	CPT				outpatient				5.43	Amerihealth	HMO/PPO	7.8				4.72	7.8	fee schedule	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Multiplan	Multiplan	82.42	80			1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Aetna	Commercial	39.15	38		10.08	1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Amerihealth	Medicare	5.6				1.76	97.87	fee schedule	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Aetna	Medicare	5.6			7.11	1.76	97.87	fee schedule	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Qualcare	Qualcare	77.27	75			1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Horizon	MGD	39.44	38.28		16.36	1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	First Health	First Health	72.11	70			1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Aetna	Better Health	31.36	30.44		12.89	1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Consumer	Consumer	97.87	95			1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Americare	Americare	77.27	75			1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Three Rivers	Three Rivers	97.87	95			1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Amerihealth	HMO/PPO	8.6			5.25	1.76	97.87	fee schedule	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Corrections	Corrections	82.42	80			1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Horizon	PPO	39.44	38.28		7.68	1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	First Trenton	First Trenton	92.72	90			1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	WellPoint	WellPoint	31.98	31.04		6.55	1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Managed Care Inc	Managed Care Inc	92.72	90			1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Horizon	Medicare Blue	30.91	30		3.6	1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Horizon	Indemnity	39.44	38.28		12.28	1.76	97.87	percent of total billed charges	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	UHC	Medicare	5.6			8.21	1.76	97.87	fee schedule	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Horizon	NJ Health	1.76			2.75	1.76	97.87	fee schedule	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	UHC	Medicaid	4.48			8.72	1.76	97.87	fee schedule	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Wellcare	Medicare	5.6				1.76	97.87	fee schedule	
CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	89051	CPT				both			103.02	6.44	Wellcare	Medicaid	4.48			12.26	1.76	97.87	fee schedule	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Aetna	Commercial	34.11	38			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Qualcare	Qualcare	67.32	75			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Aetna	Better Health	27.32	30.44			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Aetna	Medicare	4.27				3.42	85.27	fee schedule	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Amerihealth	HMO/PPO	6.1				3.42	85.27	fee schedule	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Americare	Americare	67.32	75			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Consumer	Consumer	85.27	95			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Corrections	Corrections	71.81	80			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Horizon	MGD	34.36	38.28			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Multiplan	Multiplan	71.81	80			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Horizon	Medicare Blue	26.93	30			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Horizon	Indemnity	34.36	38.28			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Amerihealth	Medicare	4.27				3.42	85.27	fee schedule	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	First Trenton	First Trenton	80.78	90			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Wellcare	Medicare	4.27				3.42	85.27	fee schedule	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Horizon	PPO	34.36	38.28			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	UHC	Medicare	4.27				3.42	85.27	fee schedule	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Horizon	NJ Health	4.66				3.42	85.27	fee schedule	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	First Health	First Health	62.83	70			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Three Rivers	Three Rivers	85.27	95			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Managed Care Inc	Managed Care Inc	80.78	90			3.42	85.27	percent of total billed charges	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	Wellcare	Medicaid	3.42				3.42	85.27	fee schedule	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	UHC	Medicaid	3.42				3.42	85.27	fee schedule	
LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	89055	CPT				outpatient			89.76	4.91	WellPoint	WellPoint	27.86	31.04			3.42	85.27	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Amerihealth	HMO/PPO	11.3				5.86	83.33	fee schedule	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	UHC	Medicare	7.33				5.86	83.33	fee schedule	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Horizon	MGD	33.58	38.28			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Americare	Americare	65.79	75			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	First Trenton	First Trenton	78.95	90			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Aetna	Better Health	26.7	30.44			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Aetna	Medicare	7.33				5.86	83.33	fee schedule	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	First Health	First Health	61.4	70			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Amerihealth	Medicare	7.33				5.86	83.33	fee schedule	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Aetna	Commercial	33.33	38			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Multiplan	Multiplan	70.18	80			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Consumer	Consumer	83.33	95			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Horizon	Indemnity	33.58	38.28			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	WellPoint	WellPoint	27.23	31.04			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Corrections	Corrections	70.18	80			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	UHC	Medicaid	5.86				5.86	83.33	fee schedule	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Horizon	PPO	33.58	38.28			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Wellcare	Medicare	7.33				5.86	83.33	fee schedule	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Qualcare	Qualcare	65.79	75			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Managed Care Inc	Managed Care Inc	78.95	90			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Horizon	Medicare Blue	26.32	30			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Three Rivers	Three Rivers	83.33	95			5.86	83.33	percent of total billed charges	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Horizon	NJ Health	16.66				5.86	83.33	fee schedule	
CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	89060	CPT				outpatient			87.72	8.43	Wellcare	Medicaid	5.86				5.86	83.33	fee schedule	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Americare	Americare	22.19	75			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Aetna	Better Health	9	30.44			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Corrections	Corrections	23.66	80			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Aetna	Medicare	5.88				1.18	28.1	fee schedule	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Amerihealth	HMO/PPO	6.8				1.18	28.1	fee schedule	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	First Health	First Health	20.71	70			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Aetna	Commercial	11.24	38			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Wellcare	Medicaid	4.7				1.18	28.1	fee schedule	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Consumer	Consumer	28.1	95			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Horizon	Indemnity	11.32	38.28			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Horizon	Medicare Blue	8.87	30			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Amerihealth	Medicare	5.88				1.18	28.1	fee schedule	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Multiplan	Multiplan	23.66	80			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	First Trenton	First Trenton	26.62	90			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	UHC	Medicaid	4.7				1.18	28.1	fee schedule	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Horizon	MGD	11.32	38.28			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Qualcare	Qualcare	22.19	75			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Horizon	NJ Health	1.18				1.18	28.1	fee schedule	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Wellcare	Medicare	5.88				1.18	28.1	fee schedule	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Horizon	PPO	11.32	38.28			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	UHC	Medicare	5.88				1.18	28.1	fee schedule	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Managed Care Inc	Managed Care Inc	26.62	90			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	WellPoint	WellPoint	9.18	31.04			1.18	28.1	percent of total billed charges	
FAT STAIN FECES URINE/RESPIR SECRETIONS	89125	CPT				both			29.58	6.76	Three Rivers	Three Rivers	28.1	95			1.18	28.1	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Amerihealth	HMO/PPO	5.8				3.88	15.5	fee schedule	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Aetna	Commercial	6.2	38			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Wellcare	Medicare	4.85				3.88	15.5	fee schedule	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Aetna	Medicare	4.85				3.88	15.5	fee schedule	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	First Health	First Health	11.42	70			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Americare	Americare	12.24	75			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Amerihealth	Medicare	4.85				3.88	15.5	fee schedule	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Aetna	Better Health	4.97	30.44			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Horizon	MGD	6.25	38.28			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Multiplan	Multiplan	13.06	80			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	WellPoint	WellPoint	5.07	31.04			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Corrections	Corrections	13.06	80			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Horizon	PPO	6.25	38.28			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Qualcare	Qualcare	12.24	75			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Three Rivers	Three Rivers	15.5	95			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Consumer	Consumer	15.5	95			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	UHC	Medicare	4.85				3.88	15.5	fee schedule	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Horizon	Indemnity	6.25	38.28			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	First Trenton	First Trenton	14.69	90			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Horizon	Medicare Blue	4.9	30			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Horizon	NJ Health	4.53				3.88	15.5	fee schedule	
MEAT FIB

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Managed Care Inc	Managed Care Inc	14.69	90			3.88	15.5	percent of total billed charges	
MEAT FIBERS FECES	89160	CPT				outpatient			16.32	5.58	Wellcare	Medicaid	3.88				3.88	15.5	fee schedule	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	First Trenton	First Trenton	34.88	90			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Consumer	Consumer	36.82	95			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Americare	Americare	29.07	75			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Aetna	Better Health	11.8	30.44			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Horizon	Medicare Blue	11.63	30			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Aetna	Medicare	5.79				4.31	36.82	fee schedule	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Amerihealth	HMO/PPO	7.4				4.31	36.82	fee schedule	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Amerihealth	Medicare	5.79				4.31	36.82	fee schedule	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Horizon	Indemnity	14.84	38.28			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Horizon	NJ Health	4.31				4.31	36.82	fee schedule	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	UHC	Medicaid	4.63				4.31	36.82	fee schedule	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Aetna	Commercial	14.73	38			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Horizon	PPO	14.84	38.28			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	First Health	First Health	27.13	70			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Horizon	MGD	14.84	38.28			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Corrections	Corrections	31.01	80			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Managed Care Inc	Managed Care Inc	34.88	90			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Three Rivers	Three Rivers	36.82	95			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Wellcare	Medicare	5.79				4.31	36.82	fee schedule	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	WellPoint	WellPoint	12.03	31.04			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Multiplan	Multiplan	31.01	80			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Wellcare	Medicaid	4.63				4.31	36.82	fee schedule	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	Qualcare	Qualcare	29.07	75			4.31	36.82	percent of total billed charges	
NASAL SMEAR EOSINOPHILS	89190	CPT				both			38.76	6.66	UHC	Medicare	5.79				4.31	36.82	fee schedule	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Aetna	Better Health	580.95	30.44			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Consumer	Consumer	1813.09	95			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		UHC	Medicaid	580.95	30.44			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Wellcare	Medicaid	580.95	30.44			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		First Health	First Health	1335.96	70			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Americare	Americare	1431.39	75			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Aetna	Commercial	725.24	38			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Corrections	Corrections	1526.82	80			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Aetna	Medicare	587.82	30.8			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		First Trenton	First Trenton	1717.67	90			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Amerihealth	HMO/PPO	1240.54	65			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Horizon	Medicare Blue	572.56	30			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Horizon	MGD	730.58	38.28			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Horizon	Indemnity	730.58	38.28			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Multiplan	Multiplan	1526.82	80			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Horizon	PPO	730.58	38.28			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Qualcare	Qualcare	1431.39	75			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Managed Care Inc	Managed Care Inc	1717.67	90			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		Three Rivers	Three Rivers	1813.09	95			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 0.5ML IM USE	90380	CPT				both			1908.52		WellPoint	WellPoint	592.4	31.04			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Aetna	Commercial	725.24	38			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Aetna	Better Health	580.95	30.44			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Wellcare	Medicaid	580.95	30.44			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Horizon	Medicare Blue	572.56	30			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		First Health	First Health	1335.96	70			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Amerihealth	HMO/PPO	1240.54	65			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Multiplan	Multiplan	1526.82	80			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Americare	Americare	1431.39	75			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Horizon	Indemnity	730.58	38.28			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Aetna	Medicare	587.82	30.8			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Qualcare	Qualcare	1431.39	75			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Horizon	PPO	730.58	38.28			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Corrections	Corrections	1526.82	80			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Three Rivers	Three Rivers	1813.09	95			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Consumer	Consumer	1813.09	95			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		WellPoint	WellPoint	592.4	31.04			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		UHC	Medicaid	580.95	30.44			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		First Trenton	First Trenton	1717.67	90			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Horizon	MGD	730.58	38.28			572.56	1813.09	percent of total billed charges	
RSV MONOCLONAL ANTB SEASONAL DOSE 1 ML IM USE	90381	CPT				outpatient			1908.52		Managed Care Inc	Managed Care Inc	1717.67	90			572.56	1813.09	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Amerihealth	HMO/PPO	161.77	65		27.01	49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Americare	Americare	186.66	75			49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Aetna	Commercial	134.77			43.35	49.59	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	UHC	Medicaid	75.76	30.44		63.54	49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Aetna	Better Health	75.76	30.44		68.23	49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Aetna	Medicare	82.58			22.78	49.59	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Corrections	Corrections	199.1	80		72.46	49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	UHC	Medicare	82.58			30.28	49.59	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Horizon	Medicare Blue	82.58			29.61	49.59	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Three Rivers	Three Rivers	236.44	95			49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Horizon	Indemnity	159.79			63.58	49.59	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Wellcare	Medicare	82.58			31.29	49.59	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Consumer	Consumer	236.44	95			49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Amerihealth	Medicare	82.58			14.42	49.59	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	First Health	First Health	174.22	70			49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	First Trenton	First Trenton	223.99	90			49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Multiplan	Multiplan	199.1	80			49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Horizon	NJ Health	49.59			16.92	49.59	236.44	fee schedule	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Horizon	MGD	159.79			61.87	49.59	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Horizon	PPO	159.79			57.07	49.59	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Qualcare	Qualcare	186.66	75			49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Managed Care Inc	Managed Care Inc	223.99	90			49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	Wellcare	Medicaid	75.76	30.44		62.75	49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS 1 VACCINE	90471	CPT				both			248.88	94.97	WellPoint	WellPoint	77.25	31.04		58	49.59	236.44	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Aetna	Medicare	53.72	30.8		2.24	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Horizon	PPO	66.77	38.28		24.38	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Horizon	Indemnity	66.77	38.28		11	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Aetna	Commercial	66.28	38		22.14	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Americare	Americare	130.82	75			28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		First Trenton	First Trenton	156.98	90			28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Aetna	Better Health	53.09	30.44		36.82	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Consumer	Consumer	165.7	95			28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Corrections	Corrections	139.54	80			28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Managed Care Inc	Managed Care Inc	156.98	90			28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		WellPoint	WellPoint	54.14	31.04		25.58	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Amerihealth	HMO/PPO	113.37	65		14.09	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Horizon	MGD	66.77	38.28		28.92	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Horizon	Medicare Blue	52.33	30		6.15	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		UHC	Medicaid	53.09	30.44		30.74	28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		First Health	First Health	122.09	70			28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Three Rivers	Three Rivers	165.7	95			28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Horizon	NJ Health	28.71			6.21	28.71	165.7	fee schedule	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Multiplan	Multiplan	139.54	80			28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Qualcare	Qualcare	130.82	75			28.71	165.7	percent of total billed charges	
IM ADM PRO ID SUBQ/IM NJXS EA VACCINE	90472	CPT				both			174.42		Wellcare	Medicaid	53.09	30.44		32.82	28.71	165.7	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Amerihealth	HMO/PPO	164.42	65			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Americare	Americare	189.72	75			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	First Trenton	First Trenton	227.66	90			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	UHC	Medicare	82.58				77	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Aetna	Commercial	134.77				77	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Aetna	Better Health	77	30.44		58.28	77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	First Health	First Health	177.07	70			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Amerihealth	Medicare	82.58				77	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Multiplan	Multiplan	202.37	80			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Horizon	MGD	159.79				77	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Horizon	PPO	159.79				77	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Aetna	Medicare	82.58				77	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Horizon	Indemnity	159.79				77	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Three Rivers	Three Rivers	240.31	95			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Horizon	Medicare Blue	82.58				77	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Consumer	Consumer	240.31	95			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Qualcare	Qualcare	189.72	75			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	WellPoint	WellPoint	78.52	31.04		53.7	77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Wellcare	Medicaid	77	30.44			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Corrections	Corrections	202.37	80			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	UHC	Medicaid	77	30.44		59.73	77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Managed Care Inc	Managed Care Inc	227.66	90			77	240.31	percent of total billed charges	
IM ADM INTRANSL/ORAL 1 VACCINE	90473	CPT				both			252.96	94.97	Wellcare	Medicare	82.58				77	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		UHC	Medicaid	12.75	30.44		12.31	12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		First Health	First Health	29.31	70			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Aetna	Commercial	15.91	38			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Aetna	Better Health	12.75	30.44		12.46	12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Americare	Americare	31.4	75			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Consumer	Consumer	39.78	95			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Amerihealth	HMO/PPO	27.22	65			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Aetna	Medicare	12.9	30.8			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		WellPoint	WellPoint	13	31.04		12.4	12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Horizon	PPO	16.03	38.28			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Horizon	Medicare Blue	12.56	30			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Corrections	Corrections	33.5	80			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Horizon	MGD	16.03	38.28			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Three Rivers	Three Rivers	39.78	95

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Horizon	Indemnity	16.03	38.28			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		First Trenton	First Trenton	37.68	90			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Multiplan	Multiplan	33.5	80			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Managed Care Inc	Managed Care Inc	37.68	90			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Qualcare	Qualcare	31.4	75			12.56	39.78	percent of total billed charges	
IM ADM INTRANSL/ORAL EA VACCINE	90474	CPT				outpatient			41.87		Wellcare	Medicaid	12.75	30.44		12.38	12.56	39.78	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Aetna	Commercial	78.63			28.04	48.18	218.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Horizon	PPO	93.23			63.78	48.18	218.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Aetna	Medicare	48.18			28.31	48.18	218.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Multiplan	Multiplan	183.6	80			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Amerihealth	Medicare	48.18				48.18	218.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Aetna	Better Health	69.86	30.44			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Corrections	Corrections	183.6	80			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Amerihealth	HMO/PPO	149.18	65			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	WellPoint	WellPoint	71.24	31.04		40.73	48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Wellcare	Medicare	48.18			43.89	48.18	218.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Americare	Americare	172.13	75			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Qualcare	Qualcare	172.13	75			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Horizon	MGD	93.23			82.69	48.18	218.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Consumer	Consumer	218.03	95			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	First Trenton	First Trenton	206.55	90			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	First Health	First Health	160.65	70			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Wellcare	Medicaid	69.86	30.44		37.07	48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Horizon	Indemnity	93.23			52.08	48.18	218.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Three Rivers	Three Rivers	218.03	95			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	UHC	Medicare	48.18			35.79	48.18	218.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Horizon	Medicare Blue	48.18			30.71	48.18	218.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	Managed Care Inc	Managed Care Inc	206.55	90			48.18	218.03	percent of total billed charges	
IMM ADMIN SARSCOV2 VACCINE SINGLE DOSE	90480	CPT				outpatient			229.5	55.41	UHC	Medicaid	69.86	30.44		41.66	48.18	218.03	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		First Trenton	First Trenton	739.03	90			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Aetna	Better Health	249.96	30.44			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Amerihealth	HMO/PPO	167.75			35.56	167.75	780.08	fee schedule	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Corrections	Corrections	656.91	80			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		First Health	First Health	574.8	70			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Aetna	Medicare	252.91	30.8			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Aetna	Commercial	312.03	38		70.82	167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Horizon	Indemnity	314.33	38.28			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Horizon	PPO	314.33	38.28			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Consumer	Consumer	780.08	95			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		UHC	Medicaid	249.96	30.44		56.45	167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Multiplan	Multiplan	656.91	80			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Managed Care Inc	Managed Care Inc	739.03	90			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Americare	Americare	615.86	75			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Horizon	MGD	314.33	38.28			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Qualcare	Qualcare	615.86	75			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Three Rivers	Three Rivers	780.08	95			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Horizon	Medicare Blue	246.34	30			167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		Wellcare	Medicaid	249.96	30.44		36.66	167.75	780.08	percent of total billed charges	
MENB-4C RECOMBINT PROT & OUTER MEMB VESIC VACC IM	90620	CPT				both			821.14		WellPoint	WellPoint	254.88	31.04		95.09	167.75	780.08	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Aetna	Commercial	265.31	38			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Aetna	Medicare	215.04	30.8			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Horizon	Indemnity	267.26	38.28			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Aetna	Better Health	212.53	30.44			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		WellPoint	WellPoint	216.72	31.04			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		First Trenton	First Trenton	628.36	90			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Americare	Americare	523.64	75			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		First Health	First Health	488.73	70			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Horizon	PPO	267.26	38.28			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Horizon	MGD	267.26	38.28			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Amerihealth	HMO/PPO	129.65				129.65	663.27	fee schedule	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Consumer	Consumer	663.27	95			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Horizon	Medicare Blue	209.45	30			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Multiplan	Multiplan	558.54	80			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Qualcare	Qualcare	523.64	75			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Corrections	Corrections	558.54	80			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Managed Care Inc	Managed Care Inc	628.36	90			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Three Rivers	Three Rivers	663.27	95			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		UHC	Medicaid	212.53	30.44			129.65	663.27	percent of total billed charges	
MENB-FHBP RECOMBINT LIPOPROTEIN VACC 2/3 DOSE IM	90621	CPT				outpatient			698.18		Wellcare	Medicaid	212.53	30.44			129.65	663.27	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Consumer	Consumer	256.83	95			70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Horizon	MGD	103.49	38.28		58.2	70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Aetna	Commercial	102.73	38		26.08	70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Amerihealth	HMO/PPO	70.72				70.72	256.83	fee schedule	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Aetna	Better Health	82.29	30.44		23.67	70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	First Health	First Health	189.25	70			70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Aetna	Medicare	72.68	30.44		39.4	70.72	256.83	fee schedule	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Horizon	NJ Health	207.08			3.08	70.72	256.83	fee schedule	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Corrections	Corrections	216.28	80			70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Horizon	Medicare Blue	81.11	30		74.78	70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Horizon	Indemnity	103.49	38.28		77.7	70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Wellcare	Medicaid	82.29	30.44		20.54	70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Americare	Americare	202.76	75			70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Wellcare	Medicare	72.68				70.72	256.83	fee schedule	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Amerihealth	Medicare	72.68				70.72	256.83	fee schedule	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	UHC	Medicaid	82.29	30.44		23.75	70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Horizon	PPO	103.49	38.28		53.56	70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	First Trenton	First Trenton	243.32	90			70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	WellPoint	WellPoint	83.92	31.04		11.88	70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	UHC	Medicare	72.68			23.12	70.72	256.83	fee schedule	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Multiplan	Multiplan	216.28	80			70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Managed Care Inc	Managed Care Inc	243.32	90			70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Qualcare	Qualcare	202.76	75			70.72	256.83	percent of total billed charges	
HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	90632	CPT				both			270.35	83.59	Three Rivers	Three Rivers	256.83	95			70.72	256.83	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Americare	Americare	208.67	75			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Multiplan	Multiplan	222.58	80			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Consumer	Consumer	264.31	95			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Aetna	Better Health	84.69	30.44			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Horizon	Indemnity	106.5	38.28			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		First Health	First Health	194.75	70			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Aetna	Commercial	105.72	38			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Aetna	Medicare	85.69	30.8			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Amerihealth	HMO/PPO	37.14				37.14	264.31	fee schedule	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Qualcare	Qualcare	208.67	75			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Corrections	Corrections	222.58	80			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		WellPoint	WellPoint	86.36	31.04		3.48	37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Horizon	PPO	106.5	38.28		71.66	37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Horizon	Medicare Blue	83.47	30			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Horizon	NJ Health	106.85			0.55	37.14	264.31	fee schedule	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		First Trenton	First Trenton	250.4	90			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Wellcare	Medicaid	84.69	30.44		6.11	37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Three Rivers	Three Rivers	264.31	95			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Horizon	MGD	106.5	38.28		71.66	37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		Managed Care Inc	Managed Care Inc	250.4	90			37.14	264.31	percent of total billed charges	
HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	90633	CPT				outpatient			278.22		UHC	Medicaid	84.69	30.44		5.27	37.14	264.31	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		First Trenton	First Trenton	78.03	90			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Aetna	Better Health	26.39	30.44			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Aetna	Medicare	26.7	30.8			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Amerihealth	HMO/PPO	32.25				26.01	82.37	fee schedule	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Corrections	Corrections	69.36	80			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Americare	Americare	65.03	75			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Consumer	Consumer	82.37	95			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		First Health	First Health	60.69	70			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Horizon	Indemnity	33.19	38.28			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Aetna	Commercial	32.85	38		5.55	26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Multiplan	Multiplan	69.36	80			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Horizon	MGD	33.19	38.28			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Horizon	PPO	33.19	38.28		24.99	26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		UHC	Medicaid	26.39	30.44			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Horizon	NJ Health	67.31				26.01	82.37	fee schedule	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Horizon	Medicare Blue	26.01	30			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Managed Care Inc	Managed Care Inc	78.03	90			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		WellPoint	WellPoint	26.91	31.04			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Qualcare	Qualcare	65.03	75			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Wellcare	Medicaid	26.39	30.44			26.01	82.37	percent of total billed charges	
HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	90647	CPT				outpatient			86.7		Three Rivers	Three Rivers	82.37	95			26.01	82.37	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Aetna	Better Health	7.09	30.44			6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Americare	Americare	17.46	75			6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Consumer	Consumer	22.12	95			6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		First Trenton	First Trenton	20.95	90			6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Amerihealth	HMO/PPO	17.26				6.98	70.47	fee schedule	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Horizon

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Qualcare		17.46	75			6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		UHC	Medicaid	7.09	30.44		3.32	6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Horizon	MGD	8.91	38.28		6.57	6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Aetna	Medicare	7.17	30.8			6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Three Rivers	Three Rivers	22.12	95			6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Wellcare	Medicaid	7.09	30.44		2.28	6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		Managed Care Inc	Managed Care Inc	20.95	90			6.98	70.47	percent of total billed charges	
HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	90648	CPT				both			23.28		WellPoint	WellPoint	7.23	31.04			6.98	70.47	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Amerihealth	HMO/PPO	167.17				33.55	332.1	fee schedule	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Aetna	Medicare	34.44	30.8			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Corrections	Corrections	89.46	80			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Horizon	Indemnity	42.8	38.28			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Aetna	Better Health	34.04	30.44			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		UHC	Medicaid	34.04	30.44			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Horizon	PPO	42.8	38.28			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Americare	Americare	83.87	75			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		First Health	First Health	78.27	70			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Consumer	Consumer	106.23	95			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		First Trenton	First Trenton	100.64	90			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Qualcare	Qualcare	83.87	75			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Aetna	Commercial	42.49	38			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Horizon	MGD	42.8	38.28			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Three Rivers	Three Rivers	106.23	95			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Horizon	Medicare Blue	33.55	30			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Wellcare	Medicaid	34.04	30.44			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Horizon	NJ Health	332.1				33.55	332.1	fee schedule	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Managed Care Inc	Managed Care Inc	100.64	90			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		Multiplan	Multiplan	89.46	80			33.55	332.1	percent of total billed charges	
4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	90649	CPT				outpatient			111.82		WellPoint	WellPoint	34.71	31.04			33.55	332.1	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Horizon	Indemnity	432.21	38.28			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Wellcare	Medicaid	343.69	30.44		164.58	200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Aetna	Commercial	429.05	38		128.99	200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		WellPoint	WellPoint	350.47	31.04		70.73	200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Americare	Americare	846.81	75			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		First Health	First Health	790.36	70			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Aetna	Better Health	343.69	30.44		188.21	200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Aetna	Medicare	347.76	30.8			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Qualcare	Qualcare	846.81	75			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Amerihealth	HMO/PPO	200.63			53.42	200.63	1072.63	fee schedule	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Corrections	Corrections	903.26	80		188.74	200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Consumer	Consumer	1072.63	95			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Horizon	Medicare Blue	338.72	30			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Horizon	PPO	432.21	38.28		12.96	200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		First Trenton	First Trenton	1016.17	90			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Multiplan	Multiplan	903.26	80			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Horizon	MGD	432.21	38.28		17.82	200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Three Rivers	Three Rivers	1072.63	95			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		Managed Care Inc	Managed Care Inc	1016.17	90			200.63	1072.63	percent of total billed charges	
9VHPV VACC 2/3 DOSE SCHED IM USE	90651	CPT				both			1129.08		UHC	Medicaid	343.69	30.44		109.09	200.63	1072.63	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Americare	Americare	107.98	75			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Corrections	Corrections	115.18	80			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Aetna	Medicare	44.34	30.8			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Aetna	Commercial	54.71	38		37.23	22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Consumer	Consumer	136.77	95			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Aetna	Better Health	43.82	30.44		14.03	22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Horizon	MGD	55.11	38.28		39.66	22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Three Rivers	Three Rivers	136.77	95			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Horizon	Indemnity	55.11	38.28		39.49	22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 First Trenton	First Trenton	129.57	90			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Amerihealth	HMO/PPO	22.67			21.16	22.35	136.77	fee schedule	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Amerihealth	Medicare	22.35				22.35	136.77	fee schedule	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Horizon	PPO	55.11	38.28		36.1	22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Horizon	Medicare Blue	43.19	30		18.81	22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Multiplan	Multiplan	115.18	80			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 UHC	Medicaid	43.82	30.44		8.66	22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 United	Oxford	32.89			29.41	22.35	136.77	fee schedule	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Managed Care Inc	Managed Care Inc	129.57	90			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Wellcare	Medicare	22.35			42	22.35	136.77	fee schedule	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 First Health	First Health	100.78	70			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Qualcare	Qualcare	107.98	75			22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 United	CommercialPPO	32.89			14.23	22.35	136.77	fee schedule	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 UHC	Medicare	22.35			20.64	22.35	136.77	fee schedule	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 WellPoint	WellPoint	44.69	31.04		10.59	22.35	136.77	percent of total billed charges	
IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	90656	CPT				both			143.97		25.7 Wellcare	Medicaid	43.82	30.44		7.26	22.35	136.77	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 First Trenton	First Trenton	242.04	90			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Aetna	Medicare	83.49			63.14	44.6	255.48	fee schedule	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Consumer	Consumer	255.48	95			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Horizon	Medicare Blue	80.68	30		45.67	44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Corrections	Corrections	215.14	80			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Aetna	Commercial	102.19	38		73.24	44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Aetna	Better Health	81.86	30.44		71.23	44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 United	Oxford	189.01			121.93	44.6	255.48	fee schedule	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Managed Care Inc	Managed Care Inc	242.04	90			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Amerihealth	HMO/PPO	44.6				44.6	255.48	fee schedule	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Horizon	Indemnity	102.95	38.28			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Horizon	MGD	102.95	38.28		102.26	44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Wellcare	Medicaid	81.86	30.44		61.6	44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Americare	Americare	201.7	75			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Horizon	PPO	102.95	38.28		77.91	44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 WellPoint	WellPoint	83.48	31.04		60.92	44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Wellcare	Medicare	83.49			75.96	44.6	255.48	fee schedule	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Amerihealth	Medicare	83.49				44.6	255.48	fee schedule	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Multiplan	Multiplan	215.14	80			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Three Rivers	Three Rivers	255.48	95			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 Qualcare	Qualcare	201.7	75			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 First Health	First Health	188.25	70			44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 UHC	Medicaid	81.86	30.44		73.34	44.6	255.48	percent of total billed charges	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 United	CommercialPPO	189.01			61.73	44.6	255.48	fee schedule	
IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	90662	CPT				both			268.93		96.02 UHC	Medicare	83.49			52.03	44.6	255.48	fee schedule	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Amerihealth	Medicare	257.99				176.11	814.13	fee schedule	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Aetna	Commercial	325.65	38			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Aetna	Better Health	260.86	30.44			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Aetna	Medicare	257.99				176.11	814.13	fee schedule	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 WellPoint	WellPoint	266.01	31.04			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Americare	Americare	642.74	75			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Corrections	Corrections	685.58	80			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 First Trenton	First Trenton	771.28	90			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 First Health	First Health	599.89	70			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Horizon	MGD	328.05	38.28			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Consumer	Consumer	814.13	95			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Horizon	Indemnity	328.05	38.28			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Multiplan	Multiplan	685.58	80			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Amerihealth	HMO/PPO	176.11				176.11	814.13	fee schedule	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 United	CommercialPPO	664.33				176.11	814.13	fee schedule	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Managed Care Inc	Managed Care Inc	771.28	90			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Qualcare	Qualcare	642.74	75			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 United	Oxford	664.33				176.11	814.13	fee schedule	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 UHC	Medicare	257.99				176.11	814.13	fee schedule	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Horizon	Medicare Blue	257.09	30			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Wellcare	Medicaid	260.86	30.44			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 UHC	Medicaid	260.86	30.44			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Wellcare	Medicare	257.99				176.11	814.13	fee schedule	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Horizon	PPO	328.05	38.28			176.11	814.13	percent of total billed charges	
PCV13 VACCINE FOR INTRAMUSCULAR USE	90670	CPT				both			856.98		296.69 Three Rivers	Three Rivers	814.13	95			176.11	814.13	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Americare	Americare	650.59	75			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Horizon	Indemnity	332.06	38.28			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Aetna	Better Health	264.05	30.44			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Amerihealth	Medicare	261.15				260.24	824.08	fee schedule	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Amerihealth	HMO/PPO	563.84	65			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 First Trenton	First Trenton	780.71	90			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Aetna	Medicare	261.15				260.24	824.08	fee schedule	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Aetna	Commercial	329.63	38			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Multiplan	Multiplan	693.96	80			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Horizon	PPO	332.06	38.28			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Consumer	Consumer	824.08	95			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 First Health	First Health	607.22	70			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 UHC	Medicare	261.15				260.24	824.08	fee schedule	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Managed Care Inc	Managed Care Inc	780.71	90			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Corrections	Corrections	693.96	80			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Horizon	MGD	332.06	38.28			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Qualcare	Qualcare	650.59	75			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Wellcare	Medicare	261.15				260.24	824.08	fee schedule	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Horizon	Medicare Blue	260.24	30			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 Wellcare	Medicaid	264.05	30.44			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 United	Oxford	652.92				260.24	824.08	fee schedule	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 UHC	Medicaid	264.05	30.44			260.24	824.08	percent of total billed charges	
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45		300.32 WellPoint	WellPoint	269.26	31.04			260.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PCV15 VACCINE FOR INTRAMUSCULAR USE	90671	CPT				outpatient			867.45	300.32	United	CommercialPPO	652.92				280.24	824.08	fee schedule	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Horizon	MGD	6.85	38.28			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Consumer	Consumer	17.01	95			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Aetna	Medicare	5.51	30.8			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Aetna	Better Health	5.45	30.44			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Aetna	Commercial	6.8	38			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Americare	Americare	13.43	75			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		First Trenton	First Trenton	16.11	90			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Multiplan	Multiplan	14.32	80			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		United	Oxford	71.57				5.37	71.57	fee schedule	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Corrections	Corrections	14.32	80			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Amerihealth	HMO/PPO	30.7				5.37	71.57	fee schedule	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Horizon	Medicare Blue	5.37	30			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Horizon	PPO	6.85	38.28			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Three Rivers	Three Rivers	17.01	95			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		First Health	First Health	12.53	70			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Qualcare	Qualcare	13.43	75			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Managed Care Inc	Managed Care Inc	16.11	90			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Horizon	Indemnity	6.85	38.28			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		Wellcare	Medicaid	5.45	30.44			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		WellPoint	WellPoint	5.56	31.04			5.37	71.57	percent of total billed charges	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		United	CommercialPPO	71.57				5.37	71.57	fee schedule	
LAIV4 VACCINE FOR INTRANASAL USE	90672	CPT				outpatient			17.9		UHC	Medicaid	5.45	30.44			5.37	71.57	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Consumer	Consumer	1513.29	95			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	First Trenton	First Trenton	1433.65	90			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Amerihealth	Medicare	312.03				310.08	1513.29	fee schedule	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Aetna	Medicare	490.63	30.8			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	First Health	First Health	1115.06	70			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Managed Care Inc	Managed Care Inc	1433.65	90			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Aetna	Better Health	484.89	30.44			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Aetna	Commercial	580.87				310.08	1513.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	UHC	Medicaid	484.89	30.44			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	United	Oxford	836.21				310.08	1513.29	fee schedule	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Corrections	Corrections	1274.35	80			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Americare	Americare	1194.71	75			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Multiplan	Multiplan	1274.35	80			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Amerihealth	HMO/PPO	310.08				310.08	1513.29	fee schedule	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Horizon	Indemnity	700.57				310.08	1513.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Horizon	MGD	700.57				310.08	1513.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	United	CommercialPPO	836.21				310.08	1513.29	fee schedule	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Horizon	PPO	700.57			411.11	310.08	1513.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Horizon	Medicare Blue	382.05				310.08	1513.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Wellcare	Medicare	312.03				310.08	1513.29	fee schedule	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Qualcare	Qualcare	1194.71	75			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	WellPoint	WellPoint	494.45	31.04		121.59	310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Three Rivers	Three Rivers	1513.29	95			310.08	1513.29	percent of total billed charges	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	UHC	Medicare	312.03				310.08	1513.29	fee schedule	
RABIES VACCINE INTRAMUSCULAR	90675	CPT				both			1592.94	358.83	Wellcare	Medicaid	484.89	30.44			310.08	1513.29	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Americare	Americare	742.57	75			297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Aetna	Commercial	376.23	38		309.39	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	First Health	First Health	693.06	70			297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Horizon	Medicare Blue	297.03	30		176.51	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Aetna	Medicare	312.9			237.77	297.03	940.59	fee schedule	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Horizon	Indemnity	379.01	38.28		293.92	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Aetna	Better Health	301.38	30.44		16.52	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	United	Oxford	743.3			284.19	297.03	940.59	fee schedule	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Amerihealth	HMO/PPO	643.66	65		211.6	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	UHC	Medicare	312.9			199.48	297.03	940.59	fee schedule	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Horizon	PPO	379.01	38.28		293.08	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Wellcare	Medicaid	301.38	30.44		51.4	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Amerihealth	Medicare	312.9				297.03	940.59	fee schedule	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	WellPoint	WellPoint	307.32	31.04		48.96	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Consumer	Consumer	940.59	95			297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Wellcare	Medicare	312.9			200.57	297.03	940.59	fee schedule	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	First Trenton	First Trenton	891.08	90			297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Multiplan	Multiplan	792.07	80			297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Corrections	Corrections	792.07	80			297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Horizon	MGD	379.01	38.28		314.91	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Managed Care Inc	Managed Care Inc	891.08	90			297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Qualcare	Qualcare	742.57	75			297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	UHC	Medicaid	301.38	30.44		49.62	297.03	940.59	percent of total billed charges	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	United	CommercialPPO	743.3			271.85	297.03	940.59	fee schedule	
PCV20 VACCINE FOR INTRAMUSCULAR USE	90677	CPT				both			990.09	359.84	Three Rivers	Three Rivers	940.59	95			297.03	940.59	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Amerihealth	HMO/PPO	725.32	65		143.67	334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Wellcare	Medicaid	339.67	30.44		229.88	334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Qualcare	Qualcare	836.91	75			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Americare	Americare	836.91	75			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Aetna	Commercial	424.03	38		169.23	334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Aetna	Medicare	343.69	30.8			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Aetna	Better Health	339.67	30.44			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Consumer	Consumer	1060.09	95			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		First Health	First Health	781.12	70			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		WellPoint	WellPoint	346.37	31.04		247.39	334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Multiplan	Multiplan	892.7	80			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Horizon	Indemnity	427.16	38.28			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Horizon	MGD	427.16	38.28			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		UHC	Medicaid	339.67	30.44		280.03	334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Horizon	Medicare Blue	334.76	30		244.75	334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Corrections	Corrections	892.7	80			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Horizon	PPO	427.16	38.28		1094	334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		First Trenton	First Trenton	1004.29	90			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Three Rivers	Three Rivers	1060.09	95			334.76	1060.09	percent of total billed charges	
RSV VACCINE PREF SUBUNIT BIVALENT FOR IM USE	90678	CPT				both			1115.88		Managed Care Inc	Managed Care Inc	1004.29	90			334.76	1060.09	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Horizon	Indemnity	244.04	38.28			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Aetna	Better Health	194.06	30.44			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		First Health	First Health	446.25	70			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Amerihealth	HMO/PPO	414.38	65			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		First Trenton	First Trenton	573.75	90			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Consumer	Consumer	605.63	95			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Aetna	Commercial	242.25	38			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Americare	Americare	478.13	75			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Horizon	PPO	244.04	38.28			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Corrections	Corrections	510	80			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Wellcare	Medicaid	194.06	30.44			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Qualcare	Qualcare	478.13	75			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Managed Care Inc	Managed Care Inc	573.75	90			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Horizon	Medicare Blue	191.25	30			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Aetna	Medicare	196.35	30.8			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Multiplan	Multiplan	510	80			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Horizon	MGD	244.04	38.28			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		Three Rivers	Three Rivers	605.63	95			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		UHC	Medicaid	194.06	30.44			191.25	605.63	percent of total billed charges	
RSV VACC PREF RECOMBINANT ADJUVANTED FOR IM USE	90679	CPT				outpatient			637.5		WellPoint	WellPoint	197.88	31.04			191.25	605.63	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Aetna	Better Health	110.31	30.44			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		First Health	First Health	253.68	70			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Qualcare	Qualcare	271.8	75			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		UHC	Medicaid	110.31	30.44			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Americare	Americare	271.8	75			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Consumer	Consumer	344.28	95			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Aetna	Commercial	137.71	38			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Horizon	Indemnity	138.73	38.28			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Aetna	Medicare	111.62	30.8			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Corrections	Corrections	289.92	80			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Wellcare	Medicaid	110.31	30.44			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Horizon	Medicare Blue	108.72	30			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Amerihealth	HMO/PPO	88.28				88.28	344.28	fee schedule	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		First Trenton	First Trenton	326.16	90			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		NJ Health	NJ Health	111.58				88.28	344.28	fee schedule	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Horizon	PPO	138.73	38.28			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Horizon	MGD	138.73	38.28			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Managed Care Inc	Managed Care Inc	326.16	90			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Multiplan	Multiplan	289.92	80			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		Three Rivers	Three Rivers	344.28	95			88.28	344.28	percent of total billed charges	
RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	90680	CPT				outpatient			362.4		WellPoint	WellPoint	112.49	31.04			88.28	344.28	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Corrections	Corrections	407.2	80			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		First Trenton	First Trenton	458.1	90			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Horizon	Medicare Blue	152.7	30			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Aetna	Commercial	193.42	38			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Americare	Americare	381.75	75			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Aetna	Medicare	156.77	30.8			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		First Health	First Health	356.3	70			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Aetna	Better Health	154.94	30.44			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Horizon	Indemnity	194.85	38.28			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Horizon	PPO	194.85	38.28			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Multiplan	Multiplan	407.2	80			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Amerihealth	HMO/PPO	116.75				116.75	483.55	fee schedule	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Consumer	Consumer	483.55	95			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Managed Care Inc	Managed Care Inc	458.1	90			116.75	483.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Qualcare	Qualcare	381.75	75			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Horizon	MGD	194.85	38.28			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		UHC	Medicaid	154.94	30.44			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Three Rivers	Three Rivers	483.55	95			116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		Wellcare	Medicaid	154.94	30.44		5.45	116.75	483.55	percent of total billed charges	
RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	90681	CPT				both			509		WellPoint	WellPoint	157.99	31.04			116.75	483.55	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Amerihealth	HMO/PPO	23.82			7.76	21.6	68.39	fee schedule	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		First Trenton	First Trenton	64.79	90			21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Aetna	Medicare	22.17	30.8		7.38	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Americare	Americare	53.99	75			21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Aetna	Commercial	27.36	38		12.94	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Horizon	Indemnity	27.56	38.28		24.15	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Aetna	Better Health	21.91	30.44		11.66	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Multiplan	Multiplan	57.59	80			21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Corrections	Corrections	57.59	80		17.29	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Horizon	MGD	27.56	38.28		15.35	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		First Health	First Health	50.39	70			21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Qualcare	Qualcare	53.99	75			21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Consumer	Consumer	68.39	95			21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		United	Oxford	57.56			23.33	21.6	68.39	fee schedule	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Wellcare	Medicaid	21.91	30.44		10.05	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		UHC	Medicaid	21.91	30.44		9.37	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		United	Commercial/PPO	57.56			20.14	21.6	68.39	fee schedule	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Horizon	PPO	27.56	38.28		12.79	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Horizon	Medicare Blue	21.6	30		5.95	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		WellPoint	WellPoint	22.35	31.04		9.59	21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Managed Care Inc	Managed Care Inc	64.79	90			21.6	68.39	percent of total billed charges	
IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	90686	CPT				both			71.99		Three Rivers	Three Rivers	68.39	95			21.6	68.39	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Americare	Americare	265.73	75			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Aetna	Medicare	109.13	30.8			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Multiplan	Multiplan	283.45	80			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		First Trenton	First Trenton	318.88	90			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Consumer	Consumer	336.59	95			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Aetna	Better Health	107.85	30.44			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Corrections	Corrections	283.45	80			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Horizon	PPO	135.63	38.28			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Horizon	MGD	135.63	38.28			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Amerihealth	HMO/PPO	67.96				67.96	336.59	fee schedule	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Qualcare	Qualcare	265.73	75			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Managed Care Inc	Managed Care Inc	318.88	90			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Horizon	Indemnity	135.63	38.28			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Aetna	Commercial	134.64	38			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Horizon	Medicare Blue	106.29	30			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Three Rivers	Three Rivers	336.59	95			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		First Health	First Health	248.02	70			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		UHC	Medicaid	107.85	30.44			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		WellPoint	WellPoint	109.98	31.04			67.96	336.59	percent of total billed charges	
TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	90691	CPT				outpatient			354.31		Wellcare	Medicaid	107.85	30.44			67.96	336.59	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		First Health	First Health	155.72	70			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Aetna	Commercial	84.53	38		10.42	56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		UHC	Medicaid	67.71	30.44		5.34	56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Aetna	Better Health	67.71	30.44			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		First Trenton	First Trenton	200.21	90			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Aetna	Medicare	68.51	30.8			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Horizon	MGD	85.15	38.28			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Consumer	Consumer	211.33	95			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Horizon	PPO	85.15	38.28			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Horizon	Medicare Blue	66.74	30			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Three Rivers	Three Rivers	211.33	95			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Horizon	Indemnity	85.15	38.28			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Americare	Americare	166.84	75			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Corrections	Corrections	177.96	80			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Amerihealth	HMO/PPO	56.35			8.88	56.35	211.33	fee schedule	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Multiplan	Multiplan	177.96	80			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		WellPoint	WellPoint	69.05	31.04			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Managed Care Inc	Managed Care Inc	200.21	90			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Qualcare	Qualcare	166.84	75			56.35	211.33	percent of total billed charges	
DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	90696	CPT				both			222.45		Wellcare	Medicaid	67.71	30.44			56.35	211.33	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Aetna	Medicare	169.76	30.8			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Aetna	Commercial	209.44	38		214.09	165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		First Health	First Health	385.82	70			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		First Trenton	First Trenton	496.05	90			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		UHC	Medicaid	167.78	30.44		1.58	165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Aetna	Better Health	167.78	30.44			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Consumer	Consumer	523.61	95			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Amerihealth	HMO/PPO	358.26	65			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Horizon	Medicare Blue	165.35	30			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Americare	Americare	413.38	75			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Corrections	Corrections	440.94	80			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Horizon	PPO	210.99	38.28		83.52	165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Three Rivers	Three Rivers	523.61	95			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Horizon	MGD	210.99	38.28			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Wellcare	Medicaid	167.78	30.44		3.18	165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Horizon	Indemnity	210.99	38.28			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		WellPoint	WellPoint	171.08	31.04			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Managed Care Inc	Managed Care Inc	496.05	90			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Multiplan	Multiplan	440.94	80			165.35	523.61	percent of total billed charges	
DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	90697	CPT				both			551.17		Qualcare	Qualcare	413.38	75			165.35	523.61	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Americare	Americare	313.67	75			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Wellcare	Medicaid	127.31	30.44			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Aetna	Commercial	158.93	38			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Aetna	Better Health	127.31	30.44			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		First Trenton	First Trenton	376.41	90			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Aetna	Medicare	128.81	30.8			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Consumer	Consumer	397.32	95			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Amerihealth	HMO/PPO	94.48				94.48	397.32	fee schedule	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Horizon	PPO	160.1	38.28			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		First Health	First Health	292.76	70			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Horizon	Indemnity	160.1	38.28			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Horizon	MGD	160.1	38.28			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Managed Care Inc	Managed Care Inc	376.41	90			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Corrections	Corrections	334.58	80			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Three Rivers	Three Rivers	397.32	95			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Horizon	Medicare Blue	125.47	30			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		WellPoint	WellPoint	129.62	31.04			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		UHC	Medicaid	127.31	30.44			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Multiplan	Multiplan	334.58	80			94.48	397.32	percent of total billed charges	
DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	90698	CPT				outpatient			418.23		Qualcare	Qualcare	313.67	75			94.48	397.32	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Horizon	MGD	92.55	38.28		57.51	28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Americare	Americare	181.33	75			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Amerihealth	HMO/PPO	28.89				28.89	229.68	fee schedule	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Qualcare	Qualcare	181.33	75			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Horizon	NJ Health	59.98			0.42	28.89	229.68	fee schedule	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Aetna	Commercial	91.87	38		42.88	28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Aetna	Better Health	73.59	30.44			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Multiplan	Multiplan	193.42	80			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		UHC	Medicaid	73.59	30.44		15.96	28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Horizon	Indemnity	92.55	38.28			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		First Health	First Health	169.24	70			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Consumer	Consumer	229.68	95			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Aetna	Medicare	74.47	30.8			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Three Rivers	Three Rivers	229.68	95			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Horizon	Medicare Blue	72.53	30			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Corrections	Corrections	193.42	80			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Horizon	PPO	92.55	38.28		67.38	28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		WellPoint	WellPoint	75.05	31.04			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		First Trenton	First Trenton	217.59	90			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Managed Care Inc	Managed Care Inc	217.59	90			28.89	229.68	percent of total billed charges	
DIPHTH TETANUS TOX ACELL PERTUSSIS VACC>7 YR IM	90700	CPT				outpatient			241.77		Wellcare	Medicaid	73.59	30.44		17.94	28.89	229.68	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Consumer	Consumer	330.79	95			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		UHC	Medicaid	105.99	30.44		14.29	74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		First Health	First Health	243.74	70			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Horizon	NJ Health	142.58			1.09	74.03	330.79	fee schedule	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Amerihealth	HMO/PPO	74.03			13.89	74.03	330.79	fee schedule	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Americare	Americare	261.15	75			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Aetna	Better Health	105.99	30.44			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Wellcare	Medicaid	105.99	30.44		11.27	74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Corrections	Corrections	278.56	80			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Horizon	MGD	133.29	38.28			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Aetna	Commercial	132.32	38		22.16	74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Horizon	PPO	133.29	38.28			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Horizon	Indemnity	133.29	38.28			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Three Rivers	Three Rivers	330.79	95			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Aetna	Medicare	107.25	30.8			74.03	330.79	percent of total billed charges	
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		WellPoint	WellPoint	108.08	31.04			74.03	330.79

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Multiplan	Multiplan	278.56	80			74.03	330.79	percent of total billed charges					
MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	90707	CPT				both			348.2		Managed Care Inc	Managed Care Inc	313.38	90			74.03	330.79	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Consumer	Consumer	968.59	95			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Aetna	Medicare	314.03	30.8			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		United	Oxford	341.69				33.93	968.59	fee schedule					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Wellcare	Medicaid	310.36	30.44			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Aetna	Better Health	310.36	30.44			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Amerihealth	HMO/PPO	198.12				33.93	968.59	fee schedule					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Americare	Americare	764.68	75			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		First Health	First Health	713.7	70			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Corrections	Corrections	815.66	80			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Horizon	MGD	390.29	38.28			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		First Trenton	First Trenton	917.61	90			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Horizon	NJ Health	33.93			0.6	33.93	968.59	fee schedule					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Aetna	Commercial	387.44	38			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Horizon	PPO	390.29	38.28			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		UHC	Medicaid	310.36	30.44			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Managed Care Inc	Managed Care Inc	917.61	90			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Horizon	Indemnity	390.29	38.28			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Three Rivers	Three Rivers	968.59	95			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Horizon	Medicare Blue	305.87	30			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		United	Commercial/PPO	341.69				33.93	968.59	fee schedule					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Multiplan	Multiplan	815.66	80			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		WellPoint	WellPoint	316.47	31.04			33.93	968.59	percent of total billed charges					
MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	90710	CPT				outpatient			1019.57		Qualcare	Qualcare	764.68	75			33.93	968.59	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		First Health	First Health	109.28	70			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Aetna	Better Health	47.52	30.44			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Amerihealth	HMO/PPO	37.17				37.17	148.3	fee schedule					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Aetna	Commercial	59.32	38			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Horizon	MGD	59.76	38.28			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Corrections	Corrections	124.89	80			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		WellPoint	WellPoint	48.46	31.04			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Horizon	NJ Health	83.96				37.17	148.3	fee schedule					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		UHC	Medicaid	47.52	30.44		11.37	37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Americare	Americare	117.08	75			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Aetna	Medicare	48.08	30.8			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Horizon	Medicare Blue	46.83	30			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Multiplan	Multiplan	124.89	80			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Consumer	Consumer	148.3	95			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Qualcare	Qualcare	117.08	75			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Wellcare	Medicaid	47.52	30.44			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		First Trenton	First Trenton	140.5	90			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Horizon	Indemnity	59.76	38.28			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Horizon	PPO	59.76	38.28			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Managed Care Inc	Managed Care Inc	140.5	90			37.17	148.3	percent of total billed charges					
POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	90713	CPT				both			156.11		Three Rivers	Three Rivers	148.3	95			37.17	148.3	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Aetna	Better Health	41.19	30.44			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	First Trenton	First Trenton	121.79	90			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Amerihealth	HMO/PPO	28.95				28.95	128.55	fee schedule					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Multiplan	Multiplan	108.26	80			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Americare	Americare	101.49	75			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Aetna	Medicare	36.37				28.95	128.55	fee schedule					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Aetna	Commercial	51.42	38			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Corrections	Corrections	108.26	80			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Consumer	Consumer	128.55	95			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Managed Care Inc	Managed Care Inc	121.79	90			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Amerihealth	Medicare	36.37				28.95	128.55	fee schedule					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Qualcare	Qualcare	101.49	75			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Horizon	Medicare Blue	40.6	30			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Horizon	Indemnity	51.8	38.28			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Horizon	MGD	51.8	38.28		22.53	28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Horizon	PPO	51.8	38.28			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Wellcare	Medicare	36.37				28.95	128.55	fee schedule					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Three Rivers	Three Rivers	128.55	95			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	First Health	First Health	94.72	70			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	UHC	Medicaid	41.19	30.44			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	UHC	Medicare	36.37				28.95	128.55	fee schedule					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	WellPoint	WellPoint	42	31.04			28.95	128.55	percent of total billed charges					
TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	90714	CPT				both			135.32	41.82	Wellcare	Medicaid	41.19	30.44			28.95	128.55	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	WellPoint	WellPoint	108.18	31.04		42.51	39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Amerihealth	HMO/PPO	45.61			28.5	39.71	331.08	fee schedule					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Wellcare	Medicaid	106.09	30.44		63.69	39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Horizon	Indemnity	133.41	38.28		45.88	39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Amerihealth	Medicare	39.71				39.71	331.08	fee schedule					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Aetna	Better Health	106.09	30.44		57.9	39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Aetna	Medicare	39.71			27.37	39.71	331.08	fee schedule					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Aetna	Commercial	132.43	38		42.64	39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	First Health	First Health	243.96	70			39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Corrections	Corrections	276.81	80		51.49	39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Horizon	Medicare Blue	104.55	30		23.11	39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Horizon	PPO	133.41	38.28		44.44	39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Horizon	MGD	133.41	38.28		70.38	39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Consumer	Consumer	331.08	95			39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Wellcare	Medicare	39.71			21.6	39.71	331.08	fee schedule					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Americare	Americare	261.38	75			39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Multiplan	Multiplan	278.81	80			39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	UHC	Medicare	39.71			27	39.71	331.08	fee schedule					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	First Trenton	First Trenton	313.66	90			39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Three Rivers	Three Rivers	331.08	95			39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Qualcare	Qualcare	261.38	75			39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	Managed Care Inc	Managed Care Inc	313.66	90			39.71	331.08	percent of total billed charges					
TDAP VACCINE 7 YRS> IM	90715	CPT				both			348.51	45.67	UHC	Medicaid	106.09	30.44		51.01	39.71	331.08	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Aetna	Commercial	255.18	38		31.45	122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Americare	Americare	503.64	75			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Consumer	Consumer	637.94	95			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Corrections	Corrections	537.22	80			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Horizon	MGD	257.06	38.28			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		First Trenton	First Trenton	604.37	90			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Aetna	Better Health	204.41	30.44			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Multiplan	Multiplan	537.22	80			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		UHC	Medicaid	204.41	30.44		15.07	122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Amerihealth	HMO/PPO	122.16			26.8	122.16	637.94	fee schedule					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		First Health	First Health	470.06	70			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Qualcare	Qualcare	503.64	75			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Wellcare	Medicaid	204.41	30.44			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Horizon	PPO	257.06	38.28			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Aetna	Medicare	206.83	30.8			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Horizon	Indemnity	257.06	38.28			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Managed Care Inc	Managed Care Inc	604.37	90			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Horizon	Medicare Blue	201.46	30			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Three Rivers	Three Rivers	637.94	95			122.16	637.94	percent of total billed charges					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		Horizon	NJ Health	216.06			1.86	122.16	637.94	fee schedule					
VAR VACCINE LIVE FOR SUBCUTANEOUS USE	90716	CPT				both			671.52		WellPoint	WellPoint	208.44	31.04		5.22	122.16	637.94	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Americare	Americare	1626.98	75			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Corrections	Corrections	1735.44	80			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		First Health	First Health	1518.51	70			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Horizon	Medicare Blue	650.79	30			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		First Trenton	First Trenton	1952.37	90			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Aetna	Medicare	668.14	30.8			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Aetna	Better Health	660.33	30.44			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Multiplan	Multiplan	1735.44	80			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Amerihealth	HMO/PPO	147.66				147.66	2060.84	fee schedule					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		WellPoint	WellPoint	673.35	31.04			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Aetna	Commercial	824.33	38			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Qualcare	Qualcare	1626.98	75			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Horizon	Indemnity	830.41	38.28			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Consumer	Consumer	2060.84	95			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		UHC	Medicaid	660.33	30.44			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Horizon	MGD	830.41	38.28			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Horizon	PPO	830.41	38.28			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Three Rivers	Three Rivers	2060.84	95			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Managed Care Inc	Managed Care Inc	1952.37	90			147.66	2060.84	percent of total billed charges					
YELLOW FEVER VACCINE LIVE SUBQ	90717	CPT				outpatient			2169.3		Wellcare	Medicaid	660.33	30.44			147.66	2060.84	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Horizon	Indemnity	136.83	38.28			79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Aetna	Better Health	108.8	30.44			79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Americare	Americare	268.08	75			79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Consumer	Consumer	339.57	95			79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Multiplan	Multiplan	285.95	80			79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Aetna	Commercial	135.83	38		90.34	79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Horizon	MGD	136.83	38.28			79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Aetna	Medicare	110.09	30.8			79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Qualcare	Qualcare	268.08	75			79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Horizon	NJ Health	262.51			2.39	79.73	339.57	fee schedule					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Amerihealth	HMO/PPO	79.73				79.73	339.57	fee schedule					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Corrections	Corrections	285.95	80			79.73	339.57	percent of total billed charges					
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		First Health	First Health	250.21	70			79.73		339.57	percent of total billed charges	
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		UHC	Medicaid	108.8	30.44			79.73		339.57	percent of total billed charges	
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		First Trenton	First Trenton	321.7	90			79.73		339.57	percent of total billed charges	
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Horizon	PPO	136.83	38.28			79.73		339.57	percent of total billed charges	
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Managed Care Inc	Managed Care Inc	321.7	90			79.73		339.57	percent of total billed charges	
DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	90723	CPT				outpatient			357.44		Three Rivers	Three Rivers	339.57	95			79.73		339.57	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Horizon	MGD	164.58	38.28			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Aetna	Medicare	133.47				93.71		408.43	fee schedule	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Horizon	Indemnity	164.58	38.28			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Aetna	Better Health	130.87	30.44			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	First Trenton	First Trenton	386.94	90			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Horizon	PPO	164.58	38.28		163.19	93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Americare	Americare	322.45	75			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	First Health	First Health	300.95	70			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	UHC	Medicaid	130.87	30.44			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Corrections	Corrections	343.94	80			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Amerihealth	HMO/PPO	93.71				93.71		408.43	fee schedule	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Aetna	Commercial	163.37	38		124.89	93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Managed Care Inc	Managed Care Inc	386.94	90			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	United	Oxford	343.7				93.71		408.43	fee schedule	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Amerihealth	Medicare	133.47				93.71		408.43	fee schedule	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Multiplan	Multiplan	343.94	80			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Wellcare	Medicare	133.47				93.71		408.43	fee schedule	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	WellPoint	WellPoint	133.45	31.04		116.03	93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Consumer	Consumer	408.43	95			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Qualcare	Qualcare	322.45	75			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Horizon	Medicare Blue	128.98	30		113.97	93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	UHC	Medicare	133.47				93.71		408.43	fee schedule	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Horizon	NJ Health	122.67				93.71		408.43	fee schedule	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Wellcare	Medicaid	130.87	30.44			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	Three Rivers	Three Rivers	408.43	95			93.71		408.43	percent of total billed charges	
PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	90732	CPT				both			429.93	153.49	United	Commercial/PPO	343.7				93.71		408.43	fee schedule	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Aetna	Commercial	109.69	38		33.37	86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		First Trenton	First Trenton	259.8	90			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Corrections	Corrections	230.94	80			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Aetna	Better Health	87.87	30.44			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Horizon	Indemnity	110.5	38.28			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Aetna	Medicare	88.91	30.8			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Consumer	Consumer	274.24	95			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		First Health	First Health	202.07	70			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Americare	Americare	216.5	75			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Managed Care Inc	Managed Care Inc	259.8	90			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Wellcare	Medicaid	87.87	30.44		20.89	86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Horizon	Medicare Blue	86.6	30			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		UHC	Medicaid	87.87	30.44		15.42	86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Horizon	MGD	110.5	38.28			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Amerihealth	HMO/PPO	119.93				86.6		274.24	fee schedule	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Horizon	PPO	110.5	38.28			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Multiplan	Multiplan	230.94	80			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Qualcare	Qualcare	216.5	75			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		Three Rivers	Three Rivers	274.24	95			86.6		274.24	percent of total billed charges	
MENACWYD/MENACWY-CRM CONJ VACC GRPS ACWY IM USE	90734	CPT				both			288.67		WellPoint	WellPoint	89.6	31.04		34.43	86.6		274.24	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Aetna	Better Health	249.39	30.44			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		WellPoint	WellPoint	254.3	31.04			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		First Health	First Health	573.5	70			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Aetna	Medicare	252.34	30.8			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Consumer	Consumer	778.32	95			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Horizon	Medicare Blue	245.78	30			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		UHC	Medicaid	249.39	30.44			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Americare	Americare	614.46	75			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Aetna	Commercial	311.33	38			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Wellcare	Medicaid	249.39	30.44			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Horizon	MGD	313.62	38.28			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Amerihealth	HMO/PPO	203.91				203.91		778.32	fee schedule	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Corrections	Corrections	655.42	80			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Horizon	PPO	313.62	38.28			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Horizon	Indemnity	313.62	38.28			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Three Rivers	Three Rivers	778.32	95			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		First Trenton	First Trenton	737.35	90			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Multiplan	Multiplan	655.42	80			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Managed Care Inc	Managed Care Inc	737.35	90			203.91		778.32	percent of total billed charges	
ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	90736	CPT				outpatient			819.28		Qualcare	Qualcare	614.46	75			203.91		778.32	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		First Trenton	First Trenton	950.46	90			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Corrections	Corrections	844.86	80			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Aetna	Commercial	401.31	38			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Aetna	Better Health	321.47	30.44			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Amerihealth	HMO/PPO	250.44				250.44		1003.27	fee schedule	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Horizon	Indemnity	404.26	38.28			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Aetna	Medicare	325.27	30.8			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Consumer	Consumer	1003.27	95			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Horizon	MGD	404.26	38.28			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Managed Care Inc	Managed Care Inc	950.46	90			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		First Health	First Health	739.25	70			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Americare	Americare	792.05	75			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Horizon	PPO	404.26	38.28			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Multiplan	Multiplan	844.86	80			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Horizon	Medicare Blue	316.82	30			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		WellPoint	WellPoint	327.8	31.04			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Three Rivers	Three Rivers	1003.27	95			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Qualcare	Qualcare	792.05	75			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		Wellcare	Medicaid	321.47	30.44			250.44		1003.27	percent of total billed charges	
JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	90738	CPT				outpatient			1056.07		UHC	Medicaid	321.47	30.44			250.44		1003.27	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Aetna	Medicare	177.56				162.63		515	fee schedule	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Aetna	Commercial	206	38		117.28	162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Corrections	Corrections	433.69	80			162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Multiplan	Multiplan	433.69	80			162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Amerihealth	HMO/PPO	352.37	65		102.14	162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	First Trenton	First Trenton	487.9	90			162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Consumer	Consumer	515	95			162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Aetna	Better Health	165.02	30.44		131.25	162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	First Health	First Health	379.48	70			162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Americare	Americare	406.58	75			162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Horizon	Indemnity	207.52	38.28		174.4	162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Qualcare	Qualcare	406.58	75			162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Horizon	MGD	207.52	38.28		139.44	162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Managed Care Inc	Managed Care Inc	487.9	90			162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Three Rivers	Three Rivers	515	95			162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Horizon	Medicare Blue	162.63	30		118.98	162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	United	Commercial/PPO	412.73			164.72	162.63		515	fee schedule	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Amerihealth	Medicare	177.56				162.63		515	fee schedule	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Horizon	PPO	207.52	38.28		133.33	162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Wellcare	Medicare	177.56				162.63		515	fee schedule	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	United	Oxford	412.73				162.63		515	fee schedule	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	Wellcare	Medicaid	165.02	30.44		150.79	162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	UHC	Medicare	177.56			69.5	162.63		515	fee schedule	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	UHC	Medicaid	165.02	30.44		95.06	162.63		515	percent of total billed charges	
HEPB VACCINE ADULT 2/4 DOSE SCHEDULE FOR IM USE	90739	CPT				both			542.11	204.19	WellPoint	WellPoint	168.27	31.04		97.02	162.63		515	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Aetna	Better Health	104.32	30.44			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Multiplan	Multiplan	274.18	80			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Aetna	Medicare	105.56	30.8			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	First Trenton	First Trenton	308.45	90			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Corrections	Corrections	274.18	80			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Americare	Americare	257.04	75			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	First Health	First Health	239.9	70			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	WellPoint	WellPoint	106.38	31.04			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Aetna	Commercial	130.23	38			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Qualcare	Qualcare	257.04	75			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Amerihealth	HMO/PPO	173.04				102.82		391.71	fee schedule	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Horizon	Indemnity	131.19	38.28			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Horizon	Medicare Blue	102.82	30			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Consumer	Consumer	325.58	95			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	UHC	Medicare	164.42				102.82		391.71	fee schedule	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Horizon	PPO	131.19	38.28			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Amerihealth	Medicare	164.42				102.82		391.71	fee schedule	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	United	Oxford	391.71				102.82		391.71	fee schedule	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Wellcare	Medicare	164.42				102.82		391.71	fee schedule	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Managed Care Inc	Managed Care Inc	308.45	90			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Horizon	MGD	131.19	38.28			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	Three Rivers	Three Rivers	325.58	95			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	90740	CPT				outpatient			342.72	189.09	UHC	Medicaid	104.32	30.44			102.82		391.71	percent of total billed charges	
HEPB VACCINE DIALY

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

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	First Health	First Health	330.81	70			24.5	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Corrections	Corrections	378.07	80			24.5	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	UHC	Medicaid	143.86	30.44			24.5	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Amerihealth	HMO/PPO	307.18	65			24.5	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Wellcare	Medicaid	143.86	30.44			24.5	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Horizon	MGD	360.74				24.5	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	UHC	Medicare	186.43				24.5	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Three Rivers	Three Rivers	448.96	95			24.5	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Horizon	PPO	360.74				24.5	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Amerihealth	Medicare	186.43				24.5	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	WellPoint	WellPoint	146.69	31.04			24.5	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Wellcare	Medicare	186.43				24.5	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Multiplan	Multiplan	378.07	80			24.5	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	90846	CPT				outpatient			472.59		214.39	Qualcare	Qualcare	354.44	75			24.5	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Corrections	Corrections	378.07	80			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Americare	Americare	354.44	75			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Horizon	Indemnity	360.74				113.94	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Aetna	Medicare	145.56	30.8			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Aetna	Commercial	304.25				113.94	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Amerihealth	Medicare	186.43				113.94	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	First Trenton	First Trenton	425.33	90			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Aetna	Better Health	143.86	30.44			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Amerihealth	HMO/PPO	307.18	65			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Horizon	Medicare Blue	186.43				113.94	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	UHC	Medicaid	143.86	30.44			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	First Health	First Health	330.81	70			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Multiplan	Multiplan	378.07	80			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Consumer	Consumer	448.96	95			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Horizon	NJ Health	113.94				113.94	448.96	fee schedule	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Horizon	PPO	360.74				113.94	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Quelcare	Qualcare	354.44	75			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Wellcare	Medicaid	143.86	30.44			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Managed Care Inc	Managed Care Inc	425.33	90			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Horizon	MGD	360.74				113.94	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Wellcare	Medicare	186.43				113.94	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	WellPoint	WellPoint	146.69	31.04			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	Three Rivers	Three Rivers	448.96	95			113.94	448.96	percent of total billed charges	
FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	90847	CPT				outpatient			472.59		214.39	UHC	Medicare	186.43				113.94	448.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Aetna	Better Health	86.63	30.44			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Aetna	Commercial	175.16				27.5	270.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Consumer	Consumer	270.35	95			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Horizon	Medicare Blue	107.33				27.5	270.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Corrections	Corrections	227.66	80			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Americare	Americare	213.44	75			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	First Health	First Health	199.21	70			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Amerihealth	Medicare	107.33				27.5	270.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Amerihealth	HMO/PPO	184.98	65			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Aetna	Medicare	107.33				27.5	270.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	First Trenton	First Trenton	256.12	90			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	UHC	Medicare	107.33				27.5	270.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Multiplan	Multiplan	227.66	80			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Wellcare	Medicaid	86.63	30.44			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Wellcare	Medicare	107.33				27.5	270.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Horizon	Indemnity	207.68				27.5	270.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Qualcare	Qualcare	213.44	75			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Horizon	PPO	207.68				27.5	270.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Horizon	MGD	207.68				27.5	270.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	WellPoint	WellPoint	88.33	31.04			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Horizon	NJ Health	27.5				27.5	270.35	fee schedule	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Managed Care Inc	Managed Care Inc	256.12	90			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	Three Rivers	Three Rivers	270.35	95			27.5	270.35	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT				outpatient			284.58		123.43	UHC	Medicaid	86.63	30.44			27.5	270.35	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Aetna	Medicare	93.62	30.8			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Americare	Americare	227.97	75			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Aetna	Better Health	92.53	30.44			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			First Trenton	First Trenton	273.56	90			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Corrections	Corrections	243.17	80			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Amerihealth	HMO/PPO	197.57	65			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			First Health	First Health	212.77	70			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Horizon	PPO	116.36	38.28			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Consumer	Consumer	288.76	95			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Multiplan	Multiplan	243.17	80			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Aetna	Commercial	115.5	38			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Managed Care Inc	Managed Care Inc	273.56	90			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			WellPoint	WellPoint	94.35	31.04			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Horizon	Indemnity	116.36	38.28			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Wellcare	Medicaid	92.53	30.44			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			UHC	Medicaid	92.53	30.44			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Horizon	MGD	116.36	38.28			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Three Rivers	Three Rivers	288.76	95			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Horizon	NJ Health	32.05				32.05	288.76	fee schedule	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Horizon	Medicare Blue	91.19	30			32.05	288.76	percent of total billed charges	
BIOFEEDBACK TRAINING ANY MODALITY	90901	CPT				both			303.96			Qualcare	Qualcare	227.97	75			32.05	288.76	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Aetna	Medicare	870.85	30.8			135	2686.07	other	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Amerihealth	Medicare	811.9				135	2686.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	First Trenton	First Trenton	2544.7	90			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Aetna	Commercial	1325.02				135	2686.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	First Health	First Health	1979.21	70			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Aetna	Better Health	860.67	30.44			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Corrections	Corrections	2261.95	80			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Consumer	Consumer	2686.07	95			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Amerihealth	HMO/PPO	135				135	2686.07	fee schedule	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Horizon	Medicare Blue	811.9				135	2686.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Managed Care Inc	Managed Care Inc	2544.7	90			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Americare	Americare	2120.58	75			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Horizon	MGD	1571.03			783.97	135	2686.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Multiplan	Multiplan	2261.95	80			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Horizon	PPO	1571.03				135	2686.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Qualcare	Qualcare	2120.58	75			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Horizon	Indemnity	1571.03				135	2686.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Three Rivers	Three Rivers	2686.07	95			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Horizon	NJ Health	1135.35			136.27	135	2686.07	fee schedule	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	WellPoint	WellPoint	877.64	31.04		85.93	135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	UHC	Medicaid	860.67	30.44			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	UHC	Medicare	811.9			803.62	135	2686.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Wellcare	Medicaid	860.67	30.44			135	2686.07	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	90935	CPT				both			2827.44		933.69	Wellcare	Medicare	811.9				135	2686.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Corrections	Corrections	1248.81	80			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Aetna	Better Health	475.17	30.44			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Aetna	Commercial	806.35				135	1482.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Amerihealth	HMO/PPO	135				135	1482.96	fee schedule	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	First Health	First Health	1092.71	70			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Americare	Americare	1170.76	75			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Multiplan	Multiplan	1248.81	80			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	UHC	Medicare	494.09				135	1482.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	First Trenton	First Trenton	1404.91	90			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Aetna	Medicare	494.09				135	1482.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Qualcare	Qualcare	1170.76	75			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Amerihealth	Medicare	494.09				135	1482.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Three Rivers	Three Rivers	1482.96	95			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Consumer	Consumer	1482.96	95			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Horizon	MGD	956.06				135	1482.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Horizon	Indemnity	956.06				135	1482.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Wellcare	Medicare	494.09				135	1482.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Horizon	Medicare Blue	494.09				135	1482.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Horizon	NJ Health	501.12				135	1482.96	fee schedule	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Wellcare	Medicaid	475.17	30.44			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Horizon	PPO	956.06				135	1482.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	Managed Care Inc	Managed Care Inc	1404.91	90			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	UHC	Medicaid	475.17	30.44			135	1482.96	percent of total billed charges	
DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	90945	CPT				outpatient			1561.01		568.2	WellPoint	WellPoint	484.54	31.04			135	1482.96	percent of total billed charges	
ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	90962	CPT				outpatient			204			Amerihealth	HMO/PPO	132.6	65			61.2	193.8	percent of total billed charges	
ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	90962	CPT				outpatient			204			Consumer	Consumer	193.8	95			61.2	193.8	percent of total billed charges	
ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	90962	CPT				outpatient			204			Aetna	Medicare	62.83	30.8			61.2	193.8	percent of total billed charges	
ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	90962	CPT				outpatient			204			Americare	Americare	153	75			61.2	193.8	percent of total billed charges	
ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	90962	CPT				outpatient			204			Aetna	Better Health	62.1	30.44			61.2	193.8	percent of total billed charges	
ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	90962	CPT				outpatient			204			Aetna	Commercial	77.52	38			61.2	193.8	percent of total billed charges	
ESRD RELATED SVC MONTHLY 20

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESRD RELATED SVC MONTHLY 20&//>YR OLD 1 VISIT	90962	CPT				outpatient			204		Wellcare	Medicaid	62.1	30.44			61.2	193.8	percent of total billed charges	
ESRD RELATED SVC MONTHLY 20&//>YR OLD 1 VISIT	90962	CPT				outpatient			204		Managed Care Inc	Managed Care Inc	183.6	90			61.2	193.8	percent of total billed charges	
ESRD RELATED SVC MONTHLY 20&//>YR OLD 1 VISIT	90962	CPT				outpatient			204		UHC	Medicaid	62.1	30.44			61.2	193.8	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Aetna	Medicare	615.67				130	3165.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Americare	Americare	1449.68	75			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Aetna	Better Health	588.37	30.44			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Corrections	Corrections	1546.32	80			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Three Rivers	Three Rivers	1836.26	95			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	First Health	First Health	1353.03	70			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Amerihealth	Medicare	615.67				130	3165.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Aetna	Commercial	1004.77			567.7	130	3165.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Amerihealth	HMO/PPO	130				130	3165.93	fee schedule	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Consumer	Consumer	1836.26	95			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Horizon	Medicare Blue	615.67				130	3165.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	First Trenton	First Trenton	1739.61	90			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Wellcare	Medicaid	588.37	30.44		477.29	130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Multiplan	Multiplan	1546.32	80			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Horizon	Indemnity	1191.32				130	3165.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Qualcare	Qualcare	1449.68	75			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Horizon	MGD	1191.32			780.45	130	3165.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	UHC	Medicaid	588.37	30.44			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	UHC	Medicare	615.67			271.34	130	3165.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Horizon	NJ Health	3165.93			969.75	130	3165.93	fee schedule	$3,681 All-Inclusive Case Rate
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	WellPoint	WellPoint	599.97	31.04		415.84	130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Wellcare	Medicare	615.67				130	3165.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Horizon	PPO	1191.32			225.16	130	3165.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	Managed Care Inc	Managed Care Inc	1739.61	90			130	3165.93	percent of total billed charges	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	United	Commercial/PPO	1835.46			731.79	130	3165.93	case rate	
ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	91010	CPT				both			1932.9	708.02	United	Oxford	1835.46				130	3165.93	case rate	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	UHC	Medicare	615.67				155	2395.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Consumer	Consumer	1190.9	95			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Aetna	Better Health	381.59	30.44			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	First Trenton	First Trenton	1128.22	90			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Amerihealth	HMO/PPO	155				155	2395.98	fee schedule	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Aetna	Commercial	1004.77				155	2395.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Americare	Americare	940.19	75			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Corrections	Corrections	1002.86	80			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Amerihealth	Medicare	615.67				155	2395.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	First Health	First Health	877.51	70			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Aetna	Medicare	615.67				155	2395.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Managed Care Inc	Managed Care Inc	1128.22	90			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Horizon	Indemnity	1191.32				155	2395.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Horizon	MGD	1191.32				155	2395.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Horizon	Medicare Blue	615.67				155	2395.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Horizon	PPO	1191.32				155	2395.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	United	Commercial/PPO	1835.46				155	2395.98	case rate	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Multiplan	Multiplan	1002.86	80			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Horizon	NJ Health	2395.98				155	2395.98	fee schedule	$3,681 All-Inclusive Case Rate
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Three Rivers	Three Rivers	1190.9	95			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	United	Oxford	1835.46				155	2395.98	case rate	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Qualcare	Qualcare	940.19	75			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Wellcare	Medicaid	381.59	30.44			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	Wellcare	Medicare	615.67				155	2395.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	UHC	Medicaid	381.59	30.44			155	2395.98	percent of total billed charges	
GASTRIC MOTILITY MANOMETRIC STUDIES	91020	CPT				outpatient			1253.58	708.02	WellPoint	WellPoint	389.11	31.04			155	2395.98	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Aetna	Commercial	1004.77			459.88	150	1836.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Aetna	Better Health	588.37	30.44			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Qualcare	Qualcare	1449.68	75			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Amerihealth	Medicare	615.67				150	1836.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Horizon	Indemnity	1191.32				150	1836.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	First Health	First Health	1353.03	70			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Horizon	NJ Health	472.41			558.18	150	1836.26	fee schedule	$3,681 All-Inclusive Case Rate
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Americare	Americare	1449.68	75			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Aetna	Medicare	595.33	30.8			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Multiplan	Multiplan	1546.32	80			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Wellcare	Medicare	615.67				150	1836.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	First Trenton	First Trenton	1739.61	90			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Horizon	MGD	1191.32			525.85	150	1836.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Horizon	PPO	1191.32			225.16	150	1836.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	United	Commercial/PPO	1835.46			731.79	150	1836.26	case rate	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Amerihealth	HMO/PPO	150				150	1836.26	fee schedule	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Consumer	Consumer	1836.26	95			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Horizon	Medicare Blue	615.67			434.78	150	1836.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	UHC	Medicare	615.67			332.03	150	1836.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	WellPoint	WellPoint	599.97	31.04		515.28	150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Corrections	Corrections	1546.32	80		596.62	150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Managed Care Inc	Managed Care Inc	1739.61	90			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Three Rivers	Three Rivers	1836.26	95			150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	UHC	Medicaid	588.37	30.44		558.68	150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	United	Oxford	1835.46				150	1836.26	case rate	
GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	91035	CPT				outpatient			1932.9	708.02	Wellcare	Medicaid	588.37	30.44		432.66	150	1836.26	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Aetna	Commercial	589.67				150	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Horizon	NJ Health	217.05			579.38	150	1835.46	fee schedule	$3,681 All-Inclusive Case Rate
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Amerihealth	Medicare	361.32				150	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Consumer	Consumer	1216.1	95			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Qualcare	Qualcare	960.08	75			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Amerihealth	HMO/PPO	150				150	1835.46	fee schedule	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Aetna	Medicare	361.32				150	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Aetna	Better Health	389.66	30.44			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Americare	Americare	960.08	75			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Horizon	PPO	699.15			149.11	150	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	UHC	Medicare	361.32			143.16	150	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Corrections	Corrections	1024.08	80			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Multiplan	Multiplan	1024.08	80			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	First Health	First Health	896.07	70			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	First Trenton	First Trenton	1152.09	90			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Wellcare	Medicare	361.32				150	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Three Rivers	Three Rivers	1216.1	95			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	UHC	Medicaid	389.66	30.44			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Horizon	MGD	699.15				150	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Horizon	Indemnity	699.15				150	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	United	Commercial/PPO	1835.46			484.64	150	1835.46	case rate	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Wellcare	Medicaid	389.66	30.44			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Horizon	Medicare Blue	361.32				150	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	Managed Care Inc	Managed Care Inc	1152.09	90			150	1835.46	percent of total billed charges	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	United	Oxford	1835.46				150	1835.46	case rate	
GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	91037	CPT				outpatient			1280.1	415.52	WellPoint	WellPoint	397.34	31.04			150	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Aetna	Better Health	579.37	30.44			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Amerihealth	Medicare	615.67				75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	UHC	Medicaid	579.37	30.44		553.2	75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Aetna	Commercial	1004.77			299.97	75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	First Health	First Health	1332.32	70			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Americare	Americare	1427.49	75			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	First Trenton	First Trenton	1712.99	90			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Aetna	Medicare	586.22	30.8			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Amerihealth	HMO/PPO	75				75	1835.46	fee schedule	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Consumer	Consumer	1808.15	95			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Managed Care Inc	Managed Care Inc	1712.99	90			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Corrections	Corrections	1522.66	80			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Horizon	Medicare Blue	615.67				75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Horizon	Indemnity	1191.32				75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Wellcare	Medicare	615.67				75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Horizon	PPO	1191.32				75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Horizon	NJ Health	1293.98			502.01	75	1835.46	fee schedule	$3,681 All-Inclusive Case Rate
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Three Rivers	Three Rivers	1808.15	95			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Horizon	MGD	1191.32			284.83	75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	WellPoint	WellPoint	590.79	31.04			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	United	Oxford	1835.46				75	1835.46	case rate	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Multiplan	Multiplan	1522.66	80			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	UHC	Medicare	615.67			225.01	75	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Qualcare	Qualcare	1427.49	75			75	1835.46	percent of total billed charges	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	United	Commercial/PPO	1835.46			787.43	75	1835.46	case rate	
ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	91040	CPT				both			1903.32	708.02	Wellcare	Medicaid	579.37	30.44		319.84	75	1835.46	percent of total billed charges	
BREATH HYDROGEN/METHANE TEST	91065	CPT				outpatient			655.86	208.77	Horizon	MGD	351.28				50	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN/METHANE TEST	91065	CPT				outpatient			655.86	208.77	Aetna	Medicare	202	30.8			50	1835.46	percent of total billed charges	
BREATH HYDROGEN/METHANE TEST	91065	CPT				outpatient			655.86	208.77	Amerihealth	HMO/PPO	50				50	1835.46	fee schedule	
BREATH HYDROGEN/METHANE TEST	91065

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	Horizon NJ Health		586.08			49.21	50	1835.46	fee schedule	$3,681 All-Inclusive Case Rate
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	United	CommercialPPO	1835.46				50	1835.46	case rate	
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	Qualcare	Qualcare	491.9	75			50	1835.46	percent of total billed charges	
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	United	Oxford	1835.46				50	1835.46	case rate	
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	Consumer	Consumer	623.07	95			50	1835.46	percent of total billed charges	
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	WellPoint	WellPoint	203.58	31.04			50	1835.46	percent of total billed charges	
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	UHC	Medicaid	199.64	30.44		198.92	50	1835.46	percent of total billed charges	
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	First Trenton	First Trenton	590.27	90			50	1835.46	percent of total billed charges	
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	Wellcare	Medicaid	199.64	30.44			50	1835.46	percent of total billed charges	
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	Managed Care Inc	Managed Care Inc	590.27	90			50	1835.46	percent of total billed charges	
BREATH HYDROGEN,METHANE TEST	91065	CPT				outpatient			655.86	208.77	Three Rivers	Three Rivers	623.07	95			50	1835.46	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Aetna	Medicare	1087.87				550	5140.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	First Health	First Health	3787.77	70			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	WellPoint	WellPoint	1679.61	31.04			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Aetna	Better Health	1647.14	30.44			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Americare	Americare	4058.33	75			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Consumer	Consumer	5140.55	95			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Amerihealth	Medicare	1087.87				550	5140.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Aetna	Commercial	1775.4			1773.23	550	5140.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Amerihealth	HMO/PPO	550				550	5140.55	fee schedule	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Three Rivers	Three Rivers	5140.55	95			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Horizon	Indemnity	2105.03				550	5140.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Multiplan	Multiplan	4328.88	80			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Horizon	Medicare Blue	1087.87				550	5140.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Corrections	Corrections	4328.88	80			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Horizon	NJ Health	1746.09			1299.9	550	5140.55	fee schedule	$3,681 All-Inclusive Case Rate
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Qualcare	Qualcare	4058.33	75			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Wellcare	Medicaid	1647.14	30.44			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	United	Oxford	2567.79			2490	550	5140.55	case rate	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	UHC	Medicare	1087.87			1051.3	550	5140.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	First Trenton	First Trenton	4869.99	90			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Wellcare	Medicare	1087.87				550	5140.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Horizon	MGD	2105.03				550	5140.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Horizon	PPO	2105.03				550	5140.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	Managed Care Inc	Managed Care Inc	4869.99	90			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	UHC	Medicaid	1647.14	30.44			550	5140.55	percent of total billed charges	
GI TRC IMG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	91110	CPT				both			5411.1	1251.05	United	CommercialPPO	2567.79				550	5140.55	case rate	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Aetna	Commercial	1775.4				550	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Aetna	Better Health	1412.41	30.44			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Multiplan	Multiplan	3711.98	80			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Consumer	Consumer	4407.98	95			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Three Rivers	Three Rivers	4407.98	95			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	UHC	Medicare	1087.87				550	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Corrections	Corrections	3711.98	80			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Amerihealth	Medicare	1087.87				550	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Americare	Americare	3479.99	75			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Aetna	Medicare	1087.87				550	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Qualcare	Qualcare	3479.99	75			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Horizon	Medicare Blue	1087.87				550	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Amerihealth	HMO/PPO	550				550	4407.98	fee schedule	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Horizon	MGD	2105.03				550	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	First Trenton	First Trenton	4175.98	90			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	First Health	First Health	3247.99	70			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Horizon	Indemnity	2105.03				550	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Horizon	PPO	2105.03				550	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	UHC	Medicaid	1412.41	30.44			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	United	Oxford	2567.79				550	4407.98	case rate	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Horizon	NJ Health	1201.64				550	4407.98	fee schedule	$3,681 All-Inclusive Case Rate
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	WellPoint	WellPoint	1440.25	31.04			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Managed Care Inc	Managed Care Inc	4175.98	90			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Wellcare	Medicaid	1412.41	30.44			550	4407.98	percent of total billed charges	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	United	CommercialPPO	2567.79				550	4407.98	case rate	
GI TRACT IMAGING INTRALUMINAL ESOPHAGUS W/I&R	91111	CPT				outpatient			4639.98	1251.05	Wellcare	Medicare	1087.87				550	4407.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	UHC	Medicare	361.32				135	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Aetna	Medicare	361.32			259.17	135	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Aetna	Better Health	371.34	30.44			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Horizon	Medicare Blue	361.32			13.69	135	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Aetna	Commercial	589.67				135	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	First Trenton	First Trenton	1097.93	90			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Consumer	Consumer	1158.92	95			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Horizon	NJ Health	997.02			573.96	135	1835.46	fee schedule	$3,681 All-Inclusive Case Rate
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Amerihealth	Medicare	361.32				135	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Americare	Americare	914.94	75			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	First Health	First Health	853.94	70			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	United	CommercialPPO	1835.46				135	1835.46	case rate	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Horizon	Indemnity	699.15				135	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Managed Care Inc	Managed Care Inc	1097.93	90			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Corrections	Corrections	975.94	80			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Amerihealth	HMO/PPO	135				135	1835.46	fee schedule	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Multiplan	Multiplan	975.94	80			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Horizon	MGD	699.15				135	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Three Rivers	Three Rivers	1158.92	95			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	UHC	Medicaid	371.34	30.44		359.16	135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Qualcare	Qualcare	914.94	75			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Horizon	PPO	699.15				135	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Wellcare	Medicaid	371.34	30.44			135	1835.46	percent of total billed charges	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	United	Oxford	1835.46				135	1835.46	case rate	
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	Wellcare	Medicare	361.32				135	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MANOMETRY	91122	CPT				outpatient			1219.92	415.52	WellPoint	WellPoint	378.66	31.04			135	1835.46	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	UHC	Medicaid	172.32	30.44		127.18	51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Multiplan	Multiplan	452.88	80			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Amerihealth	HMO/PPO	51.46				51.46	537.8	fee schedule	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Americare	Americare	424.58	75			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Wellcare	Medicare	181.54				51.46	537.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Aetna	Commercial	296.27			289.98	51.46	537.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Aetna	Better Health	172.32	30.44			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Amerihealth	Medicare	181.54				51.46	537.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	First Health	First Health	396.27	70			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Qualcare	Qualcare	424.58	75			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	First Trenton	First Trenton	509.49	90			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Horizon	Indemnity	351.28			233.01	51.46	537.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Horizon	PPO	351.28			332.47	51.46	537.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Aetna	Medicare	181.54				51.46	537.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Managed Care Inc	Managed Care Inc	509.49	90			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Consumer	Consumer	537.8	95			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	UHC	Medicare	181.54			110.63	51.46	537.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Corrections	Corrections	452.88	80			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Three Rivers	Three Rivers	537.8	95			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Horizon	Medicare Blue	181.54				51.46	537.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	WellPoint	WellPoint	175.72	31.04		162.65	51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Wellcare	Medicaid	172.32	30.44			51.46	537.8	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAG W/I&R	91200	CPT				both			566.1	208.77	Horizon	MGD	351.28			247.35	51.46	537.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	WellPoint	WellPoint	179.2	31.04		170.47	175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Amerihealth	HMO/PPO	375.26	65			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Aetna	Medicare	181.54				175.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Aetna	Better Health	175.74	30.44			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Amerihealth	Medicare	181.54				175.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Aetna	Commercial	296.27				175.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	First Trenton	First Trenton	519.59	90			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Consumer	Consumer	548.45	95			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	First Health	First Health	404.12	70			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Multiplan	Multiplan	461.86	80			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Horizon	PPO	351.28				175.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Wellcare	Medicare	181.54				175.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Horizon	Indemnity	351.28				175.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Americare	Americare	432.99	75			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Managed Care Inc	Managed Care Inc	519.59	90			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Corrections	Corrections	461.86	80			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Horizon	MGD	351.28			351.28	175.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Qualcare	Qualcare	432.99	75			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	UHC	Medicare	181.54				175.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Horizon	Medicare Blue	181.54				175.74	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	United	CommercialPPO	1835.46				175.74	1835.46	case rate	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Three Rivers	Three Rivers	548.45	95			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	Wellcare	Medicaid	175.74	30.44			175.74	1835.46	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	United	Oxford	1835.46				175.74	1835.46	case rate	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	91299	CPT				outpatient			577.32	208.77	UHC	Medicaid	175.74	30.44		162.73	175.74	1835.46	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				out

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Multiplan	Multiplan	160.75	80			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Wellcare	Medicaid	61.17	30.44			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	First Trenton	First Trenton	180.85	90			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Wellcare	Medicare	65.55				60.28	190.89	fee schedule	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Corrections	Corrections	160.75	80			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	WellPoint	WellPoint	62.37	31.04			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Horizon	Indemnity	76.92	38.28			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Qualcare	Qualcare	150.71	75			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Horizon	PPO	76.92	38.28			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Horizon	Medicare Blue	60.28	30			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Managed Care Inc	Managed Care Inc	180.85	90			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	United	Oxford	168.8				60.28	190.89	fee schedule	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	Three Rivers	Three Rivers	190.89	95			60.28	190.89	percent of total billed charges	
SARSCOV2 VACC 3MCG/0.3ML TRIS-SUCROSE IM USE	91318	CPT				outpatient			200.94	75.38	United	Commercial|PPO	168.8				60.28	190.89	fee schedule	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	UHC	Medicaid	122.02	30.44			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Aetna	Medicare	155.9				120.26	380.82	fee schedule	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Amerihealth	Medicare	155.9				120.26	380.82	fee schedule	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Americare	Americare	300.65	75			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	First Health	First Health	280.6	70			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Corrections	Corrections	320.69	80			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Aetna	Better Health	122.02	30.44			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Aetna	Commercial	152.33	38			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Horizon	MGD	153.45	38.28			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Amerihealth	HMO|PPO	260.56	65			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	UHC	Medicare	155.9				120.26	380.82	fee schedule	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Consumer	Consumer	380.82	95			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Horizon	PPO	153.45	38.28			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	First Trenton	First Trenton	360.77	90			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Wellcare	Medicare	155.9				120.26	380.82	fee schedule	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Horizon	Medicare Blue	120.26	30			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Three Rivers	Three Rivers	380.82	95			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Horizon	Indemnity	153.45	38.28			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	WellPoint	WellPoint	124.43	31.04			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Multiplan	Multiplan	320.69	80			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Managed Care Inc	Managed Care Inc	360.77	90			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	United	Oxford	337.59				120.26	380.82	fee schedule	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Qualcare	Qualcare	300.65	75			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	Wellcare	Medicaid	122.02	30.44			120.26	380.82	percent of total billed charges	
SARSCOV2 VACC 30MCG/0.3ML TRIS-SUCROSE IM USE	91320	CPT				outpatient			400.86	179.28	United	Commercial|PPO	337.59				120.26	380.82	fee schedule	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Amerihealth	Medicare	147.06				141.01	446.52	fee schedule	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Aetna	Better Health	143.07	30.44			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	First Health	First Health	329.01	70			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Consumer	Consumer	446.52	95			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Amerihealth	HMO|PPO	305.51	65			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Aetna	Commercial	178.61	38			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Aetna	Medicare	144.77	30.8			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Americare	Americare	352.52	75			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	First Trenton	First Trenton	423.02	90			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Horizon	Medicare Blue	141.01	30			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	UHC	Medicare	147.06				141.01	446.52	fee schedule	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	United	Commercial|PPO	375.75				141.01	446.52	fee schedule	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Corrections	Corrections	376.02	80			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Wellcare	Medicare	147.06				141.01	446.52	fee schedule	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Horizon	MGD	179.92	38.28			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Multiplan	Multiplan	376.02	80			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Horizon	PPO	179.92	38.28			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Qualcare	Qualcare	362.52	75			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	United	Oxford	375.75				141.01	446.52	fee schedule	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Horizon	Indemnity	179.92	38.28			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	UHC	Medicaid	143.07	30.44			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Managed Care Inc	Managed Care Inc	423.02	90			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Wellcare	Medicaid	143.07	30.44			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	WellPoint	WellPoint	145.89	31.04			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 25 MCG/0.25 ML FOR IM USE	91321	CPT				outpatient			470.02	169.12	Three Rivers	Three Rivers	446.52	95			141.01	446.52	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Aetna	Medicare	161.65			137.87	156.21	494.66	fee schedule	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Aetna	Better Health	158.5	30.44		128.54	156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Aetna	Commercial	197.86	38		175.05	156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Americare	Americare	390.52	75			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	First Health	First Health	364.48	70			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Amerihealth	Medicare	161.65				156.21	494.66	fee schedule	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	First Trenton	First Trenton	468.62	90			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Multiplan	Multiplan	416.55	80			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Amerihealth	HMO|PPO	338.45	65		84.32	156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Consumer	Consumer	494.66	95			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Corrections	Corrections	416.55	80			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Qualcare	Qualcare	390.52	75			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Horizon	MGD	199.32	38.28		174.48	156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Horizon	PPO	199.32	38.28		144	156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Managed Care Inc	Managed Care Inc	468.62	90			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	United	Oxford	375.75				156.21	494.66	fee schedule	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	UHC	Medicare	161.65			112.6	156.21	494.66	fee schedule	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Horizon	Indemnity	199.32	38.28			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Three Rivers	Three Rivers	494.66	95			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Horizon	Medicare Blue	156.21	30			156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	UHC	Medicaid	158.5	30.44		135.01	156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Wellcare	Medicare	161.65			165.64	156.21	494.66	fee schedule	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	United	Commercial|PPO	375.75			316.41	156.21	494.66	fee schedule	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	WellPoint	WellPoint	161.62	31.04		119.18	156.21	494.66	percent of total billed charges	
SARSCOV2 VACCINE 50 MCG/0.5 ML FOR IM USE	91322	CPT				both			520.69	185.9	Wellcare	Medicaid	158.5	30.44		81.98	156.21	494.66	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Three Rivers	Three Rivers	440	95			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Amerihealth	HMO|PPO	301.05	65			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Aetna	Better Health	140.99	30.44			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Consumer	Consumer	440	95			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	First Health	First Health	324.21	70			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Corrections	Corrections	370.53	80			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Amerihealth	Medicare	149.53				63.16	440	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Aetna	Commercial	244.03				63.16	440	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	UHC	Medicaid	140.99	30.44			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Qualcare	Qualcare	347.37	75			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Horizon	Medicare Blue	149.53				63.16	440	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Aetna	Medicare	149.53				63.16	440	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Wellcare	Medicaid	140.99	30.44			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	First Trenton	First Trenton	416.84	90			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	UHC	Medicare	149.53				63.16	440	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Americare	Americare	347.37	75			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Wellcare	Medicare	149.53				63.16	440	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Horizon	Indemnity	289.34				63.16	440	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Horizon	MGD	289.34				63.16	440	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Horizon	NJ Health	63.16				63.16	440	fee schedule	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Multiplan	Multiplan	370.53	80			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Horizon	PPO	289.34				63.16	440	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	Managed Care Inc	Managed Care Inc	416.84	90			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE NEW PT	92002	CPT				outpatient			463.16	171.96	WellPoint	WellPoint	143.76	31.04			63.16	440	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Amerihealth	Medicare	149.53				112.23	432.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Amerihealth	HMO|PPO	295.61	65			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Horizon	Medicare Blue	149.53				112.23	432.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Aetna	Commercial	244.03			233.73	112.23	432.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Aetna	Medicare	149.53				112.23	432.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Americare	Americare	341.09	75			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Aetna	Better Health	138.44	30.44			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Horizon	Indemnity	289.34				112.23	432.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	WellPoint	WellPoint	141.16	31.04		101.88	112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Horizon	NJ Health	112.23			22.53	112.23	432.04	fee schedule	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	First Health	First Health	318.35	70			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	First Trenton	First Trenton	409.3	90			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Consumer	Consumer	432.04	95			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Three Rivers	Three Rivers	432.04	95			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	UHC	Medicare	149.53			89.34	112.23	432.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Horizon	MGD	289.34			136.82	112.23	432.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Corrections	Corrections	363.82	80			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Multiplan	Multiplan	363.82	80			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Managed Care Inc	Managed Care Inc	409.3	90			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Wellcare	Medicare	149.53				112.23	432.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Horizon	PPO	289.34				112.23	432.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	Quakcare	Qualcare	341.09	75			112.23	432.04	percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	92004	CPT				both			454.78	171.96	UHC	Medicaid	138.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	149.53	171.96 Horizon	Medicare Blue	149.53				76.26	428.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	315.59	171.96 First Health	First Health		70			76.26	428.3 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	289.34	171.96 Horizon	Indemnity					76.26	428.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	428.3	171.96 Consumer	Consumer		95			76.26	428.3 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	405.76	171.96 Managed Care Inc	Managed Care Inc		90			76.26	428.3 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	137.24	171.96 Wellcare	Medicaid		30.44		72.45	76.26	428.3 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	428.3	171.96 Three Rivers	Three Rivers		95			76.26	428.3 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	338.13	171.96 Quaicare	Qualcare		75			76.26	428.3 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	137.24	171.96 UHC	Medicaid		30.44		80.91	76.26	428.3 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	360.67	171.96 Corrections	Corrections		80			76.26	428.3 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	149.53	171.96 Wellcare	Medicare					76.26	428.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	289.34	171.96 Horizon	PPO					76.26	428.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL INTERMEDIATE EST PT	92012	CPT				both			450.84	139.94	171.96 WellPoint	WellPoint		31.04			76.26	428.3 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	244.03	171.96 Aetna	Commercial					112.13	432.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	296.61	171.96 Amerihealth	HMO/PPO		65			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	138.44	171.96 Aetna	Better Health		30.44			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	318.35	171.96 First Health	First Health		70			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	140.07	171.96 Aetna	Medicare		30.8			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	469.3	171.96 First Trenton	First Trenton		90			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	149.53	171.96 Amerihealth	Medicare					112.13	432.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	432.04	171.96 Consumer	Consumer		95			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	341.09	171.96 Americare	Americare		75			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	363.82	171.96 Corrections	Corrections		80			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	289.34	171.96 Horizon	PPO					112.13	432.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	363.82	171.96 Multiplan	Multiplan		80			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	432.04	171.96 Three Rivers	Three Rivers		95			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	409.3	171.96 Managed Care Inc	Managed Care Inc		90			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	289.34	171.96 Horizon	Indemnity					112.13	432.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	141.16	171.96 WellPoint	WellPoint		31.04		76.08	112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	289.34	171.96 Horizon	MGD					112.13	432.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	112.13	171.96 Horizon	NJ Health				48.11	112.13	432.04 fee schedule	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	149.53	171.96 Horizon	Medicare Blue					112.13	432.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	341.09	171.96 Qualcare	Qualcare		75			112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	149.53	171.96 UHC	Medicare					112.13	432.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	138.44	171.96 Wellcare	Medicaid		30.44		51.31	112.13	432.04 percent of total billed charges	
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	149.53	171.96 Wellcare	Medicare					112.13	432.04 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH SVCS MEDICAL XM&EVAL COMPRE EST PT 1/>VST	92014	CPT				outpatient			454.78	138.44	171.96 UHC	Medicaid		30.44		69.27	112.13	432.04 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	61.41	Consumer	Consumer		95			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	19.91	Aetna	Medicare		30.8		9.01	19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	24.74	Horizon	Indemnity		38.28			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	51.71	Corrections	Corrections		80			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	24.56	Aetna	Commercial		38		14.32	19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	19.68	Aetna	Better Health		30.44			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	19.68	UHC	Medicaid		30.44		19.08	19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	58.18	First Trenton	First Trenton		90			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	48.48	Americare	Americare		75			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	42.02	Amerihealth	HMO/PPO		65			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	78.3	Horizon	NJ Health				9.04	19.39	78.3 fee schedule	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	24.74	Horizon	MGD		38.28			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	19.68	Wellcare	Medicaid		30.44		19.25	19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	45.25	First Health	First Health		70			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	20.06	WellPoint	WellPoint		31.04		17.5	19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	24.74	Horizon	PPO		38.28			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	51.71	Multiplan	Multiplan		80			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	58.18	Managed Care Inc	Managed Care Inc		90			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	19.39	Horizon	Medicare Blue		30			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	61.41	Three Rivers	Three Rivers		95			19.39	78.3 percent of total billed charges	
DETERMINATION REFRACTIVE STATE	92015	CPT				outpatient			64.64	48.48	Qualcare	Qualcare		75			19.39	78.3 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2706.98	3113.03 Aetna	Medicare					100.49	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	4417.79	3113.03 Aetna	Commercial					100.49	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	7637.4	3113.03 Consumer	Consumer		95			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2706.98	3113.03 Amerihealth	Medicare					100.49	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2447.18	3113.03 Aetna	Better Health		30.44			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2706.98	3113.03 Horizon	Medicare Blue					100.49	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	6431.5	3113.03 Corrections	Corrections		80			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	6029.53	3113.03 Americare	Americare		75			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	5627.56	3113.03 First Health	First Health		70			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2706.98	3113.03 Wellcare	Medicare					100.49	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	7235.43	3113.03 First Trenton	First Trenton		90			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	550	3113.03 Amerihealth	HMO/PPO					100.49	7637.4 fee schedule	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	6431.5	3113.03 Multiplan	Multiplan		80			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2706.98	3113.03 UHC	Medicare					100.49	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	5238.01	3113.03 Horizon	Indemnity					100.49	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2447.18	3113.03 UHC	Medicaid		30.44			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	5238.01	3113.03 Horizon	MGD					100.49	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2869.28	3113.03 United	Commercial/PPO					100.49	7637.4 case rate	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	100.49	3113.03 Horizon	NJ Health					100.49	7637.4 fee schedule	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	6029.53	3113.03 Qualcare	Qualcare		75			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	5238.01	3113.03 Horizon	PPO					100.49	7637.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	7235.43	3113.03 Managed Care Inc	Managed Care Inc		90			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2495.42	3113.03 WellPoint	WellPoint		31.04			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	7637.4	3113.03 Three Rivers	Three Rivers		95			100.49	7637.4 percent of total billed charges	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2869.28	3113.03 United	Oxford					100.49	7637.4 case rate	
COMPL OPH XM&EVAL GENERAL ANES W/WO MNPJ GLOBE	92018	CPT				outpatient			8039.37	2447.18	3113.03 Wellcare	Medicaid		30.44			100.49	7637.4 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	281.11	172.01 Amerihealth	HMO/PPO		65			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	149.57	172.01 Horizon	Medicare Blue				48.39	38.58	410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	131.65	172.01 Aetna	Better Health		30.44			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	324.36	172.01 Americare	Americare		75			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	244.1	172.01 Aetna	Commercial				97.02	38.58	410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	149.57	172.01 Aetna	Medicare				60.51	38.58	410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	302.74	172.01 First Health	First Health		70			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	38.58	172.01 Horizon	NJ Health				39.12	38.58	410.86 fee schedule	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	289.42	172.01 Horizon	PPO				89.42	38.58	410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	149.57	172.01 Amerihealth	Medicare					38.58	410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	389.23	172.01 First Trenton	First Trenton		90			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	131.65	172.01 Wellcare	Medicaid		30.44		106	38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	345.98	172.01 Corrections	Corrections		80			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	410.86	172.01 Consumer	Consumer		95			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	289.42	172.01 Horizon	Indemnity				110.55	38.58	410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	289.42	172.01 Horizon	MGD				99.58	38.58	410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	345.98	172.01 Multiplan	Multiplan		80			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	149.57	172.01 UHC	Medicare				53.73	38.58	410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	389.23	172.01 Managed Care Inc	Managed Care Inc		90			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	149.57	172.01 Wellcare	Medicare				50.09	38.58	410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	324.36	172.01 Qualcare	Qualcare		75			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	131.65	172.01 UHC	Medicaid		30.44		123.92	38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	410.86	172.01 Three Rivers	Three Rivers		95			38.58	410.86 percent of total billed charges	
GONIOSCOPY SEPARATE PROCEDURE	92020	CPT				outpatient			432.48	134.24	172.01 WellPoint	WellPoint		31.04		80	38.58	410.86 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	133.36	79.26 Horizon	MGD				84.47	65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	161.42	79.26 Americare	Americare		75			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	172.18	79.26 Corrections	Corrections		80			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	68.92	79.26 UHC	Medicare				42.9	65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	112.48	79.26 Aetna	Commercial				46.22	65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	204.46	79.26 Consumer	Consumer		95			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	133.36	79.26 Horizon	Indemnity				86.38	65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	65.51	79.26 Aetna	Better Health		30.44		63.36	65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	68.92	79.26 Amerihealth	Medicare					65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	139.89	79.26 Amerihealth	HMO/PPO		65			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	150.65	79.26 First Health	First Health		70			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	68.92	79.26 Aetna	Medicare				43.23	65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	68.92	79.26 Horizon	Medicare Blue					65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	204.46	79.26 Three Rivers	Three Rivers		95			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	133.36	79.26 Horizon	PPO				86.82	65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	193.7	79.26 First Trenton	First Trenton		90			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	172.18	79.26 Multiplan	Multiplan		80			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	193.7	79.26 Managed Care Inc	Managed Care Inc		90			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	161.42	79.26 Qualcare	Qualcare		75			65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	65.51	79.26 UHC	Medicaid		30.44		62.01	65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	65.51	79.26 Wellcare	Medicaid		30.44		65.5	65.51	204.46 percent of total billed charges	
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	68.92	79.26 Wellcare	Medicare					65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI WI&R	92025	CPT				outpatient			215.22	66.8	79.26 WellPoint	WellPoint		31.04		56.17	65.51	204.46 percent of total billed charges	
SENSORIMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	204.46	79.26 Consumer	Consumer		95			65.51	204.46 percent of total billed charges	
SENSORIMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	66.29	79.26 Aetna	Medicare		30.8		40.49	65.51	204.46 percent of total billed charges	
SENSORIMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	133.36	79.26 Horizon	MGD				81.38	65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SENSORIMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	112.48	79.26 Aetna	Commercial				72.25	65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SENSORIMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	150.65	79.26 First Health	First Health		70			65.51	204.46 percent of total billed charges	
SENSORIMOTOR XM W/MLT MEAS OCULAR DEVJ W/

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SENSORIMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	79.26	UHC	Medicare	68.92				55.75	65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SENSORMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	79.26	Three Rivers	Three Rivers	204.46	95				65.51	204.46 percent of total billed charges	
SENSORMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	79.26	First Trenton	First Trenton	193.7	90				65.51	204.46 percent of total billed charges	
SENSORMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	79.26	UHC	Medicaid	65.51	30.44		63.62		65.51	204.46 percent of total billed charges	
SENSORMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	79.26	WellPoint	WellPoint	66.8	31.04		62.24		65.51	204.46 percent of total billed charges	
SENSORMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	79.26	Wellcare	Medicare	68.92			60.85		65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SENSORMOTOR XM W/MLT MEAS OCULAR DEVJ W/I&R SPX	92060	CPT				outpatient			215.22	79.26	Horizon	PPO	133.36			98.65		65.51	204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Corrections	Corrections	109.07	80				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Aetna	Medicare	41.99	30.8				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Horizon	Indemnity	52.19	38.28				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Amerihealth	HMO/PPO	88.62	65				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Americare	Americare	102.26	75				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Aetna	Commercial	51.81	38				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Horizon	MGD	52.19	38.28				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Aetna	Better Health	41.5	30.44				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		First Trenton	First Trenton	122.71	90				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Consumer	Consumer	129.52	95				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Horizon	NJ Health	41.76					40.9	129.52 fee schedule	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Multiplan	Multiplan	109.07	80				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Horizon	PPO	52.19	38.28				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		WellPoint	WellPoint	42.32	31.04				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Managed Care Inc	Managed Care Inc	122.71	90				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Horizon	Medicare Blue	40.9	30				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Three Rivers	Three Rivers	129.52	95				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		First Health	First Health	95.44	70				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		UHC	Medicaid	41.5	30.44				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Qualcare	Qualcare	102.26	75				40.9	129.52 percent of total billed charges	
ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP	92065	CPT				outpatient			136.34		Wellcare	Medicaid	41.5	30.44				40.9	129.52 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Aetna	Commercial	47.11	38				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Horizon	NJ Health	41.66			19.95		37.19	117.77 fee schedule	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Aetna	Better Health	37.74	30.44				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		First Health	First Health	86.78	70				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Americare	Americare	92.98	75				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		UHC	Medicaid	37.74	30.44		36.67		37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Amerihealth	HMO/PPO	80.58	65				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Horizon	Medicare Blue	37.19	30		29.71		37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Aetna	Medicare	38.18	30.8				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Horizon	MGD	47.46	38.28				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Consumer	Consumer	117.77	95				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		WellPoint	WellPoint	38.48	31.04		33.97		37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Multiplan	Multiplan	99.18	80				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Corrections	Corrections	99.18	80				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Qualcare	Qualcare	92.98	75				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		First Trenton	First Trenton	111.57	90				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Horizon	Indemnity	47.46	38.28				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Horizon	PPO	47.46	38.28				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Wellcare	Medicaid	37.74	30.44		33.72		37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Managed Care Inc	Managed Care Inc	111.57	90				37.19	117.77 percent of total billed charges	
FIT CONTACT LENS TX OCULAR SURFACE DISEASE	92071	CPT				both			123.97		Three Rivers	Three Rivers	117.77	95				37.19	117.77 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		First Health	First Health	301.27	70			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Aetna	Better Health	131.01	30.44			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Horizon	MGD	164.75	38.28			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Americare	Americare	322.79	75			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		First Trenton	First Trenton	387.35	90			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Aetna	Medicare	132.56	30.8			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Aetna	Commercial	163.55	38			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Consumer	Consumer	408.87	95			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Wellcare	Medicaid	131.01	30.44			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Corrections	Corrections	344.31	80			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Horizon	PPO	164.75	38.28			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Horizon	Indemnity	164.75	38.28			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Managed Care Inc	Managed Care Inc	387.35	90			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Amerihealth	HMO/PPO	279.75	65			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Three Rivers	Three Rivers	408.87	95			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Horizon	Medicare Blue	129.12	30			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Multiplan	Multiplan	344.31	80			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Horizon	NJ Health	132.77				129.12		408.87 fee schedule	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		Qualcare	Qualcare	322.79	75			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		WellPoint	WellPoint	133.59	31.04			129.12		408.87 percent of total billed charges	
FITTING CONTACT LENS FOR MGMT OF KERATOCONUS 1ST	92072	CPT				outpatient			430.39		UHC	Medicaid	131.01	30.44			129.12		408.87 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Horizon	PPO	133.36				41.76		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Amerihealth	Medicare	68.92				41.76		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Aetna	Commercial	112.48				41.76		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Corrections	Corrections	172.18	80			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	First Trenton	First Trenton	193.7	90			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Aetna	Better Health	65.51	30.44			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Consumer	Consumer	204.46	95			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	WellPoint	WellPoint	66.8	31.04		58.32	41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Horizon	NJ Health	41.76			20.54	41.76		204.46 fee schedule	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	First Health	First Health	150.65	70			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Americare	Americare	161.42	75			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Horizon	MGD	133.36				41.76		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Managed Care Inc	Managed Care Inc	193.7	90			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Aetna	Medicare	68.92			55.86	41.76		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Three Rivers	Three Rivers	204.46	95			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	UHC	Medicare	68.92			40.32	41.76		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Wellcare	Medicaid	65.51	30.44		66.57	41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Horizon	Indemnity	133.36				41.76		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Amerihealth	HMO/PPO	139.89	65			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Wellcare	Medicare	68.92			46.18	41.76		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Multiplan	Multiplan	172.18	80			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Horizon	Medicare Blue	68.92			41.55	41.76		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	Qualcare	Qualcare	161.42	75			41.76		204.46 percent of total billed charges	
LIMITED VISUAL FIELD XM UNI/BI I&R	92081	CPT				outpatient			215.22	79.26	UHC	Medicaid	65.51	30.44		65.14	41.76		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Americare	Americare	161.42	75			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	First Health	First Health	150.65	70			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Aetna	Medicare	66.29	30.8		21	65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Horizon	MGD	133.36			53.75	65.51		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	UHC	Medicare	68.92			45.06	65.51		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Consumer	Consumer	204.46	95			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Aetna	Better Health	65.51	30.44			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Aetna	Commercial	112.48			26.47	65.51		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Horizon	NJ Health	75.12			24.96	65.51		204.46 fee schedule	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Three Rivers	Three Rivers	204.46	95			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Amerihealth	HMO/PPO	139.89	65			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Amerihealth	Medicare	68.92				65.51		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Multiplan	Multiplan	172.18	80			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	First Trenton	First Trenton	193.7	90			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Corrections	Corrections	172.18	80			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Horizon	Indemnity	133.36				65.51		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Qualcare	Qualcare	161.42	75			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Wellcare	Medicaid	65.51	30.44		66.57	65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Horizon	Medicare Blue	68.92			30.81	65.51		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Horizon	PPO	133.36				65.51		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	WellPoint	WellPoint	66.8	31.04		74.26	65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Wellcare	Medicare	68.92				65.51		204.46 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	Managed Care Inc	Managed Care Inc	193.7	90			65.51		204.46 percent of total billed charges	
INTERMEDIATE VISUAL FIELD XM UNI/BI I&R	92082	CPT				outpatient			215.22	79.26	UHC	Medicaid	65.51	30.44		66.57	65.51		204.46 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	First Trenton	First Trenton	389.23	90			99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Americare	Americare	324.36	75			99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Horizon	Indemnity	289.42			144.8	99.81		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Aetna	Better Health	131.65	30.44		102.35	99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Horizon	PPO	289.42			117.85	99.81		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Amerihealth	HMO/PPO	281.11	65			99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Aetna	Commercial	244.1			84.11	99.81		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Aetna	Medicare	149.57			63.9	99.81		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Consumer	Consumer	410.86	95			99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	UHC	Medicaid	131.65	30.44		126.94	99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Amerihealth	Medicare	149.57				99.81		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Wellcare	Medicaid	131.65	30.44		116.33	99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Corrections	Corrections	345.98	80		133.77	99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	First Health	First Health	302.74	70			99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Horizon	Medicare Blue	149.57			54.54	99.81		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Wellcare	Medicare	149.57			65.08	99.81		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Three Rivers	Three Rivers	410.86	95			99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Horizon	MGD	289.42			126.47	99.81		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	WellPoint	WellPoint	134.24	31.04		104.78	99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Horizon	NJ Health	99.81			30.92	99.81		410.86 fee schedule	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	Multiplan	Multiplan	345.98	80			99.81		410.86 percent of total billed charges	
EXTENDED VISUAL FIELD XM UNI/BI I&R	92083	CPT				both			432.48	172.01	UHC	Medicare	149.57			64.75	99

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Americare	Americare	323.62	75			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		First Health	First Health	302.04	70			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		First Trenton	First Trenton	388.34	90			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Horizon	MGD	165.17	38.28			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Corrections	Corrections	345.19	80			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		WellPoint	WellPoint	133.93	31.04			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Multiplan	Multiplan	345.19	80			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Wellcare	Medicaid	131.35	30.44			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Three Rivers	Three Rivers	409.92	95			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Horizon	Medicare Blue	129.45	30			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Horizon	Indemnity	165.17	38.28			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Qualcare	Qualcare	323.62	75			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Horizon	NJ Health	41.76				41.76	409.92	fee schedule	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		Managed Care Inc	Managed Care Inc	388.34	90			41.76	409.92	percent of total billed charges	
SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRS	92100	CPT				outpatient			431.49		UHC	Medicaid	131.35	30.44			41.76	409.92	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Aetna	Commercial	112.48				16.43	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 First Trenton	First Trenton	201.96	90			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Aetna	Medicare	68.92				16.43	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 First Health	First Health	157.08	70			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Americare	Americare	168.3	75			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 UHC	Medicaid	68.31	30.44			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Corrections	Corrections	179.52	80			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Aetna	Better Health	68.31	30.44			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Amerihealth	Medicare	68.92				16.43	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Horizon	Medicare Blue	68.92			46.19	16.43	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Horizon	MGD	133.36				16.43	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Horizon	Indemnity	133.36				16.43	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Amerihealth	HMO/PPO	16.43				16.43	213.18	fee schedule	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Horizon	PPO	133.36				16.43	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Horizon	NJ Health	31.14			22.18	16.43	213.18	fee schedule	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Consumer	Consumer	213.18	95			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 UHC	Medicare	68.92			48.62	16.43	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Managed Care Inc	Managed Care Inc	201.96	90			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Multiplan	Multiplan	179.52	80			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 WellPoint	WellPoint	69.65	31.04			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Three Rivers	Three Rivers	213.18	95			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Qualcare	Qualcare	168.3	75			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Wellcare	Medicaid	68.31	30.44			16.43	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG ANTERIOR SEGMENT UNI/BI	92132	CPT				both			224.4		79.26 Wellcare	Medicare	68.92			47.65	16.43	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Amerihealth	Medicare	68.92				16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Horizon	MGD	133.36			76.47	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Qualcare	Qualcare	168.3	75			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Amerihealth	HMO/PPO	16.1				16.1	213.18	fee schedule	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Americare	Americare	168.3	75			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Aetna	Better Health	68.31	30.44		52.87	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Aetna	Medicare	69.12	30.8		32.06	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Aetna	Commercial	112.48			41.74	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 First Trenton	First Trenton	201.96	90			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 UHC	Medicare	68.92			40.25	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Horizon	Medicare Blue	68.92			33.31	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Horizon	NJ Health	37.95			15.75	16.1	213.18	fee schedule	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Horizon	PPO	133.36			68.57	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Consumer	Consumer	213.18	95			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Multiplan	Multiplan	179.52	80			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Corrections	Corrections	179.52	80		66.57	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Managed Care Inc	Managed Care Inc	201.96	90			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Wellcare	Medicaid	68.31	30.44		60.08	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 WellPoint	WellPoint	69.65	31.04		55.34	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 First Health	First Health	157.08	70			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Three Rivers	Three Rivers	213.18	95			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Horizon	Indemnity	133.36			81.27	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 UHC	Medicaid	68.31	30.44		64.64	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI OPTIC NRV	92133	CPT				both			224.4		79.26 Wellcare	Medicare	68.92			37.45	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Consumer	Consumer	213.18	95			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Aetna	Better Health	68.31	30.44		68.31	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 UHC	Medicare	68.92			45.57	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Multiplan	Multiplan	179.52	80			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Aetna	Medicare	68.92			43.43	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Americare	Americare	168.3	75			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Aetna	Commercial	112.48			48.1	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Horizon	PPO	133.36			60.45	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 First Trenton	First Trenton	201.96	90			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Amerihealth	Medicare	68.92				16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Wellcare	Medicaid	68.31	30.44		56.55	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Qualcare	Qualcare	168.3	75			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Corrections	Corrections	179.52	80		43.6	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Amerihealth	HMO/PPO	16.1				16.1	213.18	fee schedule	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Horizon	NJ Health	37.95			20.19	16.1	213.18	fee schedule	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Horizon	Indemnity	133.36			66.96	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Managed Care Inc	Managed Care Inc	201.96	90			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Horizon	Medicare Blue	68.92			37.56	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 First Health	First Health	157.08	70			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Horizon	MGD	133.36			81.29	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Three Rivers	Three Rivers	213.18	95			16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 UHC	Medicaid	68.31	30.44		58.85	16.1	213.18	percent of total billed charges	
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 Wellcare	Medicare	68.92			37.51	16.1	213.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZED OPH DX IMG PST SEGMENT UNI/BI RETINA	92134	CPT				both			224.4		79.26 WellPoint	WellPoint	69.65	31.04		55.63	16.1	213.18	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 UHC	Medicaid	131.65	30.44		117.82	104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Aetna	Better Health	131.65	30.44			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Amerihealth	HMO/PPO	281.11	65			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Aetna	Medicare	149.57			66.45	104.4	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 First Health	First Health	302.74	70			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Consumer	Consumer	410.86	95			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Aetna	Commercial	244.1			87.54	104.4	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Horizon	Medicare Blue	149.57			51.51	104.4	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Wellcare	Medicare	149.57			52.25	104.4	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Americare	Americare	324.36	75			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Horizon	Indemnity	289.42			144.04	104.4	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Amerihealth	Medicare	149.57				104.4	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 WellPoint	WellPoint	134.24	31.04		87.22	104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Corrections	Corrections	345.98	80			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Horizon	MGD	289.42			115.57	104.4	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 UHC	Medicare	149.57			57.33	104.4	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Multiplan	Multiplan	345.98	80			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 First Trenton	First Trenton	389.23	90			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Horizon	PPO	289.42			99.17	104.4	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Horizon	NJ Health	104.4			52.66	104.4	410.86	fee schedule	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Qualcare	Qualcare	324.36	75			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Managed Care Inc	Managed Care Inc	389.23	90			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Three Rivers	Three Rivers	410.86	95			104.4	410.86	percent of total billed charges	
OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	92136	CPT				outpatient			432.48		172.01 Wellcare	Medicaid	131.65	30.44		130.81	104.4	410.86	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Aetna	Commercial	589.67			216.48	347.49	1084.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 UHC	Medicaid	347.49	30.44		310.15	347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Corrections	Corrections	913.24	80			347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Amerihealth	Medicare	361.32				347.49	1084.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Horizon	PPO	699.15			182.34	347.49	1084.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 First Trenton	First Trenton	1027.4	90			347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Aetna	Better Health	347.49	30.44			347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Aetna	Medicare	361.32			195.8	347.49	1084.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Americare	Americare	856.16	75			347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 UHC	Medicare	361.32			129.76	347.49	1084.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Consumer	Consumer	1084.47	95			347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 First Health	First Health	799.09	70			347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 WellPoint	WellPoint	354.34	31.04		268.5	347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Horizon	Medicare Blue	361.32			143.84	347.49	1084.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Three Rivers	Three Rivers	1084.47	95			347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Horizon	Indemnity	699.15				347.49	1084.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Amerihealth	HMO/PPO	742.01	65			347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Managed Care Inc	Managed Care Inc	1027.4	90			347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both			1141.55		415.52 Wellcare	Medicaid	347.49	30.44		310.75	347.49	1084.47	percent of total billed charges	
CPTRIZD OPH DX IMG PST SGM UNI/BI RTA OCT ANGRPH	92137	CPT				both

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	Horizon	PPO	133.36				36.83	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	UHC	Medicaid	64.06	30.44		57.34	36.83	199.92	percent of total billed charges	
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	Qualcare	Qualcare	157.83	75			36.83	199.92	percent of total billed charges	
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	Horizon	Indemnity	133.36				36.83	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	Managed Care Inc	Managed Care Inc	189.4	90			36.83	199.92	percent of total billed charges	
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	UHC	Medicare	68.92			31.49	36.83	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	Wellcare	Medicaid	64.06	30.44		38.09	36.83	199.92	percent of total billed charges	
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	Horizon	MGD	133.36			74.53	36.83	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	Wellcare	Medicare	68.92				36.83	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAWING & SCL DEPRSN I&R UNI/BI	92201	CPT				both			210.44	79.26	WellPoint	WellPoint	65.32	31.04		25.48	36.83	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Aetna	Medicare	68.92				23.33	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Aetna	Better Health	64.06	30.44			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Americare	Americare	157.83	75			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Horizon	MGD	133.36				23.33	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Amerihealth	HMO/PPO	136.79	65			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	First Health	First Health	147.31	70			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Aetna	Commercial	112.48				23.33	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	UHC	Medicaid	64.06	30.44			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Consumer	Consumer	199.92	95			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	UHC	Medicare	68.92				23.33	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	First Trenton	First Trenton	189.4	90			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Multiplan	Multiplan	168.35	80			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Amerihealth	Medicare	68.92				23.33	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Corrections	Corrections	168.35	80			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Horizon	Medicare Blue	68.92				23.33	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Qualcare	Qualcare	157.83	75			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Horizon	Indemnity	133.36				23.33	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Horizon	PPO	133.36				23.33	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Horizon	NJ Health	23.33				23.33	199.92	fee schedule	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	WellPoint	WellPoint	65.32	31.04			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Wellcare	Medicaid	64.06	30.44			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Managed Care Inc	Managed Care Inc	189.4	90			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Three Rivers	Three Rivers	199.92	95			23.33	199.92	percent of total billed charges	
OPSCPY EXTND OPTIC NRV/MACULA DRAWING I&R UNI/BI	92202	CPT				outpatient			210.44	79.26	Wellcare	Medicare	68.92				23.33	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Amerihealth	Medicare	68.92				7.26	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Aetna	Commercial	112.48				7.26	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Consumer	Consumer	199.92	95			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	UHC	Medicare	68.92				7.26	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Aetna	Better Health	64.06	30.44			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Aetna	Medicare	68.92				7.26	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	First Health	First Health	147.31	70			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	First Trenton	First Trenton	189.4	90			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Corrections	Corrections	168.35	80			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Americare	Americare	157.83	75			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Horizon	NJ Health	10.17				7.26	199.92	fee schedule	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Managed Care Inc	Managed Care Inc	189.4	90			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Horizon	Indemnity	133.36				7.26	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Amerihealth	HMO/PPO	7.26				7.26	199.92	fee schedule	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Multiplan	Multiplan	168.35	80			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	WellPoint	WellPoint	65.32	31.04			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Horizon	Medicare Blue	68.92				7.26	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Horizon	MGD	133.36				7.26	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	UHC	Medicaid	64.06	30.44			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Horizon	PPO	133.36				7.26	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Qualcare	Qualcare	157.83	75			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Three Rivers	Three Rivers	199.92	95			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Wellcare	Medicaid	64.06	30.44			7.26	199.92	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI	92227	CPT				outpatient			210.44	79.26	Wellcare	Medicare	68.92				7.26	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Qualcare	Qualcare	103.48	75			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Aetna	Better Health	42	30.44			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	First Health	First Health	96.58	70			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Americare	Americare	103.48	75			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Aetna	Commercial	74.32				7.26	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Aetna	Medicare	42.49	30.8			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Corrections	Corrections	110.38	80			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Amerihealth	Medicare	45.54				7.26	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Multiplan	Multiplan	110.38	80			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Horizon	Medicare Blue	45.54				7.26	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Three Rivers	Three Rivers	131.07	95			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Consumer	Consumer	131.07	95			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	First Trenton	First Trenton	124.17	90			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Amerihealth	HMO/PPO	7.26				7.26	131.07	fee schedule	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Horizon	Indemnity	88.12				7.26	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Wellcare	Medicare	45.54				7.26	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Horizon	NJ Health	25.6				7.26	131.07	fee schedule	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Horizon	MGD	88.12				7.26	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Horizon	PPO	88.12				7.26	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	WellPoint	WellPoint	42.83	31.04			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Managed Care Inc	Managed Care Inc	124.17	90			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	UHC	Medicaid	42	30.44			7.26	131.07	percent of total billed charges	
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	UHC	Medicare	45.54				7.26	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMG RETINA DETCJ/MNTR DS REM PHYS/QHP I&R UNI/BI	92228	CPT				outpatient			137.97	52.37	Wellcare	Medicaid	42	30.44			7.26	131.07	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Aetna	Commercial	589.67				53.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Americare	Americare	782.6	75			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Consumer	Consumer	991.29	95			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Aetna	Medicare	361.32			297.18	53.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Amerihealth	Medicare	361.32				53.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Amerihealth	HMO/PPO	53.03				53.03	991.29	fee schedule	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Aetna	Better Health	317.63	30.44			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Multiplan	Multiplan	834.77	80			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Horizon	Indemnity	699.15				53.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Horizon	Medicare Blue	361.32				53.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Corrections	Corrections	834.77	80			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	UHC	Medicaid	317.63	30.44		282.84	53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Wellcare	Medicaid	317.63	30.44			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Qualcare	Qualcare	782.6	75			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	First Health	First Health	730.42	70			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	WellPoint	WellPoint	323.89	31.04		283.64	53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Horizon	MGD	699.15			378.16	53.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	First Trenton	First Trenton	939.11	90			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Horizon	PPO	699.15				53.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Horizon	NJ Health	114.27				53.03	991.29	fee schedule	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Managed Care Inc	Managed Care Inc	939.11	90			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Three Rivers	Three Rivers	991.29	95			53.03	991.29	percent of total billed charges	
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	UHC	Medicare	361.32			265.93	53.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGRPH W/MULTIFRAME IMG I&R UNI/BI	92235	CPT				both			1043.46	415.52	Wellcare	Medicare	361.32				53.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	First Health	First Health	755.9	70			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Aetna	Medicare	361.32				205.47	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Horizon	Medicare Blue	361.32				205.47	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Americare	Americare	809.89	75			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Horizon	Indemnity	699.15				205.47	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Aetna	Commercial	589.67				205.47	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Aetna	Better Health	328.71	30.44			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Amerihealth	Medicare	361.32				205.47	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	First Trenton	First Trenton	971.87	90			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Amerihealth	HMO/PPO	701.9	65			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	UHC	Medicare	361.32				205.47	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Consumer	Consumer	1025.86	95			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Horizon	NJ Health	205.47				205.47	1025.86	fee schedule	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Corrections	Corrections	863.88	80		322.76	205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Horizon	MGD	699.15				205.47	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Multiplan	Multiplan	863.88	80			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Managed Care Inc	Managed Care Inc	971.87	90			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Qualcare	Qualcare	809.89	75			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Wellcare	Medicare	361.32				205.47	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	Horizon	PPO	699.15				205.47	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	92240	CPT				outpatient			1079.85	415.52	UHC	Medicaid	328.71	30.44			205.47	1025.86	percent of total billed charges	
INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNILIBI	92242	CPT				outpatient			1043.46	415.52	Qualcare	Qualcare	782.6				224.03	991.29	percent of total billed charges	
FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNILIBI	92242	CPT				outpatient			1043.46	415.52	Horizon	Indemnity	699.15				224.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNILIBI	92242	CPT				outpatient			1043.46	415.52	UHC	Medicaid	317.63	30.44			224.03	991.29	percent of total billed charges	
FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNILIBI	92242	CPT				outpatient			1043.46	415.52	Horizon	Medicare Blue	361.32				224.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNILIBI	92242	CPT				outpatient			1043.46	415.52	Wellcare	Medicaid	317.63	30.44			224.03	991.29	percent of total billed charges	
FLUORESCEIN&ICG ANGRPH MULTIFRAME IMG I&R UNILIBI	92242	CPT				outpatient			1043.46	415.52	Wellcare	Medicare	361.32				224.03	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Horizon	Indemnity	289.42			133.27	25.88	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Amerihealth	Medicare	149.57				25.88	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Aetna	Commercial	244.1			99.58	25.88	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Consumer	Consumer	410.86	95			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	WellPoint	WellPoint	134.24	31.04		95.31	25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Americare	Americare	324.36	75			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Aetna	Better Health	131.65	30.44			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Horizon	MGD	289.42			132.85	25.88	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Horizon	Medicare Blue	149.57			66.56	25.88	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Horizon	NJ Health	122.96			40.67	25.88	410.86	fee schedule	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Aetna	Medicare	149.57			57	25.88	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	First Trenton	First Trenton	389.23	90			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Amerihealth	HMO/PPO	25.88				25.88	410.86	fee schedule	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Three Rivers	Three Rivers	410.86	95			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Multiplan	Multiplan	345.98	80			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Qualcare	Qualcare	324.36	75			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Corrections	Corrections	345.98	80		133.77	25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Horizon	PPO	289.42			87.47	25.88	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	First Health	First Health	302.74	70			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	UHC	Medicare	149.57			67.63	25.88	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	UHC	Medicaid	131.65	30.44		115	25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Wellcare	Medicaid	131.65	30.44			25.88	410.86	percent of total billed charges	
FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	92250	CPT				both			432.48	172.01	Wellcare	Medicare	149.57			42.54	25.88	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Corrections	Corrections	110.38	80			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Aetna	Commercial	74.32				39.15	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Aetna	Better Health	42	30.44			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	First Trenton	First Trenton	124.17	90			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Consumer	Consumer	131.07	95			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Amerihealth	HMO/PPO	89.68	65			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Aetna	Medicare	45.54				39.15	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	UHC	Medicaid	42	30.44			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Horizon	Medicare Blue	45.54				39.15	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Americare	Americare	103.48	75			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	First Health	First Health	96.58	70			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Managed Care Inc	Managed Care Inc	124.17	90			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Horizon	NJ Health	39.15				39.15	131.07	fee schedule	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Amerihealth	Medicare	45.54				39.15	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Horizon	MGD	88.12				39.15	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Multiplan	Multiplan	110.38	80			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Horizon	PPO	88.12				39.15	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Horizon	Indemnity	88.12				39.15	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Wellcare	Medicaid	42	30.44			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Qualcare	Qualcare	103.48	75			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	WellPoint	WellPoint	42.83	31.04			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	UHC	Medicare	45.54				39.15	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Three Rivers	Three Rivers	131.07	95			39.15	131.07	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT				outpatient			137.97	52.37	Wellcare	Medicare	45.54				39.15	131.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Americare	Americare	329.6	75			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Aetna	Better Health	133.77	30.44			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Aetna	Commercial	244.1				40.19	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Amerihealth	Medicare	149.57				40.19	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Consumer	Consumer	417.5	95			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Amerihealth	HMO/PPO	285.66	65			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Aetna	Medicare	149.57				40.19	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	First Trenton	First Trenton	395.52	90			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Horizon	MGD	289.42				40.19	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Corrections	Corrections	351.58	80			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	UHC	Medicare	149.57				40.19	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Horizon	Indemnity	289.42				40.19	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	First Health	First Health	307.63	70			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Horizon	Medicare Blue	149.57				40.19	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Horizon	PPO	289.42				40.19	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	UHC	Medicaid	133.77	30.44			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Multiplan	Multiplan	351.58	80			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Horizon	NJ Health	40.19				40.19	417.5	fee schedule	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	WellPoint	WellPoint	136.41	31.04			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Wellcare	Medicaid	133.77	30.44			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Qualcare	Qualcare	329.6	75			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Managed Care Inc	Managed Care Inc	395.52	90			40.19	417.5	percent of total billed charges	
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Wellcare	Medicare	149.57				40.19	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	92270	CPT				outpatient			439.47	172.01	Three Rivers	Three Rivers	417.5	95			40.19	417.5	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Amerihealth	HMO/PPO	352.72	65			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Corrections	Corrections	434.11	80			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Wellcare	Medicare	181.54				137.86	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Amerihealth	Medicare	181.54				137.86	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Aetna	Commercial	296.27				137.86	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Three Rivers	Three Rivers	515.51	95			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Aetna	Better Health	165.18	30.44			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Aetna	Medicare	167.13	30.8			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Qualcare	Qualcare	406.98	75			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	First Trenton	First Trenton	488.38	90			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Consumer	Consumer	515.51	95			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	First Health	First Health	379.85	70			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Americare	Americare	406.98	75			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Horizon	MGD	351.28				137.86	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Horizon	Medicare Blue	181.54				137.86	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	UHC	Medicaid	165.18	30.44			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Multiplan	Multiplan	434.11	80			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Horizon	NJ Health	137.86				137.86	515.51	fee schedule	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Horizon	Indemnity	351.28				137.86	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Horizon	PPO	351.28				137.86	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	WellPoint	WellPoint	168.44	31.04			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Managed Care Inc	Managed Care Inc	488.38	90			137.86	515.51	percent of total billed charges	
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	UHC	Medicare	181.54				137.86	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	92274	CPT				outpatient			542.64	208.77	Wellcare	Medicaid	165.18	30.44			137.86	515.51	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Aetna	Commercial	112.48				24.61	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Amerihealth	HMO/PPO	136.79	65			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Consumer	Consumer	199.92	95			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Americare	Americare	157.83	75			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Aetna	Medicare	68.92				24.61	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Aetna	Better Health	64.06	30.44			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Horizon	MGD	133.36				24.61	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Amerihealth	Medicare	68.92				24.61	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	UHC	Medicare	68.92				24.61	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	First Health	First Health	147.31	70			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	First Trenton	First Trenton	189.4	90			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Corrections	Corrections	168.35	80			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Horizon	Indemnity	133.36				24.61	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Multiplan	Multiplan	168.35	80			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Horizon	Medicare Blue	68.92				24.61	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Horizon	PPO	133.36				24.61	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	UHC	Medicaid	64.06	30.44			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Qualcare	Qualcare	157.83	75			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Horizon	NJ Health	24.61				24.61	199.92	fee schedule	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	WellPoint	WellPoint	65.32	31.04			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Wellcare	Medicaid	64.06	30.44			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Wellcare	Medicare	68.92				24.61	199.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Managed Care Inc	Managed Care Inc	189.4	90			24.61	199.92	percent of total billed charges	
COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	92283	CPT				outpatient			210.44	79.26	Three Rivers	Three Rivers	199.92	95			24.61	199.92	percent of total billed charges	
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	Corrections	Corrections	172.18	80			22.05	204.46	percent of total billed charges	
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	Aetna	Medicare	45.54				22.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	Aetna	Commercial	74.32			44.03	22.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	First Health	First Health	150.65	70			22.05	204.46	percent of total billed charges	
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	Multiplan	Multiplan	172.18	80			22.05	204.46	percent of total billed charges	
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	Americare	Americare	161.42	75			22.05	204.46	percent of total billed charges	
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	Aetna	Better Health	65.51	30.44			22.05	204.46	percent of total billed charges	
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	Amerihealth	Medicare	45.54				22.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	Horizon	NJ Health	22.05			12.25	22.05	204.46	fee schedule	
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	First Trenton	First Trenton	193.7	90			22.05	204.46	percent of total billed charges	
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	Wellcare	Medicaid	65.51	30.44			22.05	204.46	percent of total billed charges	
XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	92285	CPT				outpatient			215.22	52.37	UHC	Medicare	45.54			32.44	22.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Aetna	Better Health	31.49	30.44		30.45	31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Horizon	PPO	39.6	38.28		51.2	31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		First Trenton	First Trenton	93.1	90			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Amerihealth	HMO/PPO	65				31.03	98.27	fee schedule	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Aetna	Commercial	39.31	38		25.94	31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Americare	Americare	77.58	75			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Corrections	Corrections	82.75	80			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		First Health	First Health	72.41	70			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Horizon	Medicare Blue	31.03	30		23.94	31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Consumer	Consumer	98.27	95			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Horizon	Indemnity	39.6	38.28			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Horizon	NJ Health	41.76			13.9	31.03	98.27	fee schedule	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Aetna	Medicare	31.86	30.8			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		UHC	Medicaid	31.49	30.44		30.38	31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Managed Care Inc	Managed Care Inc	93.1	90			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Multiplan	Multiplan	82.75	80			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Horizon	MGD	39.6	38.28		26.13	31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Qualcare	Qualcare	77.58	75			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Three Rivers	Three Rivers	98.27	95			31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		Wellcare	Medicaid	31.49	30.44		28.09	31.03	98.27	percent of total billed charges	
BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	92504	CPT				both			103.44		WellPoint	WellPoint	32.11	31.04		26.83	31.03	98.27	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Aetna	Medicare	72.57	30.8			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Aetna	Commercial	89.54	38		99.77	25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Horizon	Medicare Blue	70.69	30			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Horizon	Indemnity	90.2	38.28			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Amerihealth	HMO/PPO	45				25.58	223.84	fee schedule	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Wellcare	Medicaid	71.72	30.44			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Horizon	NJ Health	25.58			56.9	25.58	223.84	fee schedule	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Aetna	Better Health	71.72	30.44			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Multiplan	Multiplan	188.5	80			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Americare	Americare	176.72	75			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		First Health	First Health	164.93	70			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Qualcare	Qualcare	176.72	75			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Horizon	MGD	90.2	38.28		18.66	25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Consumer	Consumer	223.84	95			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Horizon	PPO	90.2	38.28		137.43	25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		WellPoint	WellPoint	73.14	31.04			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Three Rivers	Three Rivers	223.84	95			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Corrections	Corrections	188.5	80			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		UHC	Medicaid	71.72	30.44		107.05	25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		First Trenton	First Trenton	212.06	90			25.58	223.84	percent of total billed charges	
TX SPEECH LANG VOICE COMMUN&AUD PROC DO INDIV	92507	CPT				both			235.62		Managed Care Inc	Managed Care Inc	212.06	90			25.58	223.84	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Americare	Americare	498.78	75			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Aetna	Commercial	367.62				40	631.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Aetna	Medicare	204.83	30.8			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Three Rivers	Three Rivers	631.79	95			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Amerihealth	Medicare	225.26				40	631.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Corrections	Corrections	532.03	80			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Aetna	Better Health	202.44	30.44			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	First Trenton	First Trenton	598.54	90			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Consumer	Consumer	631.79	95			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Multiplan	Multiplan	532.03	80			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Amerihealth	HMO/PPO	40				40	631.79	fee schedule	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Horizon	Indemnity	435.88				40	631.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Horizon	Medicare Blue	225.26				40	631.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Horizon	NJ Health	219.87			78.31	40	631.79	fee schedule	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	WellPoint	WellPoint	206.43	31.04		203.1	40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Horizon	PPO	435.88				40	631.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	UHC	Medicaid	202.44	30.44		199.96	40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Qualcare	Qualcare	498.78	75			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	First Health	First Health	465.53	70			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Managed Care Inc	Managed Care Inc	598.54	90			40	631.79	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Horizon	MGD	435.88				40	631.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Wellcare	Medicare	225.26				40	631.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	UHC	Medicare	225.26				40	631.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	92511	CPT				outpatient			665.04	259.05	Wellcare	Medicaid	202.44	30.44			40	631.79	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Corrections	Corrections	834.77	80			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Aetna	Medicare	361.32				50.53	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Aetna	Commercial	589.67				50.53	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Amerihealth	HMO/PPO	95				50.53	991.29	fee schedule	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Aetna	Better Health	317.63	30.44			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Amerihealth	Medicare	361.32				50.53	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	UHC	Medicare	361.32				50.53	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	UHC	Medicaid	317.63	30.44			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Wellcare	Medicare	361.32				50.53	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	First Trenton	First Trenton	939.11	90			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Americare	Americare	782.6	75			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	First Health	First Health	730.42	70			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Consumer	Consumer	991.29	95			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Horizon	MGD	699.15				50.53	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Multiplan	Multiplan	834.77	80			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Horizon	Indemnity	699.15				50.53	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	WellPoint	WellPoint	323.89	31.04			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Horizon	PPO	699.15				50.53	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Qualcare	Qualcare	782.6	75			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Horizon	Medicare Blue	361.32				50.53	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Horizon	NJ Health	50.53				50.53	991.29	fee schedule	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Managed Care Inc	Managed Care Inc	939.11	90			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Three Rivers	Three Rivers	991.29	95			50.53	991.29	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT				outpatient			1043.46	415.52	Wellcare	Medicaid	317.63	30.44			50.53	991.29	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Amerihealth	Medicare	181.54				121.91	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Consumer	Consumer	515.51	95			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Horizon	Indemnity	351.28				121.91	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Horizon	NJ Health	121.91			60.53	121.91	515.51	fee schedule	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Aetna	Better Health	165.18	30.44		69.34	121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Amerihealth	HMO/PPO	352.72	65			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Aetna	Commercial	296.27			155.76	121.91	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Aetna	Medicare	181.54				121.91	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Horizon	Medicare Blue	181.54			53.91	121.91	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Three Rivers	Three Rivers	515.51	95			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	UHC	Medicaid	165.18	30.44			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Corrections	Corrections	434.11	80			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Americare	Americare	406.98	75			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	First Health	First Health	379.85	70			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	First Trenton	First Trenton	488.38	90			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Horizon	MGD	351.28				121.91	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	UHC	Medicare	181.54			164.99	121.91	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Multiplan	Multiplan	434.11	80			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Horizon	PPO	351.28				121.91	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Wellcare	Medicaid	165.18	30.44		106.51	121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Managed Care Inc	Managed Care Inc	488.38	90			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Qualcare	Qualcare	406.98	75			121.91	515.51	percent of total billed charges	
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	Wellcare	Medicare	181.54				121.91	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL VEMP TESTING W/I&R	92517	CPT				outpatient			542.64	208.77	WellPoint	WellPoint	168.44	31.04			121.91	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Amerihealth	HMO/PPO	352.72	65			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Aetna	Commercial	296.27				112.78	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Aetna	Better Health	165.18	30.44			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Horizon	PPO	351.28				112.78	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	First Trenton	First Trenton	488.38	90			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Three Rivers	Three Rivers	515.51	95			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Amerihealth	Medicare	181.54				112.78	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Horizon	MGD	351.28				112.78	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Corrections	Corrections	434.11	80			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Horizon	Indemnity	351.28				112.78	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Aetna	Medicare	181.54				112.78	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	WellPoint	WellPoint	168.44	31.04			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Horizon	NJ Health	112.78				112.78	515.51	fee schedule	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	UHC	Medicare	181.54				112.78	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	First Health	First Health	379.85	70			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	UHC	Medicaid	165.18	30.44			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Americare	Americare	406.98	75			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Managed Care Inc	Managed Care Inc	488.38	90			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Horizon	Medicare Blue	181.54				112.78	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Wellcare	Medicare	181.54				112.78	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Consumer	Consumer	515.51	95			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Multiplan	Multiplan	434.11	80			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Qualcare	Qualcare	406.98	75			112.78	515.51	percent of total billed charges	
OCULAR VEMP TESTING W/I&R	92518	CPT				outpatient			542.64	208.77	Wellcare	Medicaid	165.18	30.44			112.78	515.51	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING W/I&R	92519	CPT				outpatient			1043.46	415.52	Amerihealth	Medicare	361.32				190.16	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL & OCULAR VEMP TESTING W/I&R	92519	CPT				outpatient			1043.46	415.52	Americare	Americare	782.6	75			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING W/I&R	92519	CPT				outpatient			1043.46	415.52	Aetna	Commercial	589.67				190.16	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL & OCULAR VEMP TESTING W/I&R	92519	CPT				outpatient			1043.46	415.52	Amerihealth	HMO/PPO	678.25	65			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING W/I&R	92519	CPT				outpatient			1043.46	415.52	First Trenton	First Trenton	939.11	90			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING W/I&R	92519	CPT				outpatient			1043.46	415.52	Consumer	Consumer	991.29	95			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING W/I&R	92519	CPT				outpatient			1043.46	415.52	A

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Horizon	Indemnity	696.15				190.16	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 First Health	First Health	730.42	70			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Horizon	MGD	699.15				190.16	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Corrections	Corrections	834.77	80			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Horizon	Medicare Blue	361.32				190.16	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Multiplan	Multiplan	834.77	80			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 UHC	Medicare	361.32				190.16	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Horizon	PPO	699.15				190.16	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 UHC	Medicaid	317.63	30.44			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Qualcare	Qualcare	782.6	75			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Horizon	NJ Health	190.16				190.16	991.29	fee schedule	
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 WellPoint	WellPoint	323.89	31.04			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Wellcare	Medicaid	317.63	30.44			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Wellcare	Medicare	361.32				190.16	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Managed Care Inc	Managed Care Inc	939.11	90			190.16	991.29	percent of total billed charges	
CERVICAL & OCULAR VEMP TESTING WI&R	92519	CPT				outpatient			1043.46		415.52 Three Rivers	Three Rivers	991.29	95			190.16	991.29	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Aetna	Better Health	176.36	30.44			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Americare	Americare	434.52	75			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		First Health	First Health	405.55	70			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		WellPoint	WellPoint	179.83	31.04			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Horizon	Indemnity	221.78	38.28			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Aetna	Commercial	220.16	38			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Amerihealth	HMO/PPO	48				48	550.39	fee schedule	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Consumer	Consumer	550.39	95			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Corrections	Corrections	463.49	80			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Aetna	Medicare	178.44	30.8			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Horizon	MGD	221.78	38.28			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Multiplan	Multiplan	463.49	80			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Horizon	Medicare Blue	173.81	30			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Wellcare	Medicaid	176.36	30.44			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		UHC	Medicaid	176.36	30.44			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		First Trenton	First Trenton	521.42	90			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Horizon	PPO	221.78	38.28			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Qualcare	Qualcare	434.52	75			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Three Rivers	Three Rivers	550.39	95			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Horizon	NJ Health	127.5				48	550.39	fee schedule	
EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	92521	CPT				both			579.36		Managed Care Inc	Managed Care Inc	521.42	90			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		First Trenton	First Trenton	521.42	90			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Consumer	Consumer	550.39	95			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Aetna	Better Health	176.36	30.44			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Horizon	Indemnity	221.78	38.28			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Americare	Americare	434.52	75			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Horizon	Medicare Blue	173.81	30		96.49	48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Aetna	Medicare	178.44	30.8			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Horizon	NJ Health	103.23			90.11	48	550.39	fee schedule	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Aetna	Commercial	220.16	38		196.25	48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Amerihealth	HMO/PPO	48				48	550.39	fee schedule	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		First Health	First Health	405.55	70			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Horizon	PPO	221.78	38.28			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Corrections	Corrections	463.49	80			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Horizon	MGD	221.78	38.28			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Multiplan	Multiplan	463.49	80			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Managed Care Inc	Managed Care Inc	521.42	90			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		WellPoint	WellPoint	179.83	31.04			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		UHC	Medicaid	176.36	30.44		11.11	48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Qualcare	Qualcare	434.52	75			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Three Rivers	Three Rivers	550.39	95			48	550.39	percent of total billed charges	
EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	92522	CPT				both			579.36		Wellcare	Medicaid	176.36	30.44			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Americare	Americare	434.52	75			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Amerihealth	HMO/PPO	48				48	550.39	fee schedule	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Aetna	Better Health	176.36	30.44			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Multiplan	Multiplan	463.49	80			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Consumer	Consumer	550.39	95			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		First Trenton	First Trenton	521.42	90			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Aetna	Medicare	178.44	30.8			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Corrections	Corrections	463.49	80			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Horizon	MGD	221.78	38.28			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		UHC	Medicaid	176.36	30.44			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Aetna	Commercial	220.16	38			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Qualcare	Qualcare	434.52	75			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Horizon	NJ Health	214.86			81.56	48	550.39	fee schedule	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Horizon	Indemnity	221.78	38.28			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		First Health	First Health	405.55	70			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Horizon	Medicare Blue	173.81	30			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Wellcare	Medicaid	176.36	30.44		198.47	48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Horizon	PPO	221.78	38.28			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		WellPoint	WellPoint	179.83	31.04			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Managed Care Inc	Managed Care Inc	521.42	90			48	550.39	percent of total billed charges	
EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	92523	CPT				both			579.36		Three Rivers	Three Rivers	550.39	95			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		First Trenton	First Trenton	521.42	90			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Horizon	MGD	221.78	38.28			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Multiplan	Multiplan	463.49	80			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Aetna	Better Health	176.36	30.44			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Americare	Americare	434.52	75			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Aetna	Medicare	178.44	30.8			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Qualcare	Qualcare	434.52	75			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Consumer	Consumer	550.39	95			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Horizon	PPO	221.78	38.28			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		UHC	Medicaid	176.36	30.44			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Three Rivers	Three Rivers	550.39	95			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Aetna	Commercial	220.16	38			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Amerihealth	HMO/PPO	48				48	550.39	fee schedule	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Corrections	Corrections	463.49	80			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		First Health	First Health	405.55	70			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Horizon	Indemnity	221.78	38.28			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Wellcare	Medicaid	176.36	30.44			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Horizon	NJ Health	107.74				48	550.39	fee schedule	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Horizon	Medicare Blue	173.81	30			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		Managed Care Inc	Managed Care Inc	521.42	90			48	550.39	percent of total billed charges	
BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	92524	CPT				both			579.36		WellPoint	WellPoint	179.83	31.04			48	550.39	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Aetna	Better Health	62.1	30.44		131.25	36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Corrections	Corrections	163.2	80			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		First Trenton	First Trenton	183.6	90			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Horizon	Medicare Blue	61.2	30			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Aetna	Commercial	77.52	38		72.66	36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Americare	Americare	153	75			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Aetna	Medicare	62.83	30.8			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		First Health	First Health	142.8	70			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Horizon	PPO	78.09	38.28			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Horizon	Indemnity	78.09	38.28			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Amerihealth	HMO/PPO	36				36	193.8	fee schedule	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		WellPoint	WellPoint	63.32	31.04			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Managed Care Inc	Managed Care Inc	183.6	90			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Consumer	Consumer	193.8	95			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Horizon	MGD	78.09	38.28			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Multiplan	Multiplan	163.2	80			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		UHC	Medicaid	62.1	30.44			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Three Rivers	Three Rivers	193.8	95			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Wellcare	Medicaid	62.1	30.44			36	193.8	percent of total billed charges	
TX SWALLOWING DYSFUNCTION&ORAL FUNCJ FEEDING	92526	CPT				both			204		Qualcare	Qualcare	153	75			36	193.8	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Horizon	Medicare Blue	153	30			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Corrections	Corrections	408	80			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Horizon	MGD	195.23	38.28			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Consumer	Consumer	484.5	95			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Amerihealth	HMO/PPO	48				12.63	484.5	fee schedule	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Aetna	Commercial	193.8	38			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Americare	Americare	382.5	75			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		First Trenton	First Trenton	459	90			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		First Health	First Health	357	70			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Multiplan	Multiplan	408	80			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Horizon	NJ Health	12.63				12.63	484.5	fee schedule	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Horizon	PPO	195.23	38.28			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST EACH IRRIGATION	92533	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			12.63	484.5	percent of total billed charges	
CALORIC VESTIBULAR TEST WIREC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Aetna	Better Health	280.68	30.44			48	875.98	percent of total billed charges	
CALORIC VESTIBULAR TEST WIREC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Aetna	Medicare	181.54			134.31	48	875.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST WIREC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Aetna	Commercial	296.27			205.35	48	875.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST WIREC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Americare	Americare	691.56	75			48	875.98	percent of total billed charges	
CALORIC VESTIBULAR TEST WIREC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 UHC	Medicaid	280.68	30.44		197.19	48	875.98	percent of total billed charges	
CALORIC VESTIBULAR TEST WIREC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 First Trenton	First Trenton	829.87	90			48	875.98	percent of total billed charges	
CALORIC VESTIBULAR TEST WIREC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Amerihealth	Medicare	181.54				48	875.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Amerihealth	HMO/PPO	48				48		875.98 fee schedule	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Horizon	Indemnity	351.28			166.24	48		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Multiplan	Multiplan	737.66	80			48		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Consumer	Consumer	875.98	95			48		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Corrections	Corrections	737.66	80			48		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 WellPoint	WellPoint	286.21	31.04		238.86	48		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Horizon	NJ Health	58.86			83.43	48		875.98 fee schedule	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 First Health	First Health	645.46	70			48		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Horizon	Medicare Blue	181.54			177.91	48		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Wellcare	Medicaid	280.68	30.44		237.33	48		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Qualcare	Qualcare	691.56	75			48		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Three Rivers	Three Rivers	875.98	95			48		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Horizon	MGD	351.28			225.98	48		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Managed Care Inc	Managed Care Inc	829.87	90			48		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Horizon	PPO	351.28			245.51	48		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 UHC	Medicare	181.54			53.73	48		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	92537	CPT				outpatient			922.08		208.77 Wellcare	Medicare	181.54			78.65	48		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Consumer	Consumer	875.98	95			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Horizon	MGD	351.28				29.96		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Aetna	Commercial	296.27				29.96		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Amerihealth	Medicare	181.54				29.96		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Aetna	Better Health	280.68	30.44			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 First Health	First Health	645.46	70			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Americare	Americare	691.56	75			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Horizon	Medicare Blue	181.54				29.96		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Corrections	Corrections	737.66	80			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 UHC	Medicaid	280.68	30.44			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Aetna	Medicare	181.54				29.96		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Horizon	Indemnity	351.28				29.96		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Multiplan	Multiplan	737.66	80			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Three Rivers	Three Rivers	875.98	95			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Amerihealth	HMO/PPO	48				29.96		875.98 fee schedule	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 UHC	Medicare	181.54				29.96		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 First Trenton	First Trenton	829.87	90			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Horizon	PPO	351.28				29.96		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Wellcare	Medicaid	280.68	30.44			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Wellcare	Medicare	181.54				29.96		875.98 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Qualcare	Qualcare	691.56	75			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 WellPoint	WellPoint	286.21	31.04			29.96		875.98 percent of total billed charges	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Horizon	NJ Health	29.96			68.26	29.96		875.98 fee schedule	
CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	92538	CPT				outpatient			922.08		208.77 Managed Care Inc	Managed Care Inc	829.87	90			29.96		875.98 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Aetna	Better Health	165.18	30.44			48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Aetna	Medicare	181.54			88.11	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 First Health	First Health	379.85	70			48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Horizon	MGD	351.28			154.3	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 UHC	Medicare	181.54			39.22	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Americare	Americare	406.98	75			48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Amerihealth	Medicare	181.54				48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Multiplan	Multiplan	434.11	80			48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Aetna	Commercial	296.27			152.15	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 First Trenton	First Trenton	488.38	90			48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Wellcare	Medicaid	165.18	30.44		161.87	48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Qualcare	Qualcare	406.98	75			48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Consumer	Consumer	515.51	95			48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Amerihealth	HMO/PPO	48				48		515.51 fee schedule	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Horizon	Indemnity	351.28			166.24	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 UHC	Medicaid	165.18	30.44		167.85	48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Horizon	NJ Health	142.35			58.76	48		515.51 fee schedule	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Managed Care Inc	Managed Care Inc	488.38	90			48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Corrections	Corrections	434.11	80		167.85	48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Three Rivers	Three Rivers	515.51	95			48		515.51 percent of total billed charges	
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Horizon	Medicare Blue	181.54			64.3	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Wellcare	Medicare	181.54			35.22	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 Horizon	PPO	351.28			160.95	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	92540	CPT				outpatient			542.64		208.77 WellPoint	WellPoint	168.44	31.04		167.85	48		515.51 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Aetna	Commercial	244.1				48		423.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Aetna	Medicare	149.57				48		423.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Horizon	MGD	289.42				48		423.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Consumer	Consumer	423.86	95			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Amerihealth	Medicare	149.57				48		423.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Aetna	Better Health	135.81	30.44			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 UHC	Medicaid	135.81	30.44			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Corrections	Corrections	356.94	80			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Americare	Americare	334.63	75			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Amerihealth	HMO/PPO	48				48		423.86 fee schedule	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Horizon	Indemnity	289.42				48		423.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 First Trenton	First Trenton	401.55	90			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Wellcare	Medicare	149.57				48		423.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Multiplan	Multiplan	356.94	80			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Horizon	Medicare Blue	149.57				48		423.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Horizon	PPO	289.42				48		423.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 UHC	Medicare	149.57				48		423.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 First Health	First Health	312.32	70			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Wellcare	Medicaid	135.81	30.44			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Horizon	NJ Health	224.46				48		423.86 fee schedule	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Qualcare	Qualcare	334.63	75			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 WellPoint	WellPoint	138.49	31.04			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Managed Care Inc	Managed Care Inc	401.55	90			48		423.86 percent of total billed charges	
SPONTANEOUS NYSTAGMUS TEST	92541	CPT				outpatient			446.17		172.01 Three Rivers	Three Rivers	423.86	95			48		423.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Amerihealth	HMO/PPO	48				48		410.86 fee schedule	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Amerihealth	Medicare	149.57				48		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Corrections	Corrections	345.98	80			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Aetna	Better Health	131.65	30.44			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 First Trenton	First Trenton	389.23	90			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Horizon	Medicare Blue	149.57				48		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Aetna	Commercial	244.1				48		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Americare	Americare	324.36	75			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 First Health	First Health	302.74	70			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Horizon	Indemnity	289.42				48		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Multiplan	Multiplan	345.98	80			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Aetna	Medicare	149.57				48		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Horizon	MGD	289.42				48		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 UHC	Medicare	149.57				48		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Qualcare	Qualcare	324.36	75			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Consumer	Consumer	410.86	95			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Wellcare	Medicare	149.57				48		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Horizon	PPO	289.42				48		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Horizon	NJ Health	190.53				48		410.86 fee schedule	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Wellcare	Medicaid	131.65	30.44			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Managed Care Inc	Managed Care Inc	389.23	90			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 WellPoint	WellPoint	134.24	31.04			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 Three Rivers	Three Rivers	410.86	95			48		410.86 percent of total billed charges	
POSITIONAL NYSTAGMUS TEST	92542	CPT				outpatient			432.48		172.01 UHC	Medicaid	131.65	30.44			48		410.86 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 First Trenton	First Trenton	491.04	90			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Americare	Americare	409.2	75			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Horizon	Medicare Blue	181.54				77		518.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Aetna	Medicare	181.54				77		518.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Horizon	Indemnity	351.28				77		518.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Aetna	Commercial	296.27				77		518.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Aetna	Better Health	166.08	30.44			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Consumer	Consumer	518.32	95			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 UHC	Medicaid	166.08	30.44			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Three Rivers	Three Rivers	518.32	95			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Amerihealth	HMO/PPO	77				77		518.32 fee schedule	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Corrections	Corrections	436.48	80			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Horizon	PPO	351.28				77		518.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Amerihealth	Medicare	181.54				77		518.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 First Health	First Health	381.92	70			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Horizon	NJ Health	307.98				77		518.32 fee schedule	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Managed Care Inc	Managed Care Inc	491.04	90			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Wellcare	Medicare	181.54				77		518.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Horizon	MGD	351.28				77		518.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 WellPoint	WellPoint	169.35	31.04			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 UHC	Medicare	181.54				77		518.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Multiplan	Multiplan	436.48	80			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Wellcare	Medicaid	166.08	30.44			77		518.32 percent of total billed charges	
SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	92546	CPT				outpatient			545.6		208.77 Qualcare	Qualcare	409.2	75			77		518.32 percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		Consumer	Consumer	36.9	95			11.65		91.35 percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		Corrections	Corrections	31.07	80			11.65	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		First Health	First Health	27.19	70			11.65	91.35	percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		Aetna	Medicare	11.96	30.8			11.65	91.35	percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		Horizon	PPO	14.87	38.28			11.65	91.35	percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		Horizon	Medicare Blue	11.65	30			11.65	91.35	percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		Wellcare	Medicaid	11.82	30.44			11.65	91.35	percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		Qualcare	Qualcare	29.13	75			11.65	91.35	percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		WellPoint	WellPoint	12.06	31.04			11.65	91.35	percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		Managed Care Inc	Managed Care Inc	34.96	90			11.65	91.35	percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		Three Rivers	Three Rivers	36.9	95			11.65	91.35	percent of total billed charges	
USE VERTICAL ELECTRODES	92547	CPT				outpatient			38.84		UHC	Medicaid	11.82	30.44			11.65	91.35	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Amerihealth	HMO/PPO	25			97.56	25	515.51	fee schedule
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Horizon	PPO	351.28			125.59	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Amerihealth	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Consumer	Consumer	515.51	95			25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Americare	Americare	406.98	75			25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Horizon	Medicare Blue	181.54			78.94	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Aetna	Better Health	165.18	30.44		159.76	25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Aetna	Commercial	296.27			138.52	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	First Trenton	First Trenton	488.38	90			25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Multiplan	Multiplan	434.11	80			25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Aetna	Medicare	181.54			41.41	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Three Rivers	Three Rivers	515.51	95			25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Horizon	Indemnity	351.28			159.65	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	UHC	Medicare	181.54			71.65	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	First Health	First Health	379.85	70			25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Corrections	Corrections	434.11	80		128.69	25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Managed Care Inc	Managed Care Inc	488.38	90			25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Qualcare	Qualcare	406.98	75			25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Wellcare	Medicaid	165.18	30.44		154.84	25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Wellcare	Medicare	181.54			71.83	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Horizon	MGD	351.28			149.27	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	UHC	Medicaid	165.18	30.44		159.98	25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	WellPoint	WellPoint	168.44	31.04		135.43	25	515.51	percent of total billed charges	
TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	92550	CPT				both			542.64		208.77	Horizon	NJ Health	30.75			69.26	25	515.51	fee schedule	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Aetna	Commercial	49.61	38			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Horizon	Indemnity	49.98	38.28			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Aetna	Better Health	39.74	30.44			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			First Health	First Health	91.39	70			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Americare	Americare	97.92	75			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Corrections	Corrections	104.45	80			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Horizon	NJ Health	96.57			13.99	25	124.03	fee schedule	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Qualcare	Qualcare	97.92	75			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Aetna	Medicare	40.21	30.8			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Horizon	PPO	49.98	38.28			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Consumer	Consumer	124.03	95			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Multiplan	Multiplan	104.45	80			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Amerihealth	HMO/PPO	25				25	124.03	fee schedule	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			First Trenton	First Trenton	117.5	90			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			UHC	Medicaid	39.74	30.44		24.91	25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Wellcare	Medicaid	39.74	30.44			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Horizon	MGD	49.98	38.28			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Three Rivers	Three Rivers	124.03	95			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			WellPoint	WellPoint	40.53	31.04		30.13	25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Horizon	Medicare Blue	39.17	30			25	124.03	percent of total billed charges	
SCREENING TEST PURE TONE AIR ONLY	92551	CPT				outpatient			130.56			Managed Care Inc	Managed Care Inc	117.5	90			25	124.03	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Aetna	Better Health	131.65	30.44		127.33	25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Aetna	Medicare	133.2	30.8			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Consumer	Consumer	410.86	95			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Amerihealth	Medicare	149.57				25	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Aetna	Commercial	244.1				25	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Corrections	Corrections	345.98	80			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Horizon	MGD	289.42			76.97	25	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Americare	Americare	324.36	75			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Wellcare	Medicare	149.57				25	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Multiplan	Multiplan	345.98	80			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	First Health	First Health	302.74	70			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	First Trenton	First Trenton	389.23	90			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Amerihealth	HMO/PPO	25				25	410.86	fee schedule	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Horizon	PPO	289.42			112.75	25	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	WellPoint	WellPoint	134.24	31.04		75.2	25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Horizon	Indemnity	289.42			147.46	25	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Horizon	NJ Health	153.99			50.82	25	410.86	fee schedule	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Qualcare	Qualcare	324.36	75			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Horizon	Medicare Blue	149.57				25	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Wellcare	Medicaid	131.65	30.44		89.77	25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Managed Care Inc	Managed Care Inc	389.23	90			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	UHC	Medicare	149.57			38.97	25	410.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	Three Rivers	Three Rivers	410.86	95			25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR ONLY	92552	CPT				both			432.48		172.01	UHC	Medicaid	131.65	30.44		104.63	25	410.86	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Aetna	Medicare	181.54			90.54	65	844.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Aetna	Better Health	270.75	30.44			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Aetna	Commercial	296.27			112.47	65	844.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Corrections	Corrections	711.55	80		88.41	65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Americare	Americare	667.08	75			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Horizon	NJ Health	127.89			69.33	65	844.97	fee schedule	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	First Trenton	First Trenton	800.5	90			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Amerihealth	HMO/PPO	65			89.97	65	844.97	fee schedule	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Consumer	Consumer	844.97	95			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Horizon	Indemnity	351.28				65	844.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Amerihealth	Medicare	181.54				65	844.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	First Health	First Health	622.61	70			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Horizon	Medicare Blue	181.54			79.31	65	844.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	WellPoint	WellPoint	276.08	31.04		183.4	65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Managed Care Inc	Managed Care Inc	800.5	90			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Horizon	MGD	351.28			272.05	65	844.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Multiplan	Multiplan	711.55	80			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	UHC	Medicaid	270.75	30.44		130.63	65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Horizon	PPO	351.28			82.81	65	844.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Wellcare	Medicaid	270.75	30.44			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Three Rivers	Three Rivers	844.97	95			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Wellcare	Medicare	181.54				65	844.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	Qualcare	Qualcare	667.08	75			65	844.97	percent of total billed charges	
PURE TONE AUDIOMETRY AIR & BONE	92553	CPT				both			889.44		208.77	UHC	Medicare	181.54			64.74	65	844.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Aetna	Commercial	112.48				25	376.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Horizon	Indemnity	133.36				25	376.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Aetna	Medicare	68.92				25	376.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	First Trenton	First Trenton	357.1	90			25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Amerihealth	Medicare	68.92				25	376.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	First Health	First Health	277.75	70			25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Americare	Americare	297.59	75			25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Aetna	Better Health	120.78	30.44		116.82	25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Horizon	Medicare Blue	68.92				25	376.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Multiplan	Multiplan	317.42	80			25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Corrections	Corrections	317.42	80			25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Managed Care Inc	Managed Care Inc	357.1	90			25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Horizon	PPO	133.36			36.94	25	376.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Qualcare	Qualcare	297.59	75			25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Amerihealth	HMO/PPO	25			20.97	25	376.94	fee schedule	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Three Rivers	Three Rivers	376.94	95			25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Horizon	MGD	133.36			46.45	25	376.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Wellcare	Medicare	68.92				25	376.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	UHC	Medicaid	120.78	30.44		64.5	25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	WellPoint	WellPoint	123.16	31.04		86.29	25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	UHC	Medicare	68.92				25	376.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Consumer	Consumer	376.94	95			25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Horizon	NJ Health	80.91			38.62	25	376.94	fee schedule	
SPEECH AUDIOMETRY THRESHOLD	92555	CPT				outpatient			396.78		79.26	Wellcare	Medicaid	120.78	30.44		119.4	25	376.94	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Aetna	Better Health	126.68	30.44			25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Amerihealth	HMO/PPO	25				25	395.35	fee schedule	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Amerihealth	Medicare	68.92				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	UHC	Medicaid	126.68	30.44		61.1	25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	First Health	First Health	291.31	70			25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Horizon	Indemnity	133.36			72.22	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Americare	Americare	312.12	75			25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	WellPoint	WellPoint	129.18	31.04		71.98	25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Aetna	Commercial	112.48			59.13	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Wellcare	Medicaid	126.68	30.44		72.67	25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Corrections	Corrections	332.93	80			25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Horizon	Medicare Blue	68.92				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	First Trenton	First Trenton	374.54	90			25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Aetna	Medicare	68.92			42.36	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Horizon	MGD	133.36			65.18	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Multiplan	Multiplan	332.93	80			25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Horizon	NJ Health	156.6			49.17	25	395.35	fee schedule	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Consumer	Consumer	395.35	95			25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16		79.26	Managed Care Inc	Managed Care Inc	374.54	90			25	395.35	percent of total billed charges	
SPEECH AUDIOMETRY THRESHOL

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numTo the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119 true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16	79.26	Horizon	PPO	133.36			68.65	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16	79.26	UHC	Medicare	68.92			48.01	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	92556	CPT				outpatient			416.16	79.26	Wellcare	Medicare	68.92				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Amerihealth	HMO/PPO	65			102.57	65	515.51	fee schedule	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	First Health	First Health	379.85	70			65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Aetna	Better Health	165.18	30.44		104.54	65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Horizon	MGD	351.28			162.44	65	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Aetna	Medicare	181.54			65.43	65	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Aetna	Commercial	296.27			144.19	65	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Americare	Americare	406.98	75			65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	First Trenton	First Trenton	488.38	90			65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Consumer	Consumer	515.51	95			65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Three Rivers	Three Rivers	515.51	95			65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Multiplan	Multiplan	434.11	80			65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Horizon	NJ Health	323.64			97.17	65	515.51	fee schedule	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Amerihealth	Medicare	181.54				65	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Wellcare	Medicare	181.54			83.26	65	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Horizon	Medicare Blue	181.54			87.69	65	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Managed Care Inc	Managed Care Inc	488.38	90			65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Corrections	Corrections	434.11	80		128.69	65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Wellcare	Medicaid	165.18	30.44		156.65	65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Qualcare	Qualcare	406.98	75			65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Horizon	Indemnity	351.28			155.56	65	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	Horizon	PPO	351.28			156.5	65	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	UHC	Medicare	181.54			70.09	65	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	WellPoint	WellPoint	168.44	31.04		147.85	65	515.51	percent of total billed charges	
COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	92557	CPT				outpatient			542.64	208.77	UHC	Medicaid	165.18	30.44		157	65	515.51	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	First Trenton	First Trenton	304.78	90			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Aetna	Better Health	103.08	30.44			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Horizon	Indemnity	88.12				10.96	321.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Americare	Americare	253.98	75			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Corrections	Corrections	270.91	80			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Consumer	Consumer	321.71	95			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	First Health	First Health	237.05	70			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Aetna	Commercial	74.32				10.96	321.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Managed Care Inc	Managed Care Inc	304.78	90			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Horizon	NJ Health	10.96			41.61	10.96	321.71	fee schedule	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	UHC	Medicaid	103.08	30.44			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Amerihealth	HMO/PPO	25				10.96	321.71	fee schedule	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Wellcare	Medicare	45.54				10.96	321.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Horizon	Medicare Blue	45.54				10.96	321.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Multiplan	Multiplan	270.91	80			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Aetna	Medicare	45.54				10.96	321.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Three Rivers	Three Rivers	321.71	95			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Horizon	PPO	88.12				10.96	321.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Wellcare	Medicaid	103.08	30.44			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Amerihealth	Medicare	45.54				10.96	321.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Qualcare	Qualcare	253.98	75			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	WellPoint	WellPoint	105.11	31.04			10.96	321.71	percent of total billed charges	
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	Horizon	MGD	88.12				10.96	321.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST	92563	CPT				outpatient			338.64	52.37	UHC	Medicare	45.54				10.96	321.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Aetna	Medicare	68.92				25	133.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Aetna	Commercial	112.48			28.58	25	133.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Horizon	MGD	133.36			35.32	25	133.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Corrections	Corrections	101.18	80		39.12	25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Horizon	PPO	133.36				25	133.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	First Trenton	First Trenton	113.83	90			25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Aetna	Better Health	38.5	30.44			25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Americare	Americare	94.86	75			25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Consumer	Consumer	120.16	95			25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Amerihealth	Medicare	68.92				25	133.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Multiplan	Multiplan	101.18	80			25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	WellPoint	WellPoint	39.26	31.04		37.98	25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	UHC	Medicaid	38.5	30.44		38.73	25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Horizon	NJ Health	133.11			24.36	25	133.36	fee schedule	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	First Health	First Health	88.54	70			25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Amerihealth	HMO/PPO	25				25	133.36	fee schedule	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	UHC	Medicare	68.92			8.65	25	133.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Managed Care Inc	Managed Care Inc	113.83	90			25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Qualcare	Qualcare	94.86	75			25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Horizon	Medicare Blue	68.92			20.49	25	133.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Horizon	Indemnity	133.36			41.9	25	133.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Wellcare	Medicaid	38.5	30.44		38.5	25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Three Rivers	Three Rivers	120.16	95			25	133.36	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT				both			126.48	79.26	Wellcare	Medicare	68.92				25	133.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Amerihealth	HMO/PPO	25			60.85	25	395.35	fee schedule	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Aetna	Medicare	45.54			50.26	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT				both			416.16	52.37	UHC	Medicaid	126.68	30.44		65.76	25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Horizon	MGD	88.12			93.45	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Wellcare	Medicaid	126.68	30.44		103.23	25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Aetna	Commercial	74.32			85	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Corrections	Corrections	332.93	80		39.12	25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Aetna	Better Health	126.68	30.44		78.67	25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	First Health	First Health	291.31	70			25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Americare	Americare	312.12	75			25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	First Trenton	First Trenton	374.54	90			25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Horizon	NJ Health	109.62			50.73	25	395.35	fee schedule	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Horizon	Indemnity	88.12			68.93	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Consumer	Consumer	395.35	95			25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Managed Care Inc	Managed Care Inc	374.54	90			25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Amerihealth	Medicare	45.54				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Three Rivers	Three Rivers	395.35	95			25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Horizon	Medicare Blue	45.54			56.73	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Horizon	PPO	88.12			107.53	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Multiplan	Multiplan	332.93	80			25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	WellPoint	WellPoint	129.18	31.04		95.44	25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Qualcare	Qualcare	312.12	75			25	395.35	percent of total billed charges	
TYMPANOMETRY	92567	CPT				both			416.16	52.37	UHC	Medicare	45.54			31.39	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT				both			416.16	52.37	Wellcare	Medicare	45.54			30.01	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	First Trenton	First Trenton	374.54	90			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	First Health	First Health	291.31	70			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Aetna	Commercial	74.32				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Corrections	Corrections	332.93	80			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Aetna	Medicare	128.18	30.8			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Aetna	Better Health	126.68	30.44			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Americare	Americare	312.12	75			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Horizon	MGD	88.12				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Horizon	Indemnity	88.12			92.15	25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Horizon	Medicare Blue	45.54				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Amerihealth	Medicare	45.54				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Consumer	Consumer	395.35	95			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Horizon	NJ Health	122.67			50.02	25	395.35	fee schedule	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Multiplan	Multiplan	332.93	80			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Amerihealth	HMO/PPO	25				25	395.35	fee schedule	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Three Rivers	Three Rivers	395.35	95			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Horizon	PPO	88.12				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Qualcare	Qualcare	312.12	75			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	UHC	Medicaid	126.68	30.44			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Wellcare	Medicaid	126.68	30.44			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Managed Care Inc	Managed Care Inc	374.54	90			25	395.35	percent of total billed charges	
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	UHC	Medicare	45.54				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	Wellcare	Medicare	45.54				25	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLEX THRESHOLD	92568	CPT				outpatient			416.16	52.37	WellPoint	WellPoint	129.18	31.04			25	395.35	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Corrections	Corrections	434.11	80			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	UHC	Medicaid	165.18	30.44		167.85	25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Aetna	Better Health	165.18	30.44			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	First Trenton	First Trenton	488.38	90			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Aetna	Commercial	296.27			147.96	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Aetna	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	First Health	First Health	379.85	70			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Amerihealth	HMO/PPO	25				25	515.51	fee schedule	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Horizon	MGD	351.28			166.24	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Horizon	Medicare Blue	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Horizon	PPO	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Amerihealth	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Americare	Americare	406.98	75			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Managed Care Inc	Managed Care Inc	488.38	90			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Multiplan	Multiplan	434.11	80			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Horizon	Indemnity	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Consumer	Consumer	515.51	95			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	UHC	Medicare	181.54			90.04	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	WellPoint	WellPoint	168.44	31.04			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Horizon	NJ Health	48.33			75.32	25	515.51	fee schedule	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Three Rivers	Three Rivers	515.51	95			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Wellcare	Medicaid	165.18	30.44			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Qualcare	Qualcare	406.98	75			25	515.51	percent of total billed charges	
ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	92570	CPT				outpatient			542.64	208.77	Wellcare	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Aetna	Commercial	74.32				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Amerihealth	Medicare	45.54				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Horizon	PPO	88.12				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Aetna	Better Health	38.5	30.44			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Aetna	Medicare	45.54				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Americare	Americare	94.86	75			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Consumer	Consumer	120.16	95			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	First Health	First Health	88.54	70			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Amerihealth	HMO/PPO	25				25	120.16	fee schedule	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	First Trenton	First Trenton	113.83	90			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Horizon	MGD	88.12				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Corrections	Corrections	101.18	80			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	UHC	Medicare	45.54				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Three Rivers	Three Rivers	120.16	95			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Multiplan	Multiplan	101.18	80			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Horizon	Indemnity	88.12				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	WellPoint	WellPoint	39.26	31.04			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	UHC	Medicaid	38.5	30.44			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Qualcare	Qualcare	94.86	75			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Horizon	Medicare Blue	45.54				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Wellcare	Medicaid	38.5	30.44			25	120.16	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Horizon	NJ Health	99.18				25	120.16	fee schedule	
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Wellcare	Medicare	45.54				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT				outpatient			126.48	52.37	Managed Care Inc	Managed Care Inc	113.83	90			25	120.16	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Aetna	Commercial	296.27				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	First Health	First Health	379.85	70			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Americare	Americare	406.98	75			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Aetna	Better Health	165.18	30.44			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Aetna	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	First Trenton	First Trenton	488.38	90			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Amerihealth	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Amerihealth	HMO/PPO	25				25	515.51	fee schedule	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Multiplan	Multiplan	434.11	80			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Three Rivers	Three Rivers	515.51	95			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Consumer	Consumer	515.51	95			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Wellcare	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Corrections	Corrections	434.11	80			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Horizon	Indemnity	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Horizon	Medicare Blue	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Horizon	MGD	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Qualcare	Qualcare	406.98	75			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Horizon	NJ Health	167.04				25	515.51	fee schedule	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	WellPoint	WellPoint	168.44	31.04			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Horizon	PPO	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	UHC	Medicaid	165.18	30.44			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Managed Care Inc	Managed Care Inc	488.38	90			25	515.51	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	UHC	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT				outpatient			542.64	208.77	Wellcare	Medicaid	165.18	30.44			25	515.51	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Aetna	Better Health	38.5	30.44			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Horizon	Medicare Blue	45.54				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Aetna	Medicare	38.96	30.8			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Aetna	Commercial	74.32				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Consumer	Consumer	120.16	95			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Amerihealth	Medicare	45.54				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Amerihealth	HMO/PPO	25				25	120.16	fee schedule	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Wellcare	Medicaid	38.5	30.44			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Qualcare	Qualcare	94.86	75			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	UHC	Medicare	45.54				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Horizon	MGD	88.12				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Americare	Americare	94.86	75			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Corrections	Corrections	101.18	80			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Three Rivers	Three Rivers	120.16	95			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	First Health	First Health	88.54	70			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Wellcare	Medicare	45.54				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Multiplan	Multiplan	101.18	80			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	First Trenton	First Trenton	113.83	90			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	UHC	Medicaid	38.5	30.44			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Horizon	Indemnity	88.12				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Horizon	NJ Health	96.57				25	120.16	fee schedule	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Horizon	PPO	88.12				25	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	Managed Care Inc	Managed Care Inc	113.83	90			25	120.16	percent of total billed charges	
SYNTHETIC SENTENCE IDENTIFICATION TEST	92576	CPT				outpatient			126.48	52.37	WellPoint	WellPoint	39.26	31.04			25	120.16	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Horizon	Indemnity	1191.32				18.27	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Amerihealth	Medicare	615.67				18.27	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Consumer	Consumer	1707.38	95			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Aetna	Medicare	615.67				18.27	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	First Trenton	First Trenton	1617.52	90			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Aetna	Better Health	547.08	30.44			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Aetna	Commercial	1004.77				18.27	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Corrections	Corrections	1437.79	80			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Horizon	PPO	1191.32				18.27	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	First Health	First Health	1258.07	70			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Three Rivers	Three Rivers	1707.38	95			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Horizon	MGD	1191.32				18.27	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Horizon	NJ Health	18.27			125.77	18.27	1707.38	fee schedule	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Amerihealth	HMO/PPO	65				18.27	1707.38	fee schedule	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Americare	Americare	1347.93	75			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Horizon	Medicare Blue	615.67				18.27	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	UHC	Medicaid	547.08	30.44			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Wellcare	Medicaid	547.08	30.44			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Multiplan	Multiplan	1437.79	80			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Managed Care Inc	Managed Care Inc	1617.52	90			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Qualcare	Qualcare	1347.93	75			18.27	1707.38	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	UHC	Medicare	615.67				18.27	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	Wellcare	Medicare	615.67				18.27	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT				outpatient			1797.24	708.02	WellPoint	WellPoint	557.86	31.04			18.27	1707.38	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	First Health	First Health	656.17	70			65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Amerihealth	Medicare	181.54				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Aetna	Medicare	181.54				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Aetna	Better Health	285.34	30.44		284.9	65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Horizon	Medicare Blue	181.54				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	First Trenton	First Trenton	843.64	90			65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Aetna	Commercial	296.27			221.63	65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Americare	Americare	703.04	75			65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Horizon	NJ Health	276.66			108.41	65	890.51	fee schedule	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Corrections	Corrections	749.9	80			65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Consumer	Consumer	890.51	95			65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Horizon	PPO	351.28			185.61	65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Multiplan	Multiplan	749.9	80			65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Three Rivers	Three Rivers	890.51	95			65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Horizon	MGD	351.28			171.75	65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Amerihealth	HMO/PPO	65				65	890.51	fee schedule	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Wellcare	Medicare	181.54				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Horizon	Indemnity	351.28				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	WellPoint	WellPoint	290.96	31.04		251.42	65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	UHC	Medicaid	285.34	30.44		197.35	65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Qualcare	Qualcare	703.04	75			65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Managed Care Inc	Managed Care Inc	843.64	90			65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	Wellcare	Medicaid	285.34	30.44		245.68	65	890.51	percent of total billed charges	
VISUAL REINFORCEMENT AUDIOMETRY	92579	CPT				outpatient			937.38	208.77	UHC	Medicare	181.54				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Consumer	Consumer	890.51	95			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Aetna	Medicare	288.71	30.8			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	First Trenton	First Trenton	843.64	90			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Aetna	Commercial	296.27			160.66	65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Aetna	Better Health	285.34	30.44			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Amerihealth	HMO/PPO	65				65	890.51	fee schedule	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Amerihealth	Medicare	181.54				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Horizon	Medicare Blue	181.54				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Corrections	Corrections	749.9	80			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Horizon	NJ Health	284.49			108.86	65	890.51	fee schedule	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Horizon	MGD	351.28			127.64	65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Horizon	Indemnity	351.28			132.99	65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Americare	Americare	703.04	75			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	First Health	First Health	656.17	70			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Qualcare	Qualcare	703.04	75			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	UHC	Medicaid	285.34	30.44		167.08	65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Horizon	PPO	351.28			121.34	65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Wellcare	Medicare	181.54				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Managed Care Inc	Managed Care Inc	843.64	90			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Multiplan	Multiplan	749.9	80			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	WellPoint	WellPoint	290.96	31.04		227.98	65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Three Rivers	Three Rivers	890.51	95			65	890.51	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	UHC	Medicare	181.54				65	890.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT				outpatient			937.38	208.77	Wellcare	Medicaid	285.34	30.44		282.93	65	890.51	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Wellcare	Medicare	68.92				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Aetna	Medicare	68.92				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Aetna	Commercial	112.48				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Amerihealth	HMO/PPO	25				25	204.46	fee schedule	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Aetna	Better Health	65.51	30.44			25	204.46	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Three Rivers	Three Rivers	204.46	95			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Corrections	Corrections	172.18	80			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	UHC	Medicaid	65.51	30.44			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Consumer	Consumer	204.46	95			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	First Trenton	First Trenton	193.7	90			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Americare	Americare	161.42	75			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Amerihealth	Medicare	68.92				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Multiplan	Multiplan	172.18	80			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Horizon	MGD	133.36				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Qualcare	Qualcare	161.42	75			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	WellPoint	WellPoint	66.8	31.04			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Horizon	NJ Health	125.28				25	204.46	fee schedule	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	First Health	First Health	150.65	70			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Horizon	PPO	133.36				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Horizon	Indemnity	133.36				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Managed Care Inc	Managed Care Inc	193.7	90			25	204.46	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Horizon	Medicare Blue	68.92				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	UHC	Medicare	68.92				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT				outpatient			215.22	79.26	Wellcare	Medicaid	65.51	30.44			25	204.46	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Horizon	MGD	351.28			244.43	77	948.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Multiplan	Multiplan	798.86	80			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Aetna	Better Health	303.97	30.44			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Americare	Americare	748.94	75			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	UHC	Medicare	181.54			288.29	77	948.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Aetna	Medicare	181.54				77	948.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Aetna	Commercial	296.27			221.97	77	948.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Amerihealth	HMO/PPO	77				77	948.65	fee schedule	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	First Health	First Health	699.01	70			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Qualcare	Qualcare	748.94	75			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	First Trenton	First Trenton	898.72	90			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Consumer	Consumer	948.65	95			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Amerihealth	Medicare	181.54				77	948.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	UHC	Medicaid	303.97	30.44		233.68	77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Horizon	Medicare Blue	181.54				77	948.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Corrections	Corrections	798.86	80			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Horizon	Indemnity	351.28			180.01	77	948.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Horizon	NJ Health	113.17			170.52	77	948.65	fee schedule	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Managed Care Inc	Managed Care Inc	898.72	90			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Horizon	PPO	351.28			345.9	77	948.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Wellcare	Medicaid	303.97	30.44			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	WellPoint	WellPoint	309.96	31.04			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Three Rivers	Three Rivers	948.65	95			77	948.65	percent of total billed charges	
ELECTROCOCHLEOGRAPHY	92584	CPT				both			998.58	208.77	Wellcare	Medicare	181.54				77	948.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Aetna	Medicare	361.32				48	992.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Horizon	Indemnity	699.15			357.18	48	992.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Americare	Americare	783.36	75			48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Amerihealth	HMO/PPO	48				48	992.26	fee schedule	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Horizon	MGD	699.15			251.71	48	992.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Corrections	Corrections	835.58	80		204.6	48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Amerihealth	Medicare	361.32				48	992.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Aetna	Better Health	317.94	30.44		312.02	48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Horizon	Medicare Blue	361.32				48	992.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	UHC	Medicaid	317.94	30.44		321.92	48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Three Rivers	Three Rivers	992.26	95			48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	First Health	First Health	731.14	70			48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Multiplan	Multiplan	835.58	80			48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	UHC	Medicare	361.32				48	992.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Consumer	Consumer	992.26	95			48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Aetna	Commercial	589.67			279.63	48	992.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Qualcare	Qualcare	783.36	75			48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Wellcare	Medicare	361.32				48	992.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Wellcare	Medicaid	317.94	30.44		315.45	48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Horizon	PPO	699.15			422.42	48	992.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	First Trenton	First Trenton	940.03	90			48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	WellPoint	WellPoint	324.21	31.04		319.42	48	992.26	percent of total billed charges	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Horizon	NJ Health	185.31			126.64	48	992.26	fee schedule	
DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	92587	CPT				both			1044.48	415.52	Managed Care Inc	Managed Care Inc	940.03	90			48	992.26	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	First Trenton	First Trenton	939.11	90			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Americare	Americare	782.6	75			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Aetna	Medicare	361.32			193.44	48	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Consumer	Consumer	991.29	95			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Corrections	Corrections	834.77	80			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Aetna	Better Health	317.63	30.44			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Aetna	Commercial	589.67			344.21	48	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Horizon	MGD	699.15				48	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Managed Care Inc	Managed Care Inc	939.11	90			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Horizon	Medicare Blue	361.32				48	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	First Health	First Health	730.42	70			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Multiplan	Multiplan	834.77	80			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Three Rivers	Three Rivers	991.29	95			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	WellPoint	WellPoint	323.89	31.04		329.21	48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Amerihealth	HMO/PPO	48				48	991.29	fee schedule	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Qualcare	Qualcare	782.6	75			48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	UHC	Medicare	361.32				48	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Wellcare	Medicaid	317.63	30.44		315.14	48	991.29	percent of total billed charges	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Amerihealth	Medicare	361.32				48	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Wellcare	Medicare	361.32				48	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Horizon	Indemnity	699.15				48	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Horizon	NJ Health	219.24			125.02	48	991.29	fee schedule	
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	Horizon	PPO	699.15			357.01	48	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTRT PROD EVOKD OTOACOUSTIC EMISNS COMP/DX EVAL	92588	CPT				both			1043.46	415.52	UHC	Medicaid	317.63	30.44		293.33	48	991.29	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Consumer	Consumer	416.67	95			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Americare	Americare	328.95	75			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Amerihealth	HMO/PPO	15				15	416.67	fee schedule	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Horizon	PPO	167.9	38.28			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Aetna	Better Health	133.51	30.44			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Three Rivers	Three Rivers	416.67	95			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Aetna	Commercial	166.67	38			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Corrections	Corrections	350.88	80			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		First Health	First Health	307.02	70			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Horizon	Indemnity	167.9	38.28			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Aetna	Medicare	135.09	30.8			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		First Trenton	First Trenton	394.74	90			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Wellcare	Medicaid	133.51	30.44			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Horizon	Medicare Blue	131.58	30			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Horizon	MGD	167.9	38.28			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Managed Care Inc	Managed Care Inc	394.74	90			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Horizon	NJ Health	83.52			31.59	15	416.67	fee schedule	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Qualcare	Qualcare	328.95	75			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		Multiplan	Multiplan	350.88	80			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		WellPoint	WellPoint	136.14	31.04			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION MONAURAL	92590	CPT				outpatient			438.6		UHC	Medicaid	133.51	30.44			15	416.67	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Consumer	Consumer	726.75	95			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Aetna	Medicare	235.62	30.8			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		WellPoint	WellPoint	237.46	31.04			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Horizon	Indemnity	292.84	38.28			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Aetna	Better Health	232.87	30.44			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Americare	Americare	573.75	75			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Aetna	Commercial	290.7	38			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Corrections	Corrections	612	80			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		UHC	Medicaid	232.87	30.44			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Horizon	MGD	292.84	38.28			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		First Health	First Health	535.5	70			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Qualcare	Qualcare	573.75	75			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Horizon	Medicare Blue	229.5	30			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Amerihealth	HMO/PPO	30				30	726.75	fee schedule	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Multiplan	Multiplan	612	80			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		First Trenton	First Trenton	688.5	90			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Wellcare	Medicaid	232.87	30.44			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Horizon	PPO	292.84	38.28			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Horizon	NJ Health	83.52				30	726.75	fee schedule	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Three Rivers	Three Rivers	726.75	95			30	726.75	percent of total billed charges	
HEARING AID EXAMINATION & SELECTION BINAURAL	92591	CPT				outpatient			765		Managed Care Inc	Managed Care Inc	688.5	90			30	726.75	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Aetna	Better Health	55.58	30.44			15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Americare	Americare	136.94	75			15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Aetna	Medicare	58.23	30.8		26.63	15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Aetna	Commercial	69.38	38		27.15	15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		WellPoint	WellPoint	56.67	31.04			15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Amerihealth	HMO/PPO	15				15	173.45	fee schedule	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		First Health	First Health	127.81	70			15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		First Trenton	First Trenton	164.32	90			15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Consumer	Consumer	173.45	95			15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Horizon	MGD	69.89	38.28			15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Horizon	NJ Health	75.69			25.39	15	173.45	fee schedule	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Corrections	Corrections	146.06	80			15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Horizon	PPO	69.89	38.28		42.25	15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Horizon	Indemnity	69.89	38.28			15	173.45	percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Multiplan	Multiplan	146.06	80			15	173.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Horizon	Medicare Blue	54.77	30			15		173.45 percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		UHC	Medicaid	55.58	30.44			15		173.45 percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Managed Care Inc	Managed Care Inc	164.32	90			15		173.45 percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Qualcare	Qualcare	136.94	75			15		173.45 percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Three Rivers	Three Rivers	173.45	95			15		173.45 percent of total billed charges	
HEARING AID CHECK MONAURAL	92592	CPT				both			182.58		Wellcare	Medicaid	55.58	30.44			15		173.45 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		First Health	First Health	535.5	70			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Aetna	Commercial	290.7	38			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Aetna	Better Health	232.87	30.44			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Americare	Americare	573.75	75			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Amerihealth	HMO/PPO	30				30		726.75 fee schedule	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Corrections	Corrections	612	80			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Aetna	Medicare	235.62	30.8			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Wellcare	Medicaid	232.87	30.44			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		First Trenton	First Trenton	688.5	90			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Horizon	MGD	292.84	38.28			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		UHC	Medicaid	232.87	30.44			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Consumer	Consumer	726.75	95			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Horizon	Indemnity	292.84	38.28			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Horizon	Medicare Blue	229.5	30			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		WellPoint	WellPoint	237.46	31.04		193.57	30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Horizon	NJ Health	78.3			77.18	30		726.75 fee schedule	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Horizon	PPO	292.84	38.28			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Multiplan	Multiplan	612	80			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Three Rivers	Three Rivers	726.75	95			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Managed Care Inc	Managed Care Inc	688.5	90			30		726.75 percent of total billed charges	
HEARING AID CHECK BINAURAL	92593	CPT				outpatient			765		Qualcare	Qualcare	573.75	75			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Consumer	Consumer	376.94	95			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Horizon	Indemnity	151.89	38.28			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Aetna	Better Health	120.78	30.44			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Aetna	Medicare	122.21	30.8			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Americare	Americare	297.59	75			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		First Trenton	First Trenton	357.1	90			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		WellPoint	WellPoint	123.16	31.04			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Amerihealth	HMO/PPO	15				15		376.94 fee schedule	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Corrections	Corrections	317.42	80			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Qualcare	Qualcare	297.59	75			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Aetna	Commercial	150.78	38			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Horizon	MGD	151.89	38.28			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Multiplan	Multiplan	317.42	80			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Managed Care Inc	Managed Care Inc	357.1	90			15		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Horizon	NJ Health	39.15				15		376.94 fee schedule	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		First Health	First Health	277.75	70			30		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Three Rivers	Three Rivers	376.94	95			30		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Horizon	PPO	151.89	38.28			30		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Horizon	Medicare Blue	119.03	30			30		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		UHC	Medicaid	120.78	30.44			30		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID MONAURAL	92594	CPT				outpatient			396.78		Wellcare	Medicaid	120.78	30.44			30		376.94 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Consumer	Consumer	726.75	95			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Americare	Americare	573.75	75			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Aetna	Better Health	232.87	30.44			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Horizon	Medicare Blue	229.5	30			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Aetna	Medicare	235.62	30.8			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		First Trenton	First Trenton	688.5	90			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Aetna	Commercial	290.7	38			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Horizon	MGD	292.84	38.28			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Corrections	Corrections	612	80			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Amerihealth	HMO/PPO	30				30		726.75 fee schedule	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		WellPoint	WellPoint	237.46	31.04			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Multiplan	Multiplan	612	80			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		First Health	First Health	535.5	70			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Horizon	Indemnity	292.84	38.28			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Horizon	NJ Health	52.2				30		726.75 fee schedule	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Qualcare	Qualcare	573.75	75			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Three Rivers	Three Rivers	726.75	95			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Horizon	PPO	292.84	38.28			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Wellcare	Medicaid	232.87	30.44			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		UHC	Medicaid	232.87	30.44			30		726.75 percent of total billed charges	
ELECTROACOUS EVAL HEARING AID BINAURAL	92595	CPT				outpatient			765		Managed Care Inc	Managed Care Inc	688.5	90			30		726.75 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Horizon	Indemnity	351.28				48		827.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Aetna	Commercial	296.27				48		827.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Amerihealth	HMO/PPO	48				48		827.37 fee schedule	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Aetna	Better Health	165.18	30.44			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Amerihealth	Medicare	181.54				48		827.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Corrections	Corrections	434.11	80			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	First Trenton	First Trenton	488.38	90			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Aetna	Medicare	181.54				48		827.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Horizon	PPO	351.28				48		827.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Multiplan	Multiplan	434.11	80			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	First Health	First Health	379.85	70			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Americare	Americare	406.98	75			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Horizon	Medicare Blue	181.54				48		827.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Qualcare	Qualcare	406.98	75			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Horizon	MGD	351.28				48		827.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Consumer	Consumer	515.51	95			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	WellPoint	WellPoint	168.44	31.04			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	UHC	Medicaid	165.18	30.44		167.85	48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Wellcare	Medicare	181.54				48		827.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Horizon	NJ Health	827.37			264.17	48		827.37 fee schedule	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	UHC	Medicare	181.54				48		827.37 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Managed Care Inc	Managed Care Inc	488.38	90			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	92601	CPT				outpatient			542.64	208.77	Three Rivers	Three Rivers	515.51	95			48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Wellcare	Medicaid	165.18	30.44		167.85	48		827.37 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Aetna	Better Health	165.18	30.44			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Americare	Americare	406.98	75			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	First Trenton	First Trenton	488.38	90			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Aetna	Medicare	167.13	30.8			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	First Health	First Health	379.85	70			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Aetna	Commercial	296.27				48		608.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Horizon	MGD	351.28			182.82	48		608.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Corrections	Corrections	434.11	80			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Amerihealth	HMO/PPO	48				48		608.13 fee schedule	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Consumer	Consumer	515.51	95			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Managed Care Inc	Managed Care Inc	488.38	90			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Amerihealth	Medicare	181.54				48		608.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Horizon	Medicare Blue	181.54				48		608.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Horizon	Indemnity	351.28			107.03	48		608.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Horizon	PPO	351.28			101.41	48		608.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	UHC	Medicaid	165.18	30.44		142.1	48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Wellcare	Medicare	181.54				48		608.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Three Rivers	Three Rivers	515.51	95			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	UHC	Medicare	181.54				48		608.13 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Horizon	NJ Health	608.13			134.82	48		608.13 fee schedule	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Wellcare	Medicaid	165.18	30.44		111.39	48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Multiplan	Multiplan	434.11	80			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	WellPoint	WellPoint	168.44	31.04		153.34	48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	92602	CPT				outpatient			542.64	208.77	Qualcare	Qualcare	406.98	75			48		608.13 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Aetna	Commercial	296.27			133.66	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Aetna	Better Health	165.18	30.44		127.23	48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Amerihealth	HMO/PPO	48			204.16	48		515.51 fee schedule	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Horizon	Medicare Blue	181.54			140.06	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Corrections	Corrections	434.11	80			48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Americare	Americare	406.98	75			48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	First Trenton	First Trenton	488.38	90			48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Aetna	Medicare	181.54			177.91	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Multiplan	Multiplan	434.11	80			48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Amerihealth	Medicare	181.54				48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Horizon	Indemnity	351.28			144.64	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Horizon	MGD	351.28			341.28	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Horizon	NJ Health	127.89			55.47	48		515.51 fee schedule	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Consumer	Consumer	515.51	95			48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Horizon	PPO	351.28			283.11	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	First Health	First Health	379.85	70			48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Qualcare	Qualcare	406.98	75			48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	UHC	Medicaid	165.18	30.44		133.48	48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Managed Care Inc	Managed Care Inc	488.38	90			48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	UHC	Medicare	181.54			85.22	48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Wellcare	Medicaid	165.18	30.44		38.76	48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Three Rivers	Three Rivers	515.51	95			48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	Wellcare	Medicare	181.54				48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	92603	CPT				outpatient			542.64	208.77	WellPoint	WellPoint	168.44	31.04		129.05	48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	92604	CPT				both			542.64	208.77	Amerihealth	Medicare	181.54				48		515.51 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	92604	CPT				both			542.64	208.77	Aetna	Better Health	165.18	30.44		111.9	48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	92604	CPT				both			542.64	208.77	Aetna	Medicare	167.13	30.8		61.01	48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	92604	CPT				both			542.64	208.77	Amerihealth	HMO/PPO	48			53.57	48		515.51 fee schedule	
ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	92604	CPT				both			542.64	208.77	UHC	Medicaid	165.18	30.44		91.26	48		515.51 percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	92604	CPT				both			542.64	208.77	W

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Multiplan	Multiplan	434.11			80	48	515.51	percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Horizon	Indemnity	351.28			217.94	48	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Aetna	Commercial	296.27			121.69	48	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Horizon	PPO	351.28			152.97	48	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Corrections	Corrections	434.11			80	48	515.51	percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Horizon	Medicare Blue	181.54			93.15	48	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Americare	Americare	406.98			75	48	515.51	percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Three Rivers	Three Rivers	515.51			95	48	515.51	percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Qualcare	Qualcare	406.98			75	48	515.51	percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Horizon	NJ Health	261			72.29	48	515.51	fee schedule	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Consumer	Consumer	515.51	95			48	515.51	percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Wellcare	Medicaid	165.18	30.44		97.47	48	515.51	percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	First Trenton	First Trenton	488.38	90			48	515.51	percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	UHC	Medicare	181.54			68.08	48	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Horizon	MGD	351.28			165.69	48	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	Managed Care Inc	Managed Care Inc	488.38	90			48	515.51	percent of total billed charges	
ANALYSIS COCHLEAR IMPLT 7 YR> SBSQ REPRGRMG	92604	CPT				both			542.64		208.77	WellPoint	WellPoint	168.44	31.04		93.79	48	515.51	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Americare	Americare	202.73	75			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Consumer	Consumer	256.79	95			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			First Trenton	First Trenton	243.27	90			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Aetna	Better Health	82.28	30.44		77.05	77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Multiplan	Multiplan	216.24	80			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Aetna	Commercial	102.71	38		151.41	77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Managed Care Inc	Managed Care Inc	243.27	90			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Aetna	Medicare	83.25	30.8		91.23	77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Three Rivers	Three Rivers	256.79	95			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Corrections	Corrections	216.24	80			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Horizon	Indemnity	103.47	38.28			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Amerihealth	HMO/PPO	77				77	256.79	fee schedule	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Qualcare	Qualcare	202.73	75			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Horizon	Medicare Blue	81.09	30			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Horizon	NJ Health	168.74			8.48	77	256.79	fee schedule	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			First Health	First Health	189.21	70			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Horizon	MGD	103.47	38.28		101.44	77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Wellcare	Medicaid	82.28	30.44			77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			Horizon	PPO	103.47	38.28		101.45	77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			UHC	Medicaid	82.28	30.44		76.68	77	256.79	percent of total billed charges	
EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	92610	CPT				both			270.3			WellPoint	WellPoint	83.9	31.04			77	256.79	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Corrections	Corrections	815.18	80			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Horizon	Medicare Blue	305.69	30		100.48	77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Americare	Americare	764.24	75			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			First Health	First Health	713.29	70			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			First Trenton	First Trenton	917.08	90			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			WellPoint	WellPoint	316.29	31.04		97.76	77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Aetna	Better Health	310.18	30.44		297.84	77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Aetna	Commercial	387.21	38		146.74	77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Horizon	Indemnity	390.07	38.28			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Horizon	NJ Health	96.63			61.56	77	968.03	fee schedule	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Consumer	Consumer	968.03	95			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Amerihealth	HMO/PPO	77				77	968.03	fee schedule	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Managed Care Inc	Managed Care Inc	917.08	90			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Three Rivers	Three Rivers	968.03	95			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Aetna	Medicare	313.85	30.8			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			UHC	Medicaid	310.18	30.44		307.59	77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Horizon	MGD	390.07	38.28		431.51	77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Horizon	PPO	390.07	38.28		332.42	77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Wellcare	Medicaid	310.18	30.44		311.94	77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Multiplan	Multiplan	815.18	80			77	968.03	percent of total billed charges	
MOTION FLUOR EVAL SWLNG FUNCJ CIV REC	92611	CPT				both			1018.98			Qualcare	Qualcare	764.24	75			77	968.03	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Aetna	Commercial	371.32	38			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			First Trenton	First Trenton	879.44	90			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Aetna	Medicare	300.97	30.8			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Corrections	Corrections	781.73	80			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			First Health	First Health	684.01	70			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Americare	Americare	732.87	75			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Aetna	Better Health	297.45	30.44			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Horizon	Indemnity	374.06	38.28			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Horizon	MGD	374.06	38.28			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Horizon	PPO	374.06	38.28			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Consumer	Consumer	928.3	95			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Multiplan	Multiplan	781.73	80			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			UHC	Medicaid	297.45	30.44			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Amerihealth	HMO/PPO	300				293.15	928.3	fee schedule	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Horizon	Medicare Blue	293.15	30			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Qualcare	Qualcare	732.87	75			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			WellPoint	WellPoint	303.31	31.04			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Managed Care Inc	Managed Care Inc	879.44	90			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Wellcare	Medicaid	297.45	30.44			293.15	928.3	percent of total billed charges	
FLEXIBLE ENDOSCOPIC EVAL SWALLOW CIV REC	92612	CPT				both			977.16			Three Rivers	Three Rivers	928.3	95			293.15	928.3	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Americare	Americare	823.14	75			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Horizon	PPO	420.13	38.28			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Aetna	Commercial	417.06	38			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Qualcare	Qualcare	823.14	75			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Consumer	Consumer	1042.64	95			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Amerihealth	HMO/PPO	300				192.08	1042.64	fee schedule	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Aetna	Medicare	338.04	30.8			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Aetna	Better Health	334.09	30.44			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Multiplan	Multiplan	878.02	80			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Three Rivers	Three Rivers	1042.64	95			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Horizon	MGD	420.13	38.28			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			UHC	Medicaid	334.09	30.44			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Corrections	Corrections	878.02	80			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			First Health	First Health	768.26	70			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Horizon	Indemnity	420.13	38.28			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			First Trenton	First Trenton	967.77	90			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Horizon	NJ Health	192.08				192.08	1042.64	fee schedule	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Wellcare	Medicaid	334.09	30.44			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Horizon	Medicare Blue	329.26	30			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			Managed Care Inc	Managed Care Inc	987.77	90			192.08	1042.64	percent of total billed charges	
FLEXIBLE NDSC EVAL SWLNG&LARYN SENS CIV REC	92616	CPT				both			1097.52			WellPoint	WellPoint	340.67	31.04			192.08	1042.64	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Aetna	Better Health	165.18	30.44			25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Aetna	Commercial	296.27				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Amerihealth	HMO/PPO	25				25	515.51	fee schedule	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Amerihealth	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Corrections	Corrections	434.11			80	25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Americare	Americare	406.98			75	25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	First Health	First Health	379.85			70	25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Horizon	Medicare Blue	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Multiplan	Multiplan	434.11	80			25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Aetna	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Horizon	MGD	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	UHC	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Horizon	Indemnity	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Consumer	Consumer	515.51	95			25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Wellcare	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Wellcare	Medicaid	165.18	30.44			25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Qualcare	Qualcare	406.98	75			25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	First Trenton	First Trenton	488.38	90			25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	UHC	Medicaid	165.18	30.44			25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Horizon	NJ Health	261.88				25	515.51	fee schedule	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Horizon	PPO	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Managed Care Inc	Managed Care Inc	488.38	90			25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	WellPoint	WellPoint	168.44	31.04		162.96	25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT 1ST 60 MIN	92620	CPT				outpatient			542.64		208.77	Three Rivers	Three Rivers	515.51	95			25	515.51	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Horizon	Medicare Blue	153	30			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Corrections	Corrections	408	80			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Aetna	Commercial	193.8	38			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Aetna	Better Health	155.24	30.44			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Americare	Americare	382.5	75			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Amerihealth	HMO/PPO	331.5	65			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Horizon	MGD	195.23	38.28			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Aetna	Medicare	157.08	30.8			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Wellcare	Medicaid	155.24	30.44			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			UHC	Medicaid	155.24	30.44			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			First Trenton	First Trenton	459	90			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Consumer	Consumer	484.5	95			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Horizon	NJ Health	44.37				44.37	484.5	fee schedule	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			First Health	First Health	357	70			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Horizon	PPO	195.23	38.28			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			WellPoint	WellPoint	158.3	31.04			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Managed Care Inc	Managed Care Inc	459	90			44.37	484.5	percent of total billed charges	
EVAL CENTRAL AUDITORY FUNCJ WIREPRT EA 15 MIN	92621	CPT				outpatient			510			Horizon	Indemnity	195.23	38.28		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Americare	Americare	423.81	75			172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 First Health	First Health	395.56	70			172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Multiplan	Multiplan	452.06	80			172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Amerihealth	Medicare	181.54				172.01	536.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Aetna	Medicare	181.54				172.01	536.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Horizon	Indemnity	351.28			264.67	172.01	536.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Aetna	Commercial	296.27			120.78	172.01	536.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Horizon	PPO	351.28			163.97	172.01	536.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Amerihealth	HMO/PPO	367.3	65		301.35	172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 First Trenton	First Trenton	508.57	90			172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Qualcare	Qualcare	423.81	75			172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Horizon	MGD	351.28			218.55	172.01	536.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 WellPoint	WellPoint	175.4	31.04		162.21	172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Managed Care Inc	Managed Care Inc	508.57	90			172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Consumer	Consumer	536.83	95			172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 UHC	Medicaid	172.01	30.44		174.47	172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Three Rivers	Three Rivers	536.83	95			172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 UHC	Medicare	181.54			176.87	172.01	536.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Wellcare	Medicare	181.54				172.01	536.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR 1ST 60	92622	CPT				outpatient			565.08		208.77 Wellcare	Medicaid	172.01	30.44		168.65	172.01	536.83	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Aetna	Commercial	22.53	38			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Consumer	Consumer	56.32	95			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Aetna	Medicare	18.26	30.8			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Amerihealth	HMO/PPO	38.53	65			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		WellPoint	WellPoint	18.4	31.04			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Aetna	Better Health	18.04	30.44			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Americare	Americare	44.46	75			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		First Trenton	First Trenton	53.35	90			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Horizon	MGD	22.69	38.28			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Corrections	Corrections	47.42	80			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Horizon	PPO	22.69	38.28			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Horizon	Indemnity	22.69	38.28			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		First Health	First Health	41.5	70			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Managed Care Inc	Managed Care Inc	53.35	90			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		UHC	Medicaid	18.04	30.44			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Qualcare	Qualcare	44.46	75			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Horizon	Medicare Blue	17.78	30			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Multiplan	Multiplan	47.42	80			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Three Rivers	Three Rivers	56.32	95			17.78	56.32	percent of total billed charges	
DX ALY PRGRMG&VERIF AUD OI SOUND PROCESSR EA ADL	92623	CPT				outpatient			59.28		Wellcare	Medicaid	18.04	30.44			17.78	56.32	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Amerihealth	HMO/PPO	25				25	515.51	fee schedule	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Aetna	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Consumer	Consumer	515.51	95			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Horizon	Medicare Blue	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Horizon	MGD	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Aetna	Commercial	296.27				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Aetna	Better Health	165.18	30.44			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Amerihealth	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 First Health	First Health	379.85	70			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Wellcare	Medicaid	165.18	30.44			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Corrections	Corrections	434.11	80			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 UHC	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 UHC	Medicaid	165.18	30.44			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Americare	Americare	406.98	75			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Multiplan	Multiplan	434.11	80			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Three Rivers	Three Rivers	515.51	95			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 First Trenton	First Trenton	488.38	90			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Qualcare	Qualcare	406.98	75			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Horizon	Indemnity	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Wellcare	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Horizon	NJ Health	64.65				25	515.51	fee schedule	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Horizon	PPO	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 Managed Care Inc	Managed Care Inc	488.38	90			25	515.51	percent of total billed charges	
ASSESSMENT TINNITUS	92625	CPT				outpatient			542.64		208.77 WellPoint	WellPoint	168.44	31.04			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Aetna	Medicare	181.54			60.18	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Americare	Americare	406.98	75			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Horizon	NJ Health	118			74.61	25	515.51	fee schedule	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Horizon	Medicare Blue	181.54			70.8	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Corrections	Corrections	434.11	80			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Consumer	Consumer	515.51	95			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Aetna	Better Health	165.18	30.44		97.47	25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 WellPoint	WellPoint	168.44	31.04		133.86	25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Horizon	MGD	351.28			136.48	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Multiplan	Multiplan	434.11	80			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Three Rivers	Three Rivers	515.51	95			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Horizon	PPO	351.28			145.15	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 First Trenton	First Trenton	488.38	90			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 UHC	Medicaid	165.18	30.44		70.21	25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Aetna	Commercial	296.27			102.68	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Wellcare	Medicaid	165.18	30.44		92.91	25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Qualcare	Qualcare	406.98	75			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Amerihealth	HMO/PPO	25			92.89	25	515.51	fee schedule	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Managed Care Inc	Managed Care Inc	488.38	90			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Amerihealth	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 UHC	Medicare	181.54			60.11	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 First Health	First Health	379.85	70			25	515.51	percent of total billed charges	
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Wellcare	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL AUD FUNCJ CAND/PO SURG IMPLT DEV 1ST HR	92626	CPT				both			542.64		208.77 Horizon	Indemnity	351.28			123.07	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 First Health	First Health	379.85	70			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Aetna	Commercial	296.27				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 UHC	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Corrections	Corrections	434.11	80			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Consumer	Consumer	515.51	95			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Americare	Americare	406.98	75			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 First Trenton	First Trenton	488.38	90			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Aetna	Better Health	165.18	30.44			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Horizon	Medicare Blue	181.54			48.39	25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Aetna	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Managed Care Inc	Managed Care Inc	488.38	90			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Horizon	PPO	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Horizon	Indemnity	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Amerihealth	HMO/PPO	25				25	515.51	fee schedule	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Multiplan	Multiplan	434.11	80			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 WellPoint	WellPoint	168.44	31.04			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Three Rivers	Three Rivers	515.51	95			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Horizon	MGD	351.28				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Qualcare	Qualcare	406.98	75			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Amerihealth	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 UHC	Medicaid	165.18	30.44			25	515.51	percent of total billed charges	
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Wellcare	Medicare	181.54				25	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	92640	CPT				outpatient			542.64		208.77 Wellcare	Medicaid	165.18	30.44			25	515.51	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		First Trenton	First Trenton	1377	90			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Aetna	Better Health	465.73	30.44			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Americare	Americare	1147.5	75			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Amerihealth	HMO/PPO	994.5	65			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Corrections	Corrections	1224	80			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Aetna	Commercial	581.4	38			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Aetna	Medicare	471.24	30.8			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Consumer	Consumer	1453.5	95			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Horizon	PPO	585.68	38.28			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Horizon	NJ Health	40.51			19.4	40.51	1453.5	fee schedule	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Horizon	MGD	585.68	38.28			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		First Health	First Health	1071	70			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Horizon	Indemnity	585.68	38.28			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		WellPoint	WellPoint	474.91	31.04			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Managed Care Inc	Managed Care Inc	1377	90			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		UHC	Medicaid	465.73	30.44			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Horizon	Medicare Blue	459	30			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Multiplan	Multiplan	1224	80			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Three Rivers	Three Rivers	1453.5	95			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Qualcare	Qualcare	1147.5	75			40.51	1453.5	percent of total billed charges	
AEP SCR AUDITORY POTENTIAL W/STIMULI AUTO ALYS	92650	CPT				both			1530		Wellcare	Medicaid	465.73	30.44			40.51	1453.5	percent of total billed charges	
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64		415.52 Multiplan	Multiplan	434.11	80			127.03	699.15	percent of total billed charges	
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64		415.52 Amerihealth	HMO/PPO	352.72	65		99.21	127.03	699.15	percent of total billed charges	
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64		415.52 Americare	Americare	406.98	75			127.03	699.15	percent of total billed charges	
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64		415.52 Horizon	MGD	699.15				127.03	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64		415.52 Aetna	Better Health	165.18	30.44			127.03	699.15	percent of total billed charges	
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64		415.52 Amerihealth	Medicare	361.32				127.03	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP HEARING STATUS DETER BROADBAND STIMULI I

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64	415.52	UHC	Medicaid	165.18	30.44			127.03	699.15	percent of total billed charges	
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64	415.52	Horizon	Medicare Blue	361.32				127.03	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64	415.52	Horizon	NJ Health	127.03			40.12	127.03	699.15	fee schedule	
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64	415.52	Horizon	Indemnity	699.15				127.03	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64	415.52	UHC	Medicare	361.32				127.03	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64	415.52	Wellcare	Medicaid	165.18	30.44			127.03	699.15	percent of total billed charges	
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64	415.52	Wellcare	Medicare	361.32				127.03	699.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP HEARING STATUS DETER BROADBAND STIMULI I&R	92651	CPT				both			542.64	415.52	WellPoint	WellPoint	168.44	31.04			127.03	699.15	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Consumer	Consumer	1075.59	95			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Horizon	Medicare Blue	361.32				166.54	1075.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Corrections	Corrections	905.76	80			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Aetna	Medicare	361.32				166.54	1075.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Aetna	Better Health	344.64	30.44			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Amerihealth	Medicare	361.32				166.54	1075.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Amerihealth	HMO/PPO	735.93	65			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Aetna	Commercial	589.67			266.59	166.54	1075.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	WellPoint	WellPoint	351.43	31.04		305.34	166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	UHC	Medicare	361.32				166.54	1075.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	First Trenton	First Trenton	1018.98	90			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Americare	Americare	849.15	75			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	First Health	First Health	792.54	70			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Three Rivers	Three Rivers	1075.59	95			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Horizon	Indemnity	699.15			668.04	166.54	1075.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Horizon	MGD	699.15				166.54	1075.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Wellcare	Medicaid	344.64	30.44			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Horizon	NJ Health	166.54			95.18	166.54	1075.59	fee schedule	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Wellcare	Medicare	361.32				166.54	1075.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Horizon	PPO	699.15			432.55	166.54	1075.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Managed Care Inc	Managed Care Inc	1018.98	90			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Multiplan	Multiplan	905.76	80			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	Qualcare	Qualcare	849.15	75			166.54	1075.59	percent of total billed charges	
AEP THRESHOLD ESTIMATION MLT FREQUENCIES I&R	92652	CPT				both			1132.2	415.52	UHC	Medicaid	344.64	30.44		105.47	166.54	1075.59	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Aetna	Medicare	361.32				122.96	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Horizon	Medicare Blue	361.32				122.96	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Aetna	Better Health	317.63	30.44			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	First Health	First Health	730.42	70			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Americare	Americare	782.6	75			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Amerihealth	Medicare	361.32				122.96	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Aetna	Commercial	589.67			275.14	122.96	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Horizon	MGD	699.15				122.96	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Horizon	PPO	699.15			424.74	122.96	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Horizon	NJ Health	122.96			38.31	122.96	991.29	fee schedule	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Amerihealth	HMO/PPO	678.25	65			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Wellcare	Medicare	361.32				122.96	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Consumer	Consumer	991.29	95			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	UHC	Medicare	361.32				122.96	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Corrections	Corrections	834.77	80			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	UHC	Medicaid	317.63	30.44		105.47	122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Multiplan	Multiplan	834.77	80			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	First Trenton	First Trenton	939.11	90			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Horizon	Indemnity	699.15				122.96	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Wellcare	Medicaid	317.63	30.44			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Qualcare	Qualcare	782.6	75			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Managed Care Inc	Managed Care Inc	939.11	90			122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	WellPoint	WellPoint	323.89	31.04		281.57	122.96	991.29	percent of total billed charges	
AEP NEURODIAGNOSTIC INTERPRETATION AND REPORT	92653	CPT				both			1043.46	415.52	Three Rivers	Three Rivers	991.29	95			122.96	991.29	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Corrections	Corrections	15921.79	80			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Aetna	Commercial	10796.64				447.23	18907.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Aetna	Better Health	6058.24	30.44			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Aetna	Medicare	6129.89	30.8			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Multiplan	Multiplan	15921.79	80			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Americare	Americare	14926.68	75			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	First Health	First Health	13931.57	70			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Horizon	PPO	12801.17				447.23	18907.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Qualcare	Qualcare	14926.68	75			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Amerihealth	Medicare	6615.59				447.23	18907.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Consumer	Consumer	18907.13	95			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Horizon	MGD	12801.17				447.23	18907.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Horizon	Indemnity	12801.17				447.23	18907.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Amerihealth	HMO/PPO	2000				447.23	18907.13	fee schedule	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	First Trenton	First Trenton	17912.02	90			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Wellcare	Medicare	6615.59				447.23	18907.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Horizon	NJ Health	447.23				447.23	18907.13	fee schedule	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Wellcare	Medicaid	6058.24	30.44			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Managed Care Inc	Managed Care Inc	17912.02	90			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	UHC	Medicaid	6058.24	30.44			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Three Rivers	Three Rivers	18907.13	95			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	Horizon	Medicare Blue	6615.59				447.23	18907.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	United	Oxford	4843.06				447.23	18907.13	case rate	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	WellPoint	WellPoint	6177.66	31.04			447.23	18907.13	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	UHC	Medicare	6615.59				447.23	18907.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIOPLASTY ONE ART/BRANCH	92920	CPT				both			19902.24	7607.93	United	CommercialPPO	4843.06				447.23	18907.13	case rate	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Americare	Americare	382.5	75			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Corrections	Corrections	408	80			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Horizon	Indemnity	195.23	38.28			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Consumer	Consumer	484.5	95			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		First Trenton	First Trenton	459	90			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Aetna	Commercial	193.8	38			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Amerihealth	HMO/PPO	2000				153	4843.06	fee schedule	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Aetna	Better Health	155.24	30.44			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Horizon	MGD	195.23	38.28			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Horizon	Medicare Blue	153	30			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		UHC	Medicaid	155.24	30.44			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		First Health	First Health	357	70			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Managed Care Inc	Managed Care Inc	459	90			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Aetna	Medicare	157.08	30.8			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Horizon	PPO	195.23	38.28			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		WellPoint	WellPoint	158.3	31.04			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Three Rivers	Three Rivers	484.5	95			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Multiplan	Multiplan	408	80			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		United	CommercialPPO	4843.06				153	4843.06	case rate	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Qualcare	Qualcare	382.5	75			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		United	Oxford	4843.06				153	4843.06	case rate	
PRQ TRLUMIL CORONARY ANGIOPLASTY ADDL BRANCH	92921	CPT				both			510		Wellcare	Medicaid	155.24	30.44			153	4843.06	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Aetna	Better Health	11549.53	30.44			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	First Health	First Health	26559.37	70			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Aetna	Commercial	21474.98				531.75	36044.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Corrections	Corrections	30353.57	80			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Amerihealth	Medicare	13158.69				531.75	36044.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Amerihealth	HMO/PPO	3500				531.75	36044.86	fee schedule	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Consumer	Consumer	36044.86	95			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	First Trenton	First Trenton	34147.76	90			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Horizon	Medicare Blue	13158.69				531.75	36044.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	UHC	Medicare	13158.69				531.75	36044.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Aetna	Medicare	13158.69				531.75	36044.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Horizon	PPO	25462.07				531.75	36044.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Horizon	NJ Health	531.75				531.75	36044.86	fee schedule	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Horizon	Indemnity	25462.07				531.75	36044.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Americare	Americare	28456.47	75			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Managed Care Inc	Managed Care Inc	34147.76	90			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Horizon	MGD	25462.07				531.75	36044.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Wellcare	Medicare	13158.69				531.75	36044.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Multiplan	Multiplan	30353.57	80			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	WellPoint	WellPoint	11777.18	31.04			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Qualcare	Qualcare	28456.47	75			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	UHC	Medicaid	11549.53	30.44			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Three Rivers	Three Rivers	36044.86	95			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	United	CommercialPPO	6018.29				531.75	36044.86	case rate	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	United	Oxford	6018.29				531.75	36044.86	case rate	
PRQ TRLUMIL CORONARY ANGIO/ATHERECT ONE ART/BRNCH	92924	CPT				both			37941.96	15132.49	Wellcare	Medicaid	11549.53	30.44			531.75	36044.86	percent of total billed charges	
PRQ TRLUMIL CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	Consumer	Consumer	28713.41	95			496.74	28713.41	percent of total billed charges	
PRQ TRLUMIL CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	Aetna	Medicare	13158.69				496.74	28713.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	Aetna	Commercial	21474.98				496.74	28713.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TRLUMIL CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	Multiplan	Multiplan	24179.71	80			496.74	28713.41	percent of total billed charges	
PRQ TRLUMIL CORONARY STENT W/ANGIO

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	Managed Care Inc	Managed Care Inc	27202.18	90			496.74		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	Horizon	PPO	25462.07				496.74		28713.41	other
PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	Three Rivers	Three Rivers	28713.41	95			496.74		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	UHC	Medicaid	9200.38	30.44			496.74		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	Wellcare	Medicaid	9200.38	30.44			496.74		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	United	Oxford	4843.06				496.74		28713.41	case rate
PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	Wellcare	Medicare	13158.69				496.74		28713.41	other
PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	92928	CPT				both			30224.64	15132.49	WellPoint	WellPoint	9381.73	31.04			496.74		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Horizon	Indemnity	11569.99	38.28			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Aetna	Better Health	9200.38	30.44			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		First Trenton	First Trenton	27202.18	90			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Aetna	Commercial	11485.36	38			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Americare	Americare	22668.48	75			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Amerihealth	HMO/PPO	2000				2000		28713.41	fee schedule
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		UHC	Medicaid	9200.38	30.44			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Consumer	Consumer	28713.41	95			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Multiplan	Multiplan	24179.71	80			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		First Health	First Health	21157.25	70			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Horizon	PPO	11569.99	38.28			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Aetna	Medicare	9309.19	30.8			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Horizon	Medicare Blue	9067.39	30			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Wellcare	Medicaid	9200.38	30.44			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		United	Commercial/PPO	4843.06				2000		28713.41	case rate
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Corrections	Corrections	24179.71	80			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Qualcare	Qualcare	22668.48	75			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Horizon	MGD	11569.99	38.28			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Managed Care Inc	Managed Care Inc	27202.18	90			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		United	Oxford	4843.06				2000		28713.41	case rate
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		WellPoint	WellPoint	9381.73	31.04			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	92929	CPT				inpatient			30224.64		Three Rivers	Three Rivers	28713.41	95			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Consumer	Consumer	28713.41	95			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	UHC	Medicare	20835.54				555.46		40316.77	other
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Aetna	Better Health	9200.38	30.44			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Americare	Americare	22668.48	75			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Aetna	Commercial	34003.6				555.46		40316.77	other
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Amerihealth	HMO/PPO	2000				555.46		40316.77	fee schedule
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Corrections	Corrections	24179.71	80			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Aetna	Medicare	20835.54				555.46		40316.77	other
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	First Health	First Health	21157.25	70			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Amerihealth	Medicare	20835.54				555.46		40316.77	other
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	First Trenton	First Trenton	27202.18	90			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Horizon	Medicare Blue	20835.54				555.46		40316.77	other
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Horizon	MGD	40316.77				555.46		40316.77	other
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Horizon	Indemnity	40316.77				555.46		40316.77	other
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Horizon	PPO	40316.77				555.46		40316.77	other
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	United	Commercial/PPO	4843.06				555.46		40316.77	case rate
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Multiplan	Multiplan	24179.71	80			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	United	Oxford	4843.06				555.46		40316.77	case rate
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Horizon	NJ Health	555.46				555.46		40316.77	fee schedule
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Wellcare	Medicaid	9200.38	30.44			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Qualcare	Qualcare	22668.48	75			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Wellcare	Medicare	20835.54				555.46		40316.77	other
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	UHC	Medicaid	9200.38	30.44			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Managed Care Inc	Managed Care Inc	27202.18	90			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	WellPoint	WellPoint	9381.73	31.04			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	92933	CPT				both			30224.64	23960.87	Three Rivers	Three Rivers	28713.41	95			555.46		40316.77	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Aetna	Better Health	9200.38	30.44			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Americare	Americare	22668.48	75			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Horizon	MGD	11569.99	38.28			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		First Trenton	First Trenton	27202.18	90			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Consumer	Consumer	28713.41	95			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Multiplan	Multiplan	24179.71	80			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Aetna	Medicare	9309.19	30.8			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Horizon	Indemnity	11569.99	38.28			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Aetna	Commercial	11485.36	38			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Three Rivers	Three Rivers	28713.41	95			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		UHC	Medicaid	9200.38	30.44			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Managed Care Inc	Managed Care Inc	27202.18	90			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Corrections	Corrections	24179.71	80			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Qualcare	Qualcare	22668.48	75			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Amerihealth	HMO/PPO	2000				2000		28713.41	fee schedule
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Horizon	PPO	11569.99	38.28			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Horizon	Medicare Blue	9067.39	30			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		WellPoint	WellPoint	9381.73	31.04			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		First Health	First Health	21157.25	70			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		United	Oxford	4843.06				2000		28713.41	case rate
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		United	Commercial/PPO	4843.06				2000		28713.41	case rate
PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	92934	CPT				inpatient			30224.64		Wellcare	Medicaid	9200.38	30.44			2000		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Horizon	Medicare Blue	9067.39	30			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Aetna	Medicare	9309.19	30.8			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		First Trenton	First Trenton	27202.18	90			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		First Health	First Health	21157.25	70			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Multiplan	Multiplan	24179.71	80			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Corrections	Corrections	24179.71	80			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Americare	Americare	22668.48	75			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Aetna	Better Health	9200.38	30.44			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Qualcare	Qualcare	22668.48	75			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Consumer	Consumer	28713.41	95			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Horizon	Indemnity	11569.99	38.28			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Aetna	Commercial	11485.36	38			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Amerihealth	HMO/PPO	2000				951.5		28713.41	fee schedule
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Horizon	MGD	11569.99	38.28			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Horizon	PPO	11569.99	38.28			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		WellPoint	WellPoint	9381.73	31.04			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		UHC	Medicaid	9200.38	30.44			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Horizon	NJ Health	951.5				951.5		28713.41	fee schedule
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Managed Care Inc	Managed Care Inc	27202.18	90			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Three Rivers	Three Rivers	28713.41	95			951.5		28713.41	percent of total billed charges
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		United	Commercial/PPO	4843.06				951.5		28713.41	case rate
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		United	Oxford	4843.06				951.5		28713.41	case rate
PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	92941	CPT				inpatient			30224.64		Wellcare	Medicaid	9200.38	30.44			951.5		28713.41	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Aetna	Better Health	426.92	30.44			116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Aetna	Commercial	589.67				116		1835.46	other
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Americare	Americare	1051.88	75			116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	First Trenton	First Trenton	1262.25	90			116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Aetna	Medicare	361.32			244.66	116		1835.46	other
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Horizon	NJ Health	135.2			92.48	116		1835.46	fee schedule
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Amerihealth	Medicare	361.32				116		1835.46	other
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Amerihealth	HMO/PPO	116				116		1835.46	fee schedule
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Horizon	PPO	699.15				116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Multiplan	Multiplan	1122	80			116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Corrections	Corrections	1122	80		433.81	116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Managed Care Inc	Managed Care Inc	1262.25	90			116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Horizon	MGD	699.15				116		1835.46	other
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Wellcare	Medicaid	426.92	30.44		338.89	116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Consumer	Consumer	1332.38	95			116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	First Health	First Health	981.75	70			116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	UHC	Medicaid	426.92	30.44		389.88	116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Qualcare	Qualcare	1051.88	75			116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	UHC	Medicare	361.32			208.84	116		1835.46	other
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Three Rivers	Three Rivers	1332.38	95			116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Wellcare	Medicare	361.32				116		1835.46	other
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Horizon	Indemnity	699.15				116		1835.46	other
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	Horizon	Medicare Blue	361.32			218.1	116		1835.46	other
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	United	Commercial/PPO	1835.46				116		1835.46	case rate
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	WellPoint	WellPoint	435.34	31.04		334.58	116		1835.46	percent of total billed charges
CARDIOPULMONARY RESUSCITATION	92950	CPT				both			1402.5	415.52	United	Oxford	1835.46				116		1835.46	case rate
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Aetna	Better Health	730.58	30.44			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	First Trenton	First Trenton	2160.05	90			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Aetna	Commercial	1239.16				125		2280.06	other
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	First Health	First Health	1680.04	70			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Amerihealth	Medicare	759.29				125		2280.06	other
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Aetna	Medicare	759.29				125		2280.06	other
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Three Rivers	Three Rivers	2280.06	95			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Americare	Americare	1800.05	75			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	WellPoint	WellPoint	744.98	31.04			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Managed Care Inc	Managed Care Inc	2160.05	90			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Amerihealth	HMO/PPO	125				125		2280.06	fee schedule
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Multiplan	Multiplan	1920.05	80			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Horizon	Indemnity	1469.23				125		2280.06	other
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Corrections	Corrections	1920.05	80			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Horizon	MGD	1469.23				125		2280.06	other
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Consumer	Consumer	2280.06	95			125		2280.06	percent of total billed charges
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Horizon	Medicare Blue	759.29				125		2280.06	other
CARDIOVERSION ELECTIVE ARRHYTHMIA

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Horizon	NJ Health	1351.98			321.25	125	2280.06	fee schedule	
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Wellcare	Medicaid	730.58	30.44			125	2280.06	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	United	Commercial|PPO	1871.51				125	2280.06	case rate	
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	Wellcare	Medicare	759.29				125	2280.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	92960	CPT				both			2400.06	873.18	United	Oxford	1871.51				125	2280.06	case rate	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Aetna	Commercial	1239.16				125	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Aetna	Medicare	759.29				125	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	First Trenton	First Trenton	1736.23	90			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Aetna	Better Health	587.23	30.44			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Americare	Americare	1446.86	75			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Horizon	PPO	1469.23				125	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Amerihealth	Medicare	759.29				125	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Horizon	Medicare Blue	759.29				125	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	UHC	Medicare	759.29				125	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Consumer	Consumer	1832.68	95			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Managed Care Inc	Managed Care Inc	1736.23	90			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	First Health	First Health	1350.4	70			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Amerihealth	HMO|PPO	125				125	1871.51	fee schedule	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	WellPoint	WellPoint	598.81	31.04			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Horizon	Indemnity	1469.23				125	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Multiplan	Multiplan	1543.31	80			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Horizon	MGD	1469.23				125	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Corrections	Corrections	1543.31	80			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Three Rivers	Three Rivers	1832.68	95			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Wellcare	Medicaid	587.23	30.44			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	United	Commercial|PPO	1871.51				125	1871.51	case rate	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Horizon	NJ Health	298.64				125	1871.51	fee schedule	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	UHC	Medicaid	587.23	30.44			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Quality Care	Quality Care	1446.86	75			125	1871.51	percent of total billed charges	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	United	Oxford	1871.51				125	1871.51	case rate	
CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	92961	CPT				outpatient			1929.14	873.18	Wellcare	Medicare	759.29				125	1871.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Consumer	Consumer	1453.5	95			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Americare	Americare	1147.5	75			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Aetna	Better Health	465.73	30.44			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		First Trenton	First Trenton	1377	90			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Aetna	Commercial	581.4	38			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Amerihealth	HMO|PPO	994.5	65			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		First Health	First Health	1071	70			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		UHC	Medicaid	465.73	30.44			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Corrections	Corrections	1224	80			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Horizon	Medicare Blue	459	30			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Wellcare	Medicaid	465.73	30.44			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Horizon	PPO	585.68	38.28			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Aetna	Medicare	471.24	30.8			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Horizon	Indemnity	585.68	38.28			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		WellPoint	WellPoint	474.91	31.04			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Managed Care Inc	Managed Care Inc	1377	90			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Horizon	MGD	585.68	38.28			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Three Rivers	Three Rivers	1453.5	95			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Multiplan	Multiplan	1224	80			459	1453.5	percent of total billed charges	
PERCUTANEOUS TRANSLUMINAL CORONARY LITHOTRIPSY	92972	CPT				both			1530		Qualcare	Qualcare	1147.5	75			459	1453.5	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Amerihealth	HMO|PPO	2000				214.02	14821.82	fee schedule	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Aetna	Commercial	5928.73	38			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		First Trenton	First Trenton	14041.73	90			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Consumer	Consumer	14821.82	95			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Aetna	Better Health	4749.22	30.44			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Aetna	Medicare	4805.39	30.8			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Corrections	Corrections	12481.54	80			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Americare	Americare	11701.44	75			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		First Health	First Health	10921.34	70			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Horizon	MGD	5972.41	38.28			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Horizon	NJ Health	214.02				214.02	14821.82	fee schedule	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Horizon	Indemnity	5972.41	38.28			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Horizon	PPO	5972.41	38.28			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Multiplan	Multiplan	12481.54	80			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		UHC	Medicaid	4749.22	30.44			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Horizon	Medicare Blue	4680.58	30			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Wellcare	Medicaid	4749.22	30.44			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Qualcare	Qualcare	11701.44	75			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Managed Care Inc	Managed Care Inc	14041.73	90			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		Three Rivers	Three Rivers	14821.82	95			214.02	14821.82	percent of total billed charges	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		United	Commercial|PPO	1835.46				214.02	14821.82	case rate	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		United	Oxford	1835.46				214.02	14821.82	case rate	
PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	92973	CPT				inpatient			15601.92		WellPoint	WellPoint	4842.84	31.04			214.02	14821.82	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Americare	Americare	1814.58	75			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		United	Oxford	1835.46				725.83	6031.71	case rate	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Consumer	Consumer	2298.47	95			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		First Health	First Health	1693.61	70			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Aetna	Commercial	919.39	38			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		WellPoint	WellPoint	750.99	31.04			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Aetna	Better Health	736.48	30.44			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		UHC	Medicaid	736.48	30.44			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Aetna	Medicare	745.19	30.8			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Horizon	PPO	926.16	38.28			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Corrections	Corrections	1935.55	80			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Three Rivers	Three Rivers	2298.47	95			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Horizon	Medicare Blue	725.83	30			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		United	Commercial|PPO	1835.46				725.83	6031.71	case rate	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Amerihealth	HMO|PPO	1572.64	65			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Horizon	MGD	926.16	38.28			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		First Trenton	First Trenton	2177.5	90			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Multiplan	Multiplan	1935.55	80			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Horizon	Indemnity	926.16	38.28			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Wellcare	Medicaid	736.48	30.44			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Horizon	NJ Health	603171				725.83	6031.71	fee schedule	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Qualcare	Qualcare	1814.58	75			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	92978	CPT				both			2419.44		Managed Care Inc	Managed Care Inc	2177.5	90			725.83	6031.71	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Aetna	Commercial	377.91	38			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Horizon	Medicare Blue	298.35	30			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Aetna	Better Health	302.73	30.44			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		United	Commercial|PPO	1835.46				298.35	1835.46	case rate	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Aetna	Medicare	306.31	30.8			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Americare	Americare	745.88	75			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Consumer	Consumer	944.78	95			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Horizon	MGD	380.69	38.28			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Amerihealth	HMO|PPO	646.43	65			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Wellcare	Medicaid	302.73	30.44			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		First Health	First Health	696.15	70			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Multiplan	Multiplan	795.6	80			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Corrections	Corrections	795.6	80			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Qualcare	Qualcare	745.88	75			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		First Trenton	First Trenton	895.05	90			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		UHC	Medicaid	302.73	30.44			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Horizon	Indemnity	380.69	38.28			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		United	Oxford	1835.46				298.35	1835.46	case rate	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Horizon	PPO	380.69	38.28			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		WellPoint	WellPoint	308.69	31.04			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Managed Care Inc	Managed Care Inc	895.05	90			298.35	1835.46	percent of total billed charges	
ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	92979	CPT				inpatient			994.5		Three Rivers	Three Rivers	944.78	95			298.35	1835.46	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Aetna	Commercial	10796.64				1135.25	19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Aetna	Medicare	6615.59				1135.25	19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Corrections	Corrections	16041.74	80			1135.25	19049.57	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Amerihealth	Medicare	6615.59				1135.25	19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Amerihealth	HMO|PPO	1400				1135.25	19049.57	fee schedule	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Horizon	PPO	12801.17				1135.25	19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	First Trenton	First Trenton	18046.96	90			1135.25	19049.57	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Aetna	Better Health	6103.88	30.44			1135.25	19049.57	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Horizon	Indemnity	12801.17				1135.25	19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Horizon	MGD	12801.17				1135.25	19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	UHC	Medicaid	6103.88	30.44			1135.25	19049.57	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	First Health	First Health	14036.53	70			1135.25	19049.57	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	UHC	Medicare	6615.59				1135.25	19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	WellPoint	WellPoint	6224.2	31.04			1135.25	19049.57	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Horizon	NJ Health	1135.25				1135.25	19049.57	fee schedule	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Americare	Americare	15039.14	75			1135.25	19049.57	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	United	Commercial|PPO	4843.06				1135.25	19049.57	case rate	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Horizon	Medicare Blue	6615.59				1135.25	19049.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Managed Care Inc	Managed Care Inc	18046.96	90			1135.25	19049.57	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT				inpatient			20052.18	7607.93	Consumer	Consumer	19049.57	95			1135.25	19049.57	percent of total billed charges	
PRQ BALLOON VALVULOPLASTY AORTIC VALVE	92986	CPT			

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		First Trenton	First Trenton	14.75	90			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Aetna	Commercial	6.23	38			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Amerihealth	HMO/PPO	30				4.92	229.68	fee schedule	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Consumer	Consumer	15.57	95			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Corrections	Corrections	13.11	80			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Horizon	Medicare Blue	4.92	30			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Horizon	PPO	6.27	38.28			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Americare	Americare	12.29	75			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Horizon	NJ Health	229.68				4.92	229.68	fee schedule	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Multiplan	Multiplan	13.11	80			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		First Health	First Health	11.47	70			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Horizon	Indemnity	6.27	38.28			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Three Rivers	Three Rivers	15.57	95			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Managed Care Inc	Managed Care Inc	14.75	90			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Wellcare	Medicaid	4.99	30.44			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		Qualcare	Qualcare	12.29	75			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		UHC	Medicaid	4.99	30.44			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS WI&R	93000	CPT				outpatient			16.39		WellPoint	WellPoint	5.09	31.04			4.92	229.68	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Aetna	Medicare	68.92			29.26	30	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Horizon	NJ Health	159.21			18	30	210.27	fee schedule	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Consumer	Consumer	210.27	95			30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Aetna	Better Health	67.38	30.44		57.18	30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Amerihealth	Medicare	68.92				30	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Horizon	PPO	133.36			57.35	30	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Qualcare	Qualcare	166.01	75			30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Corrections	Corrections	177.07	80		35.82	30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Americare	Americare	166.01	75			30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Aetna	Commercial	112.48			47.49	30	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	First Trenton	First Trenton	199.21	90			30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	UHC	Medicaid	67.38	30.44		58.22	30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Multiplan	Multiplan	177.07	80			30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Amerihealth	HMO/PPO	30			34.87	30	210.27	fee schedule	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Managed Care Inc	Managed Care Inc	199.21	90			30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Wellcare	Medicare	68.92			28.39	30	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	WellPoint	WellPoint	68.7	31.04		48.52	30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	First Health	First Health	154.94	70			30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	UHC	Medicare	68.92			26.83	30	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Horizon	Indemnity	133.36			59.1	30	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Wellcare	Medicaid	67.38	30.44		57.5	30	210.27	percent of total billed charges	
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Horizon	Medicare Blue	68.92			28.23	30	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Horizon	MGD	133.36			60.94	30	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	CPT				both			221.34	79.26	Three Rivers	Three Rivers	210.27	95			30	210.27	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Aetna	Medicare	360.97	30.8			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Horizon	NJ Health	798.66			137.94	150	1113.38	fee schedule	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Amerihealth	Medicare	361.32				150	1113.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Amerihealth	HMO/PPO	150			406.34	150	1113.38	fee schedule	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Aetna	Commercial	589.67			338.16	150	1113.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Corrections	Corrections	937.58	80			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Aetna	Better Health	356.75	30.44		334.72	150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	First Health	First Health	820.39	70			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Americare	Americare	878.99	75			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Multiplan	Multiplan	937.58	80			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Horizon	Indemnity	699.15			1.1	150	1113.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Consumer	Consumer	1113.38	95			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Horizon	MGD	699.15			293.88	150	1113.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Qualcare	Qualcare	878.99	75			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	UHC	Medicaid	356.75	30.44		288.38	150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	UHC	Medicare	361.32			183.6	150	1113.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	First Trenton	First Trenton	1054.78	90			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Wellcare	Medicare	361.32				150	1113.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Horizon	Medicare Blue	361.32			351.79	150	1113.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Horizon	PPO	699.15			129.49	150	1113.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Managed Care Inc	Managed Care Inc	1054.78	90			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Three Rivers	Three Rivers	1113.38	95			150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	Wellcare	Medicaid	356.75	30.44		336.69	150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	93017	CPT				both			1171.98	415.52	WellPoint	WellPoint	363.78	31.04		366.87	150	1113.38	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Aetna	Commercial	17.58	38		9.82	13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Horizon	MGD	17.71	38.28		0.04	13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Aetna	Better Health	14.08	30.44			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Consumer	Consumer	43.95	95			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Americare	Americare	34.7	75			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Horizon	Medicare Blue	13.88	30			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Amerihealth	HMO/PPO	30.07	65			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Aetna	Medicare	14.25	30.8			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Horizon	Indemnity	17.71	38.28		0.04	13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		UHC	Medicaid	14.08	30.44		14.31	13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Multiplan	Multiplan	37.01	80			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Corrections	Corrections	37.01	80			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Qualcare	Qualcare	34.7	75			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Wellcare	Medicaid	14.08	30.44			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		First Health	First Health	32.38	70			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		WellPoint	WellPoint	14.36	31.04			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		First Trenton	First Trenton	41.63	90			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Horizon	NJ Health	49.59			6.37	13.88	49.59	fee schedule	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Horizon	PPO	17.71	38.28			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Managed Care Inc	Managed Care Inc	41.63	90			13.88	49.59	percent of total billed charges	
CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	93018	CPT				both			46.26		Three Rivers	Three Rivers	43.95	95			13.88	49.59	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Aetna	Better Health	218.89	30.44			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Aetna	Medicare	221.48	30.8			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Aetna	Commercial	244.1				45	683.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	First Trenton	First Trenton	647.19	90			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Amerihealth	Medicare	149.57				45	683.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Amerihealth	HMO/PPO	45				45	683.15	fee schedule	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Consumer	Consumer	683.15	95			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Horizon	PPO	289.42				45	683.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Corrections	Corrections	575.28	80			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	UHC	Medicaid	218.89	30.44			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Americare	Americare	539.33	75			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Horizon	Indemnity	289.42				45	683.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Horizon	Medicare Blue	149.57				45	683.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	First Health	First Health	503.37	70			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Horizon	NJ Health	438.48				45	683.15	fee schedule	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	UHC	Medicare	149.57				45	683.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	WellPoint	WellPoint	223.21	31.04			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Wellcare	Medicaid	218.89	30.44			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Horizon	MGD	289.42				45	683.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Managed Care Inc	Managed Care Inc	647.19	90			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Three Rivers	Three Rivers	683.15	95			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Wellcare	Medicare	149.57				45	683.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Multiplan	Multiplan	575.28	80			45	683.15	percent of total billed charges	
XTRNL ECG REC<48 HRS RECORDING	93225	CPT				outpatient			719.1	172.01	Qualcare	Qualcare	539.33	75			45	683.15	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		First Health	First Health	654.11	70			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Horizon	Indemnity	397.7	38.28			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		First Trenton	First Trenton	841	90			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Aetna	Medicare	287.81	30.8			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Aetna	Better Health	284.44	30.44			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Horizon	PPO	357.7	38.28			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Amerihealth	HMO/PPO	607.39	65			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Aetna	Commercial	355.09	38			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Multiplan	Multiplan	747.55	80			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Three Rivers	Three Rivers	887.72	95			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Managed Care Inc	Managed Care Inc	841	90			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		WellPoint	WellPoint	290.05	31.04			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Americare	Americare	700.83	75			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Corrections	Corrections	747.55	80			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Qualcare	Qualcare	700.83	75			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Horizon	MGD	357.7	38.28			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Consumer	Consumer	887.72	95			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		UHC	Medicaid	284.44	30.44			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Wellcare	Medicaid	284.44	30.44			280.33	887.72	percent of total billed charges	
XTRNL ECG REC<48HR<7D RECORDING SCAN AIR R&I	93241	CPT				outpatient			934.44		Horizon	Medicare Blue	280.33	30			280.33	887.72	percent of total billed charges	
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Amerihealth	HMO/PPO	84.86	65			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Aetna	Commercial	74.32				22.73	124.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	First Health	First Health	91.39	70			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Aetna	Medicare	45.54				22.73	124.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Aetna	Better Health	39.74	30.44			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	UHC	Medicaid	39.74	30.44		29.23	22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Horizon	MGD	88.12				22.73	124.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Amerihealth	Medicare	45.54				22.73	124.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Qualcare	Qualcare	97.92	75			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Americare	Americare	97.92	75			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Multiplan	Multiplan	104.45	80			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC<48HR<7D RECORDING	93242	CPT				outpatient			130.56	52.37	Horizon	Medicare Blue	45.54				22.73	124.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC<48HR

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXTERNAL ECG REC>48HR<7D RECORDING	93242	CPT				outpatient			130.56		52.37 Horizon	Indemnity	88.12			42.6	22.73	124.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC>48HR<7D RECORDING	93242	CPT				outpatient			130.56		52.37 WellPoint	WellPoint	40.53	31.04			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC>48HR<7D RECORDING	93242	CPT				outpatient			130.56		52.37 Wellcare	Medicaid	39.74	30.44		38.44	22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC>48HR<7D RECORDING	93242	CPT				outpatient			130.56		52.37 First Trenton	First Trenton	117.5	90			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC>48HR<7D RECORDING	93242	CPT				outpatient			130.56		52.37 Three Rivers	Three Rivers	124.03	95			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC>48HR<7D RECORDING	93242	CPT				outpatient			130.56		52.37 Horizon	NJ Health	22.73			9.02	22.73	124.03	fee schedule	
EXTERNAL ECG REC>48HR<7D RECORDING	93242	CPT				outpatient			130.56		52.37 Managed Care Inc	Managed Care Inc	117.5	90			22.73	124.03	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Consumer	Consumer	211.24	95			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Corrections	Corrections	177.89	80			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 UHC	Medicare	45.54			26.88	22.73	211.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Aetna	Commercial	74.32				22.73	211.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Amerihealth	Medicare	45.54				22.73	211.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Amerihealth	HMO/PPO	144.53	65			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Aetna	Better Health	67.69	30.44			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Three Rivers	Three Rivers	211.24	95			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Horizon	Medicare Blue	45.54				22.73	211.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 First Trenton	First Trenton	200.12	90			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Aetna	Medicare	45.54				22.73	211.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Americare	Americare	166.77	75			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 First Health	First Health	155.65	70			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Multiplan	Multiplan	177.89	80			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Horizon	MGD	88.12				22.73	211.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Horizon	Indemnity	88.12				22.73	211.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Wellcare	Medicaid	67.69	30.44			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Horizon	NJ Health	22.73				22.73	211.24	fee schedule	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Horizon	PPO	88.12				22.73	211.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Qualcare	Qualcare	166.77	75			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 WellPoint	WellPoint	69.02	31.04			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Managed Care Inc	Managed Care Inc	200.12	90			22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 UHC	Medicaid	67.69	30.44		7.19	22.73	211.24	percent of total billed charges	
EXTERNAL ECG REC>7D<15D RECORDING	93246	CPT				outpatient			222.36		52.37 Wellcare	Medicare	45.54				22.73	211.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 First Health	First Health	112.1	70			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Aetna	Commercial	70.62				38	152.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 WellPoint	WellPoint	49.71	31.04			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Qualcare	Qualcare	120.11	75			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Aetna	Better Health	48.75	30.44			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Amerihealth	Medicare	43.27				38	152.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Horizon	MGD	83.73				38	152.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Consumer	Consumer	152.13	95			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Three Rivers	Three Rivers	152.13	95			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Aetna	Medicare	43.27				38	152.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Horizon	PPO	83.73				38	152.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Corrections	Corrections	128.11	80			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Horizon	Indemnity	83.73				38	152.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Multiplan	Multiplan	128.11	80			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 UHC	Medicaid	48.75	30.44			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 First Trenton	First Trenton	144.13	90			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 UHC	Medicare	43.27			34.75	38	152.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Americare	Americare	120.11	75			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Wellcare	Medicare	43.27				38	152.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Horizon	NJ Health	90.33				38	152.13	fee schedule	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Wellcare	Medicaid	48.75	30.44			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Managed Care Inc	Managed Care Inc	144.13	90			38	152.13	percent of total billed charges	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Amerihealth	HMO/PPO	38				38	152.13	fee schedule	
INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	93261	CPT				both			160.14		49.76 Horizon	Medicare Blue	43.27				38	152.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Aetna	Commercial	70.62				35	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Amerihealth	HMO/PPO	35				35	221.85	fee schedule	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 UHC	Medicaid	40.98	30.44			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Aetna	Medicare	41.47	30.8			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 UHC	Medicare	43.27				35	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Aetna	Better Health	40.98	30.44			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 First Trenton	First Trenton	121.18	90			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Amerihealth	Medicare	43.27				35	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Americare	Americare	100.98	75			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 First Health	First Health	94.25	70			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Horizon	Indemnity	83.73				35	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Consumer	Consumer	127.91	95			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Multiplan	Multiplan	107.71	80			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Horizon	PPO	83.73				35	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Managed Care Inc	Managed Care Inc	121.18	90			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Corrections	Corrections	107.71	80			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Qualcare	Qualcare	100.98	75			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Horizon	MGD	83.73				35	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Three Rivers	Three Rivers	127.91	95			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Horizon	NJ Health	221.85				35	221.85	fee schedule	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Wellcare	Medicare	43.27				35	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 WellPoint	WellPoint	41.79	31.04			35	221.85	percent of total billed charges	
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Horizon	Medicare Blue	43.27				35	221.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	93270	CPT				outpatient			134.64		49.76 Wellcare	Medicaid	40.98	30.44			35	221.85	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Aetna	Medicare	76.66	30.8			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Aetna	Better Health	75.76	30.44			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		UHC	Medicaid	75.76	30.44			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Americare	Americare	186.66	75			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Amerihealth	HMO/PPO	60				60	236.44	fee schedule	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Consumer	Consumer	236.44	95			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		First Health	First Health	174.22	70			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Wellcare	Medicaid	75.76	30.44			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Horizon	MGD	95.27	38.28			60	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Aetna	Commercial	94.57	38			60	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		First Trenton	First Trenton	223.99	90			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Corrections	Corrections	199.1	80			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Horizon	PPO	95.27	38.28			60	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Horizon	Indemnity	95.27	38.28			60	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Managed Care Inc	Managed Care Inc	223.99	90			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		WellPoint	WellPoint	77.25	31.04			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Three Rivers	Three Rivers	236.44	95			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Horizon	Medicare Blue	74.66	30			60	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Multiplan	Multiplan	199.1	80			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93286	CPT				outpatient			248.88		Qualcare	Qualcare	186.66	75			60	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Aetna	Better Health	75.76	30.44			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Amerihealth	HMO/PPO	60				51.34	236.44	fee schedule	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Aetna	Medicare	76.66	30.8			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		First Trenton	First Trenton	223.99	90			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Aetna	Commercial	94.57	38			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Americare	Americare	186.66	75			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Consumer	Consumer	236.44	95			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Corrections	Corrections	199.1	80			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Horizon	Medicare Blue	74.66	30			51.34	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Wellcare	Medicaid	75.76	30.44			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Multiplan	Multiplan	199.1	80			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Horizon	NJ Health	51.34				51.34	236.44	fee schedule	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		First Health	First Health	174.22	70			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Horizon	MGD	95.27	38.28			51.34	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Qualcare	Qualcare	186.66	75			51.34	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Horizon	Indemnity	95.27	38.28			51.34	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Horizon	PPO	95.27	38.28			51.34	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Managed Care Inc	Managed Care Inc	223.99	90			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		Three Rivers	Three Rivers	236.44	95			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		WellPoint	WellPoint	77.25	31.04			51.34	236.44	percent of total billed charges	
PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	93287	CPT				inpatient			248.88		UHC	Medicaid	75.76	30.44			51.34	236.44	percent of total billed charges	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Aetna	Medicare	43.27			17.98	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 First Trenton	First Trenton	138.62	90			38	146.32	percent of total billed charges	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Consumer	Consumer	146.32	95			38	146.32	percent of total billed charges	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Amerihealth	HMO/PPO	38			8.8	38	146.32	fee schedule	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 UHC	Medicaid	46.88	30.44		41.28	38	146.32	percent of total billed charges	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Amerihealth	Medicare	43.27				38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Aetna	Better Health	46.88	30.44			38	146.32	percent of total billed charges	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Corrections	Corrections	123.22	80		30.2	38	146.32	percent of total billed charges	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Wellcare	Medicare	43.27			34.84	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Horizon	PPO	83.73				38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Horizon	NJ Health	56.17			13.64	38	146.32	fee schedule	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 First Health	First Health	107.81	70			38	146.32	percent of total billed charges	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Aetna	Commercial	70.62			24.69	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Horizon	Medicare Blue	43.27			19.18	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Americare	Americare	115.52	75			38	146.32	percent of total billed charges	
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Horizon	Indemnity	83.73			44.33	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	93288	CPT				both			154.02		49.76 Three Rivers	Three Rivers	146.32	95			38	146.32	percent of total billed charges	
INTERROG DEV EVAL PM/LDLS PM PH

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Aetna	Better Health	46.88	30.44			38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	First Health	First Health	107.81	70			38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Wellcare	Medicare	43.27			20.05	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	First Trenton	First Trenton	138.62	90			38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Horizon	PPO	83.73			65.3	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Amerihealth	Medicare	43.27				38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Qualcare	Qualcare	115.52	75			38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Amerihealth	HMO/PPO	38				38	146.32	fee schedule	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Aetna	Commercial	70.62			29.88	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Horizon	Indemnity	83.73			51.6	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	WellPoint	WellPoint	47.81	31.04		22.3	38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Horizon	Medicare Blue	43.27			33.72	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Consumer	Consumer	146.32	95			38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Horizon	NJ Health	97.64			9.59	38	146.32	fee schedule	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Horizon	MGD	83.73			67.33	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Managed Care Inc	Managed Care Inc	138.62	90			38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Three Rivers	Three Rivers	146.32	95			38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	Wellcare	Medicaid	46.88	30.44		45.35	38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	UHC	Medicaid	46.88	30.44		41.07	38	146.32	percent of total billed charges	
INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	93289	CPT				both			154.02	49.76	UHC	Medicare	43.27			20.7	38	146.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Aetna	Medicare	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Horizon	Medicare Blue	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Consumer	Consumer	236.44	95			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Amerihealth	Medicare	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Aetna	Better Health	75.76	30.44			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Aetna	Commercial	70.62				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Corrections	Corrections	199.1	80			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Americare	Americare	186.66	75			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	First Health	First Health	174.22	70			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	UHC	Medicare	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	First Trenton	First Trenton	223.99	90			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Amerihealth	HMO/PPO	43				43	236.44	fee schedule	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Multiplan	Multiplan	199.1	80			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Wellcare	Medicaid	75.76	30.44			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Horizon	Indemnity	83.73				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Horizon	MGD	83.73				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Qualcare	Qualcare	186.66	75			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Wellcare	Medicare	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Horizon	NJ Health	44.66				43	236.44	fee schedule	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	UHC	Medicaid	75.76	30.44			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Horizon	PPO	83.73				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Managed Care Inc	Managed Care Inc	223.99	90			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	WellPoint	WellPoint	77.25	31.04			43	236.44	percent of total billed charges	
INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	93290	CPT				outpatient			248.88	49.76	Three Rivers	Three Rivers	236.44	95			43	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Aetna	Better Health	75.76	30.44		51.73	28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Aetna	Medicare	28.42			20.05	28.42	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Amerihealth	HMO/PPO	43				28.42	236.44	fee schedule	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Consumer	Consumer	236.44	95			28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	First Trenton	First Trenton	223.99	90			28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Corrections	Corrections	199.1	80			28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Aetna	Commercial	46.38			22.15	28.42	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	First Health	First Health	174.22	70			28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Horizon	MGD	54.99			96.8	28.42	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Horizon	Indemnity	54.99			47.04	28.42	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Amerihealth	Medicare	28.42				28.42	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Horizon	Medicare Blue	28.42			26.7	28.42	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Horizon	PPO	54.99				28.42	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Wellcare	Medicaid	75.76	30.44		76.98	28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Americare	Americare	186.66	75			28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Multiplan	Multiplan	199.1	80			28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	UHC	Medicaid	75.76	30.44		64.05	28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Horizon	NJ Health	52.96			12.66	28.42	236.44	fee schedule	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Wellcare	Medicare	28.42			37.3	28.42	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Qualcare	Qualcare	186.66	75			28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	WellPoint	WellPoint	77.25	31.04		51.4	28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Managed Care Inc	Managed Care Inc	223.99	90			28.42	236.44	percent of total billed charges	
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	UHC	Medicare	28.42			44.78	28.42	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	93291	CPT				both			248.88	32.68	Three Rivers	Three Rivers	236.44	95			28.42	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Consumer	Consumer	236.44	95			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Amerihealth	HMO/PPO	43				43	236.44	fee schedule	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Qualcare	Qualcare	186.66	75			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Aetna	Medicare	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Aetna	Commercial	70.62				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Aetna	Better Health	75.76	30.44			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	First Trenton	First Trenton	223.99	90			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Corrections	Corrections	199.1	80			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Horizon	NJ Health	45.78				43	236.44	fee schedule	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Amerihealth	Medicare	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	UHC	Medicaid	75.76	30.44			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Horizon	MGD	83.73				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Americare	Americare	186.66	75			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	First Health	First Health	174.22	70			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Horizon	PPO	83.73				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Horizon	Indemnity	83.73				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Multiplan	Multiplan	199.1	80			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Horizon	Medicare Blue	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	UHC	Medicare	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Wellcare	Medicaid	75.76	30.44			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Three Rivers	Three Rivers	236.44	95			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Managed Care Inc	Managed Care Inc	223.99	90			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	WellPoint	WellPoint	77.25	31.04			43	236.44	percent of total billed charges	
REM INTERROG PM/LDLS PM/IDS <90 D TECH REVIEW	93296	CPT				outpatient			248.88	49.76	Wellcare	Medicare	43.27				43	236.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Horizon	MGD	1231.05			1204.79	160	2705.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Amerihealth	Medicare	636.2				160	2705.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	UHC	Medicaid	866.88	30.44		854.21	160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Horizon	NJ Health	736.02			347.33	160	2705.45	fee schedule	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Horizon	Medicare Blue	636.2				160	2705.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Aetna	Commercial	1038.28			1006.56	160	2705.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Aetna	Medicare	877.13	30.8			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Aetna	Better Health	866.88	30.44			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	WellPoint	WellPoint	883.97	31.04		866.24	160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Consumer	Consumer	2705.45	95			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Wellcare	Medicaid	866.88	30.44		864.61	160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Wellcare	Medicare	636.2				160	2705.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Multiplan	Multiplan	2278.27	80			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Americare	Americare	2135.88	75			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Amerihealth	HMO/PPO	160				160	2705.45	fee schedule	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Corrections	Corrections	2278.27	80			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Qualcare	Qualcare	2135.88	75			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	First Trenton	First Trenton	2563.06	90			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	First Health	First Health	1993.49	70			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Horizon	Indemnity	1231.05			1242.75	160	2705.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	UHC	Medicare	636.2			880.88	160	2705.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Three Rivers	Three Rivers	2705.45	95			160	2705.45	percent of total billed charges	
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Horizon	PPO	1231.05			1176	160	2705.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	93303	CPT				both			2847.84	731.63	Managed Care Inc	Managed Care Inc	2563.06	90			160	2705.45	percent of total billed charges	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Americare	Americare	1559.84	75			80	1975.79	percent of total billed charges	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Aetna	Medicare	636.2				80	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Horizon	Indemnity	1231.05				80	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Horizon	Medicare Blue	636.2				80	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Aetna	Commercial	1038.28				80	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Consumer	Consumer	1975.79	95			80	1975.79	percent of total billed charges	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	First Trenton	First Trenton	1871.8	90			80	1975.79	percent of total billed charges	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Aetna	Better Health	633.09	30.44			80	1975.79	percent of total billed charges	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Horizon	NJ Health	375.84				80	1975.79	fee schedule	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.76	731.63	Corrections	Corrections	1663.82	80			80	1975.79	percent of total billed charges	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Horizon	PPO	1231.05				80	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Amerihealth	HMO/PPO	80				80	1975.79	fee schedule	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Amerihealth	Medicare	636.2				80	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.76	731.63	Horizon	MGD	1231.05				80	1975.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.76	731.63	Managed Care Inc	Managed Care Inc	1871.8	90			80	1975.79	percent of total billed charges	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	First Health	First Health	1455.85	70			80	1975.79	percent of total billed charges	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	Three Rivers	Three Rivers	1975.79	95			80	1975.79	percent of total billed charges	
F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	93304	CPT				both			2079.78	731.63	WellPoint	WellPoint	645.56

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Horizon	MGD	1231.05			1051.24	265	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Horizon	Medicare Blue	636.2			336.1	265	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Aetna	Medicare	612.61	30.8		282.8	265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Corrections	Corrections	1591.2	80		177.88	265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Multiplan	Multiplan	1591.2	80			265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Three Rivers	Three Rivers	1889.55	95			265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Amerihealth	HMO/PPO	265			278.63	265	1889.55	fee schedule	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 First Trenton	First Trenton	1790.1	90			265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 WellPoint	WellPoint	617.39	31.04		402.76	265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Wellcare	Medicaid	605.45	30.44		546.53	265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Consumer	Consumer	1889.55	95			265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Horizon	Indemnity	1231.05			752.4	265	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Managed Care Inc	Managed Care Inc	1790.1	90			265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 UHC	Medicaid	605.45	30.44		525.81	265	1889.55	percent of total billed charges	
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 UHC	Medicare	636.2			273.64	265	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	93306	CPT				outpatient			1989		731.63 Wellcare	Medicare	636.2			314.63	265	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Aetna	Better Health	657.61	30.44			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Horizon	NJ Health	850.86			66.34	150	2052.34	fee schedule	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 First Trenton	First Trenton	1944.32	90			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Americare	Americare	1620.27	75			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Qualcare	Qualcare	1620.27	75			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Aetna	Commercial	457.73				150	2052.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Amerihealth	HMO/PPO	150				150	2052.34	fee schedule	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Amerihealth	Medicare	280.47				150	2052.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 UHC	Medicaid	657.61	30.44		573	150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Multiplan	Multiplan	1728.29	80			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Horizon	Medicare Blue	280.47				150	2052.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Managed Care Inc	Managed Care Inc	1944.32	90			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 UHC	Medicare	280.47				150	2052.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Aetna	Medicare	280.47				150	2052.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 First Health	First Health	1512.25	70			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Consumer	Consumer	2052.34	95			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Wellcare	Medicare	280.47				150	2052.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Horizon	MGD	542.71				150	2052.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Horizon	PPO	542.71				150	2052.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Three Rivers	Three Rivers	2052.34	95			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Wellcare	Medicaid	657.61	30.44			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Corrections	Corrections	1728.29	80			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 WellPoint	WellPoint	670.58	31.04			150	2052.34	percent of total billed charges	
ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	93307	CPT				both			2160.36		322.54 Horizon	Indemnity	542.71				150	2052.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Aetna	Commercial	457.73			309.35	75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 First Health	First Health	1034.59	70			75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Multiplan	Multiplan	1182.38	80			75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Wellcare	Medicare	280.47				75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Americare	Americare	1108.49	75			75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Aetna	Medicare	280.47			75.92	75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Aetna	Better Health	449.9	30.44		405.83	75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Horizon	MGD	542.71			360.08	75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Amerihealth	Medicare	280.47				75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Horizon	Medicare Blue	280.47			207.86	75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 UHC	Medicare	280.47			157.79	75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Qualcare	Qualcare	1108.49	75			75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Amerihealth	HMO/PPO	75				75	1404.08	fee schedule	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Consumer	Consumer	1404.08	95			75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 First Trenton	First Trenton	1330.18	90			75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Horizon	PPO	542.71			427.09	75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Horizon	NJ Health	1177.11			67.06	75	1404.08	fee schedule	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Corrections	Corrections	1182.38	80			75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Three Rivers	Three Rivers	1404.08	95			75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Horizon	Indemnity	542.71			1.39	75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 UHC	Medicaid	449.9	30.44		354.4	75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Managed Care Inc	Managed Care Inc	1330.18	90			75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 WellPoint	WellPoint	458.76	31.04		219.9	75	1404.08	percent of total billed charges	
ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	93308	CPT				outpatient			1477.98		322.54 Wellcare	Medicaid	449.9	30.44		416.76	75	1404.08	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Horizon	Medicare Blue	636.2				225	2630.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Aetna	Commercial	1038.28				225	2630.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Multiplan	Multiplan	2215.44	80			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Horizon	MGD	1231.05				225	2630.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Aetna	Medicare	852.94	30.8			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Consumer	Consumer	2630.84	95			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Aetna	Better Health	842.97	30.44			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Horizon	Indemnity	1231.05			1064.2	225	2630.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Three Rivers	Three Rivers	2630.84	95			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Americare	Americare	2076.98	75			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Qualcare	Qualcare	2076.98	75			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Horizon	NJ Health	1477.26			472.65	225	2630.84	fee schedule	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Amerihealth	HMO/PPO	225				225	2630.84	fee schedule	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 UHC	Medicaid	842.97	30.44		813.09	225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Corrections	Corrections	2215.44	80			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 WellPoint	WellPoint	859.59	31.04		527.92	225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Amerihealth	Medicare	636.2				225	2630.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 First Trenton	First Trenton	2492.37	90			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 First Health	First Health	1938.51	70			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Horizon	PPO	1231.05				225	2630.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 UHC	Medicare	636.2			435.27	225	2630.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Managed Care Inc	Managed Care Inc	2492.37	90			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Wellcare	Medicaid	842.97	30.44			225	2630.84	percent of total billed charges	
ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUIS,I &R	93312	CPT				both			2769.3		731.63 Wellcare	Medicare	636.2				225	2630.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Horizon	Medicare Blue	636.2				235	1948.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Americare	Americare	1538.42	75			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 First Trenton	First Trenton	1846.1	90			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Aetna	Medicare	636.2				235	1948.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Aetna	Better Health	624.39	30.44			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Aetna	Commercial	1038.28				235	1948.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 UHC	Medicare	636.2				235	1948.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Consumer	Consumer	1948.66	95			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Amerihealth	HMO/PPO	235				235	1948.66	fee schedule	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Managed Care Inc	Managed Care Inc	1846.1	90			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 UHC	Medicaid	624.39	30.44			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Corrections	Corrections	1640.98	80			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 First Health	First Health	1435.85	70			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Amerihealth	Medicare	636.2				235	1948.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Horizon	MGD	1231.05				235	1948.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Horizon	NJ Health	318.42				235	1948.66	fee schedule	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Wellcare	Medicaid	624.39	30.44			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Three Rivers	Three Rivers	1948.66	95			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Horizon	PPO	1231.05				235	1948.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Horizon	Indemnity	1231.05				235	1948.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 WellPoint	WellPoint	636.7	31.04			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Wellcare	Medicare	636.2				235	1948.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Multiplan	Multiplan	1640.98	80			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	93315	CPT				outpatient			2051.22		731.63 Qualcare	Qualcare	1538.42	75			235	1948.66	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 First Trenton	First Trenton	740.2	90			61.54	1231.05	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Americare	Americare	616.83	75			61.54	1231.05	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Aetna	Medicare	636.2				61.54	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 UHC	Medicare	636.2				61.54	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Amerihealth	HMO/PPO	225				61.54	1231.05	fee schedule	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Amerihealth	Medicare	636.2				61.54	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Aetna	Commercial	1038.28				61.54	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Aetna	Better Health	250.35	30.44			61.54	1231.05	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Three Rivers	Three Rivers	781.32	95			61.54	1231.05	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Consumer	Consumer	781.32	95			61.54	1231.05	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Corrections	Corrections	657.95	80			61.54	1231.05	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Horizon	MGD	1231.05				61.54	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Horizon	Indemnity	1231.05				61.54	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 First Health	First Health	575.71	70			61.54	1231.05	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Multiplan	Multiplan	657.95	80			61.54	1231.05	percent of total billed charges	
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Horizon	PPO	1231.05				61.54	1231.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	93316	CPT				outpatient			822.44		731.63 Horizon	NJ Health	61.54				61.54

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

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Horizon	PPO	283.93	38.28			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Horizon	MGD	283.93	38.28			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Multiplan	Multiplan	593.37	80			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		UHC	Medicaid	225.78	30.44			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Corrections	Corrections	593.37	80			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Wellcare	Medicaid	225.78	30.44			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Horizon	Indemnity	283.93	38.28			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Three Rivers	Three Rivers	704.62	95			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Qualcare	Qualcare	556.28	75			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		First Trenton	First Trenton	667.54	90			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Horizon	NJ Health	322.39				222.51	704.62	fee schedule	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		Managed Care Inc	Managed Care Inc	667.54	90			222.51	704.62	percent of total billed charges	
ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	93355	CPT				both			741.71		WellPoint	WellPoint	290.23	31.04			222.51	704.62	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Corrections	Corrections	30.63	80			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Aetna	Better Health	11.66	30.44			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Aetna	Commercial	14.55	38		19.55	11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Horizon	Medicare Blue	11.49	30		5.39	11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		First Health	First Health	26.8	70			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Consumer	Consumer	36.38	95			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Aetna	Medicare	11.79	30.8		16.96	11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Wellcare	Medicaid	11.66	30.44		11.52	11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Multiplan	Multiplan	30.63	80			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Horizon	MGD	14.66	38.28		29.49	11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		First Trenton	First Trenton	34.46	90			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Horizon	NJ Health	61.47			3.12	11.49	61.47	fee schedule	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Qualcare	Qualcare	28.72	75			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		UHC	Medicaid	11.66	30.44		10.51	11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Americare	Americare	28.72	75			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Managed Care Inc	Managed Care Inc	34.46	90			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Amerihealth	HMO/PPO	24.89	65		3.63	11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Horizon	Indemnity	14.66	38.28			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Horizon	PPO	14.66	38.28			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		Three Rivers	Three Rivers	36.38	95			11.49	61.47	percent of total billed charges	
MYOCORD STRAIN IMG SPECKLE TRCK ASSMT MYOCRD MECH	93356	CPT				both			38.29		WellPoint	WellPoint	11.89	31.04		11.2	11.49	61.47	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Horizon	Medicare Blue	3732.06				1108.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Consumer	Consumer	13955.54	95			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Amerihealth	Medicare	3732.06				1108.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Aetna	Better Health	4471.65	30.44			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Amerihealth	HMO/PPO	1800				1108.18	13955.54	fee schedule	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 First Health	First Health	10283.03	70			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Aetna	Commercial	6090.72				1108.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Aetna	Medicare	3732.06				1108.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Wellcare	Medicare	3732.06				1108.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Corrections	Corrections	11752.03	80			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Americare	Americare	11017.53	75			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Multiplan	Multiplan	11752.03	80			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Horizon	MGD	7221.54				1108.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Three Rivers	Three Rivers	13955.54	95			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 UHC	Medicaid	4471.65	30.44			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Qualcare	Qualcare	11017.53	75			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Wellcare	Medicaid	4471.65	30.44			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 First Trenton	First Trenton	13221.04	90			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 UHC	Medicare	3732.06			2674.71	1108.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Horizon	Indemnity	7221.54				1108.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Horizon	NJ Health	1108.18				1108.18	13955.54	fee schedule	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Horizon	PPO	7221.54				1108.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 Managed Care Inc	Managed Care Inc	13221.04	90			1108.18	13955.54	percent of total billed charges	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 United	Commercial/PPO	6552.86				1108.18	13955.54	case rate	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 United	Oxford	6552.86				1108.18	13955.54	case rate	
RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	93451	CPT				both			14690.04		4291.87 WellPoint	WellPoint	4559.79	31.04			1108.18	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 First Trenton	First Trenton	13221.04	90			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Aetna	Commercial	6090.72				1222.42	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Aetna	Better Health	4471.65	30.44			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Consumer	Consumer	13955.54	95			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Three Rivers	Three Rivers	13955.54	95			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 UHC	Medicare	3732.06				1222.42	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Aetna	Medicare	3732.06				1222.42	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Amerihealth	Medicare	3732.06				1222.42	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Horizon	Indemnity	7221.54				1222.42	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Americare	Americare	11017.53	75			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Horizon	PPO	7221.54				1222.42	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Horizon	NJ Health	1222.42				1222.42	13955.54	fee schedule	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 UHC	Medicaid	4471.65	30.44			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Multiplan	Multiplan	11752.03	80			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Amerihealth	HMO/PPO	2000				1222.42	13955.54	fee schedule	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Corrections	Corrections	11752.03	80			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Managed Care Inc	Managed Care Inc	13221.04	90			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Qualcare	Qualcare	11017.53	75			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 WellPoint	WellPoint	4559.79	31.04			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 United	Oxford	6552.86				1222.42	13955.54	case rate	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 United	Commercial/PPO	6552.86				1222.42	13955.54	case rate	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Wellcare	Medicare	3732.06				1222.42	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 First Health	First Health	10283.03	70			1222.42	13955.54	percent of total billed charges	
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Horizon	Medicare Blue	3732.06				1222.42	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Horizon	MGD	7221.54				1222.42	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH W/NUX L VENTRICULOGRAPHY IMG S&I	93452	CPT				outpatient			14690.04		4291.87 Wellcare	Medicaid	4471.65	30.44			1222.42	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Horizon	Medicare Blue	3732.06				1599.62	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Amerihealth	HMO/PPO	2200				1599.62	13955.54	fee schedule	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Americare	Americare	11017.53	75			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Aetna	Better Health	4471.65	30.44			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Amerihealth	Medicare	3732.06				1599.62	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 First Health	First Health	10283.03	70			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Aetna	Medicare	3732.06				1599.62	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Corrections	Corrections	11752.03	80			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 UHC	Medicare	3732.06				1599.62	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Horizon	MGD	7221.54				1599.62	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Consumer	Consumer	13955.54	95			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Aetna	Commercial	6090.72				1599.62	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Horizon	Indemnity	7221.54				1599.62	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 First Trenton	First Trenton	13221.04	90			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Wellcare	Medicaid	4471.65	30.44			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Horizon	NJ Health	1599.62				1599.62	13955.54	fee schedule	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Wellcare	Medicare	3732.06				1599.62	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 UHC	Medicaid	4471.65	30.44			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 United	Oxford	6552.86				1599.62	13955.54	case rate	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Multiplan	Multiplan	11752.03	80			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Horizon	PPO	7221.54				1599.62	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Three Rivers	Three Rivers	13955.54	95			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 United	Commercial/PPO	6552.86				1599.62	13955.54	case rate	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Managed Care Inc	Managed Care Inc	13221.04	90			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 WellPoint	WellPoint	4559.79	31.04			1599.62	13955.54	percent of total billed charges	
R & L HRT CATH W/NUX L VENTRICULOG IMG S&I	93453	CPT				outpatient			14690.04		4291.87 Qualcare	Qualcare	11017.53	75			1599.62	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Amerihealth	Medicare	3732.06				1261.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Corrections	Corrections	11752.03	80			1261.18	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Americare	Americare	11017.53	75			1261.18	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 First Health	First Health	10283.03	70			1261.18	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 First Trenton	First Trenton	13221.04	90			1261.18	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Aetna	Better Health	4471.65	30.44			1261.18	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Aetna	Commercial	6090.72				1261.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Amerihealth	HMO/PPO	2000				1261.18	13955.54	fee schedule	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Consumer	Consumer	13955.54	95			1261.18	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Horizon	Medicare Blue	3732.06				1261.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Aetna	Medicare	3732.06				1261.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Wellcare	Medicare	3732.06				1261.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Managed Care Inc	Managed Care Inc	13221.04	90			1261.18	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Horizon	NJ Health	1261.18			2739.3	1261.18	13955.54	fee schedule	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Three Rivers	Three Rivers	13955.54	95			1261.18	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Horizon	Indemnity	7221.54			5455.17	1261.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 UHC	Medicare	3732.06			2509.79	1261.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Horizon	MGD	7221.54			6378.72	1261.18	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 United	Commercial/PPO	6552.86				1261.18	13955.54	case rate	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 Multiplan	Multiplan	11752.03	80			1261.18	13955.54	percent of total billed charges	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87 United	Oxford	6552.86				1261.18	13955.54	case rate	
CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	93454	CPT				both			14690.04		4291.87

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Corrections	Corrections	11752.03	80			1471.7	13955.54	percent of total billed charges	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Amerihealth	Medicare	3732.06				1471.7	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Qualcare	Qualcare	11017.53	75			1471.7	13955.54	percent of total billed charges	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	First Health	First Health	10283.03	70			1471.7	13955.54	percent of total billed charges	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Americare	Americare	11017.53	75			1471.7	13955.54	percent of total billed charges	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Horizon	Indemnity	7221.54				1471.7	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Horizon	PPO	7221.54				1471.7	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	United	Commercial|PPO	6552.86				1471.7	13955.54	case rate	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	NJ Health		1471.7				1471.7	13955.54	fee schedule	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Wellcare	Medicaid	4471.65	30.44			1471.7	13955.54	percent of total billed charges	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	UHC	Medicaid	4471.65	30.44			1471.7	13955.54	percent of total billed charges	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Three Rivers	Three Rivers	13955.54	95			1471.7	13955.54	percent of total billed charges	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Managed Care Inc	Managed Care Inc	13221.04	90			1471.7	13955.54	percent of total billed charges	
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	UHC	Medicare	3732.06				1471.7	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	Wellcare	Medicare	3732.06				1471.7	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	93455	CPT				both			14690.04	4291.87	WellPoint	WellPoint	4559.79	31.04			1471.7	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Aetna	Commercial	6090.72				1577.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Consumer	Consumer	13955.54	95			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	First Trenton	First Trenton	13221.04	90			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	First Health	First Health	10283.03	70			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Amerihealth	Medicare	3732.06				1577.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Corrections	Corrections	11752.03	80			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Horizon	PPO	7221.54				1577.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Aetna	Better Health	4471.65	30.44			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Aetna	Medicare	3732.06				1577.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Horizon	NJ Health	1577.64			3608.01	1577.64	13955.54	fee schedule	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Horizon	Indemnity	7221.54				1577.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Qualcare	Qualcare	11017.53	75			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Americare	Americare	11017.53	75			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Multiplan	Multiplan	11752.03	80			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	UHC	Medicaid	4471.65	30.44			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	UHC	Medicare	3732.06				1577.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Amerihealth	HMO|PPO	2000				1577.64	13955.54	fee schedule	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Three Rivers	Three Rivers	13955.54	95			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Horizon	Medicare Blue	3732.06				1577.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Wellcare	Medicaid	4471.65	30.44			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Horizon	MGD	7221.54				1577.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Wellcare	Medicare	3732.06				1577.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	United	Commercial|PPO	6552.86				1577.64	13955.54	case rate	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	Managed Care Inc	Managed Care Inc	13221.04	90			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	United	Oxford	6552.86				1577.64	13955.54	case rate	
CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	93456	CPT				both			14690.04	4291.87	WellPoint	WellPoint	4559.79	31.04			1577.64	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Consumer	Consumer	13955.54	95			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	First Trenton	First Trenton	13221.04	90			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Aetna	Medicare	3732.06				1788.19	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Amerihealth	HMO|PPO	2000				1788.19	13955.54	fee schedule	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Aetna	Commercial	6090.72				1788.19	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Corrections	Corrections	11752.03	80			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Horizon	MGD	7221.54				1788.19	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Aetna	Better Health	4471.65	30.44			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Americare	Americare	11017.53	75			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Horizon	NJ Health	1788.19				1788.19	13955.54	fee schedule	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Multiplan	Multiplan	11752.03	80			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Amerihealth	Medicare	3732.06				1788.19	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Qualcare	Qualcare	11017.53	75			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	UHC	Medicaid	4471.65	30.44			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Three Rivers	Three Rivers	13955.54	95			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Horizon	PPO	7221.54				1788.19	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	First Health	First Health	10283.03	70			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	United	Commercial|PPO	6552.86				1788.19	13955.54	case rate	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	United	Oxford	6552.86				1788.19	13955.54	case rate	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Managed Care Inc	Managed Care Inc	13221.04	90			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Horizon	Indemnity	7221.54				1788.19	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	WellPoint	WellPoint	4559.79	31.04			1788.19	13955.54	percent of total billed charges	
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Horizon	Medicare Blue	3732.06				1788.19	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Wellcare	Medicare	3732.06				1788.19	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	UHC	Medicare	3732.06				1788.19	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	93457	CPT				outpatient			14690.04	4291.87	Wellcare	Medicaid	4471.65	30.44			1788.19	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Amerihealth	Medicare	3732.06				1521.6	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Corrections	Corrections	11752.03	80			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Aetna	Better Health	4471.65	30.44			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Consumer	Consumer	13955.54	95			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Aetna	Commercial	6090.72			3108.28	1521.6	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	First Trenton	First Trenton	13221.04	90			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Aetna	Medicare	3732.06			2026.98	1521.6	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Multiplan	Multiplan	11752.03	80			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Americare	Americare	11017.53	75			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Horizon	Indemnity	7221.54				1521.6	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Amerihealth	HMO|PPO	2000				1521.6	13955.54	fee schedule	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Qualcare	Qualcare	11017.53	75			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Horizon	MGD	7221.54				1521.6	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Managed Care Inc	Managed Care Inc	13221.04	90			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	First Health	First Health	10283.03	70			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Horizon	PPO	7221.54				1521.6	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	UHC	Medicare	3732.06			3526.96	1521.6	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Three Rivers	Three Rivers	13955.54	95			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	UHC	Medicaid	4471.65	30.44		4322.23	1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	United	Commercial|PPO	6552.86				1521.6	13955.54	case rate	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Horizon	Medicare Blue	3732.06				1521.6	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Wellcare	Medicare	3732.06				1521.6	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	United	Oxford	6552.86				1521.6	13955.54	case rate	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	WellPoint	WellPoint	4559.79	31.04			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Horizon	NJ Health	1521.6			3945.42	1521.6	13955.54	fee schedule	
CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	93458	CPT				both			14690.04	4291.87	Wellcare	Medicaid	4471.65	30.44			1521.6	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Aetna	Commercial	6090.72				1679.8	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Consumer	Consumer	13955.54	95			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	UHC	Medicare	3732.06				1679.8	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Amerihealth	HMO|PPO	2000				1679.8	13955.54	fee schedule	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Americare	Americare	11017.53	75			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Aetna	Better Health	4471.65	30.44			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Amerihealth	Medicare	3732.06				1679.8	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	First Health	First Health	10283.03	70			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Aetna	Medicare	3732.06				1679.8	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Corrections	Corrections	11752.03	80			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	First Trenton	First Trenton	13221.04	90			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	UHC	Medicaid	4471.65	30.44			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Managed Care Inc	Managed Care Inc	13221.04	90			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Wellcare	Medicare	3732.06				1679.8	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Horizon	MGD	7221.54				1679.8	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	United	Commercial|PPO	6552.86				1679.8	13955.54	case rate	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Three Rivers	Three Rivers	13955.54	95			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Horizon	Indemnity	7221.54				1679.8	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Multiplan	Multiplan	11752.03	80			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Wellcare	Medicaid	4471.65	30.44			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Qualcare	Qualcare	11017.53	75			1679.8	13955.54	percent of total billed charges	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Horizon	Medicare Blue	3732.06				1679.8	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	NJ Health		1679.8			1000.33	1679.8	13955.54	fee schedule	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	Horizon	PPO	7221.54				1679.8	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	United	Oxford	6552.86				1679.8	13955.54	case rate	
CATH PLMT L HRT/ARTS/GRFTS W/NJX & ANGIO IMG S&I	93459	CPT				both			14690.04	4291.87	WellPoint	WellPoint	4559.79	31.04			1679.8	13955.54	percent of total billed charges	
R & L HRT CATH W/NJX HRT ART& L VENTR IMG	93460	CPT				both			14690.04	4291.87	Americare	Americare	11017.53	75			1902.64	13955.54	percent of total billed charges	
R & L HRT CATH W/NJX HRT ART& L VENTR IMG	93460	CPT				both			14690.04	4291.87	Aetna	Commercial	6090.72				1902.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NJX HRT ART& L VENTR IMG	93460	CPT				both			14690.04	4291.87	Aetna	Better Health	4471.65	30.44			1902.64	13955.54	percent of total billed charges	
R & L HRT CATH W/NJX HRT ART& L VENTR IMG	93460	CPT				both			14690.04	4291.87	Aetna	Medicare	3732.06			2555.43	1902.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NJX HRT ART& L VENTR IMG	93460	CPT				both			14690.04	4291.87	Amerihealth	Medicare	3732.06				1902.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NJX HRT ART& L VENTR IMG	93460	CPT				both			14690.04	4291.87	UHC	Medicare	3732.06				1902.64	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R & L HRT CATH W/NJX HRT ART& L VENTR IMG	93460	CPT				both			14690.04	4291.87	First Health	First Health	10283.03	70			1902.64	13955.54	percent of total billed charges	
R & L HRT CATH W/NJX HRT ART& L VENTR IMG	93460	CPT				both			14690.04	4291.87	Corrections

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																						
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																						
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes							
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Aetna	Commercial	6090.72				2000	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	First Health	First Health	10283.03	70			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Amerihealth	Medicare	3732.06				2000	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Corrections	Corrections	11752.03	80			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Americare	Americare	11017.53	75			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Consumer	Consumer	13955.54	95			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	First Trenton	First Trenton	13221.04	90			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Horizon	Medicare Blue	3732.06				2000	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Aetna	Medicare	3732.06				2000	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Multiplan	Multiplan	11752.03	80			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Horizon	PPO	7221.54				2000	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Horizon	Indemnity	7221.54				2000	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Amerihealth	HMO/PPO	2000				2000	13955.54	fee schedule								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Qualcare	Qualcare	11017.53	75			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Managed Care Inc	Managed Care Inc	13221.04	90			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Horizon	NJ Health	2059.89				2000	13955.54	fee schedule								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Horizon	MGD	7221.54				2000	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Wellcare	Medicare	3732.06				2000	13955.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	WellPoint	WellPoint	4559.79	31.04			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Three Rivers	Three Rivers	13955.54	95			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	UHC	Medicaid	4471.65	30.44			2000	13955.54	percent of total billed charges								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	United	CommercialPPO	6552.86				2000	13955.54	case rate								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	United	Oxford	6552.86				2000	13955.54	case rate								
R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	93461	CPT				both			14690.04		4291.87	Wellcare	Medicaid	4471.65	30.44			2000	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Aetna	Better Health	4471.65	30.44			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			First Trenton	First Trenton	13221.04	90			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Aetna	Medicare	4524.53	30.8			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Horizon	MGD	5623.35	38.28			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Corrections	Corrections	11752.03	80			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Americare	Americare	11017.53	75			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Consumer	Consumer	13955.54	95			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Amerihealth	HMO/PPO	2000				282.04	13955.54	fee schedule								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Aetna	Commercial	5582.22	38			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Horizon	NJ Health	282.04				282.04	13955.54	fee schedule								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			UHC	Medicaid	4471.65	30.44			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Horizon	Indemnity	5623.35	38.28			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			United	CommercialPPO	1835.46				282.04	13955.54	case rate								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Managed Care Inc	Managed Care Inc	13221.04	90			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			First Health	First Health	10283.03	70			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Horizon	Medicare Blue	4407.01	30			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Multiplan	Multiplan	11752.03	80			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Horizon	PPO	5623.35	38.28			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			WellPoint	WellPoint	4559.79	31.04			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Three Rivers	Three Rivers	13955.54	95			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Qualcare	Qualcare	11017.53	75			282.04	13955.54	percent of total billed charges								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			United	Oxford	1835.46				282.04	13955.54	case rate								
LEFT HEART CATH BY TRANSEPTAL PUNCTURE	93462	CPT				outpatient			14690.04			Wellcare	Medicaid	4471.65	30.44			282.04	13955.54	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Horizon	MGD	195.23	38.28			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Americare	Americare	382.5	75			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Aetna	Medicare	157.08	30.8			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Consumer	Consumer	484.5	95			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			UHC	Medicaid	155.24	30.44			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Horizon	Medicare Blue	153	30			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			First Health	First Health	357	70			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Aetna	Better Health	155.24	30.44			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			First Trenton	First Trenton	459	90			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Corrections	Corrections	408	80			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Wellcare	Medicaid	155.24	30.44			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Aetna	Commercial	193.8	38			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Horizon	NJ Health	149.45				149.45	1835.46	fee schedule								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			United	CommercialPPO	1835.46				149.45	1835.46	case rate								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Horizon	PPO	195.23	38.28			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Amerihealth	HMO/PPO	331.5	65			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Managed Care Inc	Managed Care Inc	459	90			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			United	Oxford	1835.46				149.45	1835.46	case rate								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Three Rivers	Three Rivers	484.5	95			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Horizon	Indemnity	195.23	38.28			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			WellPoint	WellPoint	158.3	31.04			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Multiplan	Multiplan	408	80			149.45	1835.46	percent of total billed charges								
MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	93463	CPT				inpatient			510			Qualcare	Qualcare	382.5	75			149.45	1835.46	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	First Health	First Health	4263.29	70			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Aetna	Better Health	1853.92	30.44			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Amerihealth	HMO/PPO	550				347.39	5785.9	fee schedule								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Amerihealth	Medicare	1802.49				347.39	5785.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Corrections	Corrections	4872.34	80			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Aetna	Medicare	1802.49				347.39	5785.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	First Trenton	First Trenton	5481.38	90			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Aetna	Commercial	2941.66				347.39	5785.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Multiplan	Multiplan	4872.34	80			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Americare	Americare	4567.82	75			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	United	Oxford	1871.51				347.39	5785.9	case rate								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Horizon	Medicare Blue	1802.49				347.39	5785.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Horizon	Indemnity	3487.82				347.39	5785.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Horizon	MGD	3487.82				347.39	5785.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Horizon	NJ Health	347.39				347.39	5785.9	fee schedule								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	UHC	Medicare	1802.49				347.39	5785.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Qualcare	Qualcare	4567.82	75			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Consumer	Consumer	5785.9	95			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Wellcare	Medicaid	1853.92	30.44			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Horizon	PPO	3487.82				347.39	5785.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Managed Care Inc	Managed Care Inc	5481.38	90			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	UHC	Medicaid	1853.92	30.44			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Three Rivers	Three Rivers	5785.9	95			347.39	5785.9	percent of total billed charges								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	United	CommercialPPO	1871.51				347.39	5785.9	case rate								
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	Wellcare	Medicare	1802.49				347.39	5785.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
INSERTION FLOW DIRECTED CATHETER FOR MONITORING	93503	CPT				inpatient			6090.42		2072.86	WellPoint	WellPoint	1890.47	31.04			347.39	5785.9	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Amerihealth	Medicare	3652.11				800	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	First Health	First Health	4200.46	70			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Consumer	Consumer	5700.63	95			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Corrections	Corrections	4800.53	80			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Aetna	Better Health	1826.6	30.44			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Americare	Americare	4500.5	75			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Aetna	Commercial	5960.24				800	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	First Trenton	First Trenton	5400.59	90			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Horizon	Medicare Blue	3652.11				800	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	UHC	Medicare	3652.11				800	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Horizon	MGD	7066.83				800	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Horizon	PPO	7066.83				800	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Aetna	Medicare	3652.11				800	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Amerihealth	HMO/PPO	800				800	7066.83	fee schedule								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Multiplan	Multiplan	4800.53	80			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Horizon	NJ Health	4256.91				800	7066.83	fee schedule								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Qualcare	Qualcare	4500.5	75			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Wellcare	Medicare	3652.11				800	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	WellPoint	WellPoint	1862.6	31.04			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Horizon	Indemnity	7066.83				800	7066.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value							
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Managed Care Inc	Managed Care Inc	5400.59	90			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	UHC	Medicaid	1826.6	30.44			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Three Rivers	Three Rivers	5700.63	95			800	7066.83	percent of total billed charges								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	United	CommercialPPO	3596.76				800	7066.83	case rate								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	United	Oxford	3596.76				800	7066.83	case rate								
ENDOMYOCARDIAL BIOPSY	93505	CPT				both			6000.66		4199.93	Wellcare	Medicaid	1826.6	30.44			800	7066.83	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Americare	Americare	1814.58	75			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Consumer	Consumer	2298.47	95			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Aetna	Better Health	736.48	30.44			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			First Trenton	First Trenton	2177.5	90			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Aetna	Medicare	745.19	30.8			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			First Health	First Health	1693.61	70			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Corrections	Corrections	1935.55	80			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Amerihealth	HMO/PPO	1572.64	65			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Horizon	MGD	926.16	38.28			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Horizon	NJ Health	413.29				413.29	2298.47	fee schedule								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Aetna	Commercial	919.39	38			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	93571	CPT				both			2419.44			Managed Care Inc	Managed Care Inc	2177.5	90			413.29	2298.47	percent of total billed charges								
IV DOP VEL&/OR PRESS C/

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Amerihealth	HMO/PPO	1259.7	65			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Consumer	Consumer	1841.1	95			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Aetna	Medicare	596.9	30.8			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Aetna	Better Health	589.93	30.44			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		First Trenton	First Trenton	1744.2	90			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Multiplan	Multiplan	1550.4	80			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Horizon	Medicare Blue	581.4	30			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Aetna	Commercial	736.44	38			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Horizon	Indemnity	741.87	38.28			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Corrections	Corrections	1550.4	80			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Horizon	MGD	741.87	38.28			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Three Rivers	Three Rivers	1841.1	95			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Managed Care Inc	Managed Care Inc	1744.2	90			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Wellcare	Medicaid	589.93	30.44			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Qualcare	Qualcare	1453.5	75			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		Horizon	PPO	741.87	38.28			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		UHC	Medicaid	589.93	30.44			581.4	1841.1	percent of total billed charges	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		United	Commercial/PPO	1835.46				581.4	1841.1	case rate	
IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	93572	CPT				both			1938		United	Oxford	1835.46				581.4	1841.1	case rate	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Aetna	Better Health	19411.4	30.44			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Americare	Americare	47827.04	75			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Aetna	Commercial	34003.6				1800	60580.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	UHC	Medicare	20835.54				1800	60580.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Corrections	Corrections	51015.5	80			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Aetna	Medicare	20835.54				1800	60580.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Horizon	MGD	40316.77				1800	60580.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Amerihealth	HMO/PPO	1800				1800	60580.91	fee schedule	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	First Health	First Health	44638.57	70			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Consumer	Consumer	60580.91	95			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Multiplan	Multiplan	51015.5	80			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Amerihealth	Medicare	20835.54				1800	60580.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Horizon	PPO	40316.77				1800	60580.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Horizon	NJ Health	1847.88			97.28	1800	60580.91	fee schedule	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Qualcare	Qualcare	47827.04	75			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Horizon	Indemnity	40316.77				1800	60580.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	First Trenton	First Trenton	57392.44	90			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Horizon	Medicare Blue	20835.54				1800	60580.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	UHC	Medicaid	19411.4	30.44			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	United	Commercial/PPO	6382.91				1800	60580.91	case rate	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	WellPoint	WellPoint	19794.02	31.04			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	United	Oxford	6382.91				1800	60580.91	case rate	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Managed Care Inc	Managed Care Inc	57392.44	90			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Wellcare	Medicaid	19411.4	30.44			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Three Rivers	Three Rivers	60580.91	95			1800	60580.91	percent of total billed charges	
PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	93580	CPT				both			63769.38		23960.87	Wellcare	Medicare	20835.54				1800	60580.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Aetna	Better Health	3447.35	30.44			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Americare	Americare	8493.8	75			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Horizon	PPO	7221.54				159.34	10758.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Amerihealth	HMO/PPO	7361.29	65			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	UHC	Medicaid	3447.35	30.44			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Amerihealth	Medicare	3732.06				159.34	10758.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	First Health	First Health	7927.54	70			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Aetna	Commercial	6090.72				159.34	10758.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	UHC	Medicare	3732.06				159.34	10758.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	First Trenton	First Trenton	10192.55	90			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	United	Oxford	6552.86				159.34	10758.81	case rate	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Horizon	Medicare Blue	3732.06				159.34	10758.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Wellcare	Medicaid	3732.06				159.34	10758.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Consumer	Consumer	10758.81	95			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Horizon	MGD	7221.54				159.34	10758.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Aetna	Medicare	3732.06				159.34	10758.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	WellPoint	WellPoint	3515.3	31.04			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Managed Care Inc	Managed Care Inc	10192.55	90			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	United	Commercial/PPO	6552.86				159.34	10758.81	case rate	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Multiplan	Multiplan	9060.05	80			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Corrections	Corrections	9060.05	80			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Wellcare	Medicaid	3447.35	30.44			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Three Rivers	Three Rivers	10758.81	95			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Qualcare	Qualcare	8493.8	75			159.34	10758.81	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Horizon	Indemnity	7221.54				159.34	10758.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE NML NT CONNJ	93593	CPT				both			11325.06		4291.87	Horizon	NJ Health	159.34				159.34	10758.81	fee schedule	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Amerihealth	HMO/PPO	7286.86	65			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	UHC	Medicare	3732.06				251.4	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Aetna	Better Health	3412.49	30.44			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Aetna	Commercial	6090.72				251.4	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Aetna	Medicare	3732.06				251.4	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	First Trenton	First Trenton	10089.5	90			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Horizon	Medicare Blue	3732.06				251.4	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Americare	Americare	8407.91	75			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Multiplan	Multiplan	8968.44	80			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	United	Commercial/PPO	6552.86				251.4	10650.02	case rate	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	First Health	First Health	7847.39	70			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Amerihealth	Medicare	3732.06				251.4	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Consumer	Consumer	10650.02	95			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	UHC	Medicaid	3412.49	30.44			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Wellcare	Medicaid	3412.49	30.44			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Managed Care Inc	Managed Care Inc	10089.5	90			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Corrections	Corrections	8968.44	80			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Horizon	Indemnity	7221.54				251.4	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Horizon	MGD	7221.54				251.4	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Three Rivers	Three Rivers	10650.02	95			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Horizon	NJ Health	251.4				251.4	10650.02	fee schedule	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Qualcare	Qualcare	8407.91	75			251.4	10650.02	percent of total billed charges	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Horizon	PPO	7221.54				251.4	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	Wellcare	Medicare	3732.06				251.4	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	United	Oxford	6552.86				251.4	10650.02	case rate	
R HRT CATH CHD W/IMG CATH TRGT ZONE ABNL NT CONNJ	93594	CPT				outpatient			11210.55		4291.87	WellPoint	WellPoint	3479.75	31.04			251.4	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Aetna	Better Health	3412.49	30.44			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Aetna	Commercial	6090.72				226.87	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Horizon	Medicare Blue	3732.06				226.87	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Americare	Americare	8407.91	75			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Consumer	Consumer	10650.02	95			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	UHC	Medicare	3732.06				226.87	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Aetna	Medicare	3452.85	30.8			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	First Trenton	First Trenton	10089.5	90			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	First Health	First Health	7847.39	70			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Amerihealth	HMO/PPO	7286.86	65			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Amerihealth	Medicare	3732.06				226.87	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Horizon	MGD	7221.54				226.87	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Corrections	Corrections	8968.44	80			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Multiplan	Multiplan	8968.44	80			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Horizon	Indemnity	7221.54				226.87	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Managed Care Inc	Managed Care Inc	10089.5	90			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Horizon	NJ Health	226.87				226.87	10650.02	fee schedule	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Qualcare	Qualcare	8407.91	75			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Horizon	PPO	7221.54				226.87	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	United	Oxford	6552.86				226.87	10650.02	case rate	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	UHC	Medicaid	3412.49	30.44			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Three Rivers	Three Rivers	10650.02	95			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	United	Commercial/PPO	6552.86				226.87	10650.02	case rate	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	WellPoint	WellPoint	3479.75	31.04			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Wellcare	Medicaid	3412.49	30.44			226.87	10650.02	percent of total billed charges	
L HRT CATH CHD IMG CATH TRGT ZON NML/ABNL NT CNJ	93595	CPT				outpatient			11210.55		4291.87	Wellcare	Medicare	3732.06				226.87	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	93596	CPT				outpatient			11210.55		4291.87	Aetna	Commercial	6090.72				274.02	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	93596	CPT				outpatient			11210.55		4291.87	Aetna	Medicare	3452.85	30.8			274.02	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	93596	CPT				outpatient			11210.55		4291.87	Horizon	PPO	7221.54				274.02	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	93596	CPT				outpatient			11210.55		4291.87	Aetna	Better Health	3412.49	30.44			274.02	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	93596	CPT				outpatient			11210.55		4291.87	Americare	Americare	8407.91	75			274.02	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	93596	CPT				outpatient			11210.55		4291.87	Amerihealth	Medicare

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
R&L HRT CATH CHD IMG CATH TRGT ZONE NML NT CONNJ	93596	CPT				outpatient			11210.55	4291.87	WellPoint	WellPoint	31.04	3479.75			274.02	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZONE ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	First Health	First Health	70	7847.39			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Aetna	Better Health	30.44	3412.49			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Amerihealth	Medicare		3732.06			366.12	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Aetna	Commercial		6090.72			366.12	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Amerihealth	HMO/PPO	65	7286.86			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Consumer	Consumer	95	10650.02			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	UHC	Medicare		3732.06			366.12	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Aetna	Medicare	30.8	3452.85			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Horizon	Indemnity		7221.54			366.12	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Horizon	MGD		7221.54			366.12	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	First Trenton	First Trenton	90	10089.5			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Americare	Americare	75	8407.91			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Multiplan	Multiplan	80	8968.44			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Corrections	Corrections	80	8968.44			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Wellcare	Medicare		3732.06			366.12	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Horizon	Medicare Blue		3732.06			366.12	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Three Rivers	Three Rivers	95	10650.02			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Horizon	NJ Health		366.12			366.12	10650.02	fee schedule	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Horizon	PPO		7221.54			366.12	10650.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Qualcare	Qualcare	75	8407.91			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Managed Care Inc	Managed Care Inc	90	10089.5			366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	United	CommercialPPO		6552.86			366.12	10650.02	case rate	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	United	Oxford		6552.86			366.12	10650.02	case rate	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	UHC	Medicaid		3412.49		30.44	366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	WellPoint	WellPoint		3479.75		31.04	366.12	10650.02	percent of total billed charges	
R&L HRT CATH CHD IMG CATH TRGT ZON ABNL NT CONNJ	93597	CPT				outpatient			11210.55	4291.87	Wellcare	Medicaid		3412.49		30.44	366.12	10650.02	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Americare	Americare		1800.05		75	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Corrections	Corrections		1920.05		80	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Aetna	Better Health		730.58		30.44	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		First Trenton	First Trenton		2160.05		90	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Consumer	Consumer		2280.06		95	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Multiplan	Multiplan		1920.05		80	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Aetna	Medicare		739.22		30.8	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Amerihealth	HMO/PPO		600			600	7425.45	fee schedule	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Horizon	MGD		918.74		38.28	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Horizon	Medicare Blue		720.02		30	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Aetna	Commercial		912.02		38	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Horizon	Indemnity		918.74		38.28	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		United	Oxford		1835.46			600	7425.45	case rate	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Qualcare	Qualcare		1800.05		75	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		First Health	First Health		1680.04		70	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		UHC	Medicaid		730.58		30.44	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Wellcare	Medicaid		730.58		30.44	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Horizon	NJ Health		7425.45			600	7425.45	fee schedule	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		WellPoint	WellPoint		744.98		31.04	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		United	CommercialPPO		1835.46			600	7425.45	case rate	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Horizon	PPO		918.74		38.28	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Managed Care Inc	Managed Care Inc		2160.05		90	600	7425.45	percent of total billed charges	
INTRA-VNTR MAPG TACHYCARDIA SITES W/CATH MNPJ	93609	CPT				outpatient			2400.06		Three Rivers	Three Rivers		2280.06		95	600	7425.45	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Aetna	Commercial		6538.04		38	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Americare	Americare		12904.02		75	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Aetna	Better Health		5237.31		30.44	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Horizon	Indemnity		6986.21		38.28	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Amerihealth	HMO/PPO		11183.48		65	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Consumer	Consumer		16345.09		95	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		First Health	First Health		12043.75		70	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		UHC	Medicaid		5237.31		30.44	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Aetna	Medicare		5299.25		30.8	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Horizon	MGD		6586.21		38.28	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		United	Oxford		1835.46			1835.46	16345.09	case rate	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Corrections	Corrections		13764.29		80	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Qualcare	Qualcare		12904.02		75	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Horizon	PPO		6586.21		38.28	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Horizon	Medicare Blue		5161.61		30	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		First Trenton	First Trenton		15484.82		90	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		WellPoint	WellPoint		5340.54		31.04	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Three Rivers	Three Rivers		16345.09		95	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Multiplan	Multiplan		13764.29		80	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Horizon	NJ Health		5253.93			1835.46	16345.09	fee schedule	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Wellcare	Medicaid		5237.31		30.44	1835.46	16345.09	percent of total billed charges	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		United	CommercialPPO		1835.46			1835.46	16345.09	case rate	
INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	93613	CPT				both			17205.36		Managed Care Inc	Managed Care Inc		15484.82		90	1835.46	16345.09	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Amerihealth	HMO/PPO		1000			1000	21584.48	fee schedule	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Horizon	Medicare Blue		8804.62			1000	21584.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Aetna	Better Health		6916.12		30.44	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Americare	Americare		17040.38		75	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Horizon	MGD		17036.94			1000	21584.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Amerihealth	Medicare		8804.62			1000	21584.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Consumer	Consumer		21584.48		95	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Aetna	Commercial		14369.14			1000	21584.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	First Health	First Health		15904.35		70	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	UHC	Medicare		8804.62			1000	21584.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Multiplan	Multiplan		18176.4		80	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	First Trenton	First Trenton		20448.45		90	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	UHC	Medicaid		6916.12		30.44	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Aetna	Medicare		8804.62			1000	21584.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Corrections	Corrections		18176.4		80	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Three Rivers	Three Rivers		21584.48		95	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Qualcare	Qualcare		17040.38		75	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Wellcare	Medicaid		6916.12		30.44	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Horizon	Indemnity		17036.94			1000	21584.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Wellcare	Medicare		8804.62			1000	21584.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Horizon	NJ Health		1068.12			1000	21584.48	fee schedule	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Horizon	PPO		17036.94			1000	21584.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	Managed Care Inc	Managed Care Inc		20448.45		90	1000	21584.48	percent of total billed charges	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	United	CommercialPPO		4843.06			1000	21584.48	case rate	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	United	Oxford		4843.06			1000	21584.48	case rate	
COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	93619	CPT				outpatient			22720.5	10125.31	WellPoint	WellPoint		7052.44		31.04	1000	21584.48	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Multiplan	Multiplan		7049.42		80	1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Amerihealth	HMO/PPO		1300			1300	17036.94	fee schedule	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Americare	Americare		6608.84		75	1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Horizon	MGD		17036.94			1300	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Aetna	Better Health		2682.31		30.44	1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	First Trenton	First Trenton		7930.6		90	1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Consumer	Consumer		8371.19		95	1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Aetna	Commercial		14369.14			1300	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Qualcare	Qualcare		6608.84		75	1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Amerihealth	Medicare		8804.62			1300	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Corrections	Corrections		7049.42		80	1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Aetna	Medicare		8804.62			1300	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	UHC	Medicaid		2682.31		30.44	1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Horizon	Medicare Blue		8804.62			1300	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Horizon	NJ Health		7190.55			1300	17036.94	fee schedule	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	UHC	Medicare		8804.62			1300	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Horizon	PPO		17036.94			1300	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	First Health	First Health	70	6168.25			1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Wellcare	Medicare		8804.62			1300	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Managed Care Inc	Managed Care Inc	90	7930.6			1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	WellPoint	WellPoint	31.04	2735.18			1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Horizon	Indemnity		17036.94			1300	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Three Rivers	Three Rivers	95	8371.19			1300	17036.94	percent of total billed charges	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	United	CommercialPPO		4843.06			1300	17036.94	case rate	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	United	Oxford		4843.06			1300	17036.94	case rate	
COMPRE EP EVAL R ATR VNTRC PACG&REC HIS BNDL REC	93620	CPT				both			8811.78	10125.31	Wellcare	Medicaid		2682.31		30.44	1300	17036.94	percent of total billed charges	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		WellPoint	WellPoint		3751.8		31.04	1400	11482.65	percent of total billed charges	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		Americare	Americare		9065.25		75	1400	11482.65	percent of total billed charges	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		UHC	Medicaid		3679.28		30.44	1400	11482.65	percent of total billed charges	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		Aetna	Better Health		3679.28		30.44	1400	11482.65	percent of total billed charges	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		United	Oxford		1835.46			1400	11482.65	case rate	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		Aetna	Commercial		4593.06		38	1400	11482.65	percent of total billed charges	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		First Health	First Health		8460.9		70	1400	11482.65	percent of total billed charges	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		Corrections	Corrections		9669.6		80	1400	11482.65	percent of total billed charges	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		United	CommercialPPO		1835.46			1400	11482.65	case rate	
COMPRE EP EVAL W/L ATRIAL PACG&REC C SINSL ATR	93621	CPT				both			12087		Amerihealth	HMO/PP

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																							
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																							
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		First Health	First Health	13276.12	70			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Horizon	Indemnity	7260.14	38.28			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Aetna	Commercial	7207.03	38			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Americare	Americare	14224.41	75			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Aetna	Better Health	5773.21	30.44			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Amerihealth	HMO/PPO	1400				332.91	18017.59	fee schedule	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Corrections	Corrections	15172.7	80			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Consumer	Consumer	18017.59	95			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		United	Oxford	1835.46				332.91	18017.59	case rate	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		UHC	Medicaid	5773.21	30.44			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Aetna	Medicare	5841.49	30.8			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Horizon	MGD	7260.14	38.28			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Horizon	Medicare Blue	5689.76	30			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		First Trenton	First Trenton	17069.29	90			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Multiplan	Multiplan	15172.7	80			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Horizon	PPO	7260.14	38.28			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		WellPoint	WellPoint	5887.01	31.04			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Horizon	NJ Health	332.91				332.91	18017.59	fee schedule	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Qualcare	Qualcare	14224.41	75			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Three Rivers	Three Rivers	18017.59	95			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Wellcare	Medicaid	5773.21	30.44			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		Managed Care Inc	Managed Care Inc	17069.29	90			332.91	18017.59	percent of total billed charges	
COMPRE EP EVAL W/LEFT VENTRICULAR PACING/REC	93622	CPT				outpatient			18965.88		United	CommercialPPO	1835.46				332.91	18017.59	case rate	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Americare	Americare	2694.33	75			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		First Trenton	First Trenton	3233.2	90			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Aetna	Better Health	1093.54	30.44			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Aetna	Commercial	1365.13	38			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Qualcare	Qualcare	2694.33	75			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Horizon	Indemnity	1375.19	38.28			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Consumer	Consumer	3412.82	95			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Amerihealth	HMO/PPO	260				260	5948.19	fee schedule	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Multiplan	Multiplan	2873.95	80			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Managed Care Inc	Managed Care Inc	3233.2	90			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Horizon	Medicare Blue	1077.73	30			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Aetna	Medicare	1106.47	30.8			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Three Rivers	Three Rivers	3412.82	95			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Horizon	PPO	1375.19	38.28			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Corrections	Corrections	2873.95	80			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		First Health	First Health	2514.71	70			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Horizon	NJ Health	5948.19				260	5948.19	fee schedule	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		WellPoint	WellPoint	1115.09	31.04			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		UHC	Medicaid	1093.54	30.44		1095.71	260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Horizon	MGD	1375.19	38.28			260	5948.19	percent of total billed charges	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		United	Oxford	1835.46				260	5948.19	case rate	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		United	CommercialPPO	1835.46				260	5948.19	case rate	
PROGRAMMED STIMU & PACG AFTER IV DRUG INFUSION	93623	CPT				both			3592.44		Wellcare	Medicaid	1093.54	30.44			260	5948.19	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Aetna	Medicare	6003.91	30.8			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Three Rivers	Three Rivers	18518.56	95			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Aetna	Better Health	5933.74	30.44			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Multiplan	Multiplan	15594.58	80			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Amerihealth	HMO/PPO	350				350	18518.56	fee schedule	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Corrections	Corrections	15594.58	80			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Consumer	Consumer	18518.56	95			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Aetna	Commercial	14369.14	350			350	18518.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	UHC	Medicaid	5933.74	30.44			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	First Trenton	First Trenton	17543.9	90			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Wellcare	Medicare	8804.62				350	18518.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Qualcare	Qualcare	14619.92	75			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Amerihealth	Medicare	8804.62				350	18518.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Horizon	MGD	17036.94				350	18518.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Horizon	Medicare Blue	8804.62				350	18518.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Americare	Americare	14619.92	75			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	UHC	Medicare	8804.62				350	18518.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Horizon	NJ Health	460.67				350	18518.56	fee schedule	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	United	Oxford	4843.06				350	18518.56	case rate	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Horizon	PPO	17036.94				350	18518.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	First Health	First Health	13645.25	70			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Managed Care Inc	Managed Care Inc	17543.9	90			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Horizon	Indemnity	17036.94				350	18518.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	WellPoint	WellPoint	6050.7	31.04			350	18518.56	percent of total billed charges	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	United	CommercialPPO	4843.06				350	18518.56	case rate	
ELECTROPHYSIOLOGIC FOLLOW-UP W/PACG&REC W/ARRHYT	93624	CPT				outpatient			19493.22	10125.31	Wellcare	Medicaid	5933.74	30.44			350	18518.56	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Multiplan	Multiplan	3827.04	80			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Aetna	Commercial	2298.87				750	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Aetna	Better Health	1456.19	30.44			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	UHC	Medicare	1408.62				750	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Aetna	Medicare	1408.62				750	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Americare	Americare	3587.85	75			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Horizon	Indemnity	2725.68				750	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	First Trenton	First Trenton	4305.42	90			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Consumer	Consumer	4544.61	95			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Amerihealth	Medicare	1408.62				750	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	First Health	First Health	3348.66	70			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	United	CommercialPPO	2567.79				750	17048.52	case rate	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Corrections	Corrections	3827.04	80			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Amerihealth	HMO/PPO	750				750	17048.52	fee schedule	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Horizon	Medicare Blue	1408.62				750	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Horizon	PPO	2725.68				750	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Horizon	NJ Health	17048.52				750	17048.52	fee schedule	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Horizon	MGD	2725.68				750	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Managed Care Inc	Managed Care Inc	4305.42	90			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	UHC	Medicaid	1456.19	30.44			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Qualcare	Qualcare	3587.85	75			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	United	Oxford	2567.79				750	17048.52	case rate	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Three Rivers	Three Rivers	4544.61	95			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	WellPoint	WellPoint	1484.89	31.04			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Wellcare	Medicaid	1456.19	30.44			750	17048.52	percent of total billed charges	
EP EVAL 1/2 CHMB TRANSVNS PAC CVDFB	93642	CPT				outpatient			4783.8	1619.91	Wellcare	Medicare	1408.62				750	17048.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	First Health	First Health	10023.13	70			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Aetna	Better Health	4358.63	30.44			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Amerihealth	HMO/PPO	2000				2000	17036.94	fee schedule	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Aetna	Commercial	14369.14				2000	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Corrections	Corrections	11455.01	80			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Aetna	Medicare	8804.62				2000	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	First Trenton	First Trenton	12886.88	90			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Amerihealth	Medicare	8804.62				2000	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Multiplan	Multiplan	11455.01	80			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Americare	Americare	10739.07	75			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	United	Oxford	4843.06				2000	17036.94	case rate	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Horizon	Medicare Blue	8804.62				2000	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Horizon	Indemnity	17036.94				2000	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Horizon	MGD	17036.94				2000	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Horizon	NJ Health	6714.79	2000			2000	17036.94	fee schedule	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	UHC	Medicare	8804.62				2000	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Qualcare	Qualcare	10739.07	75			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Consumer	Consumer	13602.82	95			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Wellcare	Medicaid	4358.63	30.44			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Horizon	PPO	17036.94				2000	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Managed Care Inc	Managed Care Inc	12886.88	90			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	UHC	Medicaid	4358.63	30.44			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Three Rivers	Three Rivers	13602.82	95			2000	17036.94	percent of total billed charges	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	United	CommercialPPO	4843.06				2000	17036.94	case rate	
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	Wellcare	Medicare	8804.62				2000	17036.94	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	93650	CPT				outpatient			14318.76	10125.31	WellPoint	WellPoint	4444.54	31.04			2000	17036.94	percent of total billed charges	
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Aetna	Commercial	46455.4				1158.24	55080.39	percent of total billed charges	
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Corrections	Corrections	44099.09	80			1158.24	55080.39	percent of total billed charges	
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Amerihealth	Medicare	28465.32				1158.24	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Consumer	Consumer	52367.67	95			1158.24	55080.39	percent of total billed charges	
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Aetna	Medicare	16978.15	30.8			1158.24	55080.39	percent of total billed charges	
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Aetna	Better Health	16779.7	30.44			1158.24	55080.39	percent of total billed charges	
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Horizon	Indemnity	55080.39				1158.24	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	First Health	First Health	38586.7	70			1158.24	55080.39	percent of total billed charges	
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Americare	Americare	41342.9	75			1158.24	55080.39	percent of total billed charges	
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Multiplan	Multiplan	44099.09	80			1158.24	55080.39	percent of total billed charges	
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	Horizon	Medicare Blue	28465.32				1158.24	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86	32735.12	First Trenton	First Trenton	49

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86		32735.12	United	Oxford	6382.91				1158.24	55080.39	case rate
COMPRE EP EVAL ABLTJ 3D MAPG TX SVT	93653	CPT				both			55123.86		32735.12	Wellcare	Medicaid	16779.7	30.44			1158.24	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Americare	Americare	41342.9	75			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Consumer	Consumer	52367.67	95			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	UHC	Medicare	28465.32				1545.9	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Multiplan	Multiplan	44099.09	80			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Aetna	Commercial	46455.4				1545.9	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Aetna	Better Health	16779.7	30.44			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Amerihealth	Medicare	28465.32				1545.9	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	First Health	First Health	38586.7	70			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Amerihealth	HMO/PPO	2000				1545.9	55080.39	fee schedule
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Corrections	Corrections	44099.09	80			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Wellcare	Medicare	28465.32				1545.9	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Qualcare	Qualcare	41342.9	75			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Aetna	Medicare	28465.32				1545.9	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Horizon	PPO	65080.39				1545.9	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	First Trenton	First Trenton	49611.47	90			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Horizon	Indemnity	55080.39				1545.9	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Horizon	MGD	55080.39			25094.19	1545.9	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Horizon	Medicare Blue	28465.32				1545.9	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Managed Care Inc	Managed Care Inc	49611.47	90			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	UHC	Medicaid	16779.7	30.44			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	United	Oxford	6382.91				1545.9	55080.39	case rate
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Horizon	NJ Health	1545.9				1545.9	55080.39	fee schedule
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	WellPoint	WellPoint	17110.45	31.04			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Three Rivers	Three Rivers	52367.67	95			1545.9	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	United	CommercialPPO	6382.91				1545.9	55080.39	case rate
COMPRE EP EVAL ABLTJ 3D MAPG TX VT	93654	CPT				both			55123.86		32735.12	Wellcare	Medicaid	16779.7	30.44			1545.9	55080.39	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Consumer	Consumer	956.29	95			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Horizon	Medicare Blue	301.99	30			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Aetna	Better Health	306.42	30.44			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Aetna	Medicare	310.04	30.8			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			First Health	First Health	704.63	70			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			First Trenton	First Trenton	905.96	90			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Corrections	Corrections	805.3	80			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Americare	Americare	754.97	75			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Horizon	NJ Health	579.16				301.99	2000	fee schedule
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Horizon	Indemnity	385.33	38.28			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Aetna	Commercial	382.52	38			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Amerihealth	HMO/PPO	2000				301.99	2000	fee schedule
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Multiplan	Multiplan	805.3	80			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Horizon	PPO	385.33	38.28			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			WellPoint	WellPoint	312.45	31.04			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Horizon	MGD	385.33	38.28			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Three Rivers	Three Rivers	956.29	95			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Managed Care Inc	Managed Care Inc	905.96	90			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Qualcare	Qualcare	754.97	75			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			UHC	Medicaid	306.42	30.44			301.99	2000	percent of total billed charges
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			United	CommercialPPO	1835.46				301.99	2000	case rate
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Oxford	United	1835.46				301.99	2000	case rate
ICAR CATH ABLATION DISCRETE MECHANISM ARRHYTHMIA	93655	CPT				both			1006.62			Wellcare	Medicaid	306.42	30.44			301.99	2000	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	First Trenton	First Trenton	48637.48	90			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Amerihealth	HMO/PPO	2000				1546.29	55080.39	fee schedule
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Consumer	Consumer	51339.56	95			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Amerihealth	Medicare	28465.32				1546.29	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Corrections	Corrections	43233.31	80			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Americare	Americare	40531.23	75			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Aetna	Commercial	46455.4				1546.29	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Aetna	Better Health	16450.28	30.44			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Horizon	Indemnity	55080.39				1546.29	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	UHC	Medicare	28465.32				1546.29	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	First Health	First Health	37829.15	70			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Horizon	Medicare Blue	28465.32				1546.29	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Qualcare	Qualcare	40531.23	75			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Three Rivers	Three Rivers	51339.56	95			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Horizon	MGD	55080.39				1546.29	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Aetna	Medicare	28465.32				1546.29	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Horizon	NJ Health	1546.29				1546.29	55080.39	fee schedule
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Wellcare	Medicaid	16450.28	30.44			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Multiplan	Multiplan	43233.31	80			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	United	CommercialPPO	6382.91				1546.29	55080.39	case rate
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Wellcare	Medicare	28465.32				1546.29	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	United	Oxford	6382.91				1546.29	55080.39	case rate
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Horizon	PPO	55080.39				1546.29	55080.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	WellPoint	WellPoint	16774.53	31.04			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	Managed Care Inc	Managed Care Inc	48637.48	90			1546.29	55080.39	percent of total billed charges
COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION	93656	CPT				both			54041.64		32735.12	UHC	Medicaid	16450.28	30.44		16422.39	1546.29	55080.39	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Horizon	Indemnity	18618.89	38.28			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Aetna	Better Health	14805.62	30.44			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Aetna	Medicare	14980.72	30.8			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			First Health	First Health	34047.09	70			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Americare	Americare	36479.03	75			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Aetna	Commercial	18482.71	38			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			First Trenton	First Trenton	43774.83	90			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Consumer	Consumer	46206.77	95			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Horizon	PPO	18618.89	38.28			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			WellPoint	WellPoint	15097.45	31.04			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Horizon	MGD	18618.89	38.28			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Multiplan	Multiplan	38910.96	80			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Amerihealth	HMO/PPO	2000				579.63	46206.77	fee schedule
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Corrections	Corrections	38910.96	80			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Horizon	Medicare Blue	14591.61	30			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Three Rivers	Three Rivers	46206.77	95			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			United	CommercialPPO	1835.46				579.63	46206.77	case rate
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Horizon	NJ Health	579.63				579.63	46206.77	fee schedule
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Qualcare	Qualcare	36479.03	75			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Wellcare	Medicaid	14805.62	30.44			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			Managed Care Inc	Managed Care Inc	43774.83	90			579.63	46206.77	percent of total billed charges
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			United	Oxford	1835.46				579.63	46206.77	case rate
ABLATE LIR ATRIAL FIBRIL W/ISOLATED PULM VEIN	93657	CPT				both			48638.7			UHC	Medicaid	14805.62	30.44			579.63	46206.77	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	First Trenton	First Trenton	2160.05	90			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Aetna	Better Health	730.58	30.44			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Aetna	Commercial	1004.77				150	2280.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Horizon	Medicare Blue	615.67				150	2280.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Amerihealth	Medicare	615.67				150	2280.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Consumer	Consumer	2280.06	95			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Americare	Americare	1800.05	75			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Aetna	Medicare	739.22	30.8			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Managed Care Inc	Managed Care Inc	2160.05	90			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	First Health	First Health	1680.04	70			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Amerihealth	HMO/PPO	150				150	2280.06	fee schedule
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Horizon	Indemnity	1191.32				150	2280.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Multiplan	Multiplan	1920.05	80			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Corrections	Corrections	1920.05	80			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Horizon	MGD	1191.32				150	2280.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Horizon	PPO	1191.32				150	2280.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	UHC	Medicare	615.67				150	2280.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Three Rivers	Three Rivers	2280.06	95			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Qualcare	Qualcare	1800.05	75			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	United	CommercialPPO	1835.46				150	2280.06	case rate
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Horizon	NJ Health	1498.14				150	2280.06	fee schedule
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Wellcare	Medicaid	730.58	30.44			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	UHC	Medicaid	730.58	30.44			150	2280.06	percent of total billed charges
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	Wellcare	Medicare	615.67				150	2280.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	United	Oxford	1835.46				150	2280.06	case rate
CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	93660	CPT				both			2400.06		708.02	WellPoint	WellPoint	744.98	31.04			150	2280.06	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			Horizon	MGD	15480.02	38.28			459.36	38416.97	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			Corrections	Corrections	32361.14	80			459.36	38416.97	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			Aetna	Better Health	12309.61	30.44			459.36	38416.97	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			Aetna	Medicare	12455.19	30.8			459.36	38416.97	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			Amerihealth	HMO/PPO	1400				459.36	38416.97	fee schedule
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			First Trenton	First Trenton	36395.03	90			459.36	38416.97	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			Aetna	Commercial	15366.79	38			459.36	38416.97	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			Americare	Americare	30329.19	75			459.36	38416.97	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			Horizon	NJ Health	459.36			61.69	459.36	38416.97	fee schedule
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			Horizon	Indemnity	15480.02	38.28			459.36	38416.97	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			WellPoint	WellPoint	12552.24	31.04			459.36	38416.97	percent of total billed charges
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92			First Health	First Health	28307.24	70			459

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	93662	CPT				both			40438.92		United	Oxford	1835.46				459.36	38416.97	case rate	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Americare	Americare	843.03	75			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Aetna	Better Health	342.16	30.44			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Aetna	Commercial	567.92				342.16	1067.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Multiplan	Multiplan	899.23	80			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Aetna	Medicare	347.99				342.16	1067.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Horizon	Medicare Blue	347.99				342.16	1067.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Amerihealth	HMO/PPO	450				342.16	1067.84	fee schedule	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Consumer	Consumer	1067.84	95			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	First Trenton	First Trenton	1011.64	90			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Horizon	PPO	673.36				342.16	1067.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Horizon	MGD	673.36				342.16	1067.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Qualcare	Qualcare	843.03	75			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Corrections	Corrections	899.23	80			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Wellcare	Medicare	347.99				342.16	1067.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Amerihealth	Medicare	347.99				342.16	1067.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Horizon	Indemnity	673.36				342.16	1067.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Horizon	NJ Health	439.81				342.16	1067.84	fee schedule	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	WellPoint	WellPoint	348.9	31.04			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	UHC	Medicaid	342.16	30.44			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Wellcare	Medicaid	342.16	30.44			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Managed Care Inc	Managed Care Inc	1011.64	90			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	First Health	First Health	786.83	70			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	Three Rivers	Three Rivers	1067.84	95			342.16	1067.84	percent of total billed charges	
ELECTRONIC ALYS ANTITACHYCARDIA PACEMAKER SYS	93724	CPT				outpatient			1124.04	400.19	UHC	Medicare	347.99				342.16	1067.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Aetna	Medicare	106.51				21.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Amerihealth	Medicare	106.51				21.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Horizon	MGD	206.1				21.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Consumer	Consumer	353.69	95			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Aetna	Better Health	113.33	30.44			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Aetna	Commercial	173.82				21.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	UHC	Medicaid	113.33	30.44			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Qualcare	Qualcare	279.23	75			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Amerihealth	HMO/PPO	21.88				21.88	1835.46	fee schedule	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Horizon	Indemnity	206.1				21.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Multiplan	Multiplan	297.84	80			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Corrections	Corrections	297.84	80			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	First Health	First Health	260.61	70			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Americare	Americare	279.23	75			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	First Trenton	First Trenton	335.07	90			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	UHC	Medicare	106.51				21.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Horizon	NJ Health	78.33				21.88	1835.46	fee schedule	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Horizon	Medicare Blue	106.51				21.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Horizon	PPO	206.1				21.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	United	Commercial/PPO	1835.46				21.88	1835.46	case rate	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Managed Care Inc	Managed Care Inc	335.07	90			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Three Rivers	Three Rivers	353.69	95			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	United	Oxford	1835.46				21.88	1835.46	case rate	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Wellcare	Medicaid	113.33	30.44			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	WellPoint	WellPoint	115.56	31.04			21.88	1835.46	percent of total billed charges	
INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93750	CPT				outpatient			372.3	122.49	Wellcare	Medicare	106.51				21.88	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Aetna	Better Health	126.68	30.44			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Americare	Americare	312.12	75			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Horizon	Medicare Blue	146.1				126.68	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Aetna	Medicare	146.1			148.3	126.68	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Consumer	Consumer	395.35	95			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Three Rivers	Three Rivers	395.35	95			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Aetna	Commercial	238.44			120.18	126.68	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Corrections	Corrections	332.93	80			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	First Health	First Health	291.31	70			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	UHC	Medicare	146.1			120.18	126.68	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Amerihealth	Medicare	146.1				126.68	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Amerihealth	HMO/PPO	270.5	65			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	UHC	Medicaid	126.68	30.44		123.05	126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	First Trenton	First Trenton	374.54	90			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Horizon	Indemnity	282.7				126.68	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Horizon	MGD	282.7			275.91	126.68	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Wellcare	Medicaid	126.68	30.44			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Managed Care Inc	Managed Care Inc	374.54	90			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Horizon	NJ Health	177.48			52.66	126.68	395.35	fee schedule	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Multiplan	Multiplan	332.93	80			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Wellcare	Medicare	146.1				126.68	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Qualcare	Qualcare	312.12	75			126.68	395.35	percent of total billed charges	
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	Horizon	PPO	282.7				126.68	395.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHYS/QHP O/P CARDIAC RHAB W/CONT ECG MONITORING	93798	CPT				outpatient			416.16	168.02	WellPoint	WellPoint	129.18	31.04		129.38	126.68	395.35	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Americare	Americare	4928.13	75			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	First Trenton	First Trenton	5913.76	90			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Amerihealth	Medicare	181.54				181.54	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Aetna	Better Health	2000.16	30.44			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Aetna	Medicare	2023.82	30.8		48.84	181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	First Health	First Health	4599.59	70			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Horizon	Medicare Blue	181.54				181.54	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Corrections	Corrections	5266.67	80			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	UHC	Medicare	181.54			41.85	181.54	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Horizon	MGD	351.28				181.54	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Horizon	Indemnity	351.28				181.54	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Aetna	Commercial	296.27				181.54	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Consumer	Consumer	6242.3	95			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Wellcare	Medicare	181.54				181.54	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Horizon	PPO	351.28				181.54	6242.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Amerihealth	HMO/PPO	4271.05	65			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	United	Oxford	1835.46				181.54	6242.3	case rate	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Managed Care Inc	Managed Care Inc	5913.76	90			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	United	Commercial/PPO	1835.46				181.54	6242.3	case rate	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Multiplan	Multiplan	5256.67	80			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Wellcare	Medicaid	2000.16	30.44			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Three Rivers	Three Rivers	6242.3	95			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	WellPoint	WellPoint	2039.59	31.04			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	Qualcare	Qualcare	4928.13	75			181.54	6242.3	percent of total billed charges	
UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	93799	CPT				both			6570.84	208.77	UHC	Medicaid	2000.16	30.44			181.54	6242.3	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Qualcare	Qualcare	657.9	75			185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Amerihealth	Medicare	280.47				185	973.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Aetna	Better Health	267.02	30.44		264.64	185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	UHC	Medicare	280.47			191.09	185	973.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Multiplan	Multiplan	701.76	80			185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Aetna	Commercial	457.73			203.51	185	973.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Amerihealth	HMO/PPO	185				185	973.53	fee schedule	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	WellPoint	WellPoint	272.28	31.04		236.9	185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Wellcare	Medicaid	267.02	30.44		242.06	185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Consumer	Consumer	833.34	95			185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	First Health	First Health	614.04	70			185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Aetna	Medicare	280.47			270.98	185	973.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Horizon	Indemnity	542.71			531.77	185	973.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Corrections	Corrections	701.76	80			185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Horizon	Medicare Blue	280.47			231.41	185	973.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Americare	Americare	657.9	75			185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Horizon	MGD	542.71			417.95	185	973.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	First Trenton	First Trenton	789.48	90			185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Horizon	NJ Health	973.53			139.24	185	973.53	fee schedule	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Horizon	PPO	542.71			522.2	185	973.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	UHC	Medicaid	267.02	30.44		244.27	185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Managed Care Inc	Managed Care Inc	789.48	90			185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Three Rivers	Three Rivers	833.34	95			185	973.53	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	93880	CPT				both			877.2	322.54	Wellcare	Medicare	280.47			72.18	185	973.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	93882	CPT				inpatient			1654.44	141.9	Amerihealth	Medicare	123.39				123.39	1571.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	93882	CPT				inpatient			1654.44	141.9	Aetna	Commercial	201.37				123.39	1571.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	93882	CPT				inpatient			1654.44	141.9	WellPoint	WellPoint	513.54	31.04			123.39	1571.72	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	93882	CPT				inpatient			1654.44	141.9	First Trenton	First Trenton	1489	90			123.39	1571.72	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	93882	CPT				inpatient			1654.44	141.9	Aetna	Better Health	503.61	30.44			123.39	1571.72	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	93882	CPT				inpatient			1654.44	141.9	Three Rivers	Three Rivers	1571.72	95			123.39	1571.72	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	93882	CPT				inpatient			1654.44	141.9	Aetna	Medicare	123.39				123.39	1571.72	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	93882	CPT				inpatient			1654.44	141.9	Corrections	Corrections	1323.55	80			123.39	1571.72	percent of total billed charges	
DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	93882

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Amerihealth	HMO/PPO	200				200		1845.95	fee schedule
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Aetna	Better Health	591.48	30.44			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Amerihealth	Medicare	280.47				200		1845.95	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Corrections	Corrections	1554.48	80			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Three Rivers	Three Rivers	1845.95	95			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Consumer	Consumer	1845.95	95			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Horizon	Medicare Blue	280.47				200		1845.95	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Multiplan	Multiplan	1554.48	80			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	First Health	First Health	1360.17	70			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Aetna	Commercial	457.73				200		1845.95	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	UHC	Medicare	280.47				200		1845.95	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	First Trenton	First Trenton	1748.79	90			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	UHC	Medicaid	591.48	30.44			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Aetna	Medicare	280.47				200		1845.95	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Wellcare	Medicaid	591.48	30.44			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Qualcare	Qualcare	1457.33	75			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Wellcare	Medicare	280.47				200		1845.95	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Americare	Americare	1457.33	75			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Horizon	Indemnity	542.71				200		1845.95	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Horizon	MGD	542.71				200		1845.95	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Horizon	NJ Health	767.34				200		1845.95	fee schedule
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Horizon	PPO	542.71				200		1845.95	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	Managed Care Inc	Managed Care Inc	1748.79	90			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	93886	CPT				inpatient			1943.1	322.54	WellPoint	WellPoint	603.14	31.04			200		1845.95	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Horizon	MGD	238.76				123.39		1243.23	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Horizon	Medicare Blue	123.39				123.39		1243.23	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Aetna	Medicare	123.39				123.39		1243.23	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Aetna	Commercial	201.37				123.39		1243.23	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	First Health	First Health	916.06	70			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Amerihealth	Medicare	123.39				123.39		1243.23	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Aetna	Better Health	398.36	30.44			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Multiplan	Multiplan	1046.93	80			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	UHC	Medicaid	398.36	30.44			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Wellcare	Medicare	123.39				123.39		1243.23	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Qualcare	Qualcare	981.5	75			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Americare	Americare	981.5	75			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Three Rivers	Three Rivers	1243.23	95			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Horizon	Indemnity	238.76				123.39		1243.23	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Consumer	Consumer	1243.23	95			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Wellcare	Medicaid	398.36	30.44			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	UHC	Medicare	123.39				123.39		1243.23	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	WellPoint	WellPoint	406.21	31.04			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Corrections	Corrections	1046.93	80			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Amerihealth	HMO/PPO	140				123.39		1243.23	fee schedule
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	First Trenton	First Trenton	1177.79	90			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Horizon	PPO	238.76				123.39		1243.23	other
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Horizon	NJ Health	357.57				123.39		1243.23	fee schedule
TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	93888	CPT				both			1308.66	141.9	Managed Care Inc	Managed Care Inc	1177.79	90			123.39		1243.23	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Aetna	Commercial	201.37				75		629.85	other
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Aetna	Better Health	201.82	30.44			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Consumer	Consumer	629.85	95			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Horizon	MGD	238.76				75		629.85	other
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Amerihealth	Medicare	123.39				75		629.85	other
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	First Health	First Health	464.1	70			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Corrections	Corrections	530.4	80			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Horizon	PPO	238.76				75		629.85	other
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Aetna	Medicare	123.39				75		629.85	other
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Horizon	Indemnity	238.76				75		629.85	other
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	First Trenton	First Trenton	596.7	90			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	UHC	Medicaid	201.82	30.44			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Horizon	Medicare Blue	123.39				75		629.85	other
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Wellcare	Medicare	123.39				75		629.85	other
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Horizon	NJ Health	365.11				75		629.85	fee schedule
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	WellPoint	WellPoint	205.8	31.04			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Americare	Americare	497.25	75			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	UHC	Medicare	123.39				75		629.85	other
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Managed Care Inc	Managed Care Inc	596.7	90			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Multiplan	Multiplan	530.4	80			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Three Rivers	Three Rivers	629.85	95			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Amerihealth	HMO/PPO	75				75		629.85	fee schedule
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Qualcare	Qualcare	497.25	75			75		629.85	percent of total billed charges
TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	93892	CPT				inpatient			663	141.9	Wellcare	Medicaid	201.82	30.44			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Qualcare	Qualcare	497.25	75			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Aetna	Better Health	201.82	30.44			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Corrections	Corrections	530.4	80			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Consumer	Consumer	629.85	95			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Aetna	Commercial	201.37				75		629.85	other
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Horizon	Medicare Blue	123.39				75		629.85	other
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Three Rivers	Three Rivers	629.85	95			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Amerihealth	Medicare	123.39				75		629.85	other
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Americare	Americare	497.25	75			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Aetna	Medicare	123.39				75		629.85	other
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	First Trenton	First Trenton	596.7	90			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	UHC	Medicare	123.39				75		629.85	other
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Multiplan	Multiplan	530.4	80			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Amerihealth	HMO/PPO	75				75		629.85	fee schedule
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	UHC	Medicaid	201.82	30.44			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	First Health	First Health	464.1	70			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Wellcare	Medicare	123.39				75		629.85	other
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Horizon	MGD	238.76				75		629.85	other
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Horizon	Indemnity	238.76				75		629.85	other
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Wellcare	Medicaid	201.82	30.44			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Horizon	NJ Health	357.96				75		629.85	fee schedule
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Horizon	PPO	238.76				75		629.85	other
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	Managed Care Inc	Managed Care Inc	596.7	90			75		629.85	percent of total billed charges
TCD STD ICR ART VEN-ARTL SHNT DETCJ IV MBUBB NJX	93893	CPT				outpatient			663	141.9	WellPoint	WellPoint	205.8	31.04			75		629.85	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Americare	Americare	382.5	75			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Horizon	Medicare Blue	153	30			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		First Trenton	First Trenton	459	90			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		First Health	First Health	357	70			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Corrections	Corrections	408	80			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Consumer	Consumer	484.5	95			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Aetna	Commercial	193.8	38			153		484.5	other
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Amerihealth	HMO/PPO	331.5	65			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Horizon	MGD	195.23	38.28			153		484.5	other
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			153		484.5	other
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Horizon	PPO	195.23	38.28			153		484.5	other
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Multiplan	Multiplan	408	80			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			153		484.5	percent of total billed charges
VASOREACTIVITY STUDY W/TCD ICR ARTERIES COMPLETE	93896	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			153		484.5	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Consumer	Consumer	519.38	95			85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Aetna	Commercial	244.1			90.29	85		574.2	other
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Aetna	Better Health	166.42	30.44		154.8	85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Amerihealth	Medicare	149.57				85		574.2	other
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	First Health	First Health	382.7	70			85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Horizon	NJ Health	574.2			97.99	85		574.2	fee schedule
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Wellcare	Medicare	149.57			79.46	85		574.2	other
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Aetna	Medicare	149.57			89.59	85		574.2	other
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Horizon	Medicare Blue	149.57			86.65	85		574.2	other
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Corrections	Corrections	437.38	80		133.77	85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Horizon	MGD	289.42			202.9	85		574.2	other
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	First Trenton	First Trenton	492.05	90			85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Three Rivers	Three Rivers	519.38	95			85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Horizon	PPO	289.42			152.83	85		574.2	other
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Multiplan	Multiplan	437.38	80			85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Americare	Americare	410.04	75			85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	WellPoint	WellPoint	169.7	31.04		100.02	85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Managed Care Inc	Managed Care Inc	492.05	90			85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Qualcare	Qualcare	410.04	75			85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Amerihealth	HMO/PPO	85				85		574.2	fee schedule
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	UHC	Medicare	149.57			91.3	85		574.2	other
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Horizon	Indemnity	289.42				85		574.2	other
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	UHC	Medicaid	166.42	30.44		136.03	85		574.2	percent of total billed charges
NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	93922	CPT				both			546.72	172.01	Wellcare	Medicaid	166.42	30.44		65.69	85		574.2	percent of total billed charges
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1	208.77	Americare	Americare	768.83	75			140		973.85	percent of total billed charges
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1	208.77	Aetna	Better Health	312.04	30.44		288.32	140		973.85	percent of total billed charges
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1	208.77	Horizon	MGD	351.28			219.92	140		973.85	other
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1	208.77	First Trenton	First Trenton	922.59	90			140		973.85	percent of total billed charges
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Consumer	Consumer	973.85	95			140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Multiplan	Multiplan	820.08	80			140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Horizon	NJ Health	715.14			92.83	140	973.85	fee schedule	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Managed Care Inc	Managed Care Inc	922.59	90			140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Horizon	Medicare Blue	181.54			146.35	140	973.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Corrections	Corrections	820.08	80			140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 UHC	Medicaid	312.04	30.44		200.2	140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 First Health	First Health	717.57	70			140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Qualcare	Qualcare	768.83	75			140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Three Rivers	Three Rivers	973.85	95			140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 WellPoint	WellPoint	318.19	31.04		159.67	140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Horizon	Indemnity	351.28				140	973.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 UHC	Medicare	181.54			112.31	140	973.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Wellcare	Medicaid	312.04	30.44		117.25	140	973.85	percent of total billed charges	
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Horizon	PPO	351.28			286.15	140	973.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	93923	CPT				both			1025.1		208.77 Wellcare	Medicare	181.54			93.41	140	973.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Aetna	Commercial	296.27			193.59	145	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 First Trenton	First Trenton	999.7	90			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Aetna	Better Health	338.12	30.44			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 First Health	First Health	777.55	70			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 WellPoint	WellPoint	344.79	31.04			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Corrections	Corrections	888.62	80			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Amerihealth	Medicare	181.54				145	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Amerihealth	HMO/PPO	145				145	1055.24	fee schedule	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Horizon	MGD	351.28				145	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Horizon	NJ Health	856.08				145	1055.24	fee schedule	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Aetna	Medicare	181.54				145	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Three Rivers	Three Rivers	1055.24	95			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Horizon	PPO	351.28				145	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 UHC	Medicaid	338.12	30.44			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Horizon	Medicare Blue	181.54				145	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Horizon	Indemnity	351.28				145	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Americare	Americare	833.09	75			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Managed Care Inc	Managed Care Inc	999.7	90			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Multiplan	Multiplan	888.62	80			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Wellcare	Medicare	181.54				145	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Consumer	Consumer	1055.24	95			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 UHC	Medicare	181.54				145	1055.24	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Qualcare	Qualcare	833.09	75			145	1055.24	percent of total billed charges	
N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	93924	CPT				outpatient			1110.78		208.77 Wellcare	Medicaid	338.12	30.44			145	1055.24	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Aetna	Commercial	457.73			284.83	175	936.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Aetna	Better Health	264.85	30.44		246.44	175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 First Trenton	First Trenton	783.05	90			175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Aetna	Medicare	267.98	30.8		164.07	175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Consumer	Consumer	826.56	95			175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Wellcare	Medicaid	264.85	30.44		60.54	175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Qualcare	Qualcare	652.55	75			175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 UHC	Medicaid	264.85	30.44		238.18	175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Americare	Americare	652.55	75			175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Amerihealth	HMO/PPO	175				175	936.99	fee schedule	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Horizon	Indemnity	542.71				175	936.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Amerihealth	Medicare	280.47				175	936.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Corrections	Corrections	696.05	80			175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 First Health	First Health	609.04	70			175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Horizon	NJ Health	936.99			178.85	175	936.99	fee schedule	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Wellcare	Medicare	280.47			112.34	175	936.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Horizon	MGD	542.71			479.03	175	936.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Horizon	Medicare Blue	280.47			169.31	175	936.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Horizon	PPO	542.71				175	936.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 UHC	Medicare	280.47			181.05	175	936.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Multiplan	Multiplan	696.05	80			175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 WellPoint	WellPoint	270.07	31.04		165.92	175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Managed Care Inc	Managed Care Inc	783.05	90			175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	93925	CPT				both			870.06		322.54 Three Rivers	Three Rivers	826.56	95			175	936.99	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Horizon	NJ Health	571.59			29.11	121.09	571.59	fee schedule	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Aetna	Medicare	123.39			92.71	121.09	571.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Consumer	Consumer	377.91	95			121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Wellcare	Medicaid	121.09	30.44		65.62	121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Aetna	Commercial	201.37				121.09	571.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 First Trenton	First Trenton	358.02	90			121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Aetna	Better Health	121.09	30.44		97.67	121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Amerihealth	HMO/PPO	125				121.09	571.59	fee schedule	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 UHC	Medicaid	121.09	30.44		96.55	121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 UHC	Medicare	123.39			76.53	121.09	571.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Corrections	Corrections	318.24	80		123.05	121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 First Health	First Health	278.46	70			121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Americare	Americare	298.35	75			121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Horizon	Indemnity	238.76				121.09	571.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Amerihealth	Medicare	123.39				121.09	571.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 WellPoint	WellPoint	123.48	31.04		69.28	121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Horizon	Medicare Blue	123.39			55.48	121.09	571.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Horizon	PPO	238.76			107.46	121.09	571.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Three Rivers	Three Rivers	377.91	95			121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Managed Care Inc	Managed Care Inc	358.02	90			121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Horizon	MGD	238.76			181.54	121.09	571.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Multiplan	Multiplan	318.24	80			121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Qualcare	Qualcare	298.35	75			121.09	571.59	percent of total billed charges	
DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	93926	CPT				both			397.8		141.9 Wellcare	Medicare	123.39			57.78	121.09	571.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Aetna	Commercial	457.73				175	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Corrections	Corrections	1467.17	80			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Aetna	Medicare	280.47				175	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 First Health	First Health	1283.77	70			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Consumer	Consumer	1742.26	95			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 First Trenton	First Trenton	1650.56	90			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Amerihealth	Medicare	280.47				175	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Aetna	Better Health	558.26	30.44		264.64	175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Multiplan	Multiplan	1467.17	80			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Horizon	Indemnity	542.71				175	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Americare	Americare	1375.47	75			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Horizon	Medicare Blue	280.47				175	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Wellcare	Medicare	280.47				175	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Managed Care Inc	Managed Care Inc	1650.56	90			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Horizon	MGD	542.71				175	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Amerihealth	HMO/PPO	175				175	2698.74	fee schedule	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Qualcare	Qualcare	1375.47	75			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Horizon	PPO	542.71				175	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Horizon	NJ Health	2698.74			1064.34	175	2698.74	fee schedule	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 UHC	Medicare	280.47				175	2698.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 UHC	Medicaid	558.26	30.44		526.43	175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Three Rivers	Three Rivers	1742.26	95			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 Wellcare	Medicaid	558.26	30.44			175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	93930	CPT				both			1833.96		322.54 WellPoint	WellPoint	569.26	31.04		495.78	175	2698.74	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Aetna	Medicare	377.31	30.8			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Aetna	Commercial	201.37			199.93	123.39	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Americare	Americare	918.77	75			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Amerihealth	HMO/PPO	125				123.39	1163.77	fee schedule	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Consumer	Consumer	1163.77	95			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Corrections	Corrections	980.02	80			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Aetna	Better Health	372.9	30.44			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Amerihealth	Medicare	123.39				123.39	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Horizon	MGD	238.76			232.31	123.39	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 First Trenton	First Trenton	1102.52	90			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Horizon	Medicare Blue	123.39				123.39	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Horizon	Indemnity	238.76				123.39	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 First Health	First Health	857.51	70			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Horizon	PPO	238.76				123.39	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 UHC	Medicaid	372.9	30.44		223.25	123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Horizon	NJ Health	657.72			233.14	123.39	1163.77	fee schedule	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Multiplan	Multiplan	980.02	80			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Managed Care Inc	Managed Care Inc	1102.52	90			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 UHC	Medicare	123.39			160.86	123.39	1163.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931	CPT				both			1225.02		141.9 Wellcare	Medicaid	372.9	30.44			123.39	1163.77	percent of total billed charges	
DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	93931

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Wellcare	Medicaid	265.47	30.44		107.36	185	1177.11	percent of total billed charges	
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Consumer	Consumer	828.5	95			185	1177.11	percent of total billed charges	
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Horizon	Indemnity	542.71			511.59	185	1177.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	UHC	Medicare	280.47			132.98	185	1177.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	WellPoint	WellPoint	270.7	31.04		234.68	185	1177.11	percent of total billed charges	
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Amerihealth	HMO/PPO	185			111.18	185	1177.11	fee schedule	
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Horizon	Medicare Blue	280.47			205.84	185	1177.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Managed Care Inc	Managed Care Inc	784.89	90			185	1177.11	percent of total billed charges	
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Horizon	MGD	542.71			446.16	185	1177.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Multiplan	Multiplan	697.68	80			185	1177.11	percent of total billed charges	
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Qualcare	Qualcare	654.08	75			185	1177.11	percent of total billed charges	
DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	93970	CPT				both			872.1	322.54	Wellcare	Medicare	280.47			136.49	185	1177.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Horizon	Medicare Blue	123.39			86.94	121.09	137.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	UHC	Medicaid	121.09	30.44		139.83	121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Aetna	Better Health	121.09	30.44		137.83	121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Aetna	Medicare	123.39			124.03	121.09	137.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Americare	Americare	298.35	75			121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	First Trenton	First Trenton	358.02	90			121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Horizon	NJ Health	1137.96			29.51	121.09	137.96	fee schedule	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Multiplan	Multiplan	318.24	80			121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	WellPoint	WellPoint	123.48	31.04		79.79	121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	UHC	Medicare	123.39			62.46	121.09	137.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Aetna	Commercial	201.37			187.01	121.09	137.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Consumer	Consumer	377.91	95			121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Horizon	PPO	238.76			171.57	121.09	137.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Managed Care Inc	Managed Care Inc	358.02	90			121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Wellcare	Medicare	123.39			105.69	121.09	137.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Qualcare	Qualcare	298.35	75			121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Amerihealth	HMO/PPO	130				121.09	137.96	fee schedule	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Three Rivers	Three Rivers	377.91	95			121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Amerihealth	Medicare	123.39				121.09	137.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	First Health	First Health	278.46	70			121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Corrections	Corrections	318.24	80		123.05	121.09	137.96	percent of total billed charges	
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Horizon	MGD	238.76			162.06	121.09	137.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Horizon	Indemnity	238.76			186	121.09	137.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	93971	CPT				both			397.8	141.9	Wellcare	Medicaid	121.09	30.44		62.51	121.09	137.96	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Multiplan	Multiplan	756.43	80			225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Aetna	Better Health	287.82	30.44		199.83	225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Amerihealth	HMO/PPO	225			306.45	225	898.26	fee schedule	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	First Health	First Health	661.88	70			225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Corrections	Corrections	756.43	80			225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Aetna	Medicare	280.47			170.99	225	898.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Aetna	Commercial	457.73			325.46	225	898.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Horizon	MGD	542.71			425.1	225	898.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Qualcare	Qualcare	709.16	75			225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Amerihealth	Medicare	280.47				225	898.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Wellcare	Medicaid	287.82	30.44		269.07	225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	UHC	Medicare	280.47			218.62	225	898.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Horizon	Medicare Blue	280.47			257.55	225	898.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Horizon	NJ Health	845.64			77.19	225	898.26	fee schedule	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Americare	Americare	709.16	75			225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Wellcare	Medicare	280.47			172.62	225	898.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	UHC	Medicaid	287.82	30.44		269.67	225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Consumer	Consumer	898.26	95			225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Horizon	PPO	542.71			429.49	225	898.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	First Trenton	First Trenton	850.99	90			225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	WellPoint	WellPoint	293.5	31.04		230.73	225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Horizon	Indemnity	542.71			328.15	225	898.26	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Managed Care Inc	Managed Care Inc	850.99	90			225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	93975	CPT				both			945.54	322.54	Three Rivers	Three Rivers	898.26	95			225	898.26	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Aetna	Better Health	278.82	30.44			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Amerihealth	Medicare	123.39				123.39	870.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	First Health	First Health	641.17	70			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Amerihealth	HMO/PPO	160				123.39	870.16	fee schedule	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Aetna	Medicare	123.39				123.39	870.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Americare	Americare	686.97	75			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Corrections	Corrections	732.77	80			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Horizon	Medicare Blue	123.39				123.39	870.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Aetna	Commercial	201.37				123.39	870.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Consumer	Consumer	870.16	95			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	First Trenton	First Trenton	824.36	90			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Horizon	MGD	238.76				123.39	870.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Multiplan	Multiplan	732.77	80			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	UHC	Medicare	123.39				123.39	870.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Horizon	Indemnity	238.76				123.39	870.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	UHC	Medicaid	278.82	30.44			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Qualcare	Qualcare	686.97	75			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Wellcare	Medicare	123.39				123.39	870.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Managed Care Inc	Managed Care Inc	824.36	90			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Wellcare	Medicaid	278.82	30.44			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Horizon	NJ Health	743.85				123.39	870.16	fee schedule	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Three Rivers	Three Rivers	870.16	95			123.39	870.16	percent of total billed charges	
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	Horizon	PPO	238.76				123.39	870.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	93976	CPT				outpatient			915.96	141.9	WellPoint	WellPoint	284.31	31.04			123.39	870.16	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Americare	Americare	686.97	75			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Aetna	Commercial	457.73			461.93	180	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Consumer	Consumer	870.16	95			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Aetna	Better Health	278.82	30.44			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Amerihealth	Medicare	280.47				180	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Aetna	Medicare	280.47			311.18	180	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Horizon	PPO	542.71			521.53	180	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	First Health	First Health	641.17	70			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Amerihealth	HMO/PPO	180				180	1044	fee schedule	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	First Trenton	First Trenton	824.36	90			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Corrections	Corrections	732.77	80			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Qualcare	Qualcare	686.97	75			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Horizon	Medicare Blue	280.47			258.15	180	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Horizon	Indemnity	542.71				180	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	UHC	Medicaid	278.82	30.44		244.57	180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Multiplan	Multiplan	732.77	80			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Horizon	MGD	542.71				180	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Managed Care Inc	Managed Care Inc	824.36	90			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	UHC	Medicare	280.47			245.7	180	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	WellPoint	WellPoint	284.31	31.04		236.73	180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Wellcare	Medicaid	278.82	30.44		304.05	180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Wellcare	Medicare	280.47			139.55	180	1044	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Horizon	NJ Health	1044			537.02	180	1044	fee schedule	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	93978	CPT				both			915.96	322.54	Three Rivers	Three Rivers	870.16	95			180	1044	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Qualcare	Qualcare	892.76	75			123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Aetna	Medicare	366.62	30.8			123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Aetna	Commercial	201.37				123.39	1130.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Amerihealth	Medicare	123.39				123.39	1130.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Corrections	Corrections	952.27	80			123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	UHC	Medicaid	362.34	30.44		306.04	123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	First Health	First Health	833.24	70			123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Aetna	Better Health	362.34	30.44			123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	First Trenton	First Trenton	1071.31	90			123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Horizon	MGD	238.76				123.39	1130.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Amerihealth	HMO/PPO	125				123.39	1130.82	fee schedule	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Horizon	Medicare Blue	123.39				123.39	1130.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Managed Care Inc	Managed Care Inc	1071.31	90			123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Horizon	PPO	238.76				123.39	1130.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Three Rivers	Three Rivers	1130.82	95			123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Americare	Americare	892.76	75			123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Horizon	Indemnity	238.76				123.39	1130.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	UHC	Medicare	123.39			121.9	123.39	1130.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	WellPoint	WellPoint	369.48	31.04		242.95	123.39	1130.82	percent of total billed charges	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Horizon	NJ Health	501.12			299.09	123.39	1130.82	fee schedule	
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Wellcare	Medicare	123.39			40.73	123.39	1130.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	93979	CPT				both			1190.34	141.9	Consumer	Consumer	1130.82	95			123.39	1130.82

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	93980	CPT				outpatient			1622.82	141.9	Horizon	NJ Health	245.97			81.52	123.39	1541.68	fee schedule	
DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	93980	CPT				outpatient			1622.82	141.9	Amerihealth	HMO/PPO	250				123.39	1541.68	fee schedule	
DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	93980	CPT				outpatient			1622.82	141.9	Wellcare	Medicare	123.39				123.39	1541.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	93980	CPT				outpatient			1622.82	141.9	First Health	First Health	1135.97	70			123.39	1541.68	percent of total billed charges	
DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	93980	CPT				outpatient			1622.82	141.9	Multiplan	Multiplan	1298.26	80			123.39	1541.68	percent of total billed charges	
DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	93980	CPT				outpatient			1622.82	141.9	Horizon	MGD	238.76				123.39	1541.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	93980	CPT				outpatient			1622.82	141.9	Qualcare	Qualcare	1217.12	75			123.39	1541.68	percent of total billed charges	
DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	93980	CPT				outpatient			1622.82	141.9	WellPoint	WellPoint	503.72	31.04		304.85	123.39	1541.68	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	UHC	Medicaid	271.07	30.44			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Amerihealth	HMO/PPO	578.83	65			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Aetna	Commercial	457.73				271.07	845.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Aetna	Better Health	271.07	30.44			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	First Trenton	First Trenton	801.46	90			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Aetna	Medicare	274.28	30.8			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Amerihealth	Medicare	280.47				271.07	845.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	First Health	First Health	623.36	70			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	UHC	Medicare	280.47				271.07	845.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Corrections	Corrections	712.41	80			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Americare	Americare	667.88	75			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Horizon	PPO	542.71				271.07	845.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Wellcare	Medicare	280.47				271.07	845.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Multiplan	Multiplan	712.41	80			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Consumer	Consumer	845.98	95			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Horizon	Medicare Blue	280.47				271.07	845.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Qualcare	Qualcare	667.88	75			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Horizon	MGD	542.71				271.07	845.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Horizon	Indemnity	542.71				271.07	845.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Wellcare	Medicaid	271.07	30.44			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Three Rivers	Three Rivers	845.98	95			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	WellPoint	WellPoint	276.41	31.04			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Horizon	NJ Health	415.2				271.07	845.98	fee schedule	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL BI STD	93985	CPT				inpatient			890.51	322.54	Managed Care Inc	Managed Care Inc	801.46	90			271.07	845.98	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Corrections	Corrections	418.67	80			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Aetna	Better Health	159.3	30.44			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	First Trenton	First Trenton	471.01	90			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Amerihealth	Medicare	123.39				123.39	497.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Aetna	Commercial	201.37				123.39	497.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Aetna	Medicare	161.19	30.8			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Horizon	MGD	238.76				123.39	497.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Horizon	Indemnity	238.76				123.39	497.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Amerihealth	HMO/PPO	340.17	65			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Americare	Americare	392.51	75			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Horizon	NJ Health	240.38				123.39	497.17	fee schedule	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	First Health	First Health	366.34	70			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Multiplan	Multiplan	418.67	80			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Wellcare	Medicare	123.39				123.39	497.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Managed Care Inc	Managed Care Inc	471.01	90			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Horizon	PPO	238.76				123.39	497.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Qualcare	Qualcare	392.51	75			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Consumer	Consumer	497.17	95			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Three Rivers	Three Rivers	497.17	95			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Horizon	Medicare Blue	123.39				123.39	497.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	Wellcare	Medicaid	159.3	30.44			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	UHC	Medicaid	159.3	30.44			123.39	497.17	percent of total billed charges	
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	UHC	Medicare	123.39				123.39	497.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN ARTL INFL&VEN O/F HEMO COMPL UNI STD	93986	CPT				outpatient			523.34	141.9	WellPoint	WellPoint	162.44	31.04			123.39	497.17	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Aetna	Better Health	121.09	30.44			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Aetna	Commercial	201.37			77.14	110	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Multiplan	Multiplan	318.24	80			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Horizon	PPO	238.76			126.41	110	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Amerihealth	HMO/PPO	110			38.19	110	819.54	fee schedule	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Aetna	Medicare	123.39			65.3	110	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Americare	Americare	298.35	75			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Amerihealth	Medicare	123.39				110	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Consumer	Consumer	377.91	95			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	First Health	First Health	278.46	70			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Wellcare	Medicaid	121.09	30.44		8	110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Wellcare	Medicare	123.39				110	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Qualcare	Qualcare	298.35	75			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Three Rivers	Three Rivers	377.91	95			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Corrections	Corrections	318.24	80			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Horizon	Indemnity	238.76				110	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	UHC	Medicare	123.39			54.85	110	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	UHC	Medicaid	121.09	30.44		114.9	110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	First Trenton	First Trenton	358.02	90			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Horizon	Medicare Blue	123.39			60.85	110	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Managed Care Inc	Managed Care Inc	358.02	90			110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	WellPoint	WellPoint	123.48	31.04		76.8	110	819.54	percent of total billed charges	
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Horizon	MGD	238.76			129.13	110	819.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SCAN HEMODIALYSIS ACCESS	93990	CPT				both			397.8	141.9	Horizon	NJ Health	819.54			56.51	110	819.54	fee schedule	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Aetna	Better Health	615.39	30.44			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	WellPoint	WellPoint	627.52	31.04		324.1	17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Aetna	Commercial	1251.89				17.33	1920.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Amerihealth	HMO/PPO	17.33				17.33	1920.56	fee schedule	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Multiplan	Multiplan	1617.31	80			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Horizon	MGD	1484.32				17.33	1920.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Aetna	Medicare	767.09				17.33	1920.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Americare	Americare	1516.23	75			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Corrections	Corrections	1617.31	80			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	UHC	Medicare	767.09			230.92	17.33	1920.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Wellcare	Medicaid	615.39	30.44		488.49	17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Amerihealth	Medicare	767.09				17.33	1920.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Qualcare	Qualcare	1516.23	75			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Horizon	Medicare Blue	767.09				17.33	1920.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Consumer	Consumer	1920.56	95			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	First Health	First Health	1415.15	70			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	First Trenton	First Trenton	1819.48	90			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Three Rivers	Three Rivers	1920.56	95			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Horizon	NJ Health	128.18			78.83	17.33	1920.56	fee schedule	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Horizon	Indemnity	1484.32				17.33	1920.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Horizon	PPO	1484.32				17.33	1920.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	UHC	Medicaid	615.39	30.44		540.44	17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Managed Care Inc	Managed Care Inc	1819.48	90			17.33	1920.56	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	94002	CPT				both			2021.64	882.15	Wellcare	Medicare	767.09				17.33	1920.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Multiplan	Multiplan	815.18	80			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Aetna	Better Health	310.18	30.44			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Wellcare	Medicare	767.09				17.33	1484.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Aetna	Commercial	1251.89				17.33	1484.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	First Health	First Health	713.29	70			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Consumer	Consumer	968.03	95			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	First Trenton	First Trenton	917.08	90			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Americare	Americare	764.24	75			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Qualcare	Qualcare	764.24	75			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Horizon	PPO	1484.32				17.33	1484.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Managed Care Inc	Managed Care Inc	917.08	90			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Aetna	Medicare	767.09				17.33	1484.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Horizon	Indemnity	1484.32				17.33	1484.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Corrections	Corrections	815.18	80			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	WellPoint	WellPoint	316.29	31.04			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Amerihealth	HMO/PPO	17.33				17.33	1484.32	fee schedule	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	UHC	Medicare	767.09			78.32	17.33	1484.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	UHC	Medicaid	310.18	30.44		291.29	17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Three Rivers	Three Rivers	968.03	95			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Horizon	MGD	1484.32				17.33	1484.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Wellcare	Medicaid	310.18	30.44			17.33	1484.32	percent of total billed charges	
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Horizon	Medicare Blue	767.09				17.33	1484.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Amerihealth	Medicare	767.09				17.33	1484.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	94003	CPT				both			1018.98	882.15	Horizon	NJ Health	92.42			19.85	17.33	1484.32	fee schedule	
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	Wellcare	Medicare	181.54			55.19	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	Consumer	Consumer	548.45	95			27	548.45	percent of total billed charges	
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	Aetna	Better Health	175.74	30.44		169.97	27	548.45	percent of total billed charges	
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	Aetna	Commercial	296.27			98.92	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	Horizon	MGD	351.28			128.42	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	Aetna	Medicare	181.54			60.96	27	548.45	other	Payer-specific neg

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	Wellcare	Medicaid	175.74	30.44		140.14	27	548.45	percent of total billed charges	
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	UHC	Medicare	181.54			64.39	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	WellPoint	WellPoint	179.2	31.04		144.63	27	548.45	percent of total billed charges	
SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	94010	CPT				both			577.32	208.77	Three Rivers	Three Rivers	548.45	95			27	548.45	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Corrections	Corrections	612	80			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Aetna	Commercial	755.63				27	895.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	First Health	First Health	535.5	70			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Aetna	Medicare	235.62	30.8			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Horizon	MGD	895.92				27	895.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Americare	Americare	573.75	75			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Aetna	Better Health	232.87	30.44			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	First Trenton	First Trenton	688.5	90			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Horizon	Indemnity	895.92				27	895.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Amerihealth	Medicare	463.01				27	895.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Consumer	Consumer	726.75	95			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	UHC	Medicaid	232.87	30.44			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Horizon	Medicare Blue	463.01				27	895.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Amerihealth	HMO/PPO	27				27	895.92	fee schedule	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Horizon	NJ Health	318.42				27	895.92	fee schedule	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Horizon	PPO	895.92				27	895.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Multiplan	Multiplan	612	80			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	UHC	Medicare	463.01				27	895.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Three Rivers	Three Rivers	726.75	95			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Managed Care Inc	Managed Care Inc	688.5	90			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Qualcare	Qualcare	573.75	75			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Wellcare	Medicare	463.01				27	895.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	Wellcare	Medicaid	232.87	30.44			27	895.92	percent of total billed charges	
PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	94014	CPT				outpatient			765	532.46	WellPoint	WellPoint	237.46	31.04			27	895.92	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Aetna	Medicare	361.32			136.44	49	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	UHC	Medicaid	317.63	30.44		257.87	49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Horizon	MGD	699.15			271.77	49	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Corrections	Corrections	834.77	80		206.97	49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Americare	Americare	782.6	75			49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Horizon	NJ Health	566.37			170.49	49	991.29	fee schedule	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Aetna	Better Health	317.63	30.44			49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Amerihealth	HMO/PPO	49				49	991.29	fee schedule	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Three Rivers	Three Rivers	991.29	95			49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Wellcare	Medicaid	317.63	30.44		319.21	49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Horizon	PPO	699.15			271.77	49	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Horizon	Medicare Blue	361.32			132.54	49	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Aetna	Commercial	589.67			273.08	49	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Wellcare	Medicare	361.32			126.98	49	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Amerihealth	Medicare	361.32			164.23	49	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	First Health	First Health	730.42	70			49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Consumer	Consumer	991.29	95			49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	WellPoint	WellPoint	323.89	31.04		184.89	49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	First Trenton	First Trenton	939.11	90			49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Multiplan	Multiplan	834.77	80			49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Horizon	Indemnity	699.15				49	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Qualcare	Qualcare	782.6	75			49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	Managed Care Inc	Managed Care Inc	939.11	90			49	991.29	percent of total billed charges	
BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	94060	CPT				outpatient			1043.46	415.52	UHC	Medicare	361.32			124.3	49	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Amerihealth	Medicare	361.32				49	1169.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Horizon	PPO	699.15			668.04	49	1169.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	First Health	First Health	719	70			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Aetna	Commercial	589.67			396.12	49	1169.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Wellcare	Medicare	361.32				49	1169.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Americare	Americare	770.36	75			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	UHC	Medicare	361.32			47.51	49	1169.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Aetna	Better Health	312.66	30.44			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Horizon	Indemnity	699.15				49	1169.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Multiplan	Multiplan	821.71	80			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Three Rivers	Three Rivers	975.78	95			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Qualcare	Qualcare	770.36	75			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Horizon	Medicare Blue	361.32				49	1169.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Amerihealth	HMO/PPO	49				49	1169.28	fee schedule	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Aetna	Medicare	361.32			166.86	49	1169.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Wellcare	Medicaid	312.66	30.44			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	UHC	Medicaid	312.66	30.44		219.54	49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Horizon	MGD	699.15			470.24	49	1169.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Consumer	Consumer	975.78	95			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	WellPoint	WellPoint	318.82	31.04		223.93	49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Corrections	Corrections	821.71	80			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	First Trenton	First Trenton	924.43	90			49	1169.28	percent of total billed charges	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Horizon	NJ Health	1169.28			343.22	49	1169.28	fee schedule	
BRNCPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	94070	CPT				outpatient			1027.14	415.52	Managed Care Inc	Managed Care Inc	924.43	90			49	1169.28	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Amerihealth	Medicare	181.54				11	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Corrections	Corrections	461.86	80			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Qualcare	Qualcare	432.99	75			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Horizon	Medicare Blue	181.54				11	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Consumer	Consumer	548.45	95			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Three Rivers	Three Rivers	548.45	95			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Aetna	Commercial	296.27				11	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Aetna	Better Health	175.74	30.44			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Americare	Americare	432.99	75			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	First Trenton	First Trenton	519.59	90			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Multiplan	Multiplan	461.86	80			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	UHC	Medicare	181.54				11	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Wellcare	Medicare	181.54				11	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	UHC	Medicaid	175.74	30.44			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Aetna	Medicare	181.54				11	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Horizon	Indemnity	351.28				11	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Amerihealth	HMO/PPO	11				11	548.45	fee schedule	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Horizon	NJ Health	168.65				11	548.45	fee schedule	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	First Health	First Health	404.12	70			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Horizon	PPO	351.28				11	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Horizon	MGD	351.28				11	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Managed Care Inc	Managed Care Inc	519.59	90			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	Wellcare	Medicaid	175.74	30.44			11	548.45	percent of total billed charges	
VITAL CAPACITY TOTAL SEPARATE PROCEDURE	94150	CPT				inpatient			577.32	208.77	WellPoint	WellPoint	179.2	31.04			11	548.45	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Americare	Americare	782.6	75			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Aetna	Medicare	361.32				29	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	First Trenton	First Trenton	939.11	90			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Horizon	Medicare Blue	361.32				29	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Aetna	Commercial	589.67				29	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Horizon	PPO	699.15				29	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Horizon	Indemnity	699.15				29	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Aetna	Better Health	317.63	30.44			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Amerihealth	HMO/PPO	29				29	991.29	fee schedule	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Consumer	Consumer	991.29	95			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Managed Care Inc	Managed Care Inc	939.11	90			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Multiplan	Multiplan	834.77	80			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Amerihealth	Medicare	361.32				29	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Corrections	Corrections	834.77	80			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	UHC	Medicare	361.32				29	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	First Health	First Health	730.42	70			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Horizon	MGD	699.15				29	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Horizon	NJ Health	140.94				29	991.29	fee schedule	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	UHC	Medicaid	317.63	30.44			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Qualcare	Qualcare	782.6	75			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	WellPoint	WellPoint	323.89	31.04			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Three Rivers	Three Rivers	991.29	95			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Wellcare	Medicaid	317.63	30.44			29	991.29	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT				outpatient			1043.46	415.52	Wellcare	Medicare	361.32				29	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	First Health	First Health	345.58	70			41.68	469	percent of total billed charges	
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Amerihealth	HMO/PPO	320.89	65			41.68	469	percent of total billed charges	
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Aetna	Medicare	149.57			66.14	41.68	469	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Aetna	Commercial	244.1				41.68	469	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Aetna	Better Health	150.28	30.44			41.68	469	percent of total billed charges	
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	First Trenton	First Trenton	444.31	90			41.68	469	percent of total billed charges	
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Corrections	Corrections	394.94	80			41.68	469	percent of total billed charges	
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Amerihealth	Medicare	149.57				41.68	469	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Horizon	Medicare Blue	149.57				41.68	469	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Horizon	MGD	289.42			93.3	41.68	469	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Horizon	PPO	289.42				41.68	469	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Americare	Americare	370.26	75			41.68	469	percent of total billed charges	
PULMONARY STRESS TESTING	94618	CPT				outpatient			493.68	172.01	Consumer	Consumer	469	95			41.68	469	percent

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Aetna	Commercial	589.67				125	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Horizon	Medicare Blue	361.32				125	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	First Trenton	First Trenton	985.93	90			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	First Health	First Health	766.84	70			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Americare	Americare	821.61	75			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Aetna	Better Health	333.46	30.44			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Corrections	Corrections	876.38	80			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Consumer	Consumer	1040.71	95			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Aetna	Medicare	361.32				125	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Horizon	PPO	699.15				125	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Managed Care Inc	Managed Care Inc	985.93	90			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Multiplan	Multiplan	876.38	80			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Amerihealth	HMO/PPO	125				125	1560.78	fee schedule	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	WellPoint	WellPoint	340.04	31.04			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Three Rivers	Three Rivers	1040.71	95			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Horizon	Indemnity	699.15				125	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Horizon	MGD	699.15				125	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Qualcare	Qualcare	821.61	75			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Amerihealth	Medicare	361.32				125	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Horizon	NJ Health	1560.78				125	1560.78	fee schedule	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	UHC	Medicare	361.32				125	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Wellcare	Medicare	361.32				125	1560.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	UHC	Medicaid	333.46	30.44			125	1560.78	percent of total billed charges	
CARDIOPULMONARY EXERCISE TESTING	94621	CPT				inpatient			1095.48	415.52	Wellcare	Medicaid	333.46	30.44			125	1560.78	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Horizon	PPO	456.66			180.26	16	630.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Aetna	Better Health	202.13	30.44		118.02	16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Americare	Americare	498.02	75			16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Aetna	Commercial	385.15			163.18	16	630.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Consumer	Consumer	630.82	95			16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	First Trenton	First Trenton	597.62	90			16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Corrections	Corrections	531.22	80			16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	First Health	First Health	464.81	70		66.04	16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Wellcare	Medicare	236			90.45	16	630.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Aetna	Medicare	236			71.19	16	630.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Amerihealth	HMO/PPO	16				16	630.82	fee schedule	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Multiplan	Multiplan	531.22	80			16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Horizon	NJ Health	96.57			43.79	16	630.82	fee schedule	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Managed Care Inc	Managed Care Inc	597.62	90			16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Wellcare	Medicaid	202.13	30.44		171.3	16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Qualcare	Qualcare	498.02	75			16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Horizon	Indemnity	456.66			149.23	16	630.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Amerihealth	Medicare	236				16	630.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Horizon	Medicare Blue	236			62.21	16	630.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Three Rivers	Three Rivers	630.82	95			16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	Horizon	MGD	456.66			168.72	16	630.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	UHC	Medicaid	202.13	30.44		181.04	16	630.82	percent of total billed charges	
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	UHC	Medicare	236			64	16	630.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	94640	CPT				both			664.02	271.4	WellPoint	WellPoint	206.11	31.04		144.65	16	630.82	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Horizon	NJ Health	39.15			18.4	5.04	452.52	fee schedule	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Aetna	Commercial	244.1			71.63	5.04	452.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Aetna	Better Health	145	30.44		138.02	5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Qualcare	Qualcare	357.26	75			5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Consumer	Consumer	452.52	95			5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	First Trenton	First Trenton	428.71	90			5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Aetna	Medicare	146.71	30.8		68.38	5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	First Health	First Health	333.44	70			5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Horizon	PPO	289.42				5.04	452.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Managed Care Inc	Managed Care Inc	428.71	90			5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Americare	Americare	357.26	75			5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Horizon	Indemnity	289.42				5.04	452.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Corrections	Corrections	381.07	80			5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	UHC	Medicaid	145	30.44		127.6	5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Amerihealth	HMO/PPO	5.04				5.04	452.52	fee schedule	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Multiplan	Multiplan	381.07	80			5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Horizon	Medicare Blue	149.57				5.04	452.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	UHC	Medicare	149.57			49.1	5.04	452.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Amerihealth	Medicare	149.57				5.04	452.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Three Rivers	Three Rivers	452.52	95			5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Wellcare	Medicaid	145	30.44		138.74	5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Wellcare	Medicare	149.57				5.04	452.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	Horizon	MGD	289.42			170.6	5.04	452.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS INHALATION TREATMENT 1ST HR	94644	CPT				both			476.34	172.01	WellPoint	WellPoint	147.86	31.04		105.85	5.04	452.52	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Aetna	Commercial	60.08	38			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Aetna	Medicare	48.69	30.8		38.06	47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Consumer	Consumer	150.2	95			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Amerihealth	HMO/PPO	102.77	65			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Horizon	MGD	60.52	38.28		100	47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Aetna	Better Health	48.13	30.44		48.25	47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Americare	Americare	118.58	75			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		First Trenton	First Trenton	142.29	90			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		UHC	Medicaid	48.13	30.44		46.2	47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		First Health	First Health	110.67	70			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Horizon	Indemnity	60.52	38.28			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Corrections	Corrections	126.48	80			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Multiplan	Multiplan	126.48	80			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Horizon	PPO	60.52	38.28			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Horizon	Medicare Blue	47.43	30			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Managed Care Inc	Managed Care Inc	142.29	90			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Qualcare	Qualcare	118.58	75			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Wellcare	Medicaid	48.13	30.44		46.8	47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		Three Rivers	Three Rivers	150.2	95			47.43	150.2	percent of total billed charges	
CONTINUOUS INHALATION TREATMENT EA ADDL HR	94645	CPT				both			158.1		WellPoint	WellPoint	49.07	31.04		32.48	47.43	150.2	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Consumer	Consumer	730.63	95			60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Horizon	NJ Health	143.55			56.41	60	730.63	fee schedule	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	First Trenton	First Trenton	692.17	90			60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Horizon	MGD	456.66			25.55	60	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Aetna	Better Health	234.11	30.44		222.7	60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Americare	Americare	576.81	75			60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Aetna	Medicare	236			113.26	60	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Aetna	Commercial	385.15			222.61	60	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Horizon	Indemnity	456.66				60	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Amerihealth	HMO/PPO	60				60	730.63	fee schedule	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Managed Care Inc	Managed Care Inc	692.17	90			60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	WellPoint	WellPoint	238.72	31.04		179.43	60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	First Health	First Health	538.96	70			60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Amerihealth	Medicare	236				60	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Corrections	Corrections	615.26	80			60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Wellcare	Medicaid	234.11	30.44		218.7	60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	UHC	Medicare	236			114.29	60	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Three Rivers	Three Rivers	730.63	95			60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Horizon	Medicare Blue	236			53.7	60	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Horizon	PPO	456.66			153.69	60	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Multiplan	Multiplan	615.26	80			60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	UHC	Medicaid	234.11	30.44		175.13	60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Qualcare	Qualcare	576.81	75			60	730.63	percent of total billed charges	
CPAP VENTILATION CPAP INITIATION&MGMT	94660	CPT				both			769.08	271.4	Wellcare	Medicare	236				60	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Aetna	Commercial	385.15				16	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Aetna	Medicare	247.56	30.8			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Amerihealth	Medicare	236				16	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Aetna	Better Health	244.66	30.44			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Multiplan	Multiplan	643.01	80			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	First Trenton	First Trenton	723.38	90			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Americare	Americare	602.82	75			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	First Health	First Health	562.63	70			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Corrections	Corrections	643.01	80			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Amerihealth	HMO/PPO	16				16	763.57	fee schedule	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Consumer	Consumer	763.57	95			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Horizon	MGD	456.66			228.53	16	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Horizon	Indemnity	456.66				16	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Horizon	Medicare Blue	236				16	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Managed Care Inc	Managed Care Inc	723.38	90			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Qualcare	Qualcare	602.82	75			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Three Rivers	Three Rivers	763.57	95			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Wellcare	Medicaid	244.66	30.44			16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Horizon	NJ Health	167.04			94.43	16	763.57	fee schedule	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Horizon	PPO	456.66				16	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	UHC	Medicare	236				16	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	UHC	Medicaid	244.66	30.44		71.3	16	763.57	percent of total billed charges	
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	Wellcare	Medicare	236				16	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	94664	CPT				both			803.76	271.4	WellPoint	WellPoint	249.49	31.04			16	763.57	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1	172.01	Americare	Americare	386.33	75			15	489.35	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1	172.01	First Trenton	First Trenton	463.59	90			15	489.35	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1	172.01	Horizon	NJ Health	203.58			97.5	15	489.35	fee schedule	
MANJ CH WALL FACILITATE LNG F

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Horizon	Medicare Blue	149.57				15	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Managed Care Inc	Managed Care Inc	463.59	90			15	489.35	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 UHC	Medicare	149.57				15	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 First Health	First Health	360.57	70			15	489.35	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Aetna	Medicare	149.57				15	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Horizon	PPO	289.42				15	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Amerihealth	Medicare	149.57				15	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Horizon	MGD	289.42				15	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Horizon	Indemnity	289.42				15	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Three Rivers	Three Rivers	489.35	95			15	489.35	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Wellcare	Medicaid	156.8	30.44			15	489.35	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Multiplan	Multiplan	412.08	80			15	489.35	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Wellcare	Medicare	149.57				15	489.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 Qualcare	Qualcare	386.33	75			15	489.35	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 WellPoint	WellPoint	159.89	31.04			15	489.35	percent of total billed charges	
MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	94667	CPT				both			515.1		172.01 UHC	Medicaid	156.8	30.44			15	489.35	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 First Trenton	First Trenton	226.75	90			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Consumer	Consumer	239.34	95			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Aetna	Commercial	244.1				15	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Aetna	Better Health	76.69	30.44			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Americare	Americare	188.96	75			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Aetna	Medicare	77.6	30.8			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 UHC	Medicare	149.57				15	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Horizon	MGD	289.42				15	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Managed Care Inc	Managed Care Inc	226.75	90			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Corrections	Corrections	201.55	80			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Multiplan	Multiplan	201.55	80			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Horizon	PPO	289.42				15	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Amerihealth	HMO/PPO	15				15	289.42	fee schedule	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Amerihealth	Medicare	149.57				15	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Wellcare	Medicare	149.57				15	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 WellPoint	WellPoint	78.2	31.04			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Three Rivers	Three Rivers	239.34	95			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Horizon	Medicare Blue	149.57				15	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Qualcare	Qualcare	188.96	75			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 First Health	First Health	176.36	70			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Horizon	Indemnity	289.42				15	289.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Horizon	NJ Health	109.62				15	289.42	fee schedule	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 UHC	Medicaid	76.69	30.44			15	289.42	percent of total billed charges	
MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	94668	CPT				both			251.94		172.01 Wellcare	Medicaid	76.69	30.44			15	289.42	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Multiplan	Multiplan	782.54	80			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Aetna	Better Health	297.76	30.44			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Aetna	Commercial	589.67				54	929.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Horizon	MGD	699.15				54	929.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Aetna	Medicare	361.32				54	929.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 First Health	First Health	684.73	70			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Americare	Americare	733.64	75			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Wellcare	Medicare	361.32				54	929.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Qualcare	Qualcare	733.64	75			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 UHC	Medicaid	297.76	30.44			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Amerihealth	HMO/PPO	54				54	929.27	fee schedule	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 UHC	Medicare	361.32				54	929.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Corrections	Corrections	782.54	80			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Consumer	Consumer	929.27	95			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Horizon	PPO	699.15				54	929.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Amerihealth	Medicare	361.32				54	929.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 WellPoint	WellPoint	303.63	31.04			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 First Trenton	First Trenton	880.36	90			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Horizon	Indemnity	699.15				54	929.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Horizon	Medicare Blue	361.32				54	929.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Wellcare	Medicaid	297.76	30.44			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Horizon	NJ Health	234.9				54	929.27	fee schedule	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Managed Care Inc	Managed Care Inc	880.36	90			54	929.27	percent of total billed charges	
O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	94681	CPT				inpatient			978.18		415.52 Three Rivers	Three Rivers	929.27	95			54	929.27	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Amerihealth	Medicare	361.32				27	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Aetna	Commercial	589.67				27	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Aetna	Better Health	317.63	30.44			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Consumer	Consumer	991.29	95			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Americare	Americare	782.6	75			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Wellcare	Medicare	361.32				27	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Multiplan	Multiplan	834.77	80			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 First Health	First Health	730.42	70			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 First Trenton	First Trenton	939.11	90			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Horizon	MGD	699.15				27	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Aetna	Medicare	361.32				27	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 UHC	Medicare	361.32				27	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Amerihealth	HMO/PPO	27				27	991.29	fee schedule	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Qualcare	Qualcare	782.6	75			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Horizon	Indemnity	699.15				27	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Corrections	Corrections	834.77	80			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 UHC	Medicaid	317.63	30.44			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Horizon	PPO	699.15				27	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Horizon	Medicare Blue	361.32				27	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 WellPoint	WellPoint	323.89	31.04			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Wellcare	Medicaid	317.63	30.44			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Horizon	NJ Health	81.41				27	991.29	fee schedule	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Managed Care Inc	Managed Care Inc	939.11	90			27	991.29	percent of total billed charges	
PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	94726	CPT				outpatient			1043.46		415.52 Three Rivers	Three Rivers	991.29	95			27	991.29	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Americare	Americare	432.99	75			27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Amerihealth	HMO/PPO	27			75.06	27	548.45	fee schedule	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Aetna	Commercial	296.27			109.25	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Aetna	Better Health	175.74	30.44		169.97	27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Corrections	Corrections	461.86	80		178.57	27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Amerihealth	Medicare	181.54			141.7	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 First Trenton	First Trenton	519.59	90			27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Aetna	Medicare	177.81	30.8		78.82	27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Consumer	Consumer	548.45	95			27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Horizon	Indemnity	361.28			123.57	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Managed Care Inc	Managed Care Inc	519.59	90			27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 First Health	First Health	404.12	70			27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Multiplan	Multiplan	461.86	80			27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Horizon	Medicare Blue	181.54			65.61	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Wellcare	Medicaid	175.74	30.44		136.55	27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Horizon	MGD	351.28			136.39	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Three Rivers	Three Rivers	548.45	95			27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Horizon	NJ Health	63.55			92.5	27	548.45	fee schedule	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Qualcare	Qualcare	432.99	75			27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Horizon	PPO	351.28			124.62	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 UHC	Medicaid	175.74	30.44		157.96	27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 UHC	Medicare	181.54			67.67	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 WellPoint	WellPoint	179.2	31.04		147.37	27	548.45	percent of total billed charges	
GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	94727	CPT				both			577.32		208.77 Wellcare	Medicare	181.54			65.16	27	548.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Aetna	Better Health	118.92	30.44		115.01	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Aetna	Commercial	148.45	38		73.93	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Consumer	Consumer	371.13	95			30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Horizon	MGD	149.54	38.28		92.29	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		First Trenton	First Trenton	351.59	90			30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Americare	Americare	293	75			30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Managed Care Inc	Managed Care Inc	351.59	90			30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Amerihealth	HMO/PPO	30			50.79	30	371.13	fee schedule	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Three Rivers	Three Rivers	371.13	95			30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Aetna	Medicare	120.32	30.8		53.33	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		UHC	Medicaid	118.92	30.44		106.88	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Multiplan	Multiplan	312.53	80			30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Horizon	Medicare Blue	117.2	30		44.39	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		First Health	First Health	273.46	70			30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Corrections	Corrections	312.53	80		120.84	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Qualcare	Qualcare	293	75			30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Horizon	NJ Health	81.51			62.5	30	371.13	fee schedule	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Horizon	Indemnity	149.54	38.28		83.62	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Horizon	PPO	149.54	38.28		84.33	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		Wellcare	Medicaid	118.92	30.44		92.4	30	371.13	percent of total billed charges	
CO DIFFUSING CAPACITY	94729	CPT				both			390.66		WellPoint	WellPoint	121.26	31.04		99.72	30	371.13	percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		Corrections	Corrections	232.56	80			10	276.17	percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		Horizon	Medicare Blue	87.21	30			10	276.17	percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		WellPoint	WellPoint	90.23	31.04		84.08	10	276.17	percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		Consumer	Consumer	276.17	95			10	276.17	percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		Aetna	Better Health	88.49	30.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		Multiplan	Multiplan	232.56	80			10	26	276.17 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		Horizon	PPO	111.28	38.28			10	26	276.17 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		Qualcare	Qualcare	218.03	75			10	26	276.17 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		Managed Care Inc	Managed Care Inc	261.63	90			10	26	276.17 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		UHC	Medicaid	88.49	30.44		37.95	10	26	276.17 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	94760	CPT				both			290.7		Wellcare	Medicaid	88.49	30.44		91.13	10	26	276.17 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Amerihealth	HMO/PPO	26				26	26	371.13 fee schedule	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Aetna	Commercial	148.45	38			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		First Trenton	First Trenton	351.59	90			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Consumer	Consumer	371.13	95			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Aetna	Medicare	120.32	30.8			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Corrections	Corrections	312.53	80			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Aetna	Better Health	118.92	30.44		111.11	26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Americare	Americare	293	75			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		First Health	First Health	273.46	70			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Horizon	Medicare Blue	117.2	30			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Managed Care Inc	Managed Care Inc	351.59	90			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Horizon	NJ Health	73.08			12.15	26	26	371.13 fee schedule	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Horizon	MGD	149.54	38.28			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		WellPoint	WellPoint	121.26	31.04			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Horizon	Indemnity	149.54	38.28			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Multiplan	Multiplan	312.53	80			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Wellcare	Medicaid	118.92	30.44			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Qualcare	Qualcare	293	75			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Horizon	PPO	149.54	38.28			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		Three Rivers	Three Rivers	371.13	95			26	26	371.13 percent of total billed charges	
NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	94761	CPT				both			390.66		UHC	Medicaid	118.92	30.44			26	26	371.13 percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Amerihealth	HMO/PPO	1193.4	65			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Aetna	Commercial	296.27				18.63	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 First Trenton	First Trenton	1652.4	90			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Horizon	PPO	351.28				18.63	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Aetna	Better Health	558.88	30.44			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Americare	Americare	1377	75			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Horizon	Indemnity	351.28				18.63	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Aetna	Medicare	181.54				18.63	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Amerihealth	Medicare	181.54				18.63	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 WellPoint	WellPoint	569.89	31.04			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Managed Care Inc	Managed Care Inc	1652.4	90			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Corrections	Corrections	1468.8	80			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Consumer	Consumer	1744.2	95			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Horizon	MGD	351.28				18.63	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 UHC	Medicare	181.54				18.63	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 UHC	Medicaid	558.88	30.44		274.29	18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 First Health	First Health	1285.2	70			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Wellcare	Medicare	181.54				18.63	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Three Rivers	Three Rivers	1744.2	95			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Horizon	Medicare Blue	181.54				18.63	1744.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Wellcare	Medicaid	558.88	30.44			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Multiplan	Multiplan	1468.8	80			18.63	1744.2	percent of total billed charges	
UNLISTED PULMONARY SERVICE/PROCEDURE	94799	CPT				both			1836		208.77 Qualcare	Qualcare	1377	75			18.63	1744.2	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Aetna	Commercial	1926.58				13.05	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Americare	Americare	2605.59	75			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Consumer	Consumer	3300.41	95			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Amerihealth	HMO/PPO	2258.18	65			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Amerihealth	Medicare	1180.5				13.05	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 First Trenton	First Trenton	3126.71	90			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Aetna	Medicare	1070.03	30.8			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Aetna	Better Health	1057.52	30.44			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Horizon	Medicare Blue	1180.5				13.05	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Three Rivers	Three Rivers	3300.41	95			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 First Health	First Health	2431.88	70			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Corrections	Corrections	2779.3	80			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Horizon	PPO	2284.27				13.05	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Horizon	NJ Health	13.05			35.08	13.05	3300.41	fee schedule	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Horizon	MGD	2284.27			1011.01	13.05	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Horizon	Indemnity	2284.27				13.05	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 UHC	Medicaid	1057.52	30.44			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Managed Care Inc	Managed Care Inc	3126.71	90			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Wellcare	Medicare	1180.5				13.05	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Multiplan	Multiplan	2779.3	80			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Qualcare	Qualcare	2605.59	75			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 UHC	Medicare	1180.5			129.03	13.05	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 Wellcare	Medicaid	1057.52	30.44			13.05	3300.41	percent of total billed charges	
PERCUTANEOUS TESTS W/ALLERGENIC XTR IMMT RXN	95004	CPT				outpatient			3474.12		1357.58 WellPoint	WellPoint	1078.37	31.04		968.66	13.05	3300.41	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Aetna	Better Health	38.5	30.44			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Horizon	PPO	88.12				25.06	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Americare	Americare	94.86	75			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Horizon	MGD	88.12				25.06	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Amerihealth	HMO/PPO	82.21	65			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Consumer	Consumer	120.16	95			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Amerihealth	Medicare	45.54				25.06	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Aetna	Commercial	74.32				25.06	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Aetna	Medicare	45.54				25.06	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 WellPoint	WellPoint	39.26	31.04			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 First Trenton	First Trenton	113.83	90			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 UHC	Medicaid	38.5	30.44			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Horizon	Medicare Blue	45.54				25.06	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 First Health	First Health	88.54	70			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Corrections	Corrections	101.18	80			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 UHC	Medicare	45.54				25.06	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Wellcare	Medicaid	38.5	30.44			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Wellcare	Medicare	45.54				25.06	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Three Rivers	Three Rivers	120.16	95			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Multiplan	Multiplan	101.18	80			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Horizon	Indemnity	88.12				25.06	120.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Qualcare	Qualcare	94.86	75			25.06	120.16	percent of total billed charges	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Horizon	NJ Health	25.06				25.06	120.16	fee schedule	
ALL TSTG PERQ & IQ W/DRUG/BIOL IMMT RXN W/I&R	95018	CPT				outpatient			126.48		52.37 Managed Care Inc	Managed Care Inc	113.83	90			25.06	120.16	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Aetna	Medicare	66.29	30.8			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Aetna	Better Health	65.51	30.44			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Americare	Americare	161.42	75			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Corrections	Corrections	172.18	80			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Horizon	PPO	133.36				13.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 First Health	First Health	150.65	70			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Aetna	Commercial	112.48				13.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Amerihealth	HMO/PPO	139.89	65			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Horizon	MGD	133.36				13.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Consumer	Consumer	204.46	95			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Horizon	Medicare Blue	68.92				13.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Multiplan	Multiplan	172.18	80			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Wellcare	Medicare	68.92				13.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Horizon	Indemnity	133.36				13.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Amerihealth	Medicare	68.92				13.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Qualcare	Qualcare	161.42	75			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 UHC	Medicaid	65.51	30.44			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 First Trenton	First Trenton	193.7	90			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Wellcare	Medicaid	65.51	30.44			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Horizon	NJ Health	13.05				13.05	204.46	fee schedule	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 WellPoint	WellPoint	66.8	31.04			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Managed Care Inc	Managed Care Inc	193.7	90			13.05	204.46	percent of total billed charges	
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 UHC	Medicare	68.92				13.05	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	95024	CPT				outpatient			215.22		79.26 Three Rivers	Three Rivers	204.46	95			13.05	204.46	percent of total billed charges	
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Aetna	Commercial	74.32				14.93	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 UHC	Medicare	45.54				14.93	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Aetna	Better Health	40.98	30.44			14.93	153.99	percent of total billed charges	
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 First Health	First Health	94.25	70			14.93	153.99	percent of total billed charges	
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Americare	Americare	100.98	75			14.93	153.99	percent of total billed charges	
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Amerihealth	Medicare	45.54				14.93	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Consumer	Consumer	127.91	95			14.93	153.99	percent of total billed charges	
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Multiplan	Multiplan	107.71	80			14.93	153.99	percent of total billed charges	
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Aetna	Medicare	45.54				14.93	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Wellcare	Medicare	45.54				14.93	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Horizon	MGD	88.12				14.93	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outpatient			134.64		52.37 Horizon	Indemnity	88.12				14.93	153.99	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IQ TSTS ALLERGENIC XTRCS DLYD TYP RXN W/READING	95028	CPT				outp

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Corrections	Corrections	2779.3	80			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Amerihealth	HMO/PPO	2258.18	65			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Amerihealth	Medicare	1180.5				8.43	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Horizon	Medicare Blue	1180.5				8.43	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Americare	Americare	2605.59	75			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Consumer	Consumer	3300.41	95			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Aetna	Medicare	1180.5				8.43	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Horizon	PPO	2284.27				8.43	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	First Trenton	First Trenton	3126.71	90			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	First Health	First Health	2431.88	70			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Horizon	MGD	2284.27				8.43	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	WellPoint	WellPoint	1078.37	31.04			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Horizon	NJ Health	8.43				8.43	3300.41	fee schedule	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Horizon	Indemnity	2284.27				8.43	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	UHC	Medicare	1180.5				8.43	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Multiplan	Multiplan	2779.3	80			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Managed Care Inc	Managed Care Inc	3126.71	90			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	UHC	Medicaid	1057.52	30.44			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Three Rivers	Three Rivers	3300.41	95			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Qualcare	Qualcare	2605.59	75			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Wellcare	Medicaid	1057.52	30.44			8.43	3300.41	percent of total billed charges	
PATCH|APPLICATION TESTS SPECIFY NUMBER TESTS	95044	CPT				outpatient			3474.12	1357.58	Wellcare	Medicare	1180.5				8.43	3300.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Amerihealth	HMO/PPO	285.66	65			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Horizon	PPO	289.42				7.31	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	UHC	Medicaid	133.77	30.44			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Aetna	Commercial	244.1				7.31	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Aetna	Better Health	133.77	30.44			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Consumer	Consumer	417.5	95			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Amerihealth	Medicare	149.57				7.31	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Aetna	Medicare	149.57				7.31	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Horizon	Medicare Blue	149.57				7.31	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	WellPoint	WellPoint	136.41	31.04			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	First Trenton	First Trenton	395.52	90			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Americare	Americare	329.6	75			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	First Health	First Health	307.63	70			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Corrections	Corrections	351.58	80			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Horizon	Indemnity	289.42				7.31	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Horizon	MGD	289.42				7.31	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Qualcare	Qualcare	329.6	75			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Horizon	NJ Health	7.31				7.31	417.5	fee schedule	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Managed Care Inc	Managed Care Inc	395.52	90			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Multiplan	Multiplan	351.58	80			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	UHC	Medicare	149.57				7.31	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Three Rivers	Three Rivers	417.5	95			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Wellcare	Medicaid	133.77	30.44			7.31	417.5	percent of total billed charges	
OPHTHALMIC MUCOUS MEMBRANE TESTS	95060	CPT				outpatient			439.47	172.01	Wellcare	Medicare	149.57				7.31	417.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Consumer	Consumer	1850.79	95			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Aetna	Commercial	1004.77				65	1850.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Multiplan	Multiplan	1558.56	80			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Aetna	Medicare	615.67				65	1850.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Aetna	Better Health	593.03	30.44			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Amerihealth	Medicare	615.67				65	1850.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Qualcare	Qualcare	1461.15	75			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Americare	Americare	1461.15	75			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Corrections	Corrections	1558.56	80			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Horizon	Indemnity	1191.32				65	1850.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	First Health	First Health	1363.74	70			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Amerihealth	HMO/PPO	65				65	1850.79	fee schedule	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Horizon	MGD	1191.32				65	1850.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Wellcare	Medicaid	593.03	30.44			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	First Trenton	First Trenton	1753.38	90			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Horizon	Medicare Blue	615.67				65	1850.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Horizon	NJ Health	394.11				65	1850.79	fee schedule	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Three Rivers	Three Rivers	1850.79	95			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Horizon	PPO	1191.32				65	1850.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Wellcare	Medicare	615.67				65	1850.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	Managed Care Inc	Managed Care Inc	1753.38	90			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	UHC	Medicaid	593.03	30.44			65	1850.79	percent of total billed charges	
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	UHC	Medicare	615.67			791.61	65	1850.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHL|BRNCL CHALLENGE TSTG W/HISTAMINE/METHACHOL	95070	CPT				outpatient			1948.2	708.02	WellPoint	WellPoint	604.72	31.04			65	1850.79	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Horizon	NJ Health	171.37			96.03	171.37	1707.38	fee schedule	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Aetna	Commercial	1004.77				171.37	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Corrections	Corrections	1437.79	80			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Aetna	Medicare	615.67				171.37	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Amerihealth	Medicare	615.67				171.37	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Amerihealth	HMO/PPO	1168.21	65			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Aetna	Better Health	547.08	30.44			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	First Trenton	First Trenton	1617.52	90			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	UHC	Medicaid	547.08	30.44			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Americare	Americare	1347.93	75			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Wellcare	Medicare	615.67				171.37	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Horizon	MGD	1191.32				171.37	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	First Health	First Health	1258.07	70			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	UHC	Medicare	615.67				171.37	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Consumer	Consumer	1707.38	95			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Horizon	PPO	1191.32				171.37	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Horizon	Indemnity	1191.32				171.37	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Multiplan	Multiplan	1437.79	80			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	WellPoint	WellPoint	557.86	31.04			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Managed Care Inc	Managed Care Inc	1617.52	90			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Horizon	Medicare Blue	615.67				171.37	1707.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Qualcare	Qualcare	1347.93	75			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Wellcare	Medicaid	547.08	30.44			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST INITIAL 120 MINUTES	95076	CPT				outpatient			1797.24	708.02	Three Rivers	Three Rivers	1707.38	95			171.37	1707.38	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Aetna	Medicare	154	30.8			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Aetna	Commercial	190	38			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Consumer	Consumer	475	95			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Americare	Americare	375	75			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Aetna	Better Health	152.2	30.44			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Horizon	MGD	191.4	38.28			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		First Health	First Health	350	70			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		First Trenton	First Trenton	450	90			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Amerihealth	HMO/PPO	325	65			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Wellcare	Medicaid	152.2	30.44			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Horizon	Indemnity	191.4	38.28			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Horizon	PPO	191.4	38.28			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Corrections	Corrections	400	80			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Managed Care Inc	Managed Care Inc	450	90			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Multiplan	Multiplan	400	80			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Three Rivers	Three Rivers	475	95			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Horizon	Medicare Blue	150	30			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Qualcare	Qualcare	375	75			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		Horizon	NJ Health	118.42				118.42	475	fee schedule	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		UHC	Medicaid	152.2	30.44			118.42	475	percent of total billed charges	
INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	95079	CPT				outpatient			500		WellPoint	WellPoint	155.2	31.04			118.42	475	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Amerihealth	HMO/PPO	102.77	65			48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Amerihealth	Medicare	53.54				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Consumer	Consumer	150.2	95			48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Aetna	Commercial	87.38				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Aetna	Better Health	48.13	30.44			48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Americare	Americare	118.58	75			48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Multiplan	Multiplan	126.48	80			48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	UHC	Medicare	53.54				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Aetna	Medicare	53.54				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	First Health	First Health	110.67	70			48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Qualcare	Qualcare	118.58	75			48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	WellPoint	WellPoint	49.07	31.04		37.07	48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Corrections	Corrections	126.48	80			48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	First Trenton	First Trenton	142.29	90			48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	UHC	Medicaid	48.13	30.44			48.13	150.2	percent of total billed charges	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Horizon	Indemnity	103.6				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Horizon	Medicare Blue	53.54			29.02	48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Horizon	MGD	103.6			35.46	48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Horizon	NJ Health	101.79				48.13	150.2	fee schedule	
PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJKS	95117	CPT				outpatient			158.1	61.57	Wellcare	Medicaid	48.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Managed Care Inc	Managed Care Inc	149.32	90			31.32	157.61	percent of total billed charges	
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Corrections	Corrections	132.73	80			31.32	157.61	percent of total billed charges	
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	First Health	First Health	116.14	70			31.32	157.61	percent of total billed charges	
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Multiplan	Multiplan	132.73	80			31.32	157.61	percent of total billed charges	
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	UHC	Medicare	53.54				31.32	157.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Horizon	PPO	103.6			8.78	31.32	157.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	UHC	Medicaid	50.5	30.44			31.32	157.61	percent of total billed charges	
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Three Rivers	Three Rivers	157.61	95			31.32	157.61	percent of total billed charges	
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Horizon	Indemnity	103.6				31.32	157.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Horizon	Medicare Blue	53.54				31.32	157.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Wellcare	Medicaid	50.5	30.44			31.32	157.61	percent of total billed charges	
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Qualcare	Qualcare	124.43	75			31.32	157.61	percent of total billed charges	
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Wellcare	Medicare	53.54				31.32	157.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	Horizon	NJ Health	31.32				31.32	157.61	fee schedule	
PREP,IA ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	95165	CPT				outpatient			165.91	61.57	WellPoint	WellPoint	51.5	31.04		45.05	31.32	157.61	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	First Health	First Health	1023.98	70			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Consumer	Consumer	1389.69	95			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Amerihealth	Medicare	463.01				129.2	1389.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Aetna	Commercial	755.63				129.2	1389.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Aetna	Better Health	445.29	30.44			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Aetna	Medicare	463.01				129.2	1389.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	UHC	Medicaid	445.29	30.44			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Americare	Americare	1097.12	75			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Multiplan	Multiplan	1170.26	80			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Horizon	MGD	895.92				129.2	1389.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	First Trenton	First Trenton	1316.55	90			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	UHC	Medicare	463.01				129.2	1389.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Amerihealth	HMO/PPO	950.84	65			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Horizon	Indemnity	895.92				129.2	1389.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Qualcare	Qualcare	1097.12	75			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Horizon	Medicare Blue	463.01				129.2	1389.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Corrections	Corrections	1170.26	80			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Managed Care Inc	Managed Care Inc	1316.55	90			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Wellcare	Medicaid	445.29	30.44			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Three Rivers	Three Rivers	1389.69	95			129.2	1389.69	percent of total billed charges	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Horizon	NJ Health	129.2			68.71	129.2	1389.69	fee schedule	
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Wellcare	Medicare	463.01				129.2	1389.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	Horizon	PPO	895.92				129.2	1389.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAPID DESENSITIZATION PROCEDURE EACH HOUR	95180	CPT				outpatient			1462.83	532.46	WellPoint	WellPoint	454.06	31.04			129.2	1389.69	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Amerihealth	Medicare	68.92				45.52	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Consumer	Consumer	204.46	95			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	WellPoint	WellPoint	68.8	31.04		63.86	45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	First Health	First Health	150.65	70			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Americare	Americare	161.42	75			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Horizon	PPO	133.36				45.52	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Aetna	Commercial	112.48				45.52	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Aetna	Better Health	65.51	30.44			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Corrections	Corrections	172.18	80			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Horizon	Medicare Blue	68.92			50.08	45.52	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Aetna	Medicare	68.92				45.52	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Multiplan	Multiplan	172.18	80			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Three Rivers	Three Rivers	204.46	95			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Horizon	NJ Health	45.52			29.25	45.52	204.46	fee schedule	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Horizon	MGD	133.36				45.52	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Amerihealth	HMO/PPO	139.89	65			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	First Trenton	First Trenton	193.7	90			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	UHC	Medicaid	65.51	30.44		63.36	45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Horizon	Indemnity	133.36				45.52	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	UHC	Medicare	68.92			59.89	45.52	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Managed Care Inc	Managed Care Inc	193.7	90			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Qualcare	Qualcare	161.42	75			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Wellcare	Medicaid	65.51	30.44			45.52	204.46	percent of total billed charges	
CONT GLUC MONITORING PATIENT PROVIDED EQUIPMENT	95249	CPT				outpatient			215.22	79.26	Wellcare	Medicare	68.92			60	45.52	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	First Health	First Health	315.59	70			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Horizon	Medicare Blue	149.53			116.69	72.98	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Aetna	Medicare	149.53				72.98	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Aetna	Commercial	244.03				72.98	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Aetna	Better Health	137.24	30.44			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	First Trenton	First Trenton	405.76	90			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Multiplan	Multiplan	360.67	80			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Americare	Americare	338.13	75			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Horizon	Indemnity	289.34				72.98	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Horizon	PPO	289.34				72.98	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Corrections	Corrections	360.67	80			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Amerihealth	Medicare	149.53				72.98	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Consumer	Consumer	428.3	95			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Amerihealth	HMO/PPO	72.98				72.98	428.3	fee schedule	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Wellcare	Medicaid	137.24	30.44		132.73	72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	WellPoint	WellPoint	139.94	31.04		135.38	72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Qualcare	Qualcare	338.13	75			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	UHC	Medicaid	137.24	30.44		137.21	72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Horizon	MGD	289.34				72.98	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Wellcare	Medicare	149.53			141.13	72.98	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Horizon	NJ Health	233.1			95.92	72.98	428.3	fee schedule	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Managed Care Inc	Managed Care Inc	405.76	90			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	Three Rivers	Three Rivers	428.3	95			72.98	428.3	percent of total billed charges	
CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT	95250	CPT				outpatient			450.84	171.96	UHC	Medicare	149.53			118.19	72.98	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Amerihealth	Medicare	181.54				181.54	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	First Trenton	First Trenton	932.69	90			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Consumer	Consumer	984.5	95			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Aetna	Better Health	315.46	30.44		320.55	181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Corrections	Corrections	829.06	80		75.25	181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Amerihealth	HMO/PPO	673.61	65			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	First Health	First Health	725.42	70			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Aetna	Commercial	296.27				181.54	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Horizon	Indemnity	351.28				181.54	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Managed Care Inc	Managed Care Inc	932.69	90			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	UHC	Medicaid	315.46	30.44			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Aetna	Medicare	181.54				181.54	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	WellPoint	WellPoint	321.67	31.04			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	UHC	Medicare	181.54				181.54	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Multiplan	Multiplan	829.06	80			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Americare	Americare	777.24	75			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Horizon	Medicare Blue	181.54				181.54	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Horizon	MGD	351.28				181.54	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Qualcare	Qualcare	777.24	75			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Horizon	PPO	351.28				181.54	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Three Rivers	Three Rivers	984.5	95			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Wellcare	Medicaid	315.46	30.44			181.54	984.5	percent of total billed charges	
EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	95700	CPT				both			1036.32	208.77	Wellcare	Medicare	181.54				181.54	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	UHC	Medicare	361.32				315.46	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Multiplan	Multiplan	829.06	80			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Aetna	Commercial	589.67				315.46	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Consumer	Consumer	984.5	95			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Amerihealth	Medicare	361.32				315.46	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Amerihealth	HMO/PPO	673.61	65			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Aetna	Medicare	361.32				315.46	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Aetna	Better Health	315.46	30.44			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Horizon	Indemnity	699.15				315.46	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Qualcare	Qualcare	777.24	75			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Americare	Americare	777.24	75			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Corrections	Corrections	829.06	80			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Wellcare	Medicaid	315.46	30.44			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	First Health	First Health	725.42	70			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Horizon	Medicare Blue	361.32				315.46	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	First Trenton	First Trenton	932.69	90			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Three Rivers	Three Rivers	984.5	95			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Horizon	MGD	699.15				315.46	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Wellcare	Medicare	361.32				315.46	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Horizon	PPO	699.15				315.46	984.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	Managed Care Inc	Managed Care Inc	932.69	90			315.46	984.5	percent of total billed charges	
EEG W/O VIDEO BY TECH 2-12 HR UNMONITORED	95705	CPT				both			1036.32	415.52	UHC	Medicaid	315.46	30.44			315.46	984.5	percent of total billed charges	
EEG W/O VID

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	95706	CPT				outpatient			1036.32		415.52 Horizon	MGD	699.15				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	95706	CPT				outpatient			1036.32		415.52 Three Rivers	Three Rivers	984.5	95			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	95706	CPT				outpatient			1036.32		415.52 WellPoint	WellPoint	321.67	31.04			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	95706	CPT				outpatient			1036.32		415.52 Qualcare	Qualcare	777.24	75			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	95706	CPT				outpatient			1036.32		415.52 UHC	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	95706	CPT				outpatient			1036.32		415.52 Wellcare	Medicaid	315.46	30.44			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	95706	CPT				outpatient			1036.32		415.52 Horizon	Medicare Blue	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12 HR INTERMITTENT MNTR	95706	CPT				outpatient			1036.32		415.52 Wellcare	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Aetna	Commercial	589.67				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 First Trenton	First Trenton	932.69	90			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Aetna	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Amerihealth	HMO/PPO	673.61	65			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Amerihealth	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Wellcare	Medicaid	315.46	30.44			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Aetna	Better Health	315.46	30.44			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Horizon	Indemnity	699.15				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Horizon	Medicare Blue	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Managed Care Inc	Managed Care Inc	932.69	90			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Corrections	Corrections	829.06	80			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 First Health	First Health	725.42	70			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Americare	Americare	777.24	75			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Wellcare	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Horizon	MGD	699.15				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Horizon	PPO	699.15				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Consumer	Consumer	984.5	95			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Multiplan	Multiplan	829.06	80			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Three Rivers	Three Rivers	984.5	95			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 UHC	Medicaid	315.46	30.44			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 Qualcare	Qualcare	777.24	75			315.46	984.5 percent of total billed charges		
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 UHC	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS R-T MNTR	95707	CPT				outpatient			1036.32		415.52 WellPoint	WellPoint	321.67	31.04			315.46	984.5 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 First Trenton	First Trenton	1788.26	90			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Aetna	Medicare	611.98	30.8			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Corrections	Corrections	1589.57	80			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Amerihealth	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Horizon	Indemnity	1191.32				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Aetna	Better Health	604.83	30.44			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Aetna	Commercial	1004.77				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Americare	Americare	1490.22	75			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Managed Care Inc	Managed Care Inc	1788.26	90			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 First Health	First Health	1390.87	70			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Amerihealth	HMO/PPO	1291.52	65			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Consumer	Consumer	1887.61	95			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 UHC	Medicaid	604.83	30.44			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Horizon	PPO	1191.32				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Multiplan	Multiplan	1589.57	80			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Horizon	Medicare Blue	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Three Rivers	Three Rivers	1887.61	95			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Horizon	MGD	1191.32				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Qualcare	Qualcare	1490.22	75			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Wellcare	Medicaid	604.83	30.44			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 Wellcare	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 WellPoint	WellPoint	616.75	31.04			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26HR UNMONITORED	95708	CPT				both			1986.96		708.02 UHC	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Amerihealth	HMO/PPO	1291.52	65			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Americare	Americare	1490.22	75			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Aetna	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 First Trenton	First Trenton	1788.26	90			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Aetna	Better Health	604.83	30.44			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Aetna	Commercial	1004.77				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Horizon	PPO	1191.32				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Amerihealth	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 First Health	First Health	1390.87	70			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Managed Care Inc	Managed Care Inc	1788.26	90			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Corrections	Corrections	1589.57	80			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Horizon	Indemnity	1191.32				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Consumer	Consumer	1887.61	95			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Wellcare	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 WellPoint	WellPoint	616.75	31.04			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 UHC	Medicaid	604.83	30.44			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Horizon	Medicare Blue	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 UHC	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Horizon	MGD	1191.32				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Three Rivers	Three Rivers	1887.61	95			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Multiplan	Multiplan	1589.57	80			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Wellcare	Medicaid	604.83	30.44			604.83	1887.61 percent of total billed charges		
EEG W/O VID BY TECH EA INCR 12-26 HR INTMT MNTR	95709	CPT				outpatient			1986.96		708.02 Qualcare	Qualcare	1490.22	75			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Amerihealth	HMO/PPO	1291.52	65			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Aetna	Better Health	604.83	30.44			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Amerihealth	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Aetna	Commercial	1004.77				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Aetna	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Consumer	Consumer	1887.61	95			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Americare	Americare	1490.22	75			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Horizon	MGD	1191.32				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Multiplan	Multiplan	1589.57	80			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 First Health	First Health	1390.87	70			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Horizon	Indemnity	1191.32				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 UHC	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Corrections	Corrections	1589.57	80			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 UHC	Medicaid	604.83	30.44			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 First Trenton	First Trenton	1788.26	90			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Qualcare	Qualcare	1490.22	75			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Wellcare	Medicaid	604.83	30.44			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Horizon	PPO	1191.32				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Horizon	Medicare Blue	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Managed Care Inc	Managed Care Inc	1788.26	90			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Three Rivers	Three Rivers	1887.61	95			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 WellPoint	WellPoint	616.75	31.04			604.83	1887.61 percent of total billed charges		
EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	95710	CPT				inpatient			1986.96		708.02 Wellcare	Medicare	615.67				604.83	1887.61 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Aetna	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Aetna	Better Health	315.46	30.44			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Aetna	Commercial	589.67				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 First Trenton	First Trenton	932.69	90			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Horizon	PPO	699.15				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Amerihealth	HMO/PPO	673.61	65			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Americare	Americare	777.24	75			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Corrections	Corrections	829.06	80			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Horizon	MGD	699.15				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Consumer	Consumer	984.5	95			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Horizon	Indemnity	699.15				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Managed Care Inc	Managed Care Inc	932.69	90			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 WellPoint	WellPoint	321.67	31.04			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Amerihealth	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 UHC	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 UHC	Medicaid	315.46	30.44			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 First Health	First Health	725.42	70			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Three Rivers	Three Rivers	984.5	95			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Horizon	Medicare Blue	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Wellcare	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Multiplan	Multiplan	829.06	80			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Qualcare	Qualcare	777.24	75			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HOURS UNMONITORED	95711	CPT				both			1036.32		415.52 Wellcare	Medicaid	315.46	30.44			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	95712	CPT				both			1036.32		415.52 Aetna	Better Health	315.46	30.44			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	95712	CPT				both			1036.32		415.52 Aetna	Commercial	589.67				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	95712	CPT				both			1036.32		415.52 Corrections	Corrections	829.06	80			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	95712	CPT				both			1036.32		415.52 Amerihealth	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	95712	CPT				both			1036.32		415.52 Aetna	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	95712	CPT				both			1036.32		415.52 UHC	Medicare	361.32				315.46	984.5 other		Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	95712	CPT				both			1036.32		415.52 Consumer	Consumer	984.5	95			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	95712	CPT				both			1036.32		415.52 Americare	Americare	777.24	75			315.46	984.5 percent of total billed charges		
VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	95712	CPT				both			1036

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	First Trenton	First Trenton	1788.26	90			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Aetna	Better Health	604.83	30.44			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Aetna	Commercial	1004.77				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Horizon	PPO	1191.32				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Corrections	Corrections	1589.57	80			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	First Health	First Health	1390.87	70			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Amerihealth	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	UHC	Medicaid	604.83	30.44			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Managed Care Inc	Managed Care Inc	1788.26	90			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	UHC	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Aetna	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	WellPoint	WellPoint	616.75	31.04			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Horizon	Indemnity	1191.32				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Wellcare	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Horizon	Medicare Blue	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Three Rivers	Three Rivers	1887.61	95			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Americare	Americare	1490.22	75			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Multiplan	Multiplan	1589.57	80			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Consumer	Consumer	1887.61	95			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Qualcare	Qualcare	1490.22	75			604.83	1887.61	percent of total billed charges	
VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	95713	CPT				both			1986.96	708.02	Wellcare	Medicaid	604.83	30.44			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	First Health	First Health	1390.87	70			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Americare	Americare	1490.22	75			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Aetna	Better Health	604.83	30.44		614.59	604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Aetna	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Wellcare	Medicaid	604.83	30.44			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Aetna	Commercial	1004.77				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Corrections	Corrections	1589.57	80			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Amerihealth	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Horizon	Medicare Blue	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Consumer	Consumer	1887.61	95			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	First Trenton	First Trenton	1788.26	90			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Horizon	MGD	1191.32				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	UHC	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Amerihealth	HMO/PPO	1291.52	65			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Horizon	Indemnity	1191.32				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Multiplan	Multiplan	1589.57	80			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Managed Care Inc	Managed Care Inc	1788.26	90			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Qualcare	Qualcare	1490.22	75			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Horizon	PPO	1191.32				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Three Rivers	Three Rivers	1887.61	95			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	UHC	Medicaid	604.83	30.44			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	Wellcare	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR UNMONITORED	95714	CPT				both			1986.96	708.02	WellPoint	WellPoint	616.75	31.04			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Amerihealth	HMO/PPO	1291.52	65			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Aetna	Better Health	604.83	30.44			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	First Trenton	First Trenton	1788.26	90			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Aetna	Commercial	1004.77				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	First Health	First Health	1390.87	70			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Aetna	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Managed Care Inc	Managed Care Inc	1788.26	90			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Americare	Americare	1490.22	75			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	UHC	Medicaid	604.83	30.44			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Consumer	Consumer	1887.61	95			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Wellcare	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Amerihealth	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Horizon	Indemnity	1191.32				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Corrections	Corrections	1589.57	80			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	WellPoint	WellPoint	616.75	31.04			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Horizon	Medicare Blue	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	UHC	Medicare	615.67				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Horizon	MGD	1191.32				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Multiplan	Multiplan	1589.57	80			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Horizon	PPO	1191.32				604.83	1887.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Qualcare	Qualcare	1490.22	75			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Three Rivers	Three Rivers	1887.61	95			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	95715	CPT				inpatient			1986.96	708.02	Wellcare	Medicaid	604.83	30.44			604.83	1887.61	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Consumer	Consumer	3532.97	95			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Amerihealth	HMO/PPO	2417.3	65			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Aetna	Better Health	1132.04	30.44			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Three Rivers	Three Rivers	3532.97	95			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Amerihealth	Medicare	1180.5				1132.04	3532.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	First Trenton	First Trenton	3347.03	90			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Aetna	Medicare	1180.5				1132.04	3532.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Aetna	Commercial	1926.58				1132.04	3532.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Corrections	Corrections	2975.14	80			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Qualcare	Qualcare	2789.19	75			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Horizon	MGD	2284.27				1132.04	3532.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Americare	Americare	2789.19	75			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	First Health	First Health	2603.24	70			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Managed Care Inc	Managed Care Inc	3347.03	90			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Horizon	PPO	2284.27				1132.04	3532.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Horizon	Indemnity	2284.27				1132.04	3532.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Horizon	Medicare Blue	1180.5				1132.04	3532.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	UHC	Medicaid	1132.04	30.44			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	WellPoint	WellPoint	1154.35	31.04			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	UHC	Medicare	1180.5				1132.04	3532.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Multiplan	Multiplan	2975.14	80			1132.04	3532.97	percent of total billed charges	
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Wellcare	Medicare	1180.5				1132.04	3532.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	95716	CPT				both			3718.92	1357.58	Wellcare	Medicaid	1132.04	30.44			1132.04	3532.97	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Americare	Americare	439.11	75			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	UHC	Medicare	181.54				178.22	556.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Aetna	Commercial	296.27				178.22	556.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	First Trenton	First Trenton	526.93	90			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Aetna	Better Health	178.22	30.44			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Amerihealth	Medicare	181.54				178.22	556.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Consumer	Consumer	556.21	95			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Corrections	Corrections	468.38	80			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Horizon	Medicare Blue	181.54				178.22	556.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Horizon	Indemnity	351.28				178.22	556.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Aetna	Medicare	180.33	30.8			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Horizon	NJ Health	297.31				178.22	556.21	fee schedule	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	First Health	First Health	409.84	70			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Wellcare	Medicaid	178.22	30.44			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Amerihealth	HMO/PPO	380.56	65			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Horizon	PPO	351.28				178.22	556.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Horizon	MGD	351.28				178.22	556.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Managed Care Inc	Managed Care Inc	526.93	90			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Multiplan	Multiplan	468.38	80			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Wellcare	Medicare	181.54				178.22	556.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Qualcare	Qualcare	439.11	75			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	Three Rivers	Three Rivers	556.21	95			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	UHC	Medicaid	178.22	30.44			178.22	556.21	percent of total billed charges	
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/S/LP TIME	95800	CPT				outpatient			585.48	208.77	WellPoint	WellPoint	181.73	31.04			178.22	556.21	percent of total billed charges	
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Amerihealth	HMO/PPO	372.82	65			174.59	544.89	percent of total billed charges	
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Aetna	Medicare	181.54				174.59	544.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	First Trenton	First Trenton	516.21	90			174.59	544.89	percent of total billed charges	
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Americare	Americare	430.18	75			174.59	544.89	percent of total billed charges	
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Aetna	Better Health	174.59	30.44			174.59	544.89	percent of total billed charges	
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Corrections	Corrections	458.86	80			174.59	544.89	percent of total billed charges	
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	UHC	Medicaid	174.59	30.44			174.59	544.89	percent of total billed charges	
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Aetna	Commercial	296.27				174.59	544.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	First Health	First Health	401.5	70			174.59	544.89	percent of total billed charges	
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Horizon	MGD	351.28				174.59	544.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Horizon	PPO	351.28				174.59	544.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Amerihealth	Medicare	181.54				174.59	544.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Consumer	Consumer	544.89	95			174.59	544.89	percent of total billed charges	
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	UHC	Medicare	181.54				174.59	544.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Horizon	Indemnity	351.28				174.59	544.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Wellcare	Medicare	181.54				174.59	544.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient			573.57	208.77	Horizon	NJ Health	503.73				174.59	544.89	fee sched

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	First Trenton	First Trenton	2789.21	90			380	3928.05	percent of total billed charges	
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Aetna	Medicare	1180.5				380	3928.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	First Health	First Health	2169.38	70			380	3928.05	percent of total billed charges	
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Three Rivers	Three Rivers	2944.16	95			380	3928.05	percent of total billed charges	
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Wellcare	Medicare	1180.5				380	3928.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Horizon	Medicare Blue	1180.5				380	3928.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Multiplan	Multiplan	2479.3	80			380	3928.05	percent of total billed charges	
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Wellcare	Medicaid	943.37	30.44			380	3928.05	percent of total billed charges	
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Horizon	Indemnity	2284.27				380	3928.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	UHC	Medicaid	943.37	30.44			380	3928.05	percent of total billed charges	
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	WellPoint	WellPoint	961.97	31.04			380	3928.05	percent of total billed charges	
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Horizon	NJ Health	3928.05				380	3928.05	fee schedule	
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Horizon	PPO	2284.27				380	3928.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLYSOM 6\>YRS SLEEP 4\> ADDL PARAM ATTND	95810	CPT				outpatient			3099.12	1357.58	Managed Care Inc	Managed Care Inc	2789.21	90			380	3928.05	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Horizon	MGD	699.15			81.73	100	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Amerihealth	HMO/PPO	100				100	793.61	fee schedule	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Consumer	Consumer	793.61	95			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Aetna	Better Health	254.29	30.44			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Aetna	Commercial	589.67				100	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	First Trenton	First Trenton	751.84	90			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Americare	Americare	626.54	75			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Multiplan	Multiplan	668.3	80			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Aetna	Medicare	361.32				100	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Amerihealth	Medicare	361.32				100	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Horizon	NJ Health	649.89				100	793.61	fee schedule	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Corrections	Corrections	668.3	80			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	UHC	Medicare	361.32				100	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Horizon	Medicare Blue	361.32				100	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Quelcare	Quelcare	626.54	75			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	First Health	First Health	584.77	70			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Horizon	PPO	699.15				100	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Three Rivers	Three Rivers	793.61	95			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	UHC	Medicaid	254.29	30.44			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Horizon	Indemnity	699.15				100	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Managed Care Inc	Managed Care Inc	751.84	90			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Wellcare	Medicaid	254.29	30.44			100	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	Wellcare	Medicare	361.32				100	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	95812	CPT				both			835.38	415.52	WellPoint	WellPoint	259.3	31.04			100	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Aetna	Medicare	257.3	30.8			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Amerihealth	Medicare	361.32				125	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Horizon	Medicare Blue	361.32				125	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Amerihealth	HMO/PPO	125				125	793.61	fee schedule	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Horizon	PPO	699.15				125	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Americare	Americare	626.54	75			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Aetna	Better Health	254.29	30.44			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Aetna	Commercial	589.67				125	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	WellPoint	WellPoint	259.3	31.04			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Corrections	Corrections	668.3	80		60.66	125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Horizon	MGD	699.15			432.11	125	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	First Health	First Health	584.77	70			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Consumer	Consumer	793.61	95			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	First Trenton	First Trenton	751.84	90			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Multiplan	Multiplan	668.3	80			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	UHC	Medicare	361.32				125	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Wellcare	Medicaid	254.29	30.44			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Horizon	Indemnity	699.15				125	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Quelcare	Quelcare	626.54	75			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Wellcare	Medicare	361.32				125	793.61	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Horizon	NJ Health	281.88			29.18	125	793.61	fee schedule	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	UHC	Medicaid	254.29	30.44			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Managed Care Inc	Managed Care Inc	751.84	90			125	793.61	percent of total billed charges	
EEG EXTENDED MONITORING 61-119 MINUTES	95813	CPT				both			835.38	415.52	Three Rivers	Three Rivers	793.61	95			125	793.61	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Aetna	Commercial	589.67			513.69	71	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Aetna	Better Health	322.29	30.44		311.71	71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Consumer	Consumer	1005.82	95			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Aetna	Medicare	326.1	30.8			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Horizon	NJ Health	668.16			56.35	71	1005.82	fee schedule	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Americare	Americare	794.07	75			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Amerihealth	Medicare	361.32				71	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	First Trenton	First Trenton	952.88	90			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Horizon	Indemnity	699.15			519.06	71	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Amerihealth	HMO/PPO	71				71	1005.82	fee schedule	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Corrections	Corrections	847.01	80			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Horizon	MGD	699.15			371.56	71	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	UHC	Medicare	361.32			116.36	71	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Horizon	Medicare Blue	361.32			314.26	71	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	First Health	First Health	741.13	70			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Quelcare	Quelcare	794.07	75			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Horizon	PPO	699.15			479.11	71	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Managed Care Inc	Managed Care Inc	952.88	90			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Multiplan	Multiplan	847.01	80			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Wellcare	Medicare	361.32				71	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Three Rivers	Three Rivers	1005.82	95			71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	WellPoint	WellPoint	328.64	31.04		181.55	71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	UHC	Medicaid	322.29	30.44		282.83	71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	95816	CPT				both			1058.76	415.52	Wellcare	Medicaid	322.29	30.44		324.92	71	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	UHC	Medicaid	322.29	30.44		296.27	115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Consumer	Consumer	1005.82	95			115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Amerihealth	Medicare	361.32				115	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Aetna	Better Health	322.29	30.44		310.93	115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Aetna	Commercial	589.67			570.76	115	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Aetna	Medicare	361.32			123.94	115	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Horizon	MGD	699.15			665.15	115	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	First Health	First Health	741.13	70			115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Americare	Americare	794.07	75			115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Corrections	Corrections	847.01	80			115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Horizon	NJ Health	629.01			64.37	115	1005.82	fee schedule	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	First Trenton	First Trenton	952.88	90			115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Amerihealth	HMO/PPO	115			403.69	115	1005.82	fee schedule	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Horizon	Indemnity	699.15			570.49	115	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Horizon	PPO	699.15			650.04	115	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Three Rivers	Three Rivers	1005.82	95			115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	WellPoint	WellPoint	328.64	31.04		295.17	115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Managed Care Inc	Managed Care Inc	952.88	90			115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Wellcare	Medicare	361.32				115	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Wellcare	Medicaid	322.29	30.44		306.34	115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Horizon	Medicare Blue	361.32			131.2	115	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Multiplan	Multiplan	847.01	80			115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	Quelcare	Quelcare	794.07	75			115	1005.82	percent of total billed charges	
ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	95819	CPT				both			1058.76	415.52	UHC	Medicare	361.32			208.84	115	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Amerihealth	Medicare	361.32				115	1015.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Corrections	Corrections	855.17	80			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Aetna	Medicare	361.32				115	1015.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Aetna	Commercial	589.67				115	1015.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Americare	Americare	801.72	75			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Three Rivers	Three Rivers	1015.51	95			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Aetna	Better Health	325.39	30.44			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Quelcare	Quelcare	801.72	75			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Consumer	Consumer	1015.51	95			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	First Trenton	First Trenton	962.06	90			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Amerihealth	HMO/PPO	115				115	1015.51	fee schedule	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Multiplan	Multiplan	855.17	80			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Horizon	Medicare Blue	361.32				115	1015.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	UHC	Medicaid	325.39	30.44			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	First Health	First Health	748.27	70			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Wellcare	Medicare	361.32				115	1015.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	UHC	Medicare	361.32				115	1015.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Horizon	Indemnity	699.15				115	1015.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Horizon	MGD	699.15				115	1015.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Horizon	NJ Health	610.74				115	1015.51	fee schedule	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Wellcare	Medicaid	325.39	30.44			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Horizon	PPO	699.15				115	1015.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	Managed Care Inc	Managed Care Inc	962.06	90			115	1015.51	percent of total billed charges	
ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	95822	CPT				inpatient			1068.96	415.52	WellPoint	WellPoint	331.81	31.04			115	1015.51	percent of total billed charges	
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		Corrections	Corrections	2012.26	80			227.07	2389.55	percent of total billed charges	
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		Consumer	Consumer	2389.55	95			227.07	2389.55	percent of total billed charges	
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		Aetna	Medicare	774.72	30.8			227.07	2389.55	percent of total billed charges	
ELECTROCORTICOGRAM

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		UHC	Medicaid	765.66	30.44			227.07	2389.55	percent of total billed charges	
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		Horizon	PPO	962.86	38.28			227.07	2389.55	percent of total billed charges	
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		Wellcare	Medicaid	765.66	30.44			227.07	2389.55	percent of total billed charges	
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		Multiplan	Multiplan	2012.26	80			227.07	2389.55	percent of total billed charges	
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		Managed Care Inc	Managed Care Inc	2263.79	90			227.07	2389.55	percent of total billed charges	
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		Qualcare	Qualcare	1886.49	75			227.07	2389.55	percent of total billed charges	
ELECTROCORTICOGRAM SURGERY SPX	95829	CPT				outpatient			2515.32		Three Rivers	Three Rivers	2389.55	95			227.07	2389.55	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Aetna	Better Health	36.02	30.44			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		First Health	First Health	82.82	70			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Amerihealth	HMO/PPO	76.91	65			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		First Trenton	First Trenton	106.49	90			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Consumer	Consumer	112.4	95			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Aetna	Commercial	44.96	38			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Horizon	Indemnity	45.29	38.28			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Americare	Americare	88.74	75			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Horizon	Medicare Blue	35.5	30			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Aetna	Medicare	36.44	30.8			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Multiplan	Multiplan	94.66	80			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Horizon	PPO	45.29	38.28			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Corrections	Corrections	94.66	80			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Horizon	MGD	45.29	38.28			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Qualcare	Qualcare	88.74	75			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Managed Care Inc	Managed Care Inc	106.49	90			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Horizon	NJ Health	88.74				35.5	112.4	fee schedule	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		UHC	Medicaid	36.02	30.44			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		WellPoint	WellPoint	36.73	31.04			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Three Rivers	Three Rivers	112.4	95			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	95851	CPT				both			118.32		Wellcare	Medicaid	36.02	30.44			35.5	112.4	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Aetna	Commercial	62.79	38			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		First Health	First Health	115.67	70			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Consumer	Consumer	156.98	95			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Amerihealth	HMO/PPO	107.41	65			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Aetna	Medicare	50.89	30.8			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		First Trenton	First Trenton	148.72	90			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Aetna	Better Health	50.3	30.44			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Corrections	Corrections	132.19	80			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Horizon	MGD	63.25	38.28			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Horizon	Medicare Blue	49.57	30			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Americare	Americare	123.93	75			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Horizon	Indemnity	63.25	38.28			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Horizon	NJ Health	26.1				26.1	156.98	fee schedule	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		UHC	Medicaid	50.3	30.44			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Wellcare	Medicaid	50.3	30.44			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Multiplan	Multiplan	132.19	80			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Horizon	PPO	63.25	38.28			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		WellPoint	WellPoint	51.29	31.04			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Managed Care Inc	Managed Care Inc	148.72	90			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Qualcare	Qualcare	123.93	75			26.1	156.98	percent of total billed charges	
ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	95852	CPT				outpatient			165.24		Three Rivers	Three Rivers	156.98	95			26.1	156.98	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Aetna	Commercial	589.67				60	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	First Health	First Health	755.9	70			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Consumer	Consumer	1025.86	95			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Amerihealth	Medicare	361.32				60	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Aetna	Medicare	361.32				60	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Aetna	Better Health	328.71	30.44			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Corrections	Corrections	863.88	80			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Three Rivers	Three Rivers	1025.86	95			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Americare	Americare	809.89	75			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Multiplan	Multiplan	863.88	80			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Horizon	NJ Health	61.52				60	1025.86	fee schedule	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	First Trenton	First Trenton	971.87	90			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Amerihealth	HMO/PPO	60				60	1025.86	fee schedule	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	UHC	Medicare	361.32				60	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Horizon	PPO	699.15				60	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	UHC	Medicaid	328.71	30.44			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Horizon	MGD	699.15				60	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Qualcare	Qualcare	809.89	75			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Horizon	Indemnity	699.15				60	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	WellPoint	WellPoint	335.19	31.04			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Horizon	Medicare Blue	361.32				60	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Wellcare	Medicaid	328.71	30.44			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Managed Care Inc	Managed Care Inc	971.87	90			60	1025.86	percent of total billed charges	
CHOLINESTERASE INHIBITOR CHALLENGE TEST	95857	CPT				outpatient			1079.85	415.52	Wellcare	Medicare	361.32				60	1025.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Aetna	Commercial	244.1				70	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	First Health	First Health	312.73	70			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Aetna	Medicare	149.57				70	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Corrections	Corrections	357.41	80			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	UHC	Medicare	149.57				70	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Horizon	Medicare Blue	149.57				70	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Amerihealth	HMO/PPO	70				70	482.85	fee schedule	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Aetna	Better Health	135.99	30.44			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Americare	Americare	335.07	75			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	UHC	Medicaid	135.99	30.44		135.99	70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	First Trenton	First Trenton	402.08	90			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Horizon	PPO	289.42				70	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Multiplan	Multiplan	357.41	80			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Consumer	Consumer	424.42	95			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Amerihealth	Medicare	149.57				70	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Wellcare	Medicare	149.57				70	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Qualcare	Qualcare	335.07	75			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Horizon	Indemnity	289.42				70	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Horizon	MGD	289.42				70	482.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	WellPoint	WellPoint	138.67	31.04			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Horizon	NJ Health	482.85				70	482.85	fee schedule	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Managed Care Inc	Managed Care Inc	402.08	90			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Three Rivers	Three Rivers	424.42	95			70	482.85	percent of total billed charges	
NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	95860	CPT				outpatient			446.76	172.01	Wellcare	Medicaid	135.99	30.44			70	482.85	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Aetna	Commercial	244.1				120	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Aetna	Medicare	149.57				120	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Consumer	Consumer	420.55	95			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Americare	Americare	332.01	75			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Corrections	Corrections	354.14	80			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Aetna	Better Health	134.75	30.44			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Amerihealth	Medicare	149.57				120	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	First Trenton	First Trenton	398.41	90			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Multiplan	Multiplan	354.14	80			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	UHC	Medicare	149.57				120	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Horizon	Medicare Blue	149.57				120	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Amerihealth	HMO/PPO	120				120	535.05	fee schedule	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Horizon	NJ Health	535.05				120	535.05	fee schedule	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Horizon	MGD	289.42				120	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	First Health	First Health	309.88	70			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Managed Care Inc	Managed Care Inc	398.41	90			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Qualcare	Qualcare	332.01	75			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Horizon	PPO	289.42				120	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Wellcare	Medicaid	134.75	30.44			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Horizon	Indemnity	289.42				120	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Wellcare	Medicare	149.57				120	535.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	WellPoint	WellPoint	137.41	31.04			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	UHC	Medicaid	134.75	30.44			120	535.05	percent of total billed charges	
NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	95861	CPT				both			442.68	172.01	Three Rivers	Three Rivers	420.55	95			120	535.05	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Multiplan	Multiplan	444.72	80			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Amerihealth	Medicare	181.54				165	528.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Aetna	Medicare	181.54				165	528.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	First Health	First Health	389.13	70			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Aetna	Commercial	296.27				165	528.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Wellcare	Medicare	181.54				165	528.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Aetna	Better Health	169.22	30.44			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	UHC	Medicaid	169.22	30.44			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Qualcare	Qualcare	416.93	75			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Horizon	Indemnity	351.28				165	528.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Corrections	Corrections	444.72	80			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Three Rivers	Three Rivers	528.11	95			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Americare	Americare	416.93	75			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	WellPoint	WellPoint	172.55	31.04			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Consumer	Consumer	528.11	95			165	528.11	percent of total billed charges	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	UHC	Medicare	181.54				165	528.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Amerihealth	HMO/PPO	165				165	528.11	fee schedule	
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Horizon	Medicare Blue	181.54				165	528.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Horizon	MGD	351.28				165	528.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	95863	CPT				inpatient			555.9	208.77	Wellcare	Medicaid	169.22	30.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Aetna	Medicare	324.21	30.8			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Aetna	Better Health	320.42	30.44			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Horizon	MGD	351.28				181.54	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Amerihealth	Medicare	181.54				181.54	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	First Trenton	First Trenton	947.38	90			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	UHC	Medicaid	320.42	30.44			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Multiplan	Multiplan	842.11	80			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Managed Care Inc	Managed Care Inc	947.38	90			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Amerihealth	HMO/PPO	200				181.54	1000.01	fee schedule	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	UHC	Medicare	181.54				181.54	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Horizon	Medicare Blue	181.54				181.54	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Consumer	Consumer	1000.01	95			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	First Health	First Health	736.85	70			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Wellcare	Medicare	181.54				181.54	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Horizon	PPO	351.28				181.54	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Three Rivers	Three Rivers	1000.01	95			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Wellcare	Medicaid	320.42	30.44			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Corrections	Corrections	842.11	80			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	WellPoint	WellPoint	326.74	31.04			181.54	1000.01	percent of total billed charges	
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Horizon	Indemnity	351.28				181.54	1000.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	95864	CPT				inpatient			1052.64	208.77	Horizon	NJ Health	548.1				181.54	1000.01	fee schedule	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Aetna	Better Health	322.29	30.44			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Americare	Americare	794.07	75			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Aetna	Commercial	589.67				60	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	First Health	First Health	741.13	70			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Corrections	Corrections	847.01	80			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	First Trenton	First Trenton	952.88	90			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	UHC	Medicare	361.32				60	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Aetna	Medicare	326.1	30.8			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Consumer	Consumer	1005.82	95			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Amerihealth	HMO/PPO	60				60	1005.82	fee schedule	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Multiplan	Multiplan	847.01	80			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Horizon	Medicare Blue	361.32				60	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Wellcare	Medicare	361.32				60	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Horizon	MGD	699.15				60	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Quelcare	Quelcare	794.07	75			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Amerihealth	Medicare	361.32				60	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Horizon	NJ Health	66.32				60	1005.82	fee schedule	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Managed Care Inc	Managed Care Inc	952.88	90			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Wellcare	Medicaid	322.29	30.44			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Horizon	Indemnity	699.15				60	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Three Rivers	Three Rivers	1003.82	95			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	Horizon	PPO	699.15				60	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	UHC	Medicaid	322.29	30.44			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	95867	CPT				outpatient			1058.76	415.52	WellPoint	WellPoint	328.64	31.04			60	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Amerihealth	Medicare	361.32				130	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	First Health	First Health	741.13	70			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Aetna	Commercial	589.67				130	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Consumer	Consumer	1005.82	95			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Amerihealth	HMO/PPO	130				130	1005.82	fee schedule	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Aetna	Better Health	322.29	30.44			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Aetna	Medicare	361.32				130	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Corrections	Corrections	847.01	80			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	First Trenton	First Trenton	952.88	90			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Multiplan	Multiplan	847.01	80			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Americare	Americare	794.07	75			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Horizon	NJ Health	334.08				130	1005.82	fee schedule	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	UHC	Medicaid	322.29	30.44			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Horizon	PPO	699.15				130	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Horizon	MGD	699.15				130	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Three Rivers	Three Rivers	1003.82	95			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Horizon	Indemnity	699.15				130	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Quelcare	Quelcare	794.07	75			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Wellcare	Medicaid	322.29	30.44			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	UHC	Medicare	361.32				130	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Horizon	Medicare Blue	361.32				130	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Wellcare	Medicare	361.32				130	1005.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	Managed Care Inc	Managed Care Inc	952.88	90			130	1005.82	percent of total billed charges	
NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	95868	CPT				outpatient			1058.76	415.52	WellPoint	WellPoint	328.64	31.04			130	1005.82	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Americare	Americare	697.78	75			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	First Trenton	First Trenton	837.33	90			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Aetna	Better Health	283.2	30.44			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Multiplan	Multiplan	744.3	80			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Aetna	Commercial	589.67				30	883.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Wellcare	Medicare	361.32				30	883.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Consumer	Consumer	883.85	95			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	First Health	First Health	651.26	70			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Amerihealth	HMO/PPO	30				30	883.85	fee schedule	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Managed Care Inc	Managed Care Inc	837.33	90			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Horizon	PPO	699.15				30	883.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Quelcare	Quelcare	697.78	75			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Aetna	Medicare	361.32				30	883.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Three Rivers	Three Rivers	883.85	95			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Corrections	Corrections	744.3	80			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Horizon	Indemnity	699.15				30	883.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Amerihealth	Medicare	361.32				30	883.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Horizon	NJ Health	94.74				30	883.85	fee schedule	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	WellPoint	WellPoint	288.79	31.04			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	UHC	Medicaid	283.2	30.44			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Horizon	MGD	699.15				30	883.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Wellcare	Medicaid	283.2	30.44			30	883.85	percent of total billed charges	
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	Horizon	Medicare Blue	361.32				30	883.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	95869	CPT				outpatient			930.37	415.52	UHC	Medicare	361.32				30	883.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	UHC	Medicare	149.57				70	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Aetna	Better Health	137.24	30.44			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Aetna	Commercial	244.1				70	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Consumer	Consumer	428.3	95			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	First Trenton	First Trenton	405.76	90			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Corrections	Corrections	360.67	80			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Americare	Americare	338.13	75			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	First Health	First Health	315.59	70			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Managed Care Inc	Managed Care Inc	405.76	90			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Horizon	PPO	289.42				70	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Aetna	Medicare	149.57				70	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Horizon	Indemnity	289.42				70	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Three Rivers	Three Rivers	428.3	95			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Horizon	Medicare Blue	149.57				70	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Amerihealth	HMO/PPO	70				70	428.3	fee schedule	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Multiplan	Multiplan	360.67	80			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Horizon	MGD	289.42				70	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	WellPoint	WellPoint	139.94	31.04			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Amerihealth	Medicare	149.57				70	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Horizon	NJ Health	135.72				70	428.3	fee schedule	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Quelcare	Quelcare	338.13	75			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	UHC	Medicaid	137.24	30.44			70	428.3	percent of total billed charges	
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Wellcare	Medicare	149.57				70	428.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	95870	CPT				outpatient			450.84	172.01	Wellcare	Medicaid	137.24	30.44			70	428.3	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		UHC	Medicaid	77.62	30.44			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Aetna	Better Health	77.62	30.44			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Aetna	Commercial	96.9	38		55.83	76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Consumer	Consumer	242.25	95			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		First Health	First Health	178.5	70			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Americare	Americare	191.25	75			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Aetna	Medicare	78.54	30.8			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Corrections	Corrections	204	80			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		WellPoint	WellPoint	79.15	31.04			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Horizon	MGD	97.61	38.28		149.56	76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Amerihealth	HMO/PPO	165.75	65			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		First Trenton	First Trenton	229.5	90			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Horizon	Medicare Blue	76.5	30			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Horizon	PPO	97.61	38.28			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Multiplan	Multiplan	204	80			76.5	242.25	percent of total billed charges	
NEEDLE EMG GUID W/CHEMODENERVATION	95874	CPT				outpatient			255		Horizon	Indemnity

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		Consumer	Consumer	382.76	95			70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		Wellcare	Medicaid	122.64	30.44			70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		UHC	Medicaid	122.64	30.44		118.62	70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		Horizon	PPO	154.23	38.28		208.12	70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		Horizon	Indemnity	154.23	38.28			70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		First Trenton	First Trenton	362.61	90			70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		Multiplan	Multiplan	322.32	80			70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		WellPoint	WellPoint	125.06	31.04			70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		Qualcare	Qualcare	302.18	75			70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		Managed Care Inc	Managed Care Inc	362.61	90			70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	95885	CPT				outpatient			402.9		Three Rivers	Three Rivers	382.76	95			70	382.76	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Multiplan	Multiplan	3050.21	80			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Consumer	Consumer	3622.12	95			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Corrections	Corrections	3050.21	80			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Amerihealth	HMO/PPO	70			461.83	70	3622.12	fee schedule	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Aetna	Commercial	1448.85	38		461.14	70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Aetna	Better Health	1160.6	30.44			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Americare	Americare	2859.57	75			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		First Health	First Health	2668.93	70			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Qualcare	Qualcare	2859.57	75			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Aetna	Medicare	1174.33	30.8			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		First Trenton	First Trenton	3431.48	90			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		WellPoint	WellPoint	1183.48	31.04			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Horizon	NJ Health	129.35			131.53	70	3622.12	fee schedule	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Horizon	Indemnity	1459.52	38.28			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		UHC	Medicaid	1160.6	30.44		1122.52	70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Managed Care Inc	Managed Care Inc	3431.48	90			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Horizon	Medicare Blue	1143.83	30		321.97	70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Wellcare	Medicaid	1160.6	30.44		1122.52	70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Horizon	MGD	1459.52	38.28		778.62	70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Horizon	PPO	1459.52	38.28			70	3622.12	percent of total billed charges	
NEEDLE EMG EA EXTREMITY W/PARASPINL AREA COMPLETE	95886	CPT				both			3812.76		Three Rivers	Three Rivers	3622.12	95			70	3622.12	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Horizon	Indemnity	112.01	38.28			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Multiplan	Multiplan	234.1	80			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Aetna	Medicare	90.13	30.8			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Consumer	Consumer	277.99	95			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Americare	Americare	219.47	75			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Aetna	Better Health	89.07	30.44			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		First Trenton	First Trenton	263.36	90			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Aetna	Commercial	111.2	38			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Amerihealth	HMO/PPO	70				70	277.99	fee schedule	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Qualcare	Qualcare	219.47	75			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Corrections	Corrections	234.1	80			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		WellPoint	WellPoint	90.83	31.04			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Horizon	MGD	112.01	38.28			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		First Health	First Health	204.83	70			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Horizon	NJ Health	88.82				70	277.99	fee schedule	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Horizon	Medicare Blue	87.79	30			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Horizon	PPO	112.01	38.28			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Wellcare	Medicaid	89.07	30.44			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Managed Care Inc	Managed Care Inc	263.36	90			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		Three Rivers	Three Rivers	277.99	95			70	277.99	percent of total billed charges	
NEEDLE EMG NONEXTREMITY MSCLES W/NERVE CONDUCTION	95887	CPT				outpatient			292.62		UHC	Medicaid	89.07	30.44			70	277.99	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Aetna	Better Health	165.18	30.44			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Amerihealth	Medicare	181.54				30	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Amerihealth	HMO/PPO	30				30	515.51	fee schedule	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Aetna	Commercial	296.27				30	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Horizon	MGD	351.28				30	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Americare	Americare	406.98	75			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 First Health	First Health	379.85	70			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Aetna	Medicare	181.54				30	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Horizon	PPO	351.28				30	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Wellcare	Medicaid	165.18	30.44			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Horizon	Indemnity	351.28				30	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Multiplan	Multiplan	434.11	80			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 UHC	Medicaid	165.18	30.44			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Consumer	Consumer	515.51	95			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 First Trenton	First Trenton	488.38	90			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Corrections	Corrections	434.11	80			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 WellPoint	WellPoint	168.44	31.04			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Horizon	Medicare Blue	181.54				30	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Horizon	NJ Health	139.71				30	515.51	fee schedule	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Qualcare	Qualcare	406.98	75			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 UHC	Medicare	181.54				30	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Managed Care Inc	Managed Care Inc	488.38	90			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Three Rivers	Three Rivers	515.51	95			30	515.51	percent of total billed charges	
NERVE CONDUCTION STUDIES 1-2 STUDIES	95907	CPT				outpatient			542.64		208.77 Wellcare	Medicare	181.54				30	515.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Aetna	Medicare	361.32				90	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 First Health	First Health	739.7	70			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Aetna	Commercial	589.67				90	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 First Trenton	First Trenton	951.05	90			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Amerihealth	Medicare	361.32				90	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Aetna	Better Health	321.67	30.44			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Americare	Americare	792.54	75			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Horizon	Indemnity	699.15				90	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Corrections	Corrections	845.38	80			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Horizon	Medicare Blue	361.32				90	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Multiplan	Multiplan	845.38	80			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Managed Care Inc	Managed Care Inc	951.05	90			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Horizon	MGD	699.15				90	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Amerihealth	HMO/PPO	90				90	1003.88	fee schedule	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Consumer	Consumer	1003.88	95			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Horizon	PPO	699.15				90	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Horizon	NJ Health	172.31			46.74	90	1003.88	fee schedule	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 UHC	Medicaid	321.67	30.44		311.11	90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Qualcare	Qualcare	792.54	75			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Wellcare	Medicare	361.32				90	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Three Rivers	Three Rivers	1003.88	95			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 Wellcare	Medicaid	321.67	30.44			90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 UHC	Medicare	361.32			305.33	90	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 3-4 STUDIES	95908	CPT				outpatient			1056.72		415.52 WellPoint	WellPoint	328.01	31.04		317.33	90	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Amerihealth	Medicare	361.32				150	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Corrections	Corrections	845.38	80			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Americare	Americare	792.54	75			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Aetna	Better Health	321.67	30.44			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Consumer	Consumer	1003.88	95			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Three Rivers	Three Rivers	1003.88	95			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Qualcare	Qualcare	792.54	75			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Aetna	Commercial	589.67			588.95	150	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 UHC	Medicare	361.32			305.33	150	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 First Trenton	First Trenton	951.05	90			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Multiplan	Multiplan	845.38	80			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Aetna	Medicare	361.32			351.79	150	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 UHC	Medicaid	321.67	30.44		292.69	150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Horizon	Indemnity	699.15				150	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Wellcare	Medicare	361.32				150	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Amerihealth	HMO/PPO	150				150	1003.88	fee schedule	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Horizon	Medicare Blue	361.32			205.09	150	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 First Health	First Health	739.7	70			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Horizon	PPO	699.15				150	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Horizon	MGD	699.15				150	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Managed Care Inc	Managed Care Inc	951.05	90			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Horizon	NJ Health	206.42			41.04	150	1003.88	fee schedule	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 WellPoint	WellPoint	328.01	31.04			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 5-6 STUDIES	95909	CPT				outpatient			1056.72		415.52 Wellcare	Medicaid	321.67	30.44			150	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Aetna	Medicare	361.32			302.79	210	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Aetna	Commercial	589.67			127.81	210	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Horizon	NJ Health	271.52			78.31	210	1003.88	fee schedule	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 First Health	First Health	739.7	70			210	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 First Trenton	First Trenton	951.05	90			210	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Aetna	Better Health	321.67	30.44			210	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Corrections	Corrections	845.38	80			210	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Amerihealth	Medicare	361.32				210	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Americare	Americare	792.54	75			210	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Wellcare	Medicare	361.32				210	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Multiplan	Multiplan	845.38	80			210	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Horizon	Medicare Blue	361.32				210	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Horizon	MGD	699.15				210	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Consumer	Consumer	1003.88	95			210	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 UHC	Medicaid	321.67	30.44		333.83	210	1003.88	percent of total billed charges	
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Horizon	Indemnity	699.15				210	1003.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72		415.52 Amerihealth	HMO/PPO

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NERVE CONDUCTION STUDIES 7-8 STUDIES	95910	CPT				both			1056.72	415.52	Three Rivers	Three Rivers	1003.88	95		210	270		1003.88 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	First Health	First Health	1332.32	70			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Aetna	Medicare	615.67				270		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Wellcare	Medicare	615.67				270		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Amerihealth	Medicare	615.67				270		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Consumer	Consumer	1808.15	95			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Aetna	Better Health	579.37	30.44			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Aetna	Commercial	1004.77				270		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Americare	Americare	1427.49	75			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	First Trenton	First Trenton	1712.99	90			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Multiplan	Multiplan	1522.66	80			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Horizon	PPO	1191.32			983.19	270		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Amerihealth	HMO/PPO	270			230.55	270		1808.15 fee schedule	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Corrections	Corrections	1522.66	80			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Qualcare	Qualcare	1427.49	75			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	UHC	Medicaid	579.37	30.44		556.82	270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Horizon	MGD	1191.32			388.69	270		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Horizon	Indemnity	1191.32				270		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Horizon	NJ Health	328.21			78.52	270		1808.15 fee schedule	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Horizon	Medicare Blue	615.67			160.72	270		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Managed Care Inc	Managed Care Inc	1712.99	90			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	UHC	Medicare	615.67			201.72	270		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Three Rivers	Three Rivers	1808.15	95			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	WellPoint	WellPoint	590.79	31.04			270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 9-10 STUDIES	95911	CPT				both			1903.32	708.02	Wellcare	Medicaid	579.37	30.44		560.36	270		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Aetna	Commercial	1004.77				330		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Amerihealth	HMO/PPO	330				330		1808.15 fee schedule	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Amerihealth	Medicare	615.67				330		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Multiplan	Multiplan	1522.66	80			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Aetna	Medicare	615.67				330		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	First Trenton	First Trenton	1712.99	90			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Americare	Americare	1427.49	75			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Aetna	Better Health	579.37	30.44			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Horizon	MGD	1191.32				330		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	First Health	First Health	1332.32	70			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Consumer	Consumer	1808.15	95			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Qualcare	Qualcare	1427.49	75			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Three Rivers	Three Rivers	1808.15	95			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Horizon	Medicare Blue	615.67				330		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Corrections	Corrections	1522.66	80			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	UHC	Medicare	615.67				330		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Horizon	Indemnity	1191.32				330		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Wellcare	Medicaid	579.37	30.44			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Horizon	NJ Health	383.85				330		1808.15 fee schedule	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	UHC	Medicaid	579.37	30.44			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Horizon	PPO	1191.32				330		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Wellcare	Medicare	615.67				330		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	Managed Care Inc	Managed Care Inc	1712.99	90			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 11-12 STUDIES	95912	CPT				both			1903.32	708.02	WellPoint	WellPoint	590.79	31.04			330		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Amerihealth	Medicare	615.67				390		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	First Trenton	First Trenton	1712.99	90			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Aetna	Better Health	579.37	30.44			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Wellcare	Medicare	615.67				390		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Corrections	Corrections	1522.66	80			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Americare	Americare	1427.49	75			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Aetna	Medicare	615.67				390		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Aetna	Commercial	1004.77				390		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Consumer	Consumer	1808.15	95			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Managed Care Inc	Managed Care Inc	1712.99	90			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Horizon	PPO	1191.32				390		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Multiplan	Multiplan	1522.66	80			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Horizon	Medicare Blue	615.67				390		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Amerihealth	HMO/PPO	390				390		1808.15 fee schedule	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	First Health	First Health	1332.32	70			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Qualcare	Qualcare	1427.49	75			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Wellcare	Medicaid	579.37	30.44			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Three Rivers	Three Rivers	1808.15	95			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	WellPoint	WellPoint	590.79	31.04			390		1808.15 percent of total billed charges	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Horizon	Indemnity	1191.32				390		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Horizon	MGD	1191.32				390		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	Horizon	NJ Health	444.38			91.5	390		1808.15 fee schedule	
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	UHC	Medicare	615.67				390		1808.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE CONDUCTION STUDIES 13+ STUDIES	95913	CPT				outpatient			1903.32	708.02	UHC	Medicaid	579.37	30.44			390		1808.15 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Multiplan	Multiplan	378.03	80			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	First Trenton	First Trenton	425.29	90			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Aetna	Medicare	149.57				40		448.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	UHC	Medicaid	143.84	30.44			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Aetna	Commercial	244.1				40		448.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Amerihealth	Medicare	149.57				40		448.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Aetna	Better Health	143.84	30.44			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	First Health	First Health	330.78	70			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Qualcare	Qualcare	354.41	75			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Wellcare	Medicare	149.57				40		448.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Corrections	Corrections	378.03	80			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	UHC	Medicare	149.57				40		448.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Americare	Americare	354.41	75			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Horizon	Indemnity	289.42				40		448.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Consumer	Consumer	448.91	95			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Three Rivers	Three Rivers	448.91	95			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Amerihealth	HMO/PPO	40				40		448.91 fee schedule	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	WellPoint	WellPoint	146.68	31.04			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Horizon	MGD	289.42				40		448.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Wellcare	Medicaid	143.84	30.44			40		448.91 percent of total billed charges	
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Horizon	Medicare Blue	149.57				40		448.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Horizon	PPO	289.42				40		448.91 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	95922	CPT				outpatient			472.54	172.01	Managed Care Inc	Managed Care Inc	425.29	90			40		448.91 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Aetna	Commercial	589.67				100		1787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Horizon	MGD	699.15				100		1787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Aetna	Better Health	321.67	30.44			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Horizon	Medicare Blue	361.32				100		1787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Americare	Americare	792.54	75			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	First Health	First Health	736.7	70			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Consumer	Consumer	1003.88	95			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Amerihealth	Medicare	361.32				100		1787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Aetna	Medicare	361.32				100		1787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	UHC	Medicaid	321.67	30.44			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Multiplan	Multiplan	845.38	80			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	UHC	Medicare	361.32				100		1787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Amerihealth	HMO/PPO	100				100		1787.85 fee schedule	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	First Trenton	First Trenton	951.05	90			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Corrections	Corrections	845.38	80			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Horizon	Indemnity	699.15				100		1787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Wellcare	Medicaid	321.67	30.44			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Three Rivers	Three Rivers	1003.88	95			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Qualcare	Qualcare	792.54	75			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Wellcare	Medicare	361.32				100		1787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Horizon	NJ Health	1787.85				100		1787.85 fee schedule	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Horizon	PPO	699.15				100		1787.85 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	Managed Care Inc	Managed Care Inc	951.05	90			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	95925	CPT				outpatient			1056.72	415.52	WellPoint	WellPoint	328.01	31.04			100		1787.85 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	First Trenton	First Trenton	474.61	90			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Aetna	Medicare	162.42	30.8			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Amerihealth	HMO/PPO	100				100		1743.48 fee schedule	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Aetna	Commercial	589.67				100		1743.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Horizon	PPO	699.15				100		1743.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Corrections	Corrections	421.87	80			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Aetna	Better Health	160.52	30.44			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Consumer	Consumer	500.97	95			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Managed Care Inc	Managed Care Inc	474.61	90			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Horizon	MGD	699.15				100		1743.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Amerihealth	Medicare	361.32				100		1743.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Americare	Americare	395.51	75			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	UHC	Medicaid	160.52	30.44			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Horizon	NJ Health	1743.48				100		1743.48 fee schedule	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	First Health	First Health	369.14	70			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Multiplan	Multiplan	421.87	80			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Wellcare	Medicare	361.32				100		1743.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT				outpatient			527.34	415.52	Three Rivers	Three Rivers	500.97	95			100		1743.48 percent of total billed charges	
SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	95926	CPT	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Aetna	Commercial	589.67				40	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Horizon	MGD	699.15				40	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Horizon	Medicare Blue	361.32				40	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Aetna	Better Health	317.63	30.44			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Multiplan	Multiplan	834.77	80			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Three Rivers	Three Rivers	991.29	95			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Horizon	Indemnity	699.15				40	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Corrections	Corrections	834.77	80			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Americare	Americare	782.6	75			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	UHC	Medicaid	317.63	30.44			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	UHC	Medicare	361.32				40	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Qualcare	Qualcare	782.6	75			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Wellcare	Medicaid	317.63	30.44			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	First Trenton	First Trenton	939.11	90			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Horizon	PPO	699.15				40	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Horizon	NJ Health	448.92				40	991.29	fee schedule	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Amerihealth	HMO/PPO	40				40	991.29	fee schedule	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Managed Care Inc	Managed Care Inc	939.11	90			40	991.29	percent of total billed charges	
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	Wellcare	Medicare	361.32				40	991.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EP TESTING CNS EXCEPT GLAUCOMA WI&R	95930	CPT				outpatient			1043.46	415.52	WellPoint	WellPoint	323.89	31.04			40	991.29	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	First Health	First Health	145.66	70			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Aetna	Commercial	296.27				55	351.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	First Trenton	First Trenton	187.27	90			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Aetna	Medicare	181.54				55	351.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Corrections	Corrections	166.46	80			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Americare	Americare	156.06	75			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Horizon	NJ Health	91.35				55	351.28	fee schedule	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Aetna	Better Health	63.34	30.44			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Horizon	Indemnity	351.28				55	351.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Amerihealth	HMO/PPO	55				55	351.28	fee schedule	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Managed Care Inc	Managed Care Inc	187.27	90			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Horizon	MGD	351.28				55	351.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Horizon	PPO	351.28				55	351.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Amerihealth	Medicare	181.54				55	351.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Three Rivers	Three Rivers	197.68	95			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Consumer	Consumer	197.68	95			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Multiplan	Multiplan	166.46	80			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Horizon	Medicare Blue	181.54				55	351.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Wellcare	Medicare	181.54				55	351.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	UHC	Medicare	181.54				55	351.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	UHC	Medicaid	63.34	30.44			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Qualcare	Qualcare	156.06	75			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	WellPoint	WellPoint	64.59	31.04			55	351.28	percent of total billed charges	
NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	95937	CPT				outpatient			208.08	208.77	Wellcare	Medicaid	63.34	30.44			55	351.28	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Americare	Americare	166.01	75			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Aetna	Better Health	67.38	30.44			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Horizon	Medicare Blue	66.4	30			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Corrections	Corrections	177.07	80			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		First Trenton	First Trenton	199.21	90			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Aetna	Medicare	68.17	30.8			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Wellcare	Medicaid	67.38	30.44			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Aetna	Commercial	84.11	38			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Horizon	MGD	84.73	38.28			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		UHC	Medicaid	67.38	30.44			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Horizon	PPO	84.73	38.28			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Managed Care Inc	Managed Care Inc	199.21	90			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Three Rivers	Three Rivers	210.27	95			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Consumer	Consumer	210.27	95			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Amerihealth	HMO/PPO	143.87	65			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		First Health	First Health	154.94	70			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		WellPoint	WellPoint	68.7	31.04			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Horizon	Indemnity	84.73	38.28			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Multiplan	Multiplan	177.07	80			66.4	210.27	percent of total billed charges	
IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	95940	CPT				outpatient			221.34		Qualcare	Qualcare	166.01	75			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Corrections	Corrections	177.07	80			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Amerihealth	HMO/PPO	143.87	65			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		First Health	First Health	154.94	70			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		First Trenton	First Trenton	199.21	90			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Aetna	Medicare	68.17	30.8			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Horizon	Medicare Blue	66.4	30			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Aetna	Better Health	67.38	30.44			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Americare	Americare	166.01	75			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		WellPoint	WellPoint	68.7	31.04			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Multiplan	Multiplan	177.07	80			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Aetna	Commercial	84.11	38			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Horizon	Indemnity	84.73	38.28			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Consumer	Consumer	210.27	95			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Qualcare	Qualcare	166.01	75			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Horizon	MGD	84.73	38.28			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		UHC	Medicaid	67.38	30.44			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Three Rivers	Three Rivers	210.27	95			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Horizon	PPO	84.73	38.28			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Wellcare	Medicaid	67.38	30.44			66.4	210.27	percent of total billed charges	
IONM REMOTE/NEARBY>1 PATIENT IN OR PER HOUR	95941	CPT				outpatient			221.34		Managed Care Inc	Managed Care Inc	199.21	90			66.4	210.27	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	UHC	Medicare	149.57				40	423.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Aetna	Commercial	244.1				40	423.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Americare	Americare	334.31	75			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Corrections	Corrections	356.59	80			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Aetna	Medicare	149.57			70.13	40	423.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Multiplan	Multiplan	356.59	80			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Aetna	Better Health	135.68	30.44			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	First Trenton	First Trenton	401.17	90			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Amerihealth	HMO/PPO	40				40	423.45	fee schedule	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Qualcare	Qualcare	334.31	75			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Consumer	Consumer	423.45	95			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Horizon	MGD	289.42				40	423.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Amerihealth	Medicare	149.57				40	423.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	UHC	Medicaid	135.68	30.44		135.68	40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Wellcare	Medicare	149.57				40	423.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Managed Care Inc	Managed Care Inc	401.17	90			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	First Health	First Health	312.02	70			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Horizon	PPO	289.42				40	423.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Horizon	Medicare Blue	149.57				40	423.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Three Rivers	Three Rivers	423.45	95			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Horizon	Indemnity	289.42				40	423.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	WellPoint	WellPoint	138.36	31.04			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	95970	CPT				outpatient			445.74	172.01	Wellcare	Medicaid	135.68	30.44			40	423.45	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Aetna	Commercial	173.82				100	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Aetna	Medicare	106.51				100	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Aetna	Better Health	151.21	30.44			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Multiplan	Multiplan	397.39	80			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	UHC	Medicaid	151.21	30.44		132.45	100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Americare	Americare	372.56	75			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Consumer	Consumer	471.9	95			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Qualcare	Qualcare	372.56	75			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Amerihealth	HMO/PPO	100				100	471.9	fee schedule	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Horizon	Medicare Blue	106.51				100	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	First Health	First Health	347.72	70			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	UHC	Medicare	106.51				100	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Corrections	Corrections	397.39	80			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Amerihealth	Medicare	106.51				100	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	First Trenton	First Trenton	447.07	90			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Horizon	Indemnity	206.1				100	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Horizon	MGD	206.1				100	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Wellcare	Medicaid	151.21	30.44			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Three Rivers	Three Rivers	471.9	95			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Horizon	PPO	206.1				100	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Wellcare	Medicare	106.51				100	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	Managed Care Inc	Managed Care Inc	447.07	90			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	95971	CPT				outpatient			496.74	122.49	WellPoint	WellPoint	154.19	31.04			100	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	Aetna	Better Health	151.21	30.44			75	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	Aetna	Commercial	173.82				75	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	Amerihealth	HMO/PPO	75				75	471.9	fee schedule	
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	Amerihealth	Medicare	106.51				75	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	Horizon	MGD	206.1				75	471.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT NPGT CPLX SP

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	UHC	Medicaid	151.21	30.44			75	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	Wellcare	Medicaid	151.21	30.44			75	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	WellPoint	WellPoint	154.19	31.04			75	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	Horizon	NJ Health	96.57				75	471.9	fee schedule	
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	Managed Care Inc	Managed Care Inc	447.07	90			75	471.9	percent of total billed charges	
ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95972	CPT				outpatient			496.74	122.49	Three Rivers	Three Rivers	471.9	95			75	471.9	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Aetna	Better Health	40.36	30.44			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Amerihealth	HMO/PPO	86.19	65			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Three Rivers	Three Rivers	125.97	95			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Amerihealth	Medicare	43.27				40.36	125.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	UHC	Medicare	43.27				40.36	125.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Corrections	Corrections	106.08	80			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Aetna	Commercial	70.62				40.36	125.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Aetna	Medicare	43.27			31.4	40.36	125.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Horizon	MGD	83.73				40.36	125.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Horizon	NJ Health	68.8			8.55	40.36	125.97	fee schedule	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	UHC	Medicaid	40.36	30.44		38.9	40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	First Health	First Health	92.82	70			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Horizon	PPO	83.73				40.36	125.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	First Trenton	First Trenton	119.34	90			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Americare	Americare	99.45	75			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Consumer	Consumer	125.97	95			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	WellPoint	WellPoint	41.16	31.04			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Qualcare	Qualcare	99.45	75			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Horizon	Indemnity	83.73				40.36	125.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Multiplan	Multiplan	106.08	80			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Managed Care Inc	Managed Care Inc	119.34	90			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Horizon	Medicare Blue	43.27				40.36	125.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Wellcare	Medicare	43.27				40.36	125.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	95976	CPT				outpatient			132.6	49.76	Wellcare	Medicaid	40.36	30.44			40.36	125.97	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Americare	Americare	252.37	75			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Aetna	Better Health	102.43	30.44			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Aetna	Medicare	103.64	30.8			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Horizon	MGD	206.1				73.94	319.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Aetna	Commercial	173.82				73.94	319.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	First Health	First Health	235.54	70			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Consumer	Consumer	319.67	95			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	UHC	Medicaid	102.43	30.44			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	First Trenton	First Trenton	302.84	90			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Amerihealth	HMO/PPO	218.72	65			73.94	319.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Amerihealth	Medicare	106.51				73.94	319.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Corrections	Corrections	269.19	80			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Horizon	Medicare Blue	106.51				73.94	319.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Multiplan	Multiplan	269.19	80			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Horizon	Indemnity	206.1				73.94	319.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Horizon	NJ Health	73.94				73.94	319.67	fee schedule	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Managed Care Inc	Managed Care Inc	302.84	90			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Qualcare	Qualcare	252.37	75			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	UHC	Medicare	106.51			80.36	73.94	319.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Horizon	PPO	206.1				73.94	319.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Three Rivers	Three Rivers	319.67	95			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	WellPoint	WellPoint	104.45	31.04			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Wellcare	Medicaid	102.43	30.44			73.94	319.67	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	95983	CPT				outpatient			336.49	122.49	Wellcare	Medicare	106.51				73.94	319.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Aetna	Better Health	77.62	30.44			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Amerihealth	HMO/PPO	165.75	65			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Aetna	Medicare	78.54	30.8			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Horizon	Medicare Blue	76.5	30			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Consumer	Consumer	242.25	95			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		First Health	First Health	178.5	70			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Americare	Americare	191.25	75			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		First Trenton	First Trenton	229.5	90			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Aetna	Commercial	96.9	38			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Horizon	Indemnity	97.61	38.28		97.9	64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Corrections	Corrections	204	80			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Horizon	MGD	97.61	38.28		77.68	64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Horizon	NJ Health	64.34				64.34	242.25	fee schedule	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Horizon	PPO	97.61	38.28			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Multiplan	Multiplan	204	80			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Managed Care Inc	Managed Care Inc	229.5	90			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Three Rivers	Three Rivers	242.25	95			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		WellPoint	WellPoint	79.15	31.04			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Qualcare	Qualcare	191.25	75			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		UHC	Medicaid	77.62	30.44			64.34	242.25	percent of total billed charges	
ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	95984	CPT				outpatient			255		Wellcare	Medicaid	77.62	30.44			64.34	242.25	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Corrections	Corrections	852.72	80			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	First Trenton	First Trenton	959.31	90			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Horizon	MGD	662.76				100	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Aetna	Commercial	558.98				100	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Aetna	Better Health	324.46	30.44			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Aetna	Medicare	342.51				100	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Consumer	Consumer	1012.61	95			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Amerihealth	HMO/PPO	100				100	1835.46	fee schedule	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Qualcare	Qualcare	799.43	75			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Horizon	NJ Health	344.52				100	1835.46	fee schedule	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Horizon	PPO	662.76				100	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Amerihealth	Medicare	342.51				100	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Horizon	Indemnity	662.76				100	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Americare	Americare	799.43	75			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	First Health	First Health	746.13	70			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Horizon	Medicare Blue	342.51				100	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	United	Commercial/PPO	1835.46				100	1835.46	case rate	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Managed Care Inc	Managed Care Inc	959.31	90			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	UHC	Medicaid	324.46	30.44			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	UHC	Medicare	342.51				100	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Multiplan	Multiplan	852.72	80			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Three Rivers	Three Rivers	1012.61	95			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Wellcare	Medicare	342.51				100	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	United	Oxford	1835.46				100	1835.46	case rate	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	WellPoint	WellPoint	330.86	31.04			100	1835.46	percent of total billed charges	
RFL&MAIN IMPLT PMP/RSVR DLVR SP/BRN PHY/QHP	95991	CPT				outpatient			1065.9	393.89	Wellcare	Medicaid	324.46	30.44			100	1835.46	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		First Trenton	First Trenton	459	90			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Aetna	Better Health	155.24	30.44			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Horizon	Medicare Blue	153	30			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Consumer	Consumer	484.5	95			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Americare	Americare	382.5	75			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Aetna	Commercial	193.8	38			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Amerihealth	HMO/PPO	331.5	65			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Horizon	MGD	195.23	38.28			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Corrections	Corrections	408	80			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Horizon	PPO	195.23	38.28			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		First Health	First Health	357	70			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Multiplan	Multiplan	408	80			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			153	484.5	percent of total billed charges	
CANALITH REPOSITIONING PROCEDURE	95992	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			153	484.5	percent of total billed charges	
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	UHC	Medicare	181.54				172.94	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Consumer	Consumer	539.73	95			172.94	539.73	percent of total billed charges	
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Americare	Americare	426.11	75			172.94	539.73	percent of total billed charges	
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Horizon	Medicare Blue	181.54				172.94	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Aetna	Commercial	296.27				172.94	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Aetna	Better Health	172.94	30.44			172.94	539.73	percent of total billed charges	
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Aetna	Medicare	181.54				172.94	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Amerihealth	Medicare	181.54				172.94	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Amerihealth	HMO/PPO	369.29	65			172.94	539.73	percent of total billed charges	
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Corrections	Corrections	454.51	80			172.94	539.73	percent of total billed charges	
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	First Trenton	First Trenton	511.33	90			172.94	539.73	percent of total billed charges	
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Horizon	Indemnity	351.28				172.94	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Multiplan	Multiplan	454.51	80			172.94	539.73	percent of total billed charges	
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	First Health	First Health	397.7	70			172.94	539.73	percent of total billed charges	
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Horizon	MGD	351.28				172.94	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX PX	95999	CPT				outpatient			568.14	208.77	Horizon	PPO	351.28				172.94	539.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOGICAL/NEUROMUSCULAR DX

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Consumer		484.5	95			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		First Health	First Health	357	70			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Aetna	Medicare	157.08	30.8			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		WellPoint	WellPoint	158.3	31.04			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Americare	Americare	382.5	75			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Horizon	PPO	195.23	38.28			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Horizon	MGD	195.23	38.28			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Horizon	Indemnity	195.23	38.28			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Corrections	Corrections	408	80			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Horizon	Medicare Blue	153	30			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Multiplan	Multiplan	408	80			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Managed Care Inc	Managed Care Inc	459	90			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Qualcare	Qualcare	382.5	75			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Wellcare	Medicaid	155.24	30.44			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		Three Rivers	Three Rivers	484.5	95			153	484.5	percent of total billed charges	
MED GENETICS&GENETIC COUNSELING SVCS EACH 30 MIN	96041	CPT				outpatient			510		UHC	Medicaid	155.24	30.44			153	484.5	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Americare	Americare	717.57	75			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Consumer	Consumer	908.92	95			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Aetna	Better Health	291.24	30.44			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Horizon	MGD	366.25	38.28			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		First Trenton	First Trenton	861.08	90			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Aetna	Medicare	294.68	30.8			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Aetna	Commercial	363.57	38			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Corrections	Corrections	765.41	80			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Amerihealth	HMO/PPO	15.82				7.28	908.92	fee schedule	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		First Health	First Health	669.73	70			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		WellPoint	WellPoint	296.98	31.04			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Multiplan	Multiplan	765.41	80			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Horizon	Indemnity	366.25	38.28			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Wellcare	Medicaid	291.24	30.44			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Horizon	PPO	366.25	38.28			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Horizon	Medicare Blue	287.03	30			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Managed Care Inc	Managed Care Inc	861.08	90			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Qualcare	Qualcare	717.57	75			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Three Rivers	Three Rivers	908.92	95			7.28	908.92	percent of total billed charges	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		Horizon	NJ Health	7.28				7.28	908.92	fee schedule	
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	96110	CPT				both			956.76		UHC	Medicaid	291.24	30.44			7.28	908.92	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Horizon	MGD	88.12			28.18	3.02	138.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Americare	Americare	109.4	75			3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Aetna	Better Health	44.4	30.44		28.26	3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Amerihealth	HMO/PPO	15.82			22.31	3.02	138.57	fee schedule	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Aetna	Medicare	44.92	30.8		23.24	3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Aetna	Commercial	74.32			29.24	3.02	138.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Consumer	Consumer	138.57	95			3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Multiplan	Multiplan	116.69	80			3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Amerihealth	Medicare	45.54				3.02	138.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Horizon	Medicare Blue	45.54				3.02	138.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Corrections	Corrections	116.69	80			3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	First Health	First Health	102.1	70			3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Horizon	NJ Health	3.02			7.73	3.02	138.57	fee schedule	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	UHC	Medicare	45.54			23.69	3.02	138.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	First Trenton	First Trenton	131.27	90			3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Qualcare	Qualcare	109.4	75			3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	WellPoint	WellPoint	45.27	31.04		31.73	3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	UHC	Medicaid	44.4	30.44		30.68	3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Horizon	Indemnity	88.12			41.34	3.02	138.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Horizon	PPO	88.12			18.53	3.02	138.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Wellcare	Medicare	45.54				3.02	138.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Managed Care Inc	Managed Care Inc	131.27	90			3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Three Rivers	Three Rivers	138.57	95			3.02	138.57	percent of total billed charges	
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	96127	CPT				both			145.86	52.37	Wellcare	Medicaid	44.4	30.44		42.28	3.02	138.57	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Americare	Americare	83.39	75			8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Corrections	Corrections	88.94	80		32.2	8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Horizon	PPO	66.89			31.72	8.01	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Amerihealth	Medicare	34.57			4.28	8.01	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Amerihealth	HMO/PPO	72.27	65		10.24	8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Aetna	Commercial	56.42			18.4	8.01	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Aetna	Medicare	34.57			13	8.01	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Aetna	Better Health	33.84	30.44		26.83	8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Consumer	Consumer	105.62	95			8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	UHC	Medicaid	33.84	30.44		25.19	8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Multiplan	Multiplan	88.94	80			8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	First Health	First Health	77.83	70			8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	First Trenton	First Trenton	100.06	90			8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Horizon	Indemnity	66.89			37.96	8.01	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Wellcare	Medicare	34.57			24.33	8.01	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Horizon	NJ Health	8.01			9.38	8.01	105.62	fee schedule	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Horizon	Medicare Blue	34.57			22.25	8.01	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	UHC	Medicare	34.57			23.55	8.01	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Qualcare	Qualcare	83.39	75			8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Horizon	MGD	66.89			34.58	8.01	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Managed Care Inc	Managed Care Inc	100.06	90			8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Wellcare	Medicaid	33.84	30.44		27.08	8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	Three Rivers	Three Rivers	105.62	95			8.01	105.62	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	96160	CPT				both			111.18	39.76	WellPoint	WellPoint	34.51	31.04		27.75	8.01	105.62	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Amerihealth	HMO/PPO	499.9	65		183.27	234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Americare	Americare	576.81	75			234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Aetna	Medicare	244.47			145.99	234.11	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	UHC	Medicaid	234.11	30.44		206.1	234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Amerihealth	Medicare	244.47				234.11	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Multiplan	Multiplan	615.26	80			234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Aetna	Commercial	398.98			243.85	234.11	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Aetna	Better Health	234.11	30.44		209	234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Corrections	Corrections	615.26	80			234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Consumer	Consumer	730.63	95			234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	First Health	First Health	538.36	70			234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	First Trenton	First Trenton	692.17	90			234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Horizon	MGD	473.05			314.76	234.11	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Qualcare	Qualcare	576.81	75			234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	UHC	Medicare	244.47			95.49	234.11	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Horizon	Medicare Blue	244.47			139.74	234.11	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Horizon	NJ Health	368.01			102.72	234.11	730.63	fee schedule	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Horizon	Indemnity	473.05			329.47	234.11	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Horizon	PPO	473.05			324.52	234.11	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	WellPoint	WellPoint	238.72	31.04		189.6	234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Managed Care Inc	Managed Care Inc	692.17	90			234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Three Rivers	Three Rivers	730.63	95			234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Wellcare	Medicaid	234.11	30.44		207.57	234.11	730.63	percent of total billed charges	
IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	96360	CPT				both			769.08	281.14	Wellcare	Medicare	244.47				234.11	730.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Amerihealth	Medicare	53.54				53.54	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Aetna	Commercial	87.38			61.97	53.54	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Americare	Americare	166.01	75			53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	First Health	First Health	154.94	70			53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Aetna	Better Health	67.38	30.44		66.11	53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Horizon	Indemnity	103.6			59.15	53.54	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Aetna	Medicare	53.54			50.92	53.54	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Consumer	Consumer	219.27	95			53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	WellPoint	WellPoint	68.7	31.04		51.54	53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Horizon	Medicare Blue	53.54			43	53.54	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Horizon	MGD	103.6			77.36	53.54	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Horizon	NJ Health	151.38			24.92	53.54	210.27	fee schedule	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Amerihealth	HMO/PPO	143.87	65		42.81	53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Horizon	PPO	103.6			76.95	53.54	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	UHC	Medicaid	67.38	30.44		60.44	53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Corrections	Corrections	177.07	80			53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	First Trenton	First Trenton	199.21	90			53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Multiplan	Multiplan	177.07	80			53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Wellcare	Medicaid	67.38	30.44		59.89	53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Three Rivers	Three Rivers	210.27	95			53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Managed Care Inc	Managed Care Inc	199.21	90			53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Qualcare	Qualcare	166.01	75			53.54	210.27	percent of total billed charges	
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	UHC	Medicare	53.54			23.35	53.54	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION HYDRATION EACH ADDITIONAL HOUR	96361	CPT				both			221.34	61.57	Wellcare	Medicare	53.54				53.54	210.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26	281.14	UHC	Medicaid	252.43	30.44		212.44	97.25	787.8	percent of total billed charges	
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26	281.14	Aetna	Better Health	252.43	30.44		218.75	97.25	787.8	percent of total billed charges	
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26	281.14	Multiplan	Multiplan	663.41	80			97.25	787.8	percent of total billed charges	
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26	281.14	Amerihealth	Medicare	244.47				97.25	787.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26	281.14	Amerihealth	HMO/PPO

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26		281.14 Horizon	Indemnity	473.05			136.9	97.25	787.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26		281.14 Horizon	PPO	473.05			247	97.25	787.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26		281.14 Americare	Americare	621.95	75			97.25	787.8	percent of total billed charges	
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26		281.14 WellPoint	WellPoint	257.4	31.04		197.66	97.25	787.8	percent of total billed charges	
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26		281.14 Horizon	Medicare Blue	244.47			89.53	97.25	787.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26		281.14 First Trenton	First Trenton	746.33	90			97.25	787.8	percent of total billed charges	
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26		281.14 Wellcare	Medicaid	252.43	30.44		221.19	97.25	787.8	percent of total billed charges	
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26		281.14 Managed Care Inc	Managed Care Inc	746.33	90			97.25	787.8	percent of total billed charges	
IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	96365	CPT				both			829.26		281.14 Three Rivers	Three Rivers	787.8	95			97.25	787.8	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Aetna	Commercial	87.38			75.62	31.48	250.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Horizon	NJ Health	31.48			9.64	31.48	250.97	fee schedule	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Aetna	Medicare	81.37	30.8		33.5	31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Amerihealth	HMO/PPO	171.72	65		37.47	31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Consumer	Consumer	250.97	95			31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 First Trenton	First Trenton	237.76	90			31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Aetna	Better Health	80.42	30.44		71.37	31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Horizon	MGD	103.6			42.22	31.48	250.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Corrections	Corrections	211.34	80			31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 UHC	Medicare	53.54			31.52	31.48	250.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Americare	Americare	198.14	75			31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Amerihealth	Medicare	53.54				31.48	250.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Horizon	Medicare Blue	53.54			33.09	31.48	250.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Managed Care Inc	Managed Care Inc	237.76	90			31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Horizon	PPO	103.6			71.6	31.48	250.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 First Health	First Health	184.93	70			31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Wellcare	Medicaid	80.42	30.44		73.76	31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Horizon	Indemnity	103.6			55.52	31.48	250.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Multiplan	Multiplan	211.34	80			31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 WellPoint	WellPoint	82	31.04		66.01	31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 UHC	Medicaid	80.42	30.44		70.11	31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Qualcare	Qualcare	198.14	75			31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Three Rivers	Three Rivers	250.97	95			31.48	250.97	percent of total billed charges	
IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	96366	CPT				both			264.18		61.57 Wellcare	Medicare	53.54			31.7	31.48	250.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Aetna	Better Health	77	30.44		70.36	46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Amerihealth	Medicare	82.58				46.98	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Amerihealth	HMO/PPO	164.42	65		47.68	46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Aetna	Medicare	82.58			49.2	46.98	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 First Trenton	First Trenton	227.66	90			46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Americare	Americare	189.72	75			46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Aetna	Commercial	134.77			77.39	46.98	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Multiplan	Multiplan	202.37	80			46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Corrections	Corrections	202.37	80			46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Horizon	Indemnity	159.79			72.3	46.98	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Horizon	MGD	159.79			90.24	46.98	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Consumer	Consumer	240.31	95			46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Managed Care Inc	Managed Care Inc	227.66	90			46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 UHC	Medicaid	77	30.44		65.97	46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Horizon	Medicare Blue	82.58			46.18	46.98	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Qualcare	Qualcare	189.72	75			46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Three Rivers	Three Rivers	240.31	95			46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 First Health	First Health	177.07	70			46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Horizon	PPO	159.79			91.34	46.98	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Wellcare	Medicaid	77	30.44		55.01	46.98	240.31	percent of total billed charges	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Horizon	NJ Health	46.98			26.22	46.98	240.31	fee schedule	
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 UHC	Medicare	82.58			26.42	46.98	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 Wellcare	Medicare	82.58				46.98	240.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	96367	CPT				both			252.96		94.97 WellPoint	WellPoint	78.52	31.04		50.8	46.98	240.31	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Americare	116.28	75			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			First Health	108.53	70			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Amerihealth	100.78	65			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			WellPoint	48.12	31.04		30.94	29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Aetna	47.19	30.44		40.11	29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Consumer	147.29	95			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			First Trenton	139.54	90			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Wellcare	47.19	30.44		44.63	29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Aetna	58.92	38		52.87	29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Horizon	59.35	38.28		0.18	29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Corrections	124.03	80			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Horizon	59.35	38.28		25.09	29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Aetna	47.75	30.8			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Multiplan	124.03	80			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Managed Care Inc	139.54	90			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Horizon	46.51	30		14.04	29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Horizon	NJ Health	29.23		9.67	29.23	147.29	fee schedule	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Qualcare	Qualcare	116.28	75			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Three Rivers	Three Rivers	147.29	95			29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			Horizon	PPO	59.35	38.28		38.96	29.23	147.29	percent of total billed charges	
IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	96368	CPT				both			155.04			UHC	Medicaid	47.19	30.44		38.22	29.23	147.29	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Aetna	Better Health	155.8	30.44			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 First Trenton	First Trenton	460.64	90			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Amerihealth	HMO/PPO	332.68	65			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Americare	Americare	383.87	75			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Consumer	Consumer	486.23	95			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 UHC	Medicare	244.47				155.8	486.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 First Health	First Health	358.27	70			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Aetna	Commercial	398.98				155.8	486.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Horizon	MGD	473.05				155.8	486.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Managed Care Inc	Managed Care Inc	460.64	90			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Multiplan	Multiplan	409.46	80			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Amerihealth	Medicare	244.47				155.8	486.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Corrections	Corrections	409.46	80			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Wellcare	Medicare	244.47				155.8	486.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Horizon	Indemnity	473.05				155.8	486.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Aetna	Medicare	244.47				155.8	486.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Horizon	PPO	473.05				155.8	486.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Qualcare	Qualcare	383.87	75			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Horizon	Medicare Blue	244.47				155.8	486.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Three Rivers	Three Rivers	486.23	95			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 WellPoint	WellPoint	158.87	31.04			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 UHC	Medicaid	155.8	30.44			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Horizon	NJ Health	231.82				155.8	486.23	fee schedule	
SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	96369	CPT				outpatient			511.82		281.14 Wellcare	Medicaid	155.8	30.44			155.8	486.23	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Aetna	Commercial	87.38				17.08	103.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Aetna	Better Health	17.08	30.44			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Americare	Americare	42.08	75			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Corrections	Corrections	44.88	80			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 UHC	Medicare	53.54				17.08	103.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 First Health	First Health	39.27	70			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 First Trenton	First Trenton	50.49	90			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Aetna	Medicare	17.28	30.8			17.08	103.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Amerihealth	HMO/PPO	36.47	65			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Horizon	PPO	103.6				17.08	103.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Horizon	Indemnity	103.6				17.08	103.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Horizon	Medicare Blue	53.54				17.08	103.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Multiplan	Multiplan	44.88	80			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Horizon	MGD	103.6				17.08	103.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Managed Care Inc	Managed Care Inc	50.49	90			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Amerihealth	Medicare	53.54				17.08	103.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Qualcare	Qualcare	42.08	75			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 WellPoint	WellPoint	17.41	31.04			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 UHC	Medicaid	17.08	30.44			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Consumer	Consumer	53.3	95			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Wellcare	Medicare	53.54				17.08	103.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Horizon	NJ Health	22.21				17.08	103.6	fee schedule	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Three Rivers	Three Rivers	53.3	95			17.08	103.6	percent of total billed charges	
SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	96370	CPT				outpatient			56.1		61.57 Wellcare	Medicaid	17.08	30.44			17.08	103.6	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84		94.97 First Health	First Health	137.09	70			7.97	186.05	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84		94.97 Consumer	Consumer	186.05	95			7.97	186.05	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84		94.97 Aetna	Commercial	134.77			47.66	7.97	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84		94.97 Aetna	Medicare	82.58			37.36	7.97	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84		94.97 Aetna	Better Health	59.61	30.44		41.89	7.97	186.05	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84		94.97 Horizon	Indemnity	159.79			30.99	7.97	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84		94.97 Amerihealth	Medicare	82.58				7.97	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84		94.97 Corrections	Corrections	156.67	80		26.89	7.97	186.05	percent of total billed charges	
THERAP

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84	94.97	Wellcare	Medicare	82.58			45.03	7.97	186.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	CPT				both			195.84	94.97	WellPoint	WellPoint	60.79	31.04		46.25	7.97	186.05	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Aetna	Better Health	242.49	30.44			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Amerihealth	HMO/PPO	517.8	65			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	First Trenton	First Trenton	716.96	90			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Amerihealth	Medicare	244.47				8.28	756.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Aetna	Medicare	244.47				8.28	756.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Aetna	Commercial	398.98				8.28	756.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Three Rivers	Three Rivers	756.79	95			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Consumer	Consumer	756.79	95			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	WellPoint	WellPoint	247.27	31.04			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Corrections	Corrections	637.3	80			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Horizon	Indemnity	473.05				8.28	756.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Horizon	Medicare Blue	244.47				8.28	756.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	First Health	First Health	557.63	70			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Americare	Americare	597.47	75			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	UHC	Medicaid	242.49	30.44			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Multiplan	Multiplan	637.3	80			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Horizon	MGD	473.05				8.28	756.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Qualcare	Qualcare	597.47	75			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Horizon	NJ Health	8.28				8.28	756.79	fee schedule	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Wellcare	Medicare	244.47				8.28	756.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	UHC	Medicare	244.47				8.28	756.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Horizon	PPO	473.05				8.28	756.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Wellcare	Medicaid	242.49	30.44			8.28	756.79	percent of total billed charges	
THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	96373	CPT				outpatient			796.62	281.14	Managed Care Inc	Managed Care Inc	716.96	90			8.28	756.79	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Amerihealth	HMO/PPO	497.25	65		121.84	25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Aetna	Commercial	398.98			166.72	25.3	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Aetna	Better Health	232.87	30.44		185.31	25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Americare	Americare	573.75	75			25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Consumer	Consumer	726.75	95			25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Corrections	Corrections	612	80		101.77	25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Aetna	Medicare	244.47			101.71	25.3	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Horizon	Indemnity	473.05			197.08	25.3	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Amerihealth	Medicare	244.47				25.3	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Horizon	NJ Health	25.3			50.39	25.3	726.75	fee schedule	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	First Trenton	First Trenton	688.5	90			25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Horizon	Medicare Blue	244.47			109.23	25.3	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	First Health	First Health	535.5	70			25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	UHC	Medicare	244.47			90.72	25.3	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Horizon	PPO	473.05			212.18	25.3	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Horizon	MGD	473.05			218.48	25.3	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Multiplan	Multiplan	612	80			25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	WellPoint	WellPoint	237.46	31.04		180.25	25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Managed Care Inc	Managed Care Inc	688.5	90			25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Wellcare	Medicare	244.47			130.58	25.3	726.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Qualcare	Qualcare	573.75	75			25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Three Rivers	Three Rivers	726.75	95			25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	UHC	Medicaid	232.87	30.44		199.84	25.3	726.75	percent of total billed charges	
THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	96374	CPT				both			765	281.14	Wellcare	Medicaid	232.87	30.44		198.53	25.3	726.75	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Aetna	Better Health	60.86	30.44		50.95	11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	First Health	First Health	139.94	70			11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Aetna	Medicare	61.58	30.8		28.21	11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Amerihealth	Medicare	53.54				11.73	189.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Aetna	Commercial	87.38			49.18	11.73	189.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Qualcare	Qualcare	149.94	75			11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Corrections	Corrections	159.94	80		35.59	11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Horizon	Medicare Blue	53.54			26.64	11.73	189.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Amerihealth	HMO/PPO	129.95	65		34.35	11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Multiplan	Multiplan	159.94	80			11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Americare	Americare	149.94	75			11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	First Trenton	First Trenton	179.93	90			11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Horizon	NJ Health	11.73			12.5	11.73	189.92	fee schedule	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Three Rivers	Three Rivers	189.92	95			11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	UHC	Medicaid	60.86	30.44		52.84	11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	UHC	Medicare	53.54			25.87	11.73	189.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Consumer	Consumer	189.92	95			11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Horizon	Indemnity	103.6			46.81	11.73	189.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Horizon	PPO	103.6			58.16	11.73	189.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Managed Care Inc	Managed Care Inc	179.93	90			11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Horizon	MGD	103.6			57.1	11.73	189.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Wellcare	Medicare	53.54			26.65	11.73	189.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	Wellcare	Medicaid	60.86	30.44		53.05	11.73	189.92	percent of total billed charges	
THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	96375	CPT				both			199.92	61.57	WellPoint	WellPoint	62.06	31.04		47.95	11.73	189.92	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Americare	Americare	167.54	75			6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Aetna	Commercial	84.88	38		46.49	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Aetna	Medicare	68.8	30.8		27.26	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Horizon	Medicare Blue	67.01	30		22.61	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Consumer	Consumer	212.21	95			6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Aetna	Better Health	68	30.44		52.09	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Amerihealth	HMO/PPO	145.2	65		38.8	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Horizon	PPO	85.51	38.28		57.57	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		WellPoint	WellPoint	69.34	31.04		51.29	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		First Trenton	First Trenton	201.04	90			6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Corrections	Corrections	178.7	80		23.76	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Horizon	NJ Health	6.04			9.66	6.04	212.21	fee schedule	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Horizon	MGD	85.51	38.28		61.56	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		First Health	First Health	156.37	70			6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Wellcare	Medicaid	68	30.44		61.89	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Multiplan	Multiplan	178.7	80			6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Horizon	Indemnity	85.51	38.28		51.22	6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Qualcare	Qualcare	167.54	75			6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Three Rivers	Three Rivers	212.21	95			6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		Managed Care Inc	Managed Care Inc	201.04	90			6.04	212.21	percent of total billed charges	
THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	96376	CPT				both			223.38		UHC	Medicaid	68	30.44		56.57	6.04	212.21	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Americare	Americare	118.58	75			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Multiplan	Multiplan	126.48	80			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Aetna	Commercial	87.38			31.58	7.97	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	First Health	First Health	110.67	70			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Amerihealth	Medicare	53.54				7.97	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Aetna	Medicare	53.54				7.97	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Aetna	Better Health	48.13	30.44			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Corrections	Corrections	126.48	80			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Consumer	Consumer	150.2	95			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	UHC	Medicaid	48.13	30.44		47.13	7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Wellcare	Medicare	53.54				7.97	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Three Rivers	Three Rivers	150.2	95			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Horizon	MGD	103.6			49.45	7.97	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Amerihealth	HMO/PPO	102.77	65			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Wellcare	Medicaid	48.13	30.44		35.1	7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	First Trenton	First Trenton	142.29	90			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	UHC	Medicare	53.54			13.01	7.97	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Horizon	Medicare Blue	53.54			26.34	7.97	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Horizon	Indemnity	103.6				7.97	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Horizon	PPO	103.6			23.04	7.97	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Horizon	NJ Health	7.97			29.19	7.97	150.2	fee schedule	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Qualcare	Qualcare	118.58	75			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	Managed Care Inc	Managed Care Inc	142.29	90			7.97	150.2	percent of total billed charges	
APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	96377	CPT				both			158.1	61.57	WellPoint	WellPoint	49.07	31.04		21.21	7.97	150.2	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Aetna	Better Health	20.49	30.44			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		First Trenton	First Trenton	60.59	90			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Corrections	Corrections	53.86	80			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Americare	Americare	50.49	75			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		First Health	First Health	47.12	70			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		UHC	Medicaid	20.49	30.44			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Aetna	Commercial	25.58	38			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Amerihealth	HMO/PPO	43.76	65			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Wellcare	Medicaid	20.49	30.44			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Horizon	PPO	25.77	38.28			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Aetna	Medicare	20.73	30.8			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Consumer	Consumer	63.95	95			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		WellPoint	WellPoint	20.9	31.04		21.24	20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Managed Care Inc	Managed Care Inc	60.59	90			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Horizon	MGD	25.77	38.28			20.2	63.95	percent of total billed charges	
ADMN RSV MONOCLONAL ANTB SEASONAL DOSE IM NJX	96381	CPT				outpatient			67.32		Horizon	Indemnity	25.77

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Horizon	PPO	159.79			26.09	5	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Qualcare	Qualcare	376.38	75			5	476.75	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 First Health	First Health	351.29	70			5	476.75	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Wellcare	Medicaid	152.76	30.44			5	476.75	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Horizon	Medicare Blue	82.58			115.41	5	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Corrections	Corrections	401.47	80			5	476.75	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 UHC	Medicare	82.58			118.13	5	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Horizon	MGD	159.79			182.24	5	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Wellcare	Medicare	82.58				5	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Horizon	NJ Health	200.97			34.93	5	476.75	fee schedule	
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Horizon	Indemnity	159.79				5	476.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Managed Care Inc	Managed Care Inc	451.66	90			5	476.75	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 WellPoint	WellPoint	155.77	31.04		95.52	5	476.75	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 Three Rivers	Three Rivers	476.75	95			5	476.75	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	96401	CPT				outpatient			501.84		94.97 UHC	Medicaid	152.76	30.44			5	476.75	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Corrections	Corrections	252.14	80		4.57	5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 First Health	First Health	220.63	70			5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Horizon	NJ Health	164.43			41.93	5	299.42	fee schedule	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Amerihealth	Medicare	82.58				5	299.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Aetna	Commercial	134.77			17.62	5	299.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Aetna	Better Health	95.94	30.44			5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Americare	Americare	236.39	75			5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Horizon	Indemnity	159.79			21.08	5	299.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Horizon	Medicare Blue	82.58			8.96	5	299.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Multiplan	Multiplan	252.14	80			5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Wellcare	Medicaid	95.94	30.44		84.32	5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 First Trenton	First Trenton	283.66	90			5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Consumer	Consumer	299.42	95			5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Aetna	Medicare	82.58			32.6	5	299.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Amerihealth	HMO/PPO	5				5	299.42	fee schedule	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Horizon	MGD	159.79			16.36	5	299.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 UHC	Medicaid	95.94	30.44		81.64	5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Three Rivers	Three Rivers	299.42	95			5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Horizon	PPO	159.79			23.98	5	299.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Managed Care Inc	Managed Care Inc	283.66	90			5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Qualcare	Qualcare	236.39	75			5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 WellPoint	WellPoint	97.83	31.04		72.92	5	299.42	percent of total billed charges	
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 Wellcare	Medicare	82.58			24.75	5	299.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	96402	CPT				outpatient			315.18		94.97 UHC	Medicare	82.58			15.8	5	299.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Horizon	PPO	159.79				29.5	159.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Consumer	Consumer	92.06	95			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Amerihealth	Medicare	82.58				29.5	159.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Aetna	Better Health	29.5	30.44			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Amerihealth	HMO/PPO	37				29.5	159.79	fee schedule	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Aetna	Commercial	134.77				29.5	159.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 First Trenton	First Trenton	87.22	90			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Horizon	Indemnity	159.79				29.5	159.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 UHC	Medicaid	29.5	30.44			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Corrections	Corrections	77.53	80			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Qualcare	Qualcare	72.68	75			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Horizon	Medicare Blue	82.58				29.5	159.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 First Health	First Health	67.84	70			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Aetna	Medicare	82.58				29.5	159.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Managed Care Inc	Managed Care Inc	87.22	90			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Horizon	NJ Health	127.55				29.5	159.79	fee schedule	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 WellPoint	WellPoint	30.08	31.04			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Americare	Americare	72.68	75			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 UHC	Medicare	82.58				29.5	159.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Horizon	MGD	159.79				29.5	159.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Wellcare	Medicaid	29.5	30.44			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Multiplan	Multiplan	77.53	80			29.5	159.79	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Wellcare	Medicare	82.58				29.5	159.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRALESIONAL <//7	96405	CPT				outpatient			96.91		94.97 Three Rivers	Three Rivers	92.06	95			29.5	159.79	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 First Trenton	First Trenton	903.47	90			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Aetna	Commercial	628.11	27		254.72	27	963.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Americare	Americare	752.89	75			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Amerihealth	HMO/PPO	27				27	963.66	fee schedule	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 UHC	Medicaid	305.57	30.44			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Aetna	Medicare	384.87				27	963.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Amerihealth	Medicare	384.87				27	963.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Aetna	Better Health	305.57	30.44			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Wellcare	Medicare	384.87				27	963.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Corrections	Corrections	803.08	80			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Multiplan	Multiplan	803.08	80			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 First Health	First Health	702.7	70			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 UHC	Medicare	384.87				27	963.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Horizon	PPO	744.72				27	963.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Consumer	Consumer	953.66	95			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Horizon	Medicare Blue	384.87				27	963.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Qualcare	Qualcare	752.89	75			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 WellPoint	WellPoint	311.6	31.04			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Horizon	Indemnity	744.72				27	963.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Wellcare	Medicaid	305.57	30.44			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Horizon	MGD	744.72			516	27	963.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Horizon	NJ Health	524.61			253.29	27	963.66	fee schedule	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Managed Care Inc	Managed Care Inc	903.47	90			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	96409	CPT				outpatient			1003.85		442.6 Three Rivers	Three Rivers	953.66	95			27	963.66	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Amerihealth	Medicare	82.58				52	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Aetna	Commercial	134.77			90.31	52	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Amerihealth	HMO/PPO	52				52	850.86	fee schedule	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Consumer	Consumer	368.22	95			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Aetna	Better Health	117.99	30.44			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 First Trenton	First Trenton	348.84	90			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 First Health	First Health	271.32	70			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Aetna	Medicare	82.58				52	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 WellPoint	WellPoint	120.31	31.04			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Horizon	MGD	159.79			132.7	52	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Horizon	Indemnity	159.79			42.91	52	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Corrections	Corrections	310.08	80			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Horizon	Medicare Blue	82.58				52	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Horizon	NJ Health	850.86			60.29	52	850.86	fee schedule	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 UHC	Medicaid	117.99	30.44		115.38	52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Americare	Americare	290.7	75			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Wellcare	Medicare	82.58				52	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Horizon	PPO	159.79			67.03	52	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Multiplan	Multiplan	310.08	80			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Managed Care Inc	Managed Care Inc	348.84	90			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Three Rivers	Three Rivers	368.22	95			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Qualcare	Qualcare	290.7	75			52	850.86	percent of total billed charges	
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 UHC	Medicare	82.58			17.04	52	850.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	96411	CPT				outpatient			387.6		94.97 Wellcare	Medicaid	117.99	30.44		113.43	52	850.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Amerihealth	Medicare	384.87				27	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Aetna	Better Health	377.24	30.44		96.42	27	1177.34	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 UHC	Medicaid	377.24	30.44		316.02	27	1177.34	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 First Health	First Health	867.51	70			27	1177.34	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Aetna	Commercial	628.11			366.41	27	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Amerihealth	HMO/PPO	27			260.62	27	1177.34	fee schedule	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Horizon	Medicare Blue	384.87			250.03	27	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Consumer	Consumer	1177.34	95			27	1177.34	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 First Trenton	First Trenton	1115.37	90			27	1177.34	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 UHC	Medicare	384.87			266.01	27	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Aetna	Medicare	384.87			318.92	27	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Three Rivers	Three Rivers	1177.34	95			27	1177.34	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Managed Care Inc	Managed Care Inc	1115.37	90			27	1177.34	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Horizon	MGD	744.72			328.52	27	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Americare	Americare	929.48	75			27	1177.34	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Corrections	Corrections	991.44	80			27	1177.34	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Horizon	Indemnity	744.72			493.02	27	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Wellcare	Medicare	384.87			238.91	27	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 Horizon	PPO	744.72			466.8	27	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	96413	CPT				both			1239.3		442.6 WellPoint	W

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	Horizon	Indemnity	159.79			55.23	27	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	Horizon	MGD	159.79			90.3	27	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	Three Rivers	Three Rivers	240.31	95			27	362.79	percent of total billed charges	
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	Multiplan	Multiplan	202.37	80			27	362.79	percent of total billed charges	
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	Corrections	Corrections	202.37	80			27	362.79	percent of total billed charges	
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	Wellcare	Medicaid	77	30.44		62.51	27	362.79	percent of total billed charges	
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	First Trenton	First Trenton	227.66	90			27	362.79	percent of total billed charges	
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	Wellcare	Medicare	82.58			56.72	27	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	Horizon	PPO	159.79			60.34	27	362.79	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	Managed Care Inc	Managed Care Inc	227.66	90			27	362.79	percent of total billed charges	
CHEMOTHERAPY ADMIN IV INFUSION TQ EA HR	96415	CPT				outpatient			252.96	94.97	UHC	Medicaid	77	30.44		65.28	27	362.79	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Horizon	NJ Health	448.92			263.14	51	1250.01	fee schedule	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Corrections	Corrections	1052.64	80			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Aetna	Commercial	628.11			493.97	51	1250.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Aetna	Medicare	384.87				51	1250.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Consumer	Consumer	1250.01	95			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Aetna	Better Health	400.53	30.44			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Horizon	Medicare Blue	384.87				51	1250.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Americare	Americare	986.85	75			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	First Health	First Health	921.06	70			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Horizon	Indemnity	744.72				51	1250.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Amerihealth	Medicare	384.87				51	1250.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Amerihealth	HMO/PPO	51				51	1250.01	fee schedule	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Horizon	MGD	744.72			484.17	51	1250.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Horizon	PPO	744.72			284.94	51	1250.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	UHC	Medicare	384.87			195.41	51	1250.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	First Trenton	First Trenton	1184.22	90			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	UHC	Medicaid	400.53	30.44		383	51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Wellcare	Medicaid	400.53	30.44			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Multiplan	Multiplan	1052.64	80			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Managed Care Inc	Managed Care Inc	1184.22	90			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	WellPoint	WellPoint	408.42	31.04		148.72	51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Three Rivers	Three Rivers	1250.01	95			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Qualcare	Qualcare	986.85	75			51	1250.01	percent of total billed charges	
CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	96416	CPT				outpatient			1315.8	442.6	Wellcare	Medicare	384.87				51	1250.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Aetna	Medicare	82.58			47.69	27	589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Americare	Americare	189.72	75			27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Aetna	Better Health	77	30.44		1.27	27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Qualcare	Qualcare	189.72	75			27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Amerihealth	HMO/PPO	27			53.13	27	589.86	fee schedule	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Corrections	Corrections	202.37	80			27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Horizon	Medicare Blue	82.58			42.15	27	589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Aetna	Commercial	134.77			73.24	27	589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Amerihealth	Medicare	82.58				27	589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Three Rivers	Three Rivers	240.31	95			27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Consumer	Consumer	240.31	95			27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	WellPoint	WellPoint	78.52	31.04		51.23	27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	UHC	Medicaid	77	30.44		72.88	27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	First Trenton	First Trenton	227.66	90			27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Horizon	PPO	159.79			79.93	27	589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Horizon	Indemnity	159.79			64.98	27	589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Horizon	NJ Health	589.86			50.07	27	589.86	fee schedule	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Managed Care Inc	Managed Care Inc	227.66	90			27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	First Health	First Health	177.07	70			27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Multiplan	Multiplan	202.37	80			27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	UHC	Medicare	82.58			34.33	27	589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Wellcare	Medicaid	77	30.44		63.62	27	589.86	percent of total billed charges	
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Horizon	MGD	159.79			77.27	27	589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	96417	CPT				both			252.96	94.97	Wellcare	Medicare	82.58				27	589.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	UHC	Medicare	384.87				44	1226.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Aetna	Commercial	628.11				44	1226.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Aetna	Better Health	393.08	30.44			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Horizon	MGD	744.72				44	1226.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Amerihealth	Medicare	384.87				44	1226.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Multiplan	Multiplan	1033.06	80			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Aetna	Medicare	384.87				44	1226.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Amerihealth	HMO/PPO	44				44	1226.75	fee schedule	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Americare	Americare	968.49	75			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Horizon	Indemnity	744.72				44	1226.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Consumer	Consumer	1226.75	95			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Horizon	PPO	744.72				44	1226.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	First Trenton	First Trenton	1162.19	90			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Qualcare	Qualcare	968.49	75			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Corrections	Corrections	1033.06	80			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	First Health	First Health	903.92	70			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Managed Care Inc	Managed Care Inc	1162.19	90			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Wellcare	Medicaid	393.08	30.44			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Horizon	NJ Health	300.15				44	1226.75	fee schedule	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	UHC	Medicaid	393.08	30.44			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Three Rivers	Three Rivers	1226.75	95			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Horizon	Medicare Blue	384.87				44	1226.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	WellPoint	WellPoint	400.83	31.04			44	1226.75	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	96420	CPT				outpatient			1291.32	442.6	Wellcare	Medicare	384.87				44	1226.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Aetna	Commercial	628.11				40	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Aetna	Medicare	247.56	30.8			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Aetna	Better Health	244.66	30.44			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Corrections	Corrections	643.01	80			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Amerihealth	HMO/PPO	40				40	763.57	fee schedule	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Horizon	Indemnity	744.72				40	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Consumer	Consumer	763.57	95			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Americare	Americare	602.82	75			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	UHC	Medicare	384.87				40	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Multiplan	Multiplan	643.01	80			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Horizon	MGD	744.72				40	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Horizon	NJ Health	265.49				40	763.57	fee schedule	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Amerihealth	Medicare	384.87				40	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Wellcare	Medicaid	244.66	30.44			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	First Health	First Health	562.63	70			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	First Trenton	First Trenton	723.38	90			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Horizon	PPO	744.72				40	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Qualcare	Qualcare	602.82	75			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Horizon	Medicare Blue	384.87				40	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Managed Care Inc	Managed Care Inc	723.38	90			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	WellPoint	WellPoint	249.49	31.04			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	UHC	Medicaid	244.66	30.44			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Wellcare	Medicare	384.87				40	763.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS <1 HR	96422	CPT				outpatient			803.76	442.6	Three Rivers	Three Rivers	763.57	95			40	763.57	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Aetna	Commercial	87.38				24	222.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Aetna	Better Health	71.41	30.44			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Aetna	Medicare	72.26	30.8			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Americare	Americare	175.95	75			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Horizon	MGD	103.6				24	222.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Multiplan	Multiplan	187.68	80			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	First Trenton	First Trenton	211.14	90			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Amerihealth	Medicare	53.54				24	222.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Amerihealth	HMO/PPO	24				24	222.87	fee schedule	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	UHC	Medicare	53.54				24	222.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Horizon	Medicare Blue	53.54				24	222.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Managed Care Inc	Managed Care Inc	211.14	90			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	First Health	First Health	164.22	70			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Qualcare	Qualcare	175.95	75			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Horizon	PPO	103.6				24	222.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Consumer	Consumer	222.87	95			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Wellcare	Medicaid	71.41	30.44			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Wellcare	Medicare	53.54				24	222.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	WellPoint	WellPoint	72.82	31.04			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Three Rivers	Three Rivers	222.87	95			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	UHC	Medicaid	71.41	30.44			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Corrections	Corrections	187.68	80			24	222.87	percent of total billed charges	
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Horizon	Indemnity	103.6				24	222.87	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMIN INTRAARTERIAL INFUSION EA HR	96423	CPT				outpatient			234.6	61.57	Horizon	NJ Health	119.9

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	96440	CPT				outpatient			460.95	442.6	Multiplan		368.76	80			87	1027.22	percent of total billed charges	
CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	96440	CPT				outpatient			460.95	442.6	Horizon	Medicare Blue	384.87				87	1027.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	96440	CPT				outpatient			460.95	442.6	Horizon	NJ Health	1027.22				87	1027.22	fee schedule	
CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	96440	CPT				outpatient			460.95	442.6	Wellcare	Medicare	384.87				87	1027.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	96440	CPT				outpatient			460.95	442.6	Wellcare	Medicaid	140.31	30.44			87	1027.22	percent of total billed charges	
CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	96440	CPT				outpatient			460.95	442.6	Three Rivers	Three Rivers	437.9	95			87	1027.22	percent of total billed charges	
CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	96440	CPT				outpatient			460.95	442.6	Managed Care Inc	Managed Care Inc	414.86	90			87	1027.22	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Aetna	Medicare	384.87				105	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Corrections	Corrections	991.44	80			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Amerihealth	HMO/PPO	105				105	1177.34	fee schedule	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Consumer	Consumer	1177.34	95			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Horizon	MGD	744.72				105	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	First Trenton	First Trenton	1115.37	90			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Aetna	Better Health	377.24	30.44			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Aetna	Commercial	628.11				105	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Amerihealth	Medicare	384.87				105	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Horizon	PPO	744.72				105	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Three Rivers	Three Rivers	1177.34	95			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Horizon	NJ Health	258.18				105	1177.34	fee schedule	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	First Health	First Health	867.51	70			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Managed Care Inc	Managed Care Inc	1115.37	90			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Horizon	Indemnity	744.72				105	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Americare	Americare	929.48	75			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Horizon	Medicare Blue	384.87				105	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	UHC	Medicaid	377.24	30.44			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	UHC	Medicare	384.87				105	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Multiplan	Multiplan	991.44	80			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Wellcare	Medicaid	377.24	30.44			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Wellcare	Medicare	384.87				105	1177.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	Qualcare	Qualcare	929.48	75			105	1177.34	percent of total billed charges	
CHEMOTX ADMN PERTL CAVITY IMPLANTED PORT/CATH	96446	CPT				outpatient			1239.3	442.6	WellPoint	WellPoint	384.68	31.04			105	1177.34	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Americare	Americare	932.54	75			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Aetna	Commercial	628.11				78	1181.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	UHC	Medicare	384.87				78	1181.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Corrections	Corrections	994.7	80			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Aetna	Better Health	378.48	30.44			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Consumer	Consumer	1181.21	95			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Amerihealth	HMO/PPO	78				78	1181.21	fee schedule	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	First Trenton	First Trenton	1119.04	90			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Horizon	Medicare Blue	384.87				78	1181.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Horizon	MGD	744.72				78	1181.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Amerihealth	Medicare	384.87				78	1181.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Horizon	PPO	744.72				78	1181.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Aetna	Medicare	384.87				78	1181.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	First Health	First Health	870.37	70			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Horizon	Indemnity	744.72				78	1181.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Horizon	NJ Health	1030.95				78	1181.21	fee schedule	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	UHC	Medicaid	378.48	30.44			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Multiplan	Multiplan	994.7	80			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Wellcare	Medicaid	378.48	30.44			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Wellcare	Medicare	384.87				78	1181.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Qualcare	Qualcare	932.54	75			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Managed Care Inc	Managed Care Inc	1119.04	90			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	WellPoint	WellPoint	385.95	31.04			78	1181.21	percent of total billed charges	
CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	96450	CPT				outpatient			1243.38	442.6	Three Rivers	Three Rivers	1181.21	95			78	1181.21	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Aetna	Better Health	65.51	30.44			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	First Trenton	First Trenton	193.7	90			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	WellPoint	WellPoint	66.8	31.04		64.15	25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Aetna	Commercial	112.48				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Aetna	Medicare	68.92			22.03	25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Horizon	NJ Health	180.09			33.76	25	204.46	fee schedule	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Corrections	Corrections	172.18	80			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Three Rivers	Three Rivers	204.46	95			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Consumer	Consumer	204.46	95			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Managed Care Inc	Managed Care Inc	193.7	90			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Amerihealth	Medicare	68.92				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Americare	Americare	161.42	75			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	UHC	Medicare	68.92			56.96	25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Wellcare	Medicare	68.92				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	First Health	First Health	150.65	70			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	UHC	Medicaid	65.51	30.44		20.87	25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Horizon	Medicare Blue	68.92				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Amerihealth	HMO/PPO	25				25	204.46	fee schedule	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Horizon	PPO	133.36			105.26	25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Horizon	Indemnity	133.36				25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Multiplan	Multiplan	172.18	80			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Horizon	MGD	133.36			105.26	25	204.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Qualcare	Qualcare	161.42	75			25	204.46	percent of total billed charges	
IRRIGAI IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	96523	CPT				outpatient			215.22	79.26	Wellcare	Medicaid	65.51	30.44			25	204.46	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Consumer	Consumer	953.66	95			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Americare	Americare	752.89	75			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Aetna	Medicare	309.19	30.8			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Aetna	Commercial	628.11				98	953.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Aetna	Better Health	305.57	30.44			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Corrections	Corrections	803.08	80			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Horizon	Indemnity	744.72				98	953.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Amerihealth	HMO/PPO	98				98	953.66	fee schedule	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Horizon	Medicare Blue	384.87				98	953.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	First Trenton	First Trenton	903.47	90			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Multiplan	Multiplan	803.08	80			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Horizon	MGD	744.72				98	953.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Horizon	PPO	744.72				98	953.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Horizon	NJ Health	196.19				98	953.66	fee schedule	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Wellcare	Medicaid	305.57	30.44			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Amerihealth	Medicare	384.87				98	953.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Wellcare	Medicare	384.87				98	953.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Managed Care Inc	Managed Care Inc	903.47	90			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Qualcare	Qualcare	752.89	75			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	UHC	Medicaid	305.57	30.44			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	WellPoint	WellPoint	311.6	31.04			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	Three Rivers	Three Rivers	953.66	95			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	First Health	First Health	702.7	70			98	953.66	percent of total billed charges	
CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	96542	CPT				outpatient			1003.85	442.6	UHC	Medicare	384.87				98	953.66	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Americare	Americare	118.58	75			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Aetna	Commercial	87.38				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Aetna	Better Health	48.13	30.44			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	First Trenton	First Trenton	142.29	90			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Amerihealth	Medicare	53.54				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Aetna	Medicare	53.54				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Horizon	Medicare Blue	53.54				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Corrections	Corrections	126.48	80			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Consumer	Consumer	150.2	95			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Amerihealth	HMO/PPO	102.77	65			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Wellcare	Medicaid	48.13	30.44			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Managed Care Inc	Managed Care Inc	142.29	90			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Horizon	MGD	103.6				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	First Health	First Health	110.67	70			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	UHC	Medicare	53.54				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Horizon	Indemnity	103.6				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	UHC	Medicaid	48.13	30.44			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Multiplan	Multiplan	126.48	80			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Wellcare	Medicare	53.54				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Three Rivers	Three Rivers	150.2	95			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Qualcare	Qualcare	118.58	75			48.13	150.2	percent of total billed charges	
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	Horizon	PPO	103.6				48.13	150.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CHEMOTHERAPY PROCEDURE	96549	CPT				inpatient			158.1	61.57	WellPoint	WellPoint	49.07	31.04			48.13	150.2	percent of total billed charges	
APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	97010	CPT				outpatient			265.2		UHC	Medicaid	80.73	30.44			13.49	251.94	percent of total billed charges	
APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	97010	CPT				outpatient			265.2		Aetna	Better Health	80.73	30.44			13.49	251.94	percent of total billed charges	
APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	97010	CPT				outpatient			265.2		Consumer	Consumer	251.94	95			13.49	251.94	percent of total billed charges	
APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	97010	CPT				outpatient			265.2		Amerihealth	HMO/PPO	172.38	65			13.49	251.94	percent of total billed charges	
APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	97010	CPT				outpatient			265.2		Horizon	Indemnity	101.52	38.28			13.49	251.94	percent of total billed charges	
APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	97010	CPT				outpatient			265.2		First Health	First Health	185.64	70			13.49	251.94	percent of total billed charges	
APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	97010	CPT				outpatient			265.2		Americare	Americare	198.9	75			13.49	251.94	percent of total billed charges	
APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	97010	CPT				outpatient			265.2		Aetna	Commercial	100.78	38			13.49	251.94	percent of total billed charges	
APPLICATION MODALITY 1/> AREAS HOT/COL

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Aetna	Commercial	39.92	38			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		First Health	First Health	73.54	70			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Corrections	Corrections	84.05	80			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		WellPoint	WellPoint	32.61	31.04			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Wellcare	Medicaid	31.98	30.44			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		UHC	Medicaid	31.98	30.44			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Aetna	Better Health	31.98	30.44			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Aetna	Medicare	32.36	30.8			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Horizon	Medicare Blue	31.52	30			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Multiplan	Multiplan	84.05	80			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Americare	Americare	78.8	75			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Qualcare	Qualcare	78.8	75			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Consumer	Consumer	99.81	95			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		First Trenton	First Trenton	94.55	90			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Horizon	Indemnity	40.22	38.28			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Horizon	MGD	40.22	38.28		39.43	15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Horizon	PPO	40.22	38.28			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Managed Care Inc	Managed Care Inc	94.55	90			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS TRACTION MECHANICAL	97012	CPT				both			105.06		Three Rivers	Three Rivers	99.81	95			15		99.81 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Aetna	Better Health	4.27	30.44			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Aetna	Medicare	4.32	30.8			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Consumer	Consumer	13.32	95			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Corrections	Corrections	11.22	80			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Aetna	Commercial	5.33	38			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Americare	Americare	10.52	75			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		First Health	First Health	9.81	70			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		First Trenton	First Trenton	12.62	90			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		WellPoint	WellPoint	4.35	31.04			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Horizon	MGD	5.37	38.28			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		UHC	Medicaid	4.27	30.44			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Horizon	Indemnity	5.37	38.28			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Multiplan	Multiplan	11.22	80			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Amerihealth	HMO/PPO	15				4.21		15 fee schedule	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Qualcare	Qualcare	10.52	75			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Horizon	NJ Health	12.63				4.21		15 fee schedule	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Wellcare	Medicaid	4.27	30.44			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Horizon	PPO	5.37	38.28			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Horizon	Medicare Blue	4.21	30			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Three Rivers	Three Rivers	13.32	95			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS ELEC STIMU UNATTENDED	97014	CPT				outpatient			14.02		Managed Care Inc	Managed Care Inc	12.62	90			4.21		15 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		First Health	First Health	94.96	70			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		First Trenton	First Trenton	122.09	90			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Aetna	Better Health	41.29	30.44			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Americare	Americare	101.75	75			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Aetna	Medicare	41.78	30.8			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Consumer	Consumer	128.88	95			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Corrections	Corrections	108.53	80			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Horizon	PPO	51.93	38.28			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Amerihealth	HMO/PPO	18				18		128.88 fee schedule	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Managed Care Inc	Managed Care Inc	122.09	90			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Aetna	Commercial	51.55	38			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Three Rivers	Three Rivers	128.88	95			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Horizon	MGD	51.93	38.28			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		WellPoint	WellPoint	42.11	31.04			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		UHC	Medicaid	41.29	30.44			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Horizon	Indemnity	51.93	38.28			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Wellcare	Medicaid	41.29	30.44			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Horizon	Medicare Blue	40.7	30			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Multiplan	Multiplan	108.53	80			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	97016	CPT				outpatient			135.66		Qualcare	Qualcare	101.75	75			18		128.88 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Consumer	Consumer	112.4	95			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Aetna	Commercial	44.96	38			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Horizon	Indemnity	45.29	38.28			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Americare	Americare	88.74	75			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Aetna	Better Health	36.02	30.44			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Aetna	Medicare	36.44	30.8			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Multiplan	Multiplan	94.66	80			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		First Trenton	First Trenton	106.49	90			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Corrections	Corrections	94.66	80			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Amerihealth	HMO/PPO	18				18		112.4 fee schedule	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Qualcare	Qualcare	88.74	75			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Horizon	MGD	45.29	38.28			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		First Health	First Health	82.82	70			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Horizon	PPO	45.29	38.28			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		UHC	Medicaid	36.02	30.44			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Managed Care Inc	Managed Care Inc	106.49	90			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Horizon	Medicare Blue	35.5	30			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		WellPoint	WellPoint	36.73	31.04			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Three Rivers	Three Rivers	112.4	95			18		112.4 percent of total billed charges	
APPL MODALITY 1/> AREAS PARAFFIN BATH	97018	CPT				outpatient			118.32		Wellcare	Medicaid	36.02	30.44			18		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Aetna	Medicare	50.89	30.8			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Corrections	Corrections	132.19	80			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		First Health	First Health	115.67	70			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Aetna	Commercial	62.79	38			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		WellPoint	WellPoint	51.29	31.04			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Consumer	Consumer	156.98	95			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Aetna	Better Health	50.3	30.44			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Americare	Americare	123.93	75			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		UHC	Medicaid	50.3	30.44			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Horizon	MGD	63.25	38.28			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Horizon	Indemnity	63.25	38.28			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Multiplan	Multiplan	132.19	80			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Amerihealth	HMO/PPO	16				16		156.98 fee schedule	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		First Trenton	First Trenton	148.72	90			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Horizon	PPO	63.25	38.28			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Horizon	Medicare Blue	49.57	30			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Three Rivers	Three Rivers	156.98	95			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Horizon	NJ Health	17.3				16		156.98 fee schedule	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Qualcare	Qualcare	123.93	75			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Managed Care Inc	Managed Care Inc	148.72	90			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS ESTIM EA 15 MIN	97032	CPT				outpatient			165.24		Wellcare	Medicaid	50.3	30.44			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Aetna	Better Health	50.3	30.44			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Horizon	Indemnity	63.25	38.28			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		First Health	First Health	115.67	70			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Aetna	Commercial	62.79	38			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Consumer	Consumer	156.98	95			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		First Trenton	First Trenton	148.72	90			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Qualcare	Qualcare	123.93	75			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Americare	Americare	123.93	75			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Corrections	Corrections	132.19	80			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Horizon	Medicare Blue	49.57	30			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Multiplan	Multiplan	132.19	80			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Aetna	Medicare	50.89	30.8			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		UHC	Medicaid	50.3	30.44			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Managed Care Inc	Managed Care Inc	148.72	90			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Three Rivers	Three Rivers	156.98	95			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Amerihealth	HMO/PPO	16				16		156.98 fee schedule	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Wellcare	Medicaid	50.3	30.44			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Horizon	PPO	63.25	38.28			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		Horizon	MGD	63.25	38.28			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS IONTOPHORESIS EA 15 MIN	97033	CPT				outpatient			165.24		WellPoint	WellPoint	51.29	31.04			16		156.98 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Corrections	Corrections	94.66	80			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		First Health	First Health	82.82	70			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Americare	Americare	88.74	75			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Aetna	Medicare	36.44	30.8			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Aetna	Commercial	44.96	38			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Aetna	Better Health	36.02	30.44			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Horizon	Indemnity	45.29	38.28			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		First Trenton	First Trenton	106.49	90			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Amerihealth	HMO/PPO	16				16		112.4 fee schedule	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Multiplan	Multiplan	94.66	80			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Horizon	MGD	45.29	38.28			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Consumer	Consumer	112.4	95			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Horizon	PPO	45.29	38.28			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Qualcare	Qualcare	88.74	75			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		UHC	Medicaid	36.02	30.44			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Horizon	Medicare Blue	35.5	30			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Managed Care Inc	Managed Care Inc	106.49	90			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Three Rivers	Three Rivers	112.4	95			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		WellPoint	WellPoint	36.73	31.04			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS CONTRAST BATHS EA 15 MIN	97034	CPT				outpatient			118.32		Wellcare	Medicaid	36.02	30.44			16		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		First Trenton	First Trenton	106.49	90			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Aetna	Commercial	44.96	38			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		First Health	First Health	82.82	70			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Americare	Americare	88.74	75			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Aetna	Medicare	36.44	30.8			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		WellPoint	WellPoint	36.73	31.04			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Aetna	Better Health	36.02	30.44			13.73		112.4 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Horizon	Indemnity	45.29	38.28			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Horizon	Medicare Blue	35.5	30			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Amerihealth	HMO/PPO	16				13.73		112.4 fee schedule	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Horizon	NJ Health	13.73			26.18	13.73		112.4 fee schedule	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Horizon	PPO	45.29	38.28			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Qualcare	Qualcare	88.74	75			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Consumer	Consumer	112.4	95			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Managed Care Inc	Managed Care Inc	106.49	90			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Multiplan	Multiplan	94.66	80			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		UHC	Medicaid	36.02	30.44			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Corrections	Corrections	94.66	80			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Three Rivers	Three Rivers	112.4	95			13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Horizon	MSD	45.29	38.28		44.4	13.73		112.4 percent of total billed charges	
APPL MODALITY 1+ AREAS ULTRASOUND EA 15 MIN	97035	CPT				outpatient			118.32		Wellcare	Medicaid	36.02	30.44			13.73		112.4 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Americare	Americare	218.03	75				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Aetna	Medicare	89.54	30.8				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Wellcare	Medicaid	88.49	30.44				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Consumer	Consumer	276.17	95				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		First Trenton	First Trenton	261.63	90				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Horizon	MSD	111.28	38.28				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Horizon	PPO	111.28	38.28				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Aetna	Better Health	88.49	30.44				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Three Rivers	Three Rivers	276.17	95				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Amerihealth	HMO/PPO	15					14.98	276.17 fee schedule	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Corrections	Corrections	232.56	80				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		UHC	Medicaid	88.49	30.44				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Aetna	Commercial	110.47	38				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		First Health	First Health	203.49	70				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Horizon	NJ Health	14.98					14.98	276.17 fee schedule	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Horizon	Indemnity	111.28	38.28				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Managed Care Inc	Managed Care Inc	261.63	90				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Horizon	Medicare Blue	87.21	30				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		WellPoint	WellPoint	90.23	31.04				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Multiplan	Multiplan	232.56	80				14.98	276.17 percent of total billed charges	
UNLISTED MODALITY SPEC TYPE&TIME CONSTANT ATTN	97039	CPT				both			290.7		Qualcare	Qualcare	218.03	75				14.98	276.17 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Aetna	Better Health	50.3	30.44		25.87		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Consumer	Consumer	156.98	95				15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Aetna	Commercial	62.79	38		37.84		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Aetna	Medicare	50.89	30.8		28.93		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Corrections	Corrections	132.19	80				15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Horizon	MSD	63.25	38.28		60.55		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Americare	Americare	123.93	75				15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Horizon	Indemnity	63.25	38.28		52.33		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		First Trenton	First Trenton	148.72	90				15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		First Health	First Health	115.67	70				15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Three Rivers	Three Rivers	156.98	95				15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Amerihealth	HMO/PPO	30			29.08		15.5	156.98 fee schedule	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Horizon	PPO	63.25	38.28		61.25		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Multiplan	Multiplan	132.19	80				15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		UHC	Medicaid	50.3	30.44		46.4		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		WellPoint	WellPoint	51.29	31.04		42.58		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Managed Care Inc	Managed Care Inc	148.72	90				15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Qualcare	Qualcare	123.93	75				15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Wellcare	Medicaid	50.3	30.44		47.08		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Horizon	Medicare Blue	49.57	30		26.23		15.5	156.98 percent of total billed charges	
THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	97110	CPT				both			165.24		Horizon	NJ Health	15.5			27.71		15.5	156.98 fee schedule	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Consumer	Consumer	204.46	95				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Aetna	Better Health	65.51	30.44		63.36		14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Corrections	Corrections	172.18	80				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Americare	Americare	161.42	75				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Aetna	Medicare	66.29	30.8				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Aetna	Commercial	81.78	38				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Horizon	MSD	82.39	38.28		80.77		14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		First Trenton	First Trenton	193.7	90				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		First Health	First Health	150.65	70				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Horizon	NJ Health	14.64			3.07		14.64	204.46 fee schedule	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Horizon	Medicare Blue	64.57	30				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Amerihealth	HMO/PPO	18					14.64	204.46 fee schedule	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Wellcare	Medicaid	65.51	30.44				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Horizon	Indemnity	82.39	38.28				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Multiplan	Multiplan	172.18	80				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Horizon	PPO	82.39	38.28				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Managed Care Inc	Managed Care Inc	193.7	90				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Three Rivers	Three Rivers	204.46	95				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		Qualcare	Qualcare	161.42	75				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		WellPoint	WellPoint	66.8	31.04		49.56		14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	97112	CPT				both			215.22		UHC	Medicaid	65.51	30.44				14.64	204.46 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Horizon	Indemnity	122.21	38.28				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Aetna	Commercial	121.32	38				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		First Health	First Health	223.48	70				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Corrections	Corrections	255.41	80				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		First Trenton	First Trenton	287.33	90				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Americare	Americare	239.45	75				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Multiplan	Multiplan	255.41	80				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Aetna	Better Health	97.18	30.44				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Horizon	Medicare Blue	95.78	30				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Aetna	Medicare	98.33	30.8				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Qualcare	Qualcare	239.45	75				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Consumer	Consumer	303.3	95				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Managed Care Inc	Managed Care Inc	287.33	90				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Amerihealth	HMO/PPO	15					15	303.3 fee schedule	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Three Rivers	Three Rivers	303.3	95				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Horizon	MGD	122.21	38.28				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Horizon	PPO	122.21	38.28				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		Wellcare	Medicaid	97.18	30.44				15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		UHC	Medicaid	97.18	30.44		92.17		15	303.3 percent of total billed charges	
THER PX 1/> AREAS EA 15 MIN GAIT TRAING W/STAIR	97116	CPT				both			319.26		WellPoint	WellPoint	99.1	31.04		92.79		15	303.3 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		First Trenton	First Trenton	193.7	90				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Corrections	Corrections	172.18	80				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Aetna	Commercial	81.78	38				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		UHC	Medicaid	65.51	30.44				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Amerihealth	HMO/PPO	15					12.35	204.46 fee schedule	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Aetna	Better Health	65.51	30.44				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Aetna	Medicare	66.29	30.8				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		First Health	First Health	150.65	70				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Horizon	PPO	82.39	38.28				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Americare	Americare	161.42	75				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Horizon	MGD	82.39	38.28				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Horizon	Indemnity	82.39	38.28				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Horizon	Medicare Blue	64.57	30				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Consumer	Consumer	204.46	95				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Managed Care Inc	Managed Care Inc	193.7	90				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Multiplan	Multiplan	172.18	80				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Wellcare	Medicaid	65.51	30.44				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Horizon	NJ Health	12.35					12.35	204.46 fee schedule	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		WellPoint	WellPoint	66.8	31.04				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Qualcare	Qualcare	161.42	75				12.35	204.46 percent of total billed charges	
THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	97124	CPT				both			215.22		Three Rivers	Three Rivers	204.46	95				12.35	204.46 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		First Health	First Health	135.66	70				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Aetna	Medicare	59.69	30.8				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Consumer	Consumer	184.11	95				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Corrections	Corrections	155.04	80				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Amerihealth	HMO/PPO	125.97	65				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Americare	Americare	145.35	75				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Aetna	Better Health	58.99	30.44				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		First Trenton	First Trenton	174.42	90				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Wellcare	Medicaid	58.99	30.44				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Horizon	MGD	74.19	38.28				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Aetna	Commercial	73.64	38				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Horizon	Medicare Blue	58.14	30				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Multiplan	Multiplan	155.04	80				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Horizon	Indemnity	74.19	38.28				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		WellPoint	WellPoint	60.16	31.04				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Horizon	NJ Health	34.48					22.95	184.11 fee schedule	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Qualcare	Qualcare	145.35	75				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Horizon	PPO	74.19	38.28				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		UHC	Medicaid	58.99	30.44				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Managed Care Inc	Managed Care Inc	174.42	90				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	97129	CPT				both			193.8		Three Rivers	Three Rivers	184.11	95				22.95	184.11 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Aetna	Better Health	23.29	30.44				21.29	72.68 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Aetna	Commercial	29.07	38				21.29	72.68 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Aetna	Medicare	23.56	30.8				21.29	72.68 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Amerihealth	HMO/PPO	49.73	65				21.29	72.68 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		First Health	First Health	53.55	70				21.29	72.68 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Horizon	MGD	29.28	38.28				21.29	72.68 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Corrections	Corrections	61.2	80				21.29	72.68 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Consumer	Consumer	72.68	95				21.29	72.68 percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Americare	Americare	57.38	75				21.29	72.68 percent of total bill

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Multiplan	Multiplan	80	61.2			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		First Trenton	First Trenton	68.85	90			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Horizon	Indemnity	29.28	38.28			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Wellcare	Medicaid	23.29	30.44			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Qualcare	Qualcare	57.38	75			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		UHC	Medicaid	23.29	30.44			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Horizon	Medicare Blue	22.95	30			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Horizon	NJ Health	32.94				21.29	72.68	fee schedule	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		WellPoint	WellPoint	23.75	31.04			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Horizon	PPO	29.28	38.28			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Managed Care Inc	Managed Care Inc	68.85	90			21.29	72.68	percent of total billed charges	
THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	97130	CPT				inpatient			76.5		Three Rivers	Three Rivers	72.68	95			21.29	72.68	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Aetna	Commercial	81.78	38			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Horizon	MGD	82.39	38.28		80.77	12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Americare	Americare	161.42	75			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		First Trenton	First Trenton	193.7	90			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Consumer	Consumer	204.46	95			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Aetna	Medicare	66.29	30.8			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Aetna	Better Health	65.51	30.44		63.36	12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		UHC	Medicaid	65.51	30.44		57.65	12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Corrections	Corrections	172.18	80			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Amerihealth	HMO/PPO	15				12.06	204.46	fee schedule	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Horizon	NJ Health	12.06			24.69	12.06	204.46	fee schedule	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Horizon	Indemnity	82.39	38.28			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Horizon	Medicare Blue	64.57	30		27.75	12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		First Health	First Health	150.65	70			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Multiplan	Multiplan	172.18	80			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Horizon	PPO	82.39	38.28			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		WellPoint	WellPoint	66.8	31.04		65.19	12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Managed Care Inc	Managed Care Inc	193.7	90			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Three Rivers	Three Rivers	204.46	95			12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Wellcare	Medicaid	65.51	30.44		66.57	12.06	204.46	percent of total billed charges	
MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	97140	CPT				both			215.22		Qualcare	Qualcare	161.42	75			12.06	204.46	percent of total billed charges	
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Consumer	Consumer	204.46	95				8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		First Health	First Health	150.65	70				8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Americare	Americare	161.42	75				8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Aetna	Better Health	65.51	30.44		62.38		8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Horizon	Medicare Blue	64.57	30		31.52		8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Amerihealth	HMO/PPO	8			33.15		8	204.46	fee schedule
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Horizon	Indemnity	82.39	38.28		71.28		8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Wellcare	Medicaid	65.51	30.44		62.29		8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Corrections	Corrections	172.18	80				8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		First Trenton	First Trenton	193.7	90				8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Horizon	PPO	82.39	38.28		80.78		8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Aetna	Commercial	81.78	38		42.72		8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Multiplan	Multiplan	172.18	80				8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Horizon	MGD	82.39	38.28		78.41		8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Qualcare	Qualcare	161.42	75				8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		WellPoint	WellPoint	66.8	31.04		53.03		8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Managed Care Inc	Managed Care Inc	193.7	90				8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Aetna	Medicare	66.29	30.8		34.6		8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		Three Rivers	Three Rivers	204.46	95				8	204.46	percent of total billed charges
THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	97150	CPT				both			215.22		UHC	Medicaid	65.51	30.44		58.17		8	204.46	percent of total billed charges
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Americare	Americare	161.42	75			32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Horizon	Medicare Blue	64.57	30		16.74	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Aetna	Better Health	65.51	30.44		39.17	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Consumer	Consumer	204.46	95			32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Horizon	Indemnity	82.39	38.28		63.57	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Aetna	Medicare	66.29	30.8		32.67	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		First Trenton	First Trenton	193.7	90			32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Aetna	Commercial	81.78	38		59.72	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Amerihealth	HMO/PPO	40			68.72	32.34	204.46	fee schedule	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Qualcare	Qualcare	161.42	75			32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Horizon	PPO	82.39	38.28		70.35	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Corrections	Corrections	172.18	80			32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		WellPoint	WellPoint	66.8	31.04		51.84	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		First Health	First Health	150.65	70			32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Horizon	MGD	82.39	38.28		29.4	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Wellcare	Medicaid	65.51	30.44		55.49	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Horizon	NJ Health	32.34			8.98	32.34	204.46	fee schedule	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Multiplan	Multiplan	172.18	80			32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Managed Care Inc	Managed Care Inc	193.7	90			32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		Three Rivers	Three Rivers	204.46	95			32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	97161	CPT				both			215.22		UHC	Medicaid	65.51	30.44		56.74	32.34	204.46	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Corrections	Corrections	312.53	80			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Aetna	Better Health	118.92	30.44		118.15	32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Americare	Americare	293	75			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Horizon	PPO	149.54	38.28		142.28	32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Horizon	Indemnity	149.54	38.28			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		First Health	First Health	273.46	70			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Consumer	Consumer	371.13	95			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Aetna	Commercial	148.45	38		117.92	32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		UHC	Medicaid	118.92	30.44		115.01	32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Aetna	Medicare	120.32	30.8			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		First Trenton	First Trenton	351.59	90			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Amerihealth	HMO/PPO	50				32.34	371.13	fee schedule	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Multiplan	Multiplan	312.53	80			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Horizon	Medicare Blue	117.2	30		73.37	32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Horizon	MGD	149.54	38.28		104.48	32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Horizon	NJ Health	32.34			16.57	32.34	371.13	fee schedule	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Qualcare	Qualcare	293	75			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Managed Care Inc	Managed Care Inc	351.59	90			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Three Rivers	Three Rivers	371.13	95			32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		Wellcare	Medicaid	118.92	30.44		11.05	32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	97162	CPT				both			390.66		WellPoint	WellPoint	121.26	31.04		119.44	32.34	371.13	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Aetna	Better Health	232.87	30.44			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Americare	Americare	573.75	75			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		First Trenton	First Trenton	688.5	90			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Consumer	Consumer	726.75	95			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		First Health	First Health	535.5	70			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Aetna	Commercial	290.7	38			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Aetna	Medicare	235.62	30.8			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Amerihealth	HMO/PPO	60				32.34	726.75	fee schedule	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Corrections	Corrections	612	80			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Horizon	Indemnity	292.84	38.28			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Horizon	NJ Health	32.34				32.34	726.75	fee schedule	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Multiplan	Multiplan	612	80			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Horizon	MGD	292.84	38.28			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Horizon	Medicare Blue	229.5	30			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Managed Care Inc	Managed Care Inc	688.5	90			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Qualcare	Qualcare	573.75	75			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Horizon	PPO	292.84	38.28			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		WellPoint	WellPoint	237.46	31.04			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Three Rivers	Three Rivers	726.75	95			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		Wellcare	Medicaid	232.87	30.44			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	97163	CPT				both			765		UHC	Medicaid	232.87	30.44			32.34	726.75	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Amerihealth	HMO/PPO	25				21.98	204.46	fee schedule	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Aetna	Medicare	66.29	30.8			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Aetna	Better Health	65.51	30.44		66.57	21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Americare	Americare	161.42	75			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Aetna	Commercial	81.78	38			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Consumer	Consumer	204.46	95			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Horizon	NJ Health	21.98			22.39	21.98	204.46	fee schedule	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Horizon	Indemnity	82.39	38.28			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		First Health	First Health	150.65	70			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Horizon	MGD	82.39	38.28		80.77	21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Corrections	Corrections	172.18	80			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Multiplan	Multiplan	172.18	80			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Wellcare	Medicaid	65.51	30.44		63.36	21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		UHC	Medicaid	65.51	30.44		63.36	21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Horizon	PPO	82.39	38.28			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Horizon	Medicare Blue	64.57	30			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		WellPoint	WellPoint	66.8	31.04			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Qualcare	Qualcare	161.42	75			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		First Trenton	First Trenton	193.7	90			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Three Rivers	Three Rivers	204.46	95			21.98	204.46	percent of total billed charges	
PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	97164	CPT				both			215.22		Managed Care Inc	Managed Care Inc	193.7	90			21.98	204.46	percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		Amerihealth	HMO/PPO	40			105.07	31.35	204.46	fee schedule	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		Aetna	Better Health	65.51	30.44		24.12	31.35	204.46	percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		Horizon	Medicare Blue	64.57	30		41.56	31.35	204.46	percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		First Health	First Health	150.65	70			31.35	204.46	percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		Americare	Americare	161.42	75			31.35	204.46	percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		Horizon	MGD	82.39	38.28		4.54	31.35	204.46	percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		Aetna	Commercial	81.78	38		59.72	31.35	204.46	percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		Consumer	Consumer	204.46	95			31.35	204.46	percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		First Trenton	First Trenton	193.7	90			31.35	204.46	percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22		Wellcare	Medicaid

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	172.18	Corrections	Corrections	80				31.35		204.46 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	82.39	Horizon	Indemnity	38.28				31.35		204.46 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	66.29	Aetna	Medicare	30.8			47.34	31.35		204.46 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	82.39	Horizon	PPO	38.28			80.78	31.35		204.46 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	161.42	Quelcare	Quelcare	75				31.35		204.46 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	204.46	Three Rivers	Three Rivers	95				31.35		204.46 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	31.35	Horizon	NJ Health				6.57	31.35		204.46 fee schedule	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	65.51	UHC	Medicaid	30.44			54.04	31.35		204.46 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	193.7	Managed Care Inc	Managed Care Inc	90				31.35		204.46 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	97165	CPT				both			215.22	66.8	WellPoint	WellPoint	31.04			51.9	31.35		204.46 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	50	Amerihealth	HMO/PPO					31.35		411.83 fee schedule	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	164.73	Aetna	Commercial	38				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	130.05	Horizon	Medicare Blue	30				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	346.8	Corrections	Corrections	80				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	165.94	Horizon	MGD	38.28				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	133.52	Aetna	Medicare	30.8				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	325.13	Americare	Americare	75				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	131.96	Aetna	Better Health	30.44				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	31.35	Horizon	NJ Health				44.02	31.35		411.83 fee schedule	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	346.8	Multiplan	Multiplan	80				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	131.96	UHC	Medicaid	30.44			67.08	31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	134.56	WellPoint	WellPoint	31.04				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	131.96	Wellcare	Medicaid	30.44				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	325.13	Quelcare	Quelcare	75				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	411.83	Consumer	Consumer	95				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	303.45	First Health	First Health	70				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	390.15	First Trenton	First Trenton	90				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	165.94	Horizon	Indemnity	38.28				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	165.94	Horizon	PPO	38.28				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	390.15	Managed Care Inc	Managed Care Inc	90				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	97166	CPT				both			433.5	411.83	Three Rivers	Three Rivers	95				31.35		411.83 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	612	Corrections	Corrections	80				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	235.62	Aetna	Medicare	30.8				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	232.87	Aetna	Better Health	30.44				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	290.7	Aetna	Commercial	38				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	573.75	Americare	Americare	75				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	237.46	WellPoint	WellPoint	31.04				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	535.5	First Health	First Health	70				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	612	Multiplan	Multiplan	80				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	726.75	Consumer	Consumer	95				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	60	Amerihealth	HMO/PPO					31.35		726.75 fee schedule	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	292.84	Horizon	Indemnity	38.28				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	573.75	Quelcare	Quelcare	75				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	688.5	First Trenton	First Trenton	90				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	292.84	Horizon	MGD	38.28				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	229.5	Horizon	Medicare Blue	30				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	232.87	UHC	Medicaid	30.44				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	31.35	Horizon	NJ Health					31.35		726.75 fee schedule	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	232.87	Wellcare	Medicaid	30.44				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	292.84	Horizon	PPO	38.28				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	688.5	Managed Care Inc	Managed Care Inc	90				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	97167	CPT				both			765	726.75	Three Rivers	Three Rivers	95				31.35		726.75 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	172.18	Corrections	Corrections	80				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	65.51	Aetna	Better Health	30.44				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	66.29	Aetna	Medicare	30.8				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	25	Amerihealth	HMO/PPO					20.72		204.46 fee schedule	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	82.39	Horizon	Indemnity	38.28				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	81.78	Aetna	Commercial	38				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	204.46	Consumer	Consumer	95				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	161.42	Americare	Americare	75				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	193.7	First Trenton	First Trenton	90				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	150.65	First Health	First Health	70				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	172.18	Multiplan	Multiplan	80				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	82.39	Horizon	MGD	38.28				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	161.42	Quelcare	Quelcare	75				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	64.57	Horizon	Medicare Blue	30				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	20.72	Horizon	NJ Health					20.72		204.46 fee schedule	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	82.39	Horizon	PPO	38.28				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	66.8	WellPoint	WellPoint	31.04				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	65.51	Wellcare	Medicaid	30.44				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	193.7	Managed Care Inc	Managed Care Inc	90				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	204.46	Three Rivers	Three Rivers	95				20.72		204.46 percent of total billed charges	
OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	97168	CPT				both			215.22	65.51	UHC	Medicaid	30.44				20.72		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	161.42	Americare	Americare	75				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	17	Amerihealth	HMO/PPO				15.86	17		204.46 fee schedule	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	82.39	Horizon	Indemnity	38.28				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	204.46	Consumer	Consumer	95				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	66.8	WellPoint	WellPoint	31.04			67.9	17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	65.51	Aetna	Better Health	30.44			36.6	17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	172.18	Corrections	Corrections	80				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	81.78	Aetna	Commercial	38			71.96	17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	193.7	First Trenton	First Trenton	90				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	36.1	Horizon	NJ Health				10.52	17		204.46 fee schedule	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	82.39	Horizon	MGD	38.28			5.48	17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	150.65	First Health	First Health	70				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	64.57	Horizon	Medicare Blue	30			26.01	17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	66.29	Aetna	Medicare	30.8				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	65.51	Wellcare	Medicaid	30.44			20.86	17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	65.51	UHC	Medicaid	30.44			62.44	17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	82.39	Horizon	PPO	38.28			80.77	17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	172.18	Multiplan	Multiplan	80				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	193.7	Managed Care Inc	Managed Care Inc	90				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	161.42	Quelcare	Quelcare	75				17		204.46 percent of total billed charges	
THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	97530	CPT				both			215.22	204.46	Three Rivers	Three Rivers	95				17		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	204.46	Consumer	Consumer	95				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	66.29	Aetna	Medicare	30.8			23.41	15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	65.51	Aetna	Better Health	30.44			8.66	15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	82.39	Horizon	MGD	38.28			80.77	15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	15	Amerihealth	HMO/PPO					15		204.46 fee schedule	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	81.78	Aetna	Commercial	38			70.04	15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	65.51	UHC	Medicaid	30.44			60.05	15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	172.18	Corrections	Corrections	80				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	193.7	First Trenton	First Trenton	90				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	161.42	Americare	Americare	75				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	66.8	WellPoint	WellPoint	31.04			62.56	15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	172.18	Multiplan	Multiplan	80				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	150.65	First Health	First Health	70				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	161.42	Quelcare	Quelcare	75				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	82.39	Horizon	Indemnity	38.28				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	64.57	Horizon	Medicare Blue	30			28.16	15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	82.39	Horizon	PPO	38.28				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	65.51	Wellcare	Medicaid	30.44			5.91	15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	193.7	Managed Care Inc	Managed Care Inc	90				15		204.46 percent of total billed charges	
SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	97535	CPT				both			215.22	204.46	Three Rivers	Three Rivers	95				15		204.46 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	15	Amerihealth	HMO/PPO					15		352.72 fee schedule	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	278.46	Americare	Americare	75				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	114.35	Aetna	Medicare	30.8				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	141.09	Aetna	Commercial	38				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	142.13	Horizon	MGD	38.28				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	297.02	Corrections	Corrections	80				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	113.02	Aetna	Better Health	30.44				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	278.46	Quelcare	Quelcare	75				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	113.02	UHC	Medicaid	30.44				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	142.13	Horizon	Indemnity	38.28				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	352.72	Consumer	Consumer	95				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	297.02	Multiplan	Multiplan	80				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	115.25	WellPoint	WellPoint	31.04				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	334.15	First Trenton	First Trenton	90				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	259.9	First Health	First Health	70				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	113.02	Wellcare	Medicaid	30.44				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	142.13	Horizon	PPO	38.28				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	111.38	Horizon	Medicare Blue	30				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	352.72	Three Rivers	Three Rivers	95				15		352.72 percent of total billed charges	
COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	97537	CPT				inpatient			371.28	334.15	Managed Care Inc	Managed Care Inc	90				15		352.72 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	156.98	Consumer	Consumer	95				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	148.72	First Trenton	First Trenton	90				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	50.3	Aetna	Better Health	30.44				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	132.19	Multiplan	Multiplan	80				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	123.93	Americare	Americare	75				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	13	Amerihealth	HMO/PPO					13		156.98 fee schedule	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	50.89	Aetna	Medicare	30.8				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	132.19	Corrections	Corrections	80				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	63.25	Horizon	MGD	38.28				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	63.25	Horizon	Indemnity	38.28				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	62.79	Aetna	Commercial	38				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	123.93	Quelcare	Quelcare	75				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	50.3	Wellcare	Medicaid	30.44				13		156.98 percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24	50.3	UHC	Medicaid	30.44				13		156.98 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24		First Health	First Health	115.67	70			13	156.98	percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24		Horizon	Medicare Blue	49.57	30			13	156.98	percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24		WellPoint	WellPoint	51.29	31.04			13	156.98	percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24		Horizon	PPO	63.25	38.28			13	156.98	percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24		Managed Care Inc	Managed Care Inc	148.72	90			13	156.98	percent of total billed charges	
WHEELCHAIR MGMT EA 15 MIN	97542	CPT				both			165.24		Three Rivers	Three Rivers	156.98	95			13	156.98	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Consumer	Consumer	396.32	95			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Aetna	Medicare	128.49	30.8			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Aetna	Commercial	158.53	38			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Americare	Americare	312.89	75			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		First Health	First Health	292.03	70			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		First Trenton	First Trenton	375.46	90			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Aetna	Better Health	126.99	30.44			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Horizon	Indemnity	159.7	38.28			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Corrections	Corrections	333.74	80			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Horizon	MGD	159.7	38.28			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		WellPoint	WellPoint	129.49	31.04			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Amerihealth	HMO/PPO	62				62	396.32	fee schedule	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Multiplan	Multiplan	333.74	80			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Horizon	Medicare Blue	125.15	30			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Three Rivers	Three Rivers	396.32	95			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Horizon	PPO	159.7	38.28			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Wellcare	Medicaid	126.99	30.44			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Qualcare	Qualcare	312.89	75			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		Managed Care Inc	Managed Care Inc	375.46	90			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING 1ST 2 HR	97545	CPT				outpatient			417.18		UHC	Medicaid	126.99	30.44			62	396.32	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Aetna	Commercial	67.83	38			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		First Health	First Health	124.95	70			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Americare	Americare	133.88	75			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		WellPoint	WellPoint	55.41	31.04			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Corrections	Corrections	142.8	80			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Aetna	Better Health	54.34	30.44			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Amerihealth	HMO/PPO	31				31	169.58	fee schedule	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Aetna	Medicare	54.98	30.8			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Multiplan	Multiplan	142.8	80			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Horizon	PPO	68.33	38.28			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Horizon	Indemnity	68.33	38.28			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Horizon	MGD	68.33	38.28			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Qualcare	Qualcare	133.88	75			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Consumer	Consumer	169.58	95			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		UHC	Medicaid	54.34	30.44			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Three Rivers	Three Rivers	169.58	95			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Wellcare	Medicaid	54.34	30.44			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		First Trenton	First Trenton	160.65	90			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Horizon	Medicare Blue	53.55	30			31	169.58	percent of total billed charges	
WORK HARDENING/CONDITIONING EACH HOUR	97546	CPT				inpatient			178.5		Managed Care Inc	Managed Care Inc	160.65	90			31	169.58	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Consumer	Consumer	689.93	95			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Amerihealth	HMO/PPO	25				25	1835.46	fee schedule	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Aetna	Commercial	376.27				25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Horizon	NJ Health	848.25			40.62	25	1835.46	fee schedule	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Aetna	Better Health	221.07	30.44			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 First Health	First Health	508.37	70			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Aetna	Medicare	230.56			177.73	25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Amerihealth	Medicare	230.56				25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Corrections	Corrections	580.99	80			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 UHC	Medicaid	221.07	30.44		212.89	25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Multiplan	Multiplan	580.99	80			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 First Trenton	First Trenton	653.62	90			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Horizon	Indemnity	446.13			410.03	25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Horizon	PPO	446.13			375.67	25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Americare	Americare	544.68	75			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Managed Care Inc	Managed Care Inc	653.62	90			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Horizon	Medicare Blue	230.56				25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Qualcare	Qualcare	544.68	75			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Wellcare	Medicare	230.56				25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Three Rivers	Three Rivers	689.93	95			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Horizon	MGD	446.13			128.28	25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 Wellcare	Medicaid	221.07	30.44		95.32	25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 UHC	Medicare	230.56			176.16	25	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 WellPoint	WellPoint	225.42	31.04		199.93	25	1835.46	percent of total billed charges	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 United	Commercial/PPO	1835.46			229.44	25	1835.46	case rate	
DEBRIDEMENT OPEN WOUND FIRST 20 SQ CM/<	97597	CPT				both			726.24		265.14 United	Oxford	1835.46				25	1835.46	case rate	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Americare	Americare	377.15	75			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Aetna	Medicare	154.88	30.8			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Aetna	Better Health	153.07	30.44			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			WellPoint	WellPoint	156.09	31.04			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Multiplan	Multiplan	402.29	80			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			First Health	First Health	352	70			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Consumer	Consumer	477.72	95			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			First Trenton	First Trenton	452.57	90			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Horizon	NJ Health	1044				25	1835.46	fee schedule	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Amerihealth	HMO/PPO	25				25	1835.46	fee schedule	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Aetna	Commercial	191.09	38			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Horizon	Indemnity	192.49	38.28			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Qualcare	Qualcare	377.15	75			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Horizon	MGD	192.49	38.28		39.54	25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Corrections	Corrections	402.29	80			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Horizon	PPO	192.49	38.28			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Horizon	Medicare Blue	150.86	30			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			UHC	Medicaid	153.07	30.44			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			United	Oxford	1835.46				25	1835.46	case rate	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Managed Care Inc	Managed Care Inc	452.57	90			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			United	Commercial/PPO	1835.46				25	1835.46	case rate	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Three Rivers	Three Rivers	477.72	95			25	1835.46	percent of total billed charges	
DEBRIDEMENT OPN WND EA ADDL 20 SQ CM/PRT THEREOF	97598	CPT				outpatient			502.86			Wellcare	Medicaid	153.07	30.44			25	1835.46	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Horizon	MGD	446.13				25	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Aetna	Better Health	225.1	30.44			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Horizon	Medicare Blue	230.56			63.97	25	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Amerihealth	Medicare	230.56				25	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Horizon	PPO	446.13				25	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Amerihealth	HMO/PPO	25				25	702.53	fee schedule	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Aetna	Commercial	376.27			211	25	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Americare	Americare	554.63	75			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Multiplan	Multiplan	591.6	80			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 First Health	First Health	517.65	70			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Aetna	Medicare	230.56			72.85	25	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Corrections	Corrections	591.6	80			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Qualcare	Qualcare	554.63	75			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Horizon	Indemnity	446.13			213.68	25	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 UHC	Medicaid	225.1	30.44		221.98	25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Consumer	Consumer	702.53	95			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Horizon	NJ Health	200.97			60.84	25	702.53	fee schedule	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Wellcare	Medicaid	225.1	30.44		54.34	25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Wellcare	Medicare	230.56				25	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 First Trenton	First Trenton	665.55	90			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 WellPoint	WellPoint	229.54	31.04		201.75	25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Managed Care Inc	Managed Care Inc	665.55	90			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 Three Rivers	Three Rivers	702.53	95			25	702.53	percent of total billed charges	
RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	97602	CPT				outpatient			739.5		265.14 UHC	Medicare	230.56			70.85	25	702.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Amerihealth	HMO/PPO	25				25	695.74	fee schedule	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Aetna	Better Health	222.93	30.44			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Corrections	Corrections	585.89	80			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Aetna	Commercial	376.27				25	695.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 UHC	Medicaid	222.93	30.44		215.62	25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Americare	Americare	549.27	75			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 First Health	First Health	512.65	70			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Aetna	Medicare	225.57	30.8			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Amerihealth	Medicare	230.56				25	695.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Consumer	Consumer	695.74	95			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Horizon	PPO	446.13				25	695.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Horizon	MGD	446.13				25	695.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 UHC	Medicare	230.56				25	695.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Horizon	Medicare Blue	230.56				25	695.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 First Trenton	First Trenton	659.12	90			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Horizon	NJ Health	571.59			46.37	25	695.74	fee schedule	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Horizon	Indemnity	446.13				25	695.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Multiplan	Multiplan	585.89	80			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 WellPoint	WellPoint	227.32	31.04			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Qualcare	Qualcare	549.27	75			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Wellcare	Medicaid	222.93	30.44			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Managed Care Inc	Managed Care Inc	659.12	90			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME <= 50 SQ CM	97605	CPT				outpatient			732.36		265.14 Three Rivers	Three Rivers	695.74	95			25	695.74	percent of total billed charges	
NEGATIVE PRESSURE WOUND

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			25	1317.84	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	25				25	1317.84	fee schedule	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Amerihealth	Medicare	463.58				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Aetna	Medicare	463.58				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44			25	1317.84	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58			109.63	25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			25	1317.84	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			25	1317.84	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			25	1317.84	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			25	1317.84	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Horizon	NJ Health	401.94			29.6	25	1317.84	fee schedule	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			25	1317.84	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04		113.82	25	1317.84	percent of total billed charges	
NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	97606	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Aetna	Commercial	756.56				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Consumer	Consumer	1317.84	95			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Amerihealth	Medicare	463.58				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Aetna	Better Health	422.26	30.44			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Aetna	Medicare	463.58				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	First Health	First Health	971.04	70			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Horizon	PPO	897.03				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Corrections	Corrections	1109.76	80			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Americare	Americare	1040.4	75			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	First Trenton	First Trenton	1248.48	90			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Horizon	Indemnity	897.03				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Multiplan	Multiplan	1109.76	80			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Amerihealth	HMO/PPO	25				25	1317.84	fee schedule	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Wellcare	Medicaid	422.26	30.44			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Horizon	Medicare Blue	463.58				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	WellPoint	WellPoint	430.59	31.04		440.31	25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Horizon	MGD	897.03				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Horizon	NJ Health	64.13				25	1317.84	fee schedule	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	UHC	Medicare	463.58				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Qualcare	Qualcare	1040.4	75			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Wellcare	Medicare	463.58				25	1317.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Managed Care Inc	Managed Care Inc	1248.48	90			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	Three Rivers	Three Rivers	1317.84	95			25	1317.84	percent of total billed charges	
NEG PRESSURE WOUND THERAPY NON DME <= 50 SQ CM	97607	CPT				outpatient			1387.2	533.12	UHC	Medicaid	422.26	30.44			25	1317.84	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Aetna	Medicare	62.83	30.8			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		First Health	First Health	142.8	70			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Multiplan	Multiplan	163.2	80			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		First Trenton	First Trenton	183.6	90			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Consumer	Consumer	193.8	95			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Aetna	Better Health	62.1	30.44			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Horizon	Medicare Blue	61.2	30			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Americare	Americare	153	75			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Horizon	MGD	78.09	38.28			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Aetna	Commercial	77.52	38			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Qualcare	Qualcare	153	75			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Horizon	Indemnity	78.09	38.28			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Corrections	Corrections	163.2	80			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Amerihealth	HMO/PPO	15				15	193.8	fee schedule	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Horizon	NJ Health	39.49				15	193.8	fee schedule	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Managed Care Inc	Managed Care Inc	183.6	90			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		WellPoint	WellPoint	63.32	31.04			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		UHC	Medicaid	62.1	30.44			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Horizon	PPO	78.09	38.28			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Three Rivers	Three Rivers	193.8	95			15	193.8	percent of total billed charges	
ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	97755	CPT				outpatient			204		Wellcare	Medicaid	62.1	30.44			15	193.8	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Consumer	Consumer	156.98	95			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Americare	Americare	123.93	75			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Horizon	MGD	63.25	38.28			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Corrections	Corrections	132.19	80			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Aetna	Medicare	50.89	30.8			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		First Trenton	First Trenton	148.72	90			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Horizon	Medicare Blue	49.57	30		11.32	12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Aetna	Better Health	50.3	30.44			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		First Health	First Health	115.67	70			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Horizon	NJ Health	33.98			14.15	12	156.98	fee schedule	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		UHC	Medicaid	50.3	30.44			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		WellPoint	WellPoint	51.29	31.04			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Wellcare	Medicaid	50.3	30.44		38.92	12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Horizon	PPO	63.25	38.28			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Aetna	Commercial	62.79	38			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Managed Care Inc	Managed Care Inc	148.72	90			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Amerihealth	HMO/PPO	12			29.06	12	156.98	fee schedule	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Three Rivers	Three Rivers	156.98	95			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Horizon	Indemnity	63.25	38.28			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Multiplan	Multiplan	132.19	80			12	156.98	percent of total billed charges	
ORTHOTICS MGMT & TRAING INITIAL ENCTR EA 15 MINS	97760	CPT				both			165.24		Qualcare	Qualcare	123.93	75			12	156.98	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Horizon	Indemnity	82.39	38.28			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Qualcare	Qualcare	161.42	75			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Aetna	Commercial	81.78	38			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Aetna	Better Health	65.51	30.44			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		First Trenton	First Trenton	193.7	90			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Americare	Americare	161.42	75			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Amerihealth	HMO/PPO	15				15	204.46	fee schedule	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Horizon	Medicare Blue	64.57	30			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Horizon	PPO	82.39	38.28			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Multiplan	Multiplan	172.18	80			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Aetna	Medicare	66.29	30.8			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Consumer	Consumer	204.46	95			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Managed Care Inc	Managed Care Inc	193.7	90			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Three Rivers	Three Rivers	204.46	95			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		First Health	First Health	150.65	70			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Corrections	Corrections	172.18	80			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Horizon	MGD	82.39	38.28			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Horizon	NJ Health	30.95				15	204.46	fee schedule	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		Wellcare	Medicaid	65.51	30.44			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		WellPoint	WellPoint	66.8	31.04			15	204.46	percent of total billed charges	
PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	97761	CPT				inpatient			215.22		UHC	Medicaid	65.51	30.44			15	204.46	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Corrections	Corrections	132.19	80			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Horizon	Indemnity	63.25	38.28			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Aetna	Medicare	50.89	30.8			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		First Health	First Health	115.67	70			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Amerihealth	HMO/PPO	107.41	65			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		First Trenton	First Trenton	148.72	90			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Aetna	Better Health	50.3	30.44			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Aetna	Commercial	62.79	38			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Horizon	NJ Health	29.41			14.28	29.41	156.98	fee schedule	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Horizon	PPO	63.25	38.28			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Americare	Americare	123.93	75			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Wellcare	Medicaid	50.3	30.44			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Multiplan	Multiplan	132.19	80			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Managed Care Inc	Managed Care Inc	148.72	90			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Consumer	Consumer	156.98	95			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Horizon	MGD	63.25	38.28			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Qualcare	Qualcare	123.93	75			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Three Rivers	Three Rivers	156.98	95			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		Horizon	Medicare Blue	49.57	30			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		UHC	Medicaid	50.3	30.44			29.41	156.98	percent of total billed charges	
ORTHOTICS/PROSTH MGMT &/TRAING SBSQ ENCTR 15 MIN	97763	CPT				both			165.24		WellPoint	WellPoint	51.29	31.04			29.41	156.98	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Aetna	Medicare	32.99	30.8		56.85	32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Amerihealth	HMO/PPO	69.62	65		38.56	32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Aetna	Better Health	32.6	30.44		29.24	32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Horizon	NJ Health	57.42			25.18	32.13	101.75	fee schedule	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Horizon	Medicare Blue	32.13	30		34.28	32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Americare	Americare	80.33	75			32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Corrections	Corrections	85.68	80			32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		First Health	First Health	74.97	70			32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Horizon	PPO	41	38.28		93.45	32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		First Trenton	First Trenton	96.39	90			32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Aetna	Commercial	40.7	38		57.48	32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Multiplan	Multiplan	85.68	80			32.13	101.75	percent of total billed charges	
MEDICAL NUTRITION ASSMT&/IVNTJ INDIV EACH 15 MI	97802	CPT				outpatient			107.1		Horizon	MGD	41	38.28		99.21	32.13	101.75

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Aetna	Better Health	111.78	30.44				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Americare	Americare	275.4	75				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		First Trenton	First Trenton	330.48	90				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Wellcare	Medicaid	111.78	30.44		94.52		46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		First Health	First Health	257.04	70				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Amerihealth	HMO/PPO	238.68	65		49.23		46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Aetna	Commercial	139.54	38		46.14		46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Horizon	MGD	140.56	38.28		114.85		46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Aetna	Medicare	113.1	30.8		32.68		46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Consumer	Consumer	348.84	95				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Managed Care Inc	Managed Care Inc	330.48	90				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Multiplan	Multiplan	293.76	80				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Horizon	NJ Health	46.98			29.97		46.98	348.84 fee schedule	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Horizon	Medicare Blue	110.16	30		26.97		46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Corrections	Corrections	293.76	80				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Qualcare	Qualcare	275.4	75				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Horizon	PPO	140.56	38.28		124.28		46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Three Rivers	Three Rivers	348.84	95				46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		Horizon	Indemnity	140.56	38.28		138.42		46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		WellPoint	WellPoint	113.98	31.04		93.81		46.98	348.84 percent of total billed charges	
MEDICAL NUTRITION RE-ASSMT&/IVNTJ INDIV EA 15 M	97803	CPT				both			367.2		UHC	Medicaid	111.78	30.44		101.74		46.98	348.84 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Americare	Americare	145.35	75				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Qualcare	Qualcare	145.35	75				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Aetna	Commercial	73.64	38				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Corrections	Corrections	155.04	80				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		First Trenton	First Trenton	174.42	90				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Aetna	Better Health	58.99	30.44				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		First Health	First Health	135.66	70				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		WellPoint	WellPoint	60.16	31.04				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Aetna	Medicare	59.69	30.8				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Consumer	Consumer	184.11	95				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Amerihealth	HMO/PPO	125.97	65				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Horizon	Indemnity	74.19	38.28				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Horizon	MGD	74.19	38.28				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Horizon	Medicare Blue	58.14	30				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Multiplan	Multiplan	155.04	80				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Horizon	NJ Health	4.66					4.66	184.11 fee schedule	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		UHC	Medicaid	58.99	30.44				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Horizon	PPO	74.19	38.28				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Managed Care Inc	Managed Care Inc	174.42	90				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Three Rivers	Three Rivers	184.11	95				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	99000	CPT				outpatient			193.8		Wellcare	Medicaid	58.99	30.44				4.66	184.11 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Americare	Americare	133.88	75				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Aetna	Commercial	67.83	38				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Amerihealth	HMO/PPO	116.03	65				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Consumer	Consumer	169.58	95				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		First Trenton	First Trenton	160.65	90				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Aetna	Medicare	54.98	30.8				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Managed Care Inc	Managed Care Inc	160.65	90				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Aetna	Better Health	54.34	30.44				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Horizon	MGD	68.33	38.28				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Corrections	Corrections	142.8	80				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Horizon	Indemnity	68.33	38.28				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		First Health	First Health	124.95	70				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Horizon	PPO	68.33	38.28				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Horizon	NJ Health	68.6					17.44	169.58 fee schedule	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Multiplan	Multiplan	142.8	80				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Horizon	Medicare Blue	53.55	30				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Qualcare	Qualcare	133.88	75				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		UHC	Medicaid	54.34	30.44				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Three Rivers	Three Rivers	169.58	95				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		WellPoint	WellPoint	55.41	31.04				17.44	169.58 percent of total billed charges	
HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	99001	CPT				inpatient			178.5		Wellcare	Medicaid	54.34	30.44				17.44	169.58 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Aetna	Commercial	96.9	38				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Horizon	MGD	97.61	38.28		96.02		76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Aetna	Better Health	77.62	30.44				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		WellPoint	WellPoint	79.15	31.04		80.45		76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Consumer	Consumer	242.25	95				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Americare	Americare	191.25	75				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		First Health	First Health	178.5	70				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Wellcare	Medicaid	77.62	30.44				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Aetna	Medicare	78.54	30.8				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		First Trenton	First Trenton	229.5	90				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Horizon	Indemnity	97.61	38.28				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Horizon	Medicare Blue	76.5	30				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Corrections	Corrections	204	80				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Horizon	PPO	97.61	38.28				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Amerihealth	HMO/PPO	165.75	65				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Managed Care Inc	Managed Care Inc	229.5	90				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		UHC	Medicaid	77.62	30.44		45.26		76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Three Rivers	Three Rivers	242.25	95				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Multiplan	Multiplan	204	80				76.5	242.25 percent of total billed charges	
PHYSI/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	99078	CPT				outpatient			255		Qualcare	Qualcare	191.25	75				76.5	242.25 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Aetna	Medicare	262.01	30.8				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Horizon	Medicare Blue	255.2	30				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Aetna	Better Health	258.95	30.44				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Americare	Americare	638.01	75				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Consumer	Consumer	808.15	95				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Horizon	MGD	325.64	38.28				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Amerihealth	HMO/PPO	552.94	65				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Aetna	Commercial	323.26	38		94.79		118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		First Health	First Health	595.48	70				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Horizon	NJ Health	118.47			58.49		118.47	808.15 fee schedule	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Horizon	Indemnity	325.64	38.28				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		First Trenton	First Trenton	765.61	90				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Corrections	Corrections	680.54	80				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Qualcare	Qualcare	638.01	75				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Multiplan	Multiplan	680.54	80				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		UHC	Medicaid	258.95	30.44				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Horizon	PPO	325.64	38.28				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Managed Care Inc	Managed Care Inc	765.61	90				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Three Rivers	Three Rivers	808.15	95				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		WellPoint	WellPoint	264.05	31.04				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS <5 YRS	99151	CPT				outpatient			850.68		Wellcare	Medicaid	258.95	30.44				118.47	808.15 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Wellcare	Medicaid	92.84	30.44		87.28		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Consumer	Consumer	289.73	95				78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Aetna	Commercial	115.89	38		74.77		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Aetna	Better Health	92.84	30.44		81.77		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Multiplan	Multiplan	243.98	80				78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Horizon	PPO	116.75	38.28		60.02		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Americare	Americare	228.74	75				78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Aetna	Medicare	93.93	30.8		56.52		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Qualcare	Qualcare	228.74	75				78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		First Health	First Health	213.49	70				78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Corrections	Corrections	243.98	80		88.43		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Amerihealth	HMO/PPO	198.24	65		71.96		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		First Trenton	First Trenton	274.48	90				78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		WellPoint	WellPoint	94.67	31.04		85.6		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Horizon	Indemnity	116.75	38.28				78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Horizon	Medicare Blue	91.49	30		38.14		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Horizon	MGD	116.75	38.28		101.82		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Horizon	NJ Health	78.8			33.89		78.8	289.73 fee schedule	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Managed Care Inc	Managed Care Inc	274.48	90				78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		UHC	Medicaid	92.84	30.44		74.9		78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP INITIAL 15 MINS 5/> YRS	99152	CPT				both			304.98		Three Rivers	Three Rivers	289.73	95				78.8	289.73 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Aetna	Commercial	140.31	38		94.29		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Amerihealth	HMO/PPO	240.01	65		88.49		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Americare	Americare	276.93	75				16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		First Health	First Health	258.47	70				16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Aetna	Medicare	113.73	30.8		64.23		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Consumer	Consumer	350.78	95				16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Horizon	Medicare Blue	110.77	30		68.55		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Aetna	Better Health	112.4	30.44		84.19		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Horizon	MGD	141.35	38.28		114.36		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Corrections	Corrections	295.99	80				16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Wellcare	Medicaid	112.4	30.44		92.6		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Horizon	Indemnity	141.35	38.28		198.66		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		UHC	Medicaid	112.4	30.44		91.41		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		First Trenton	First Trenton	332.32	90				16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Horizon	NJ Health	16.83			47.17		16.83	350.78 fee schedule	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		WellPoint	WellPoint	114.61	31.04		98.59		16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Multiplan	Multiplan	295.39	80				16.83	350.78 percent of total billed charges	
MOD SED SAME PHYSI/QHP EACH ADDL 15 MINS	99153	CPT				both			369.24		Horizon	PPO	141.35	38.28				16.83	350.78

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Aetna	Better Health	92.84	30.44			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Aetna	Medicare	93.93	30.8			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Horizon	PPO	116.75	38.28		53.53	91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Horizon	MGD	116.75	38.28			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Aetna	Commercial	115.89	38			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Consumer	Consumer	289.73	95			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Amerihealth	HMO/PPO	198.24	65			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		UHC	Medicaid	92.84	30.44			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Horizon	Indemnity	116.75	38.28			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		First Health	First Health	213.49	70			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Multiplan	Multiplan	243.98	80			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Wellcare	Medicaid	92.84	30.44			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Qualcare	Qualcare	228.74	75			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Corrections	Corrections	243.98	80			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		First Trenton	First Trenton	274.48	90			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		WellPoint	WellPoint	94.67	31.04			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Horizon	NJ Health	142.92			16.31	91.49		289.73 fee schedule	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Managed Care Inc	Managed Care Inc	274.48	90			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	99155	CPT				outpatient			304.98		Three Rivers	Three Rivers	289.73	95			91.49		289.73 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Aetna	Better Health	89.11	30.44			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Aetna	Commercial	111.24	38			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Corrections	Corrections	234.19	80			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		First Trenton	First Trenton	263.47	90			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Aetna	Medicare	90.16	30.8			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Horizon	NJ Health	116.85			10.6	87.82		278.1 fee schedule	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Amerihealth	HMO/PPO	190.28	65			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Horizon	MGD	112.06	38.28			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		First Health	First Health	204.92	70			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		WellPoint	WellPoint	90.87	31.04			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Managed Care Inc	Managed Care Inc	263.47	90			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Horizon	PPO	112.06	38.28			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Americare	Americare	219.56	75			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Three Rivers	Three Rivers	278.1	95			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Horizon	Indemnity	112.06	38.28			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Horizon	Medicare Blue	87.82	30			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Multiplan	Multiplan	234.19	80			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Consumer	Consumer	278.1	95			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Qualcare	Qualcare	219.56	75			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		Wellcare	Medicaid	89.11	30.44			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5> YRS	99156	CPT				both			292.74		UHC	Medicaid	89.11	30.44		86.11	87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Aetna	Better Health	89.11	30.44			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		First Trenton	First Trenton	263.47	90			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		First Health	First Health	204.92	70			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Americare	Americare	219.56	75			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Corrections	Corrections	234.19	80			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Amerihealth	HMO/PPO	190.28	65			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Consumer	Consumer	278.1	95			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Aetna	Medicare	90.16	30.8			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Aetna	Commercial	111.24	38			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Managed Care Inc	Managed Care Inc	263.47	90			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Multiplan	Multiplan	234.19	80			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Horizon	MGD	112.06	38.28			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Horizon	PPO	112.06	38.28		51.38	87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Horizon	Indemnity	112.06	38.28			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Three Rivers	Three Rivers	278.1	95			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		WellPoint	WellPoint	90.87	31.04			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		UHC	Medicaid	89.11	30.44			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Horizon	Medicare Blue	87.82	30			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Wellcare	Medicaid	89.11	30.44			87.82		278.1 percent of total billed charges	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Horizon	NJ Health	88.58			8.75	87.82		278.1 fee schedule	
MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	99157	CPT				both			292.74		Qualcare	Qualcare	219.56	75			87.82		278.1 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Horizon	Medicare Blue	149.57				1		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Aetna	Commercial	244.1				1		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Consumer	Consumer	410.86	95			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	First Trenton	First Trenton	389.23	90			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Aetna	Better Health	131.65	30.44			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Aetna	Medicare	133.2	30.8			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	First Health	First Health	302.74	70			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Corrections	Corrections	345.98	80			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Horizon	PPO	289.42				1		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Horizon	MGD	289.42				1		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Horizon	Indemnity	289.42				1		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Managed Care Inc	Managed Care Inc	389.23	90			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	WellPoint	WellPoint	134.24	31.04			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Americare	Americare	324.36	75			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Multiplan	Multiplan	345.98	80			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Three Rivers	Three Rivers	410.86	95			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Horizon	NJ Health	135.72				1		410.86 fee schedule	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	UHC	Medicare	149.57				1		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Qualcare	Qualcare	324.36	75			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Amerihealth	HMO/PPO	1				1		410.86 fee schedule	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	UHC	Medicaid	131.65	30.44			1		410.86 percent of total billed charges	
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Amerihealth	Medicare	149.57				1		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Wellcare	Medicare	149.57				1		410.86 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	99195	CPT				outpatient			432.48	172.01	Wellcare	Medicaid	131.65	30.44			1		410.86 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Corrections	Corrections	171.36	80		42	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Aetna	Better Health	65.2	30.44		39.72	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		UHC	Medicaid	65.2	30.44		47.95	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Horizon	NJ Health	42			18.81	42		203.49 fee schedule	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Aetna	Commercial	81.4	38		55.66	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Americare	Americare	160.65	75			42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Aetna	Medicare	65.97	30.8		57.4	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Horizon	PPO	82	38.28		92.46	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		First Health	First Health	149.94	70			42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Consumer	Consumer	203.49	95			42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Wellcare	Medicaid	65.2	30.44		39.05	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Horizon	Medicare Blue	64.26	30		52.59	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Three Rivers	Three Rivers	203.49	95			42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Horizon	Indemnity	82	38.28		135.11	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Amerihealth	HMO/PPO	139.23	65		17.59	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Multiplan	Multiplan	171.36	80			42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		First Trenton	First Trenton	192.78	90			42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		WellPoint	WellPoint	66.49	31.04		54.95	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Horizon	MGD	82	38.28		77.34	42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Qualcare	Qualcare	160.65	75			42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW SF MDM 15 MINUTES	99202	CPT				outpatient			214.2		Managed Care Inc	Managed Care Inc	192.78	90			42		203.49 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Amerihealth	HMO/PPO	198.9	65			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Aetna	Commercial	116.28	38		121.52	61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Aetna	Better Health	93.15	30.44			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Aetna	Medicare	94.25	30.8		146.89	61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Horizon	Indemnity	117.14	38.28		222.8	61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		First Health	First Health	214.2	70			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Consumer	Consumer	290.7	95			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Horizon	PPO	117.14	38.28		155.58	61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Horizon	NJ Health	61.14			18.1	61.14		290.7 fee schedule	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Wellcare	Medicaid	93.15	30.44		70.46	61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Americare	Americare	229.5	75			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		WellPoint	WellPoint	94.98	31.04		89.84	61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Horizon	MGD	117.14	38.28		127.84	61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Corrections	Corrections	244.8	80			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Multiplan	Multiplan	244.8	80			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		First Trenton	First Trenton	275.4	90			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Qualcare	Qualcare	229.5	75			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Horizon	Medicare Blue	91.8	30		48.02	61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Managed Care Inc	Managed Care Inc	275.4	90			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		Three Rivers	Three Rivers	290.7	95			61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW LOW MDM 30 MINUTES	99203	CPT				outpatient			306		UHC	Medicaid	93.15	30.44		77.82	61.14		290.7 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		WellPoint	WellPoint	145.64	31.04		86.18	92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Aetna	Commercial	178.3	38		140.19	92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Aetna	Medicare	144.51	30.8			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Amerihealth	HMO/PPO	304.98	65			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Aetna	Better Health	142.82	30.44			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		First Trenton	First Trenton	422.28	90			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Consumer	Consumer	445.74	95			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Americare	Americare	351.9	75			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		First Health	First Health	328.44	70			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Managed Care Inc	Managed Care Inc	422.28	90			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Horizon	MGD	179.61	38.28		262.14	92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Horizon	Indemnity	179.61	38.28			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Wellcare	Medicaid	142.82	30.44			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Three Rivers	Three Rivers	445.74	95			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Corrections	Corrections	375.36	80			92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Horizon	NJ Health	92.31			23.49	92.31		445.74 fee schedule	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Horizon	Medicare Blue	140.76	30		55.37	92.31		445.74 percent of total billed charges	
OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	99204	CPT				outpatient			469.2		Horizon	PPO	179.61	38.28		289

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																			
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																			
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Aetna	Better Health	176.98	30.44			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Corrections	Corrections	465.12	80			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Aetna	Commercial	220.93	38			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Horizon	Medicare Blue	174.42	30			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		First Health	First Health	406.98	70			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Aetna	Medicare	179.07	30.8			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Americare	Americare	436.05	75			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Amerihealth	HMO/PPO	377.91	65			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Wellcare	Medicaid	176.98	30.44			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		First Trenton	First Trenton	523.26	90			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Consumer	Consumer	552.33	95			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Horizon	NJ Health	115.6			40.36	115.6		552.33 fee schedule		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Horizon	MGD	222.56	38.28		419.12	115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Horizon	PPO	222.56	38.28			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		WellPoint	WellPoint	180.47	31.04		166.95	115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Horizon	Indemnity	222.56	38.28			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Managed Care Inc	Managed Care Inc	523.26	90			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		UHC	Medicaid	176.98	30.44		114.04	115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Three Rivers	Three Rivers	552.33	95			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Multiplan	Multiplan	465.12	80			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT NEW HIGH MDM 60 MINUTES	99205	CPT				outpatient			581.4		Qualcare	Qualcare	436.05	75			115.6		552.33 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Aetna	Commercial	185.27	38		111.76	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Horizon	Medicare Blue	146.27	30		120.38	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Consumer	Consumer	463.18	95			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Horizon	NJ Health	16			77.54	16		463.18 fee schedule		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Aetna	Medicare	150.17	30.8		146.89	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Aetna	Better Health	148.41	30.44		98.86	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		First Health	First Health	341.29	70			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		UHC	Medicaid	148.41	30.44		142.9	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		First Trenton	First Trenton	438.8	90			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Americare	Americare	365.67	75			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Corrections	Corrections	390.05	80			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Horizon	PPO	186.64	38.28		189.63	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Amerihealth	HMO/PPO	316.91	65			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Horizon	Indemnity	186.64	38.28		50.54	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Three Rivers	Three Rivers	463.18	95			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Managed Care Inc	Managed Care Inc	438.8	90			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Horizon	MGD	186.64	38.28		227.46	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Multiplan	Multiplan	390.05	80			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Wellcare	Medicaid	148.41	30.44		135.32	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		Qualcare	Qualcare	365.67	75			16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT EST PT MAY NOT REQ PHYS/QHP	99211	CPT				outpatient			487.56		WellPoint	WellPoint	151.34	31.04		135.09	16		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Aetna	Better Health	148.41	30.44		131.18	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Americare	Americare	365.67	75			49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		First Health	First Health	341.29	70			49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Horizon	NJ Health	49.06			40	49.06		463.18 fee schedule		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Consumer	Consumer	463.18	95			49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Horizon	Indemnity	186.64	38.28		188.01	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Horizon	PPO	186.64	38.28		177.53	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Aetna	Commercial	185.27	38		108.14	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Aetna	Medicare	150.17	30.8		96.79	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		UHC	Medicaid	148.41	30.44		128.21	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Three Rivers	Three Rivers	463.18	95			49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Amerihealth	HMO/PPO	316.91	65		43.03	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Corrections	Corrections	390.05	80		112.02	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Multiplan	Multiplan	390.05	80			49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		WellPoint	WellPoint	151.34	31.04		122.61	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Wellcare	Medicaid	148.41	30.44		126.98	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Horizon	Medicare Blue	146.27	30		89.01	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Qualcare	Qualcare	365.67	75			49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		First Trenton	First Trenton	438.8	90			49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Horizon	MGD	186.64	38.28		184.66	49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED SF MDM 10 MIN	99212	CPT				outpatient			487.56		Managed Care Inc	Managed Care Inc	438.8	90			49.06		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Qualcare	Qualcare	365.67	75			81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Aetna	Better Health	148.41	30.44		131.46	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Three Rivers	Three Rivers	463.18	95			81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		First Health	First Health	341.29	70			81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Aetna	Commercial	185.27	38		119.63	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Consumer	Consumer	463.18	95			81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Aetna	Medicare	150.17	30.8		100.36	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Horizon	Indemnity	186.64	38.28		168.61	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Americare	Americare	365.67	75			81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Amerihealth	HMO/PPO	316.91	65		153.65	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		WellPoint	WellPoint	151.34	31.04		123.52	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		UHC	Medicaid	148.41	30.44		130.48	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Multiplan	Multiplan	390.05	80			81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Horizon	MGD	186.64	38.28		155.91	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Corrections	Corrections	390.05	80			81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Horizon	NJ Health	81.6			47.5	81.6		463.18 fee schedule		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		First Trenton	First Trenton	438.8	90			81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Horizon	PPO	186.64	38.28		156.38	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Horizon	Medicare Blue	146.27	30		85.62	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Wellcare	Medicaid	148.41	30.44		123.09	81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN	99213	CPT				outpatient			487.56		Managed Care Inc	Managed Care Inc	438.8	90			81.6		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Corrections	Corrections	390.05	80			119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Aetna	Commercial	185.27	38		211.74	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		First Health	First Health	341.29	70			119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Aetna	Better Health	148.41	30.44		133.41	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Wellcare	Medicaid	148.41	30.44		51.24	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Aetna	Medicare	150.17	30.8		80.36	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Consumer	Consumer	463.18	95			119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Americare	Americare	365.67	75			119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Horizon	Medicare Blue	146.27	30		97.94	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		First Trenton	First Trenton	438.8	90			119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Multiplan	Multiplan	390.05	80			119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Amerihealth	HMO/PPO	316.91	65		54.23	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		UHC	Medicaid	148.41	30.44		138.61	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Managed Care Inc	Managed Care Inc	438.8	90			119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Three Rivers	Three Rivers	463.18	95			119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Horizon	MGD	186.64	38.28		222.38	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Qualcare	Qualcare	365.67	75			119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Horizon	Indemnity	186.64	38.28		139.69	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Horizon	PPO	186.64	38.28		194.54	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		Horizon	NJ Health	119.85			36.49	119.85		463.18 fee schedule		
OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	99214	CPT				outpatient			487.56		WellPoint	WellPoint	151.34	31.04		132.68	119.85		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Aetna	Medicare	150.17	30.8		134.04	146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Americare	Americare	365.67	75			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		First Health	First Health	341.29	70			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Consumer	Consumer	463.18	95			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Horizon	MGD	186.64	38.28		286.68	146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Three Rivers	Three Rivers	463.18	95			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Aetna	Better Health	148.41	30.44			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		UHC	Medicaid	148.41	30.44		104.36	146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Corrections	Corrections	390.05	80			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Wellcare	Medicaid	148.41	30.44		112.89	146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Aetna	Commercial	185.27	38			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		First Trenton	First Trenton	438.8	90			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Amerihealth	HMO/PPO	316.91	65			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Horizon	Medicare Blue	146.27	30		138.86	146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Horizon	Indemnity	186.64	38.28			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Horizon	NJ Health	161.06			45.42	146.27		463.18 fee schedule		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Multiplan	Multiplan	390.05	80			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Horizon	PPO	186.64	38.28		199	146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Qualcare	Qualcare	365.67	75			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		Managed Care Inc	Managed Care Inc	438.8	90			146.27		463.18 percent of total billed charges		
OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40 MIN	99215	CPT				outpatient			487.56		WellPoint	WellPoint	151.34	31.04		77.04	146.27		463.18 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Consumer	Consumer	329.46	95			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Amerihealth	HMO/PPO	225.42	65			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Aetna	Better Health	105.57	30.44			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Americare	Americare	260.1	75			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Aetna	Medicare	106.81	30.8			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Corrections	Corrections	277.44	80			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Aetna	Commercial	131.78	38			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Horizon	Indemnity	132.76	38.28			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		First Health	First Health	242.76	70			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Horizon	MGD	132.76	38.28			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		WellPoint	WellPoint	107.65	31.04			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Horizon	PPO	132.76	38.28			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM 30 MINUTES	99243	CPT				outpatient			346.8		Wellcare	Medicaid	105.57	30.44			64.7		329.46 percent of total billed charges		
OFFICE/OP CONSLTJ NEW/EST PT LOW MDM

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		First Health	First Health	364.14	70			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Americare	Americare	390.15	75			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Aetna	Medicare	160.22	30.8			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Corrections	Corrections	416.16	80			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		First Trenton	First Trenton	468.18	90			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Horizon	MGD	199.13	38.28			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Aetna	Better Health	158.35	30.44			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Multiplan	Multiplan	416.16	80			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Horizon	Indemnity	199.13	38.28			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Consumer	Consumer	494.19	95			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Aetna	Commercial	197.68	38			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Horizon	Medicare Blue	156.06	30			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Horizon	PPO	199.13	38.28			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Wellcare	Medicaid	158.35	30.44			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		WellPoint	WellPoint	161.47	31.04			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Qualcare	Qualcare	390.15	75			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Managed Care Inc	Managed Care Inc	468.18	90			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Horizon	NJ Health	91.1				91.1		494.19 fee schedule	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		Three Rivers	Three Rivers	494.19	95			91.1		494.19 percent of total billed charges	
OFFICE/OP CONSLTJ NEWEST PT MOD MDM 40 MINUTES	99244	CPT				outpatient			520.2		UHC	Medicaid	158.35	30.44			91.1		494.19 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 First Health	First Health	534.07	70			41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Corrections	Corrections	610.37	80			41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Aetna	Better Health	232.25	30.44		144.1	41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Horizon	NJ Health	41.76			130.66	41.76		724.81 fee schedule	$239 All-Inclusive Case Rate
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Horizon	Indemnity	197.7			124.28	41.76		724.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 First Trenton	First Trenton	686.66	90			41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Aetna	Commercial	166.74			108.55	41.76		724.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Aetna	Medicare	102.17			76.33	41.76		724.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 UHC	Medicaid	232.25	30.44		136.12	41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Horizon	Medicare Blue	102.17			85.04	41.76		724.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Consumer	Consumer	724.81	95			41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Multiplan	Multiplan	610.37	80			41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 UHC	Medicare	102.17			67.59	41.76		724.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Managed Care Inc	Managed Care Inc	686.66	90			41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Amerihealth	Medicare	102.17				41.76		724.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Americare	Americare	572.22	75			41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Wellcare	Medicare	102.17			129.57	41.76		724.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Three Rivers	Three Rivers	724.81	95			41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Horizon	MGD	197.7			171.51	41.76		724.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Qualcare	Qualcare	572.22	75			41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 WellPoint	WellPoint	236.82	31.04		195.35	41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Amerihealth	HMO/PPO	70			85.97	41.76		724.81 fee schedule	
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Horizon	PPO	197.7			168.67	41.76		724.81 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MAY NOT REQ PHYS/QHP	99281	CPT				both			762.96		117.5 Wellcare	Medicaid	232.25	30.44		225.28	41.76		724.81 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 First Health	First Health	686.15	70			61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Horizon	NJ Health	61.34			168.89	61.34		931.21 fee schedule	$239 All-Inclusive Case Rate
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 First Trenton	First Trenton	882.2	90			61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Aetna	Medicare	183.75			178.64	61.34		931.21 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Aetna	Better Health	298.38	30.44		179.81	61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Aetna	Commercial	299.88			233.13	61.34		931.21 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Managed Care Inc	Managed Care Inc	882.2	90			61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Americare	Americare	735.17	75			61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Horizon	PPO	355.56			242.13	61.34		931.21 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Consumer	Consumer	931.21	95			61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Multiplan	Multiplan	784.18	80			61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Amerihealth	Medicare	183.75				61.34		931.21 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Three Rivers	Three Rivers	931.21	95			61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Corrections	Corrections	784.18	80			61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Qualcare	Qualcare	735.17	75			61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Amerihealth	HMO/PPO	100				61.34		931.21 fee schedule	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 UHC	Medicaid	298.38	30.44		193.54	61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Horizon	MGD	355.56			283.34	61.34		931.21 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 UHC	Medicare	183.75			148.84	61.34		931.21 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Horizon	Indemnity	355.56			305.02	61.34		931.21 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Wellcare	Medicaid	298.38	30.44		278.98	61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Horizon	Medicare Blue	183.75			153.92	61.34		931.21 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 Wellcare	Medicare	183.75			153.14	61.34		931.21 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT STRAIGHTFORWARD MDM	99282	CPT				both			980.22		211.31 WellPoint	WellPoint	304.26	31.04		280.5	61.34		931.21 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 First Health	First Health	998.17	70			61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Horizon	MGD	621.68			388.35	61.34		1354.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Horizon	Medicare Blue	321.28			219.87	61.34		1354.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Multiplan	Multiplan	1140.77	80			61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Aetna	Better Health	434.06	30.44		384.46	61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Amerihealth	HMO/PPO	150			222	61.34		1354.66 fee schedule	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Amerihealth	Medicare	321.28				61.34		1354.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Aetna	Commercial	524.33			314.61	61.34		1354.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 UHC	Medicare	321.28			228.26	61.34		1354.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 UHC	Medicaid	434.06	30.44		369.11	61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Aetna	Medicare	321.28			228.2	61.34		1354.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Qualcare	Qualcare	1069.47	75			61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Wellcare	Medicaid	434.06	30.44		370.77	61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Consumer	Consumer	1354.66	95			61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Americare	Americare	1069.47	75			61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Horizon	Indemnity	621.68			400.9	61.34		1354.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 First Trenton	First Trenton	1283.36	90			61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Wellcare	Medicare	321.28			178.24	61.34		1354.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Horizon	PPO	621.68			381.01	61.34		1354.66 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Horizon	NJ Health	61.34			519.13	61.34		1354.66 fee schedule	$774 All-Inclusive Case Rate
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Three Rivers	Three Rivers	1354.66	95			61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Corrections	Corrections	1140.77	80		335.81	61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 WellPoint	WellPoint	442.62	31.04		360.18	61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT LOW MDM	99283	CPT				both			1425.96		369.47 Managed Care Inc	Managed Care Inc	1283.36	90			61.34		1354.66 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Aetna	Better Health	700.15	30.44		607.57	84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Wellcare	Medicaid	700.15	30.44		573.15	84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Aetna	Commercial	806.35			481.68	84.3		2185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Amerihealth	Medicare	494.09				84.3		2185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 First Health	First Health	1610.07	70			84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Aetna	Medicare	494.09			337.15	84.3		2185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 First Trenton	First Trenton	2070.09	90			84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Americare	Americare	1725.08	75			84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Amerihealth	HMO/PPO	225			262.63	84.3		2185.1 fee schedule	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Wellcare	Medicare	494.09			257.53	84.3		2185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Horizon	Indemnity	956.06			622.34	84.3		2185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Corrections	Corrections	1840.08	80		644.13	84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Three Rivers	Three Rivers	2185.1	95			84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Horizon	MGD	956.06			622.68	84.3		2185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Managed Care Inc	Managed Care Inc	2070.09	90			84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Consumer	Consumer	2185.1	95			84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 UHC	Medicare	494.09			319	84.3		2185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 UHC	Medicaid	700.15	30.44		585.03	84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Horizon	Medicare Blue	494.09			317.12	84.3		2185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Horizon	NJ Health	84.3			363.53	84.3		2185.1 fee schedule	$774 All-Inclusive Case Rate
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 WellPoint	WellPoint	713.95	31.04		540.5	84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Horizon	PPO	956.06			637.81	84.3		2185.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Multiplan	Multiplan	1840.08	80			84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT MODERATE MDM	99284	CPT				both			2300.1		568.2 Qualcare	Qualcare	1725.08	75			84.3		2185.1 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Aetna	Commercial	1160.99			1131.3	84.3		5226.79 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Aetna	Better Health	1674.77	30.44		1386.08	84.3		5226.79 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Aetna	Medicare	711.39			654.32	84.3		5226.79 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Horizon	Indemnity	1376.54			1049.02	84.3		5226.79 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Amerihealth	HMO/PPO	300			819.71	84.3		5226.79 fee schedule	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Amerihealth	Medicare	711.39				84.3		5226.79 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 First Health	First Health	3851.32	70			84.3		5226.79 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 First Trenton	First Trenton	4951.69	90			84.3		5226.79 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 UHC	Medicaid	1674.77	30.44		1457.94	84.3		5226.79 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Americare	Americare	4126.41	75			84.3		5226.79 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Horizon	NJ Health	84.3			298.28	84.3		5226.79 fee schedule	$774 All-Inclusive Case Rate
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Horizon	MGD	1376.54			1214.36	84.3		5226.79 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Wellcare	Medicaid	1674.77	30.44		1436.85	84.3		5226.79 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Corrections	Corrections	4401.5	80		700.69	84.3		5226.79 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Horizon	Medicare Blue	711.39			596.29	84.3		5226.79 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 UHC	Medicare	711.39			614.02	84.3		5226.79 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Consumer	Consumer	5226.79	95			84.3		5226.79 percent of total billed charges	
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT				both			5501.88		818.1 Horizon	PPO	1376.54			1318.22	84.3		5226.79 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY DEPARTMENT VISIT HIGH MDM	99285	CPT			

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Horizon	MCD	1891.85			1662.34	313.2	5950.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Three Rivers	Three Rivers	5950.63	95			313.2	5950.63	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Aetna	Medicare	977.7			637.01	313.2	5950.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 First Trenton	First Trenton	5637.44	90			313.2	5950.63	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Amerihealth	Medicare	977.7				313.2	5950.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Qualcare	Qualcare	4697.87	75			313.2	5950.63	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Horizon	NJ Health	313.2			247.68	313.2	5950.63	fee schedule	$774 All-Inclusive Case Rate
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Managed Care Inc	Managed Care Inc	5637.44	90			313.2	5950.63	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 UHC	Medicaid	1906.71	30.44		1659.74	313.2	5950.63	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 WellPoint	WellPoint	1944.29	31.04		1639.45	313.2	5950.63	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Consumer	Consumer	5950.63	95			313.2	5950.63	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 UHC	Medicare	977.7			708.04	313.2	5950.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Horizon	Medicare Blue	977.7			592.53	313.2	5950.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Wellcare	Medicare	977.7			931.18	313.2	5950.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Horizon	PPO	1891.85			1727.48	313.2	5950.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	99291	CPT				both			6263.82		1124.36 Wellcare	Medicaid	1906.71	30.44		1579.6	313.2	5950.63	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Aetna	Better Health	269.81	30.44	251.6	86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Aetna	Medicare	273.01	30.8		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Horizon	PPO	339.31	38.28		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Amerihealth	HMO/PPO	576.15	65		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Aetna	Commercial	336.82	38		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Corrections	Corrections	709.1	80		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			First Trenton	First Trenton	797.74	90		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Americare	Americare	664.79	75		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			First Health	First Health	620.47	70		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Consumer	Consumer	842.06	95		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Managed Care Inc	Managed Care Inc	797.74	90		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Horizon	Indemnity	339.31	38.28		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			UHC	Medicaid	269.81	30.44	254.42	86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Horizon	MGD	339.31	38.28		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Wellcare	Medicaid	269.81	30.44		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Multiplan	Multiplan	709.1	80		86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Horizon	NJ Health	86.39			31.84	86.39	842.06	fee schedule	$774 All-Inclusive Case Rate
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Horizon	Medicare Blue	265.91	30			86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Qualcare	Qualcare	664.79	75			86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			WellPoint	WellPoint	275.13	31.04		260.73	86.39	842.06	percent of total billed charges	
CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	99292	CPT				both			886.38			Three Rivers	Three Rivers	842.06	95			86.39	842.06	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Horizon	Indemnity	144.47	38.28			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Aetna	Better Health	114.88	30.44			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			First Trenton	First Trenton	339.66	90			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Consumer	Consumer	358.53	95			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Americare	Americare	283.05	75			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Amerihealth	HMO/PPO	245.31	65			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Aetna	Medicare	116.24	30.8			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Aetna	Commercial	143.41	38			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Horizon	MGD	144.47	38.28			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			First Health	First Health	264.18	70			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Corrections	Corrections	301.92	80			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			WellPoint	WellPoint	117.14	31.04			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Horizon	PPO	144.47	38.28			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Multiplan	Multiplan	301.92	80			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Horizon	NJ Health	84.3				84.3	358.53	fee schedule	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Horizon	Medicare Blue	113.22	30			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Managed Care Inc	Managed Care Inc	339.66	90			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Qualcare	Qualcare	283.05	75			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Three Rivers	Three Rivers	358.53	95			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			Wellcare	Medicaid	114.88	30.44			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	99385	CPT				outpatient			377.4			UHC	Medicaid	114.88	30.44			84.3	358.53	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Consumer	Consumer	406.98	95			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Aetna	Better Health	130.4	30.44			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Aetna	Commercial	162.79	38			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Aetna	Medicare	131.95	30.8			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Amerihealth	HMO/PPO	278.46	65			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			First Health	First Health	299.88	70			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Americare	Americare	321.3	75			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Horizon	MGD	163.99	38.28			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Corrections	Corrections	342.72	80			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Horizon	Indemnity	163.99	38.28			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Wellcare	Medicaid	130.4	30.44			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			UHC	Medicaid	130.4	30.44			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Multiplan	Multiplan	342.72	80			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Horizon	Medicare Blue	128.52	30			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			First Trenton	First Trenton	385.56	90			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			WellPoint	WellPoint	132.98	31.04			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Qualcare	Qualcare	321.3	75			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Horizon	PPO	163.99	38.28			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Horizon	NJ Health	84.3				84.3	406.98	fee schedule	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Three Rivers	Three Rivers	406.98	95			84.3	406.98	percent of total billed charges	
INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	99386	CPT				both			428.4			Managed Care Inc	Managed Care Inc	385.56	90			84.3	406.98	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Horizon	PPO	66.89				8.12	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Aetna	Commercial	56.42				8.12	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Aetna	Better Health	33.84	30.44			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 First Trenton	First Trenton	100.06	90			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Consumer	Consumer	105.62	95			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Amerihealth	Medicare	34.57				8.12	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 First Health	First Health	77.83	70			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Horizon	Medicare Blue	34.57			13.72	8.12	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Corrections	Corrections	88.94	80			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Aetna	Medicare	34.57				8.12	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Amerihealth	HMO/PPO	72.27	65			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Horizon	Indemnity	66.89				8.12	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Multiplan	Multiplan	88.94	80			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 UHC	Medicaid	33.84	30.44		26.07	8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Qualcare	Qualcare	83.39	75			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Managed Care Inc	Managed Care Inc	100.06	90			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Three Rivers	Three Rivers	105.62	95			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Americare	Americare	83.39	75			8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 UHC	Medicare	34.57			32.5	8.12	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Horizon	MGD	66.89				8.12	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Wellcare	Medicare	34.57			33.07	8.12	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Horizon	NJ Health	8.12			8.11	8.12	105.62	fee schedule	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 Wellcare	Medicaid	33.84	30.44		6.42	8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	99406	CPT				outpatient			111.18		39.76 WellPoint	WellPoint	34.51	31.04		13.42	8.12	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Multiplan	Multiplan	88.94	80			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Wellcare	Medicare	34.57				15.56	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Aetna	Better Health	33.84	30.44			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Aetna	Commercial	56.42				15.56	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Aetna	Medicare	34.57				15.56	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Horizon	MGD	66.89				15.56	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 First Health	First Health	77.83	70			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Amerihealth	Medicare	34.57				15.56	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Qualcare	Qualcare	83.39	75			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 WellPoint	WellPoint	34.51	31.04			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Consumer	Consumer	105.62	95			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Americare	Americare	83.39	75			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Amerihealth	HMO/PPO	72.27	65			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 UHC	Medicaid	33.84	30.44			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Three Rivers	Three Rivers	105.62	95			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Horizon	Medicare Blue	34.57				15.56	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Corrections	Corrections	88.94	80			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 UHC	Medicare	34.57				15.56	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 First Trenton	First Trenton	100.06	90			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Wellcare	Medicaid	33.84	30.44			15.56	105.62	percent of total billed charges	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Horizon	Indemnity	66.89				15.56	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Horizon	NJ Health	15.56				15.56	105.62	fee schedule	
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Horizon	PPO	66.89				15.56	105.62	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOBACCO USE CESSATION INTENSIVE >10 MINUTES	99407	CPT				outpatient			111.18		39.76 Managed Care Inc	Managed Care Inc	100.06	90			15.56	105.62	percent of total billed charges	
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Wellcare	Medicare	107.33				94.77	295.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Corrections	Corrections	249.07	80			94.77	295.77	percent of total billed charges	
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 First Health	First Health	217.94	70			94.77	295.77	percent of total billed charges	
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Aetna	Medicare	107.33				94.77	295.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Aetna	Better Health	94.77	30.44			94.77	295.77	percent of total billed charges	
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Aetna	Commercial	175.16				94.77	295.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Amerihealth	Medicare	107.33				94.77	295.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Americare	Americare	233.51	75			94.77	295.77	percent of total billed charges	
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Consumer	Consumer	295.77	95			94.77	295.77	percent of total billed charges	
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Amerihealth	HMO/PPO	202.37	65			94.77	295.77	percent of total billed charges	
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34		123.43 Horizon	Medicare Blue	107.33				94.77	295.77

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34	123.43	Managed Care Inc	Managed Care Inc	280.21	90			94.77	295.77	percent of total billed charges	
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34	123.43	WellPoint	WellPoint	96.64	31.04			94.77	295.77	percent of total billed charges	
ASSMT & CARE PLANNING PT W/COGNITIVE IMPAIRMENT	99483	CPT				both			311.34	123.43	Three Rivers	Three Rivers	295.77	95			94.77	295.77	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Aetna	Commercial	244.03				143.8	448.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Americare	Americare	354.32	75			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Aetna	Medicare	149.53				143.8	448.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Corrections	Corrections	377.94	80			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Amerihealth	Medicare	149.53				143.8	448.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	First Trenton	First Trenton	425.18	90			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Aetna	Better Health	143.8	30.44			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Amerihealth	HMO/PPO	307.07	65			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Horizon	Medicare Blue	149.53				143.8	448.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Wellcare	Medicaid	143.8	30.44			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Horizon	MGD	289.34				143.8	448.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Horizon	PPO	289.34				143.8	448.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	UHC	Medicare	149.53				143.8	448.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Horizon	NJ Health	260.01				143.8	448.8	fee schedule	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Consumer	Consumer	448.8	95			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	First Health	First Health	330.69	70			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Managed Care Inc	Managed Care Inc	425.18	90			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	UHC	Medicaid	143.8	30.44			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Three Rivers	Three Rivers	448.8	95			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Horizon	Indemnity	289.34				143.8	448.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Wellcare	Medicare	149.53				143.8	448.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	WellPoint	WellPoint	146.64	31.04			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Multiplan	Multiplan	377.94	80			143.8	448.8	percent of total billed charges	
TRANSJ CARE MGMT HIGH MDM F2F 7 CAL D DISCHARGE	99496	CPT				both			472.42	171.96	Qualcare	Qualcare	354.32	75			143.8	448.8	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Horizon	MGD	207.68				93.46	291.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	First Health	First Health	214.91	70			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Aetna	Medicare	107.33				93.46	291.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Amerihealth	HMO/PPO	199.56	65			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Amerihealth	Medicare	107.33				93.46	291.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Horizon	PPO	207.68				93.46	291.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Aetna	Better Health	93.46	30.44			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Aetna	Commercial	175.16				93.46	291.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	UHC	Medicaid	93.46	30.44			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Horizon	Medicare Blue	107.33				93.46	291.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Consumer	Consumer	291.67	95			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Multiplan	Multiplan	245.62	80			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	UHC	Medicare	107.33				93.46	291.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Wellcare	Medicare	107.33				93.46	291.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Americare	Americare	230.27	75			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Horizon	Indemnity	207.68				93.46	291.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	WellPoint	WellPoint	95.3	31.04		24.11	93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Qualcare	Qualcare	230.27	75			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Corrections	Corrections	245.62	80			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Wellcare	Medicaid	93.46	30.44			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	First Trenton	First Trenton	276.32	90			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Managed Care Inc	Managed Care Inc	276.32	90			93.46	291.67	percent of total billed charges	
ADVANCE CARE PLANNING FIRST 30 MINS	99497	CPT				both			307.02	123.43	Three Rivers	Three Rivers	291.67	95			93.46	291.67	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Aetna	Medicare	9.15			9.69	4	27.13	fee schedule	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Horizon	Medicare Blue	8.57	30		10.43	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Amerihealth	Medicare	9.15				4	27.13	fee schedule	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Amerihealth	HMO/PPO	18.56	65		10.1	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Aetna	Commercial	10.85	38		10.02	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Aetna	Better Health	8.69	30.44		8.52	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Consumer	Consumer	27.13	95			4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Horizon	MGD	10.93	38.28		10.71	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	First Health	First Health	19.99	70			4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Americare	Americare	21.42	75			4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	First Trenton	First Trenton	25.7	90			4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Corrections	Corrections	22.85	80			4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	UHC	Medicare	9.15			8.87	4	27.13	fee schedule	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	UHC	Medicaid	8.69	30.44		8.53	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Horizon	PPO	10.93	38.28		10.7	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Horizon	NJ Health	4			6.22	4	27.13	fee schedule	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	WellPoint	WellPoint	8.87	31.04		9.81	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Wellcare	Medicaid	8.69	30.44		8.55	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Managed Care Inc	Managed Care Inc	25.7	90			4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Horizon	Indemnity	10.93	38.28		10.72	4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Three Rivers	Three Rivers	27.13	95			4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Multiplan	Multiplan	22.85	80			4	27.13	percent of total billed charges	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Wellcare	Medicare	9.15			11.18	4	27.13	fee schedule	
GROUND MILEAGE	A0425	HCPCS				both			28.56	10.52	Qualcare	Qualcare	21.42	75			4	27.13	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Aetna	Better Health	848.56	30.44		831.43	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	First Health	First Health	1951.36	70			335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Americare	Americare	2090.75	75			335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Horizon	Indemnity	1067.12	38.28		1047.28	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Horizon	NJ Health	335			312.11	335	2648.28	fee schedule	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Consumer	Consumer	2648.28	95			335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Amerihealth	HMO/PPO	1811.98	65		684.52	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Aetna	Commercial	1059.31	38		966.21	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Horizon	Medicare Blue	836.3	30		561.76	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Three Rivers	Three Rivers	2648.28	95			335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Amerihealth	Medicare	605.76				335	2648.28	fee schedule	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Aetna	Medicare	605.76			599.79	335	2648.28	fee schedule	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Horizon	PPO	1067.12	38.28		1049.7	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Corrections	Corrections	2230.13	80			335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	First Trenton	First Trenton	2508.89	90			335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Multiplan	Multiplan	2230.13	80			335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Horizon	MGD	1067.12	38.28		1046.73	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	UHC	Medicaid	848.56	30.44		831.55	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Managed Care Inc	Managed Care Inc	2508.89	90			335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Qualcare	Qualcare	2090.75	75			335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	WellPoint	WellPoint	865.29	31.04		833.49	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	UHC	Medicare	605.76			504.5	335	2648.28	fee schedule	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Wellcare	Medicaid	848.56	30.44		829.43	335	2648.28	percent of total billed charges	
ALS1-EMERGENCY ENCY	A0427	HCPCS				both			2787.66	696.62	Wellcare	Medicare	605.76			597.03	335	2648.28	fee schedule	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Corrections	Corrections	848.64	80			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Horizon	Medicare Blue	318.24	30		313.87	175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Aetna	Commercial	403.1	38			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Amerihealth	HMO/PPO	689.52	65			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Aetna	Better Health	322.91	30.44			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	First Trenton	First Trenton	954.72	90			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Horizon	MGD	406.07	38.28			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Aetna	Medicare	318.82			309.95	175	1007.76	fee schedule	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Americare	Americare	795.6	75			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Horizon	Indemnity	406.07	38.28		398.11	175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	UHC	Medicare	318.82			317.11	175	1007.76	fee schedule	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	First Health	First Health	742.56	70			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Consumer	Consumer	1007.76	95			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Horizon	PPO	406.07	38.28			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Horizon	NJ Health	175				175	1007.76	fee schedule	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Amerihealth	Medicare	318.82				175	1007.76	fee schedule	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Managed Care Inc	Managed Care Inc	954.72	90			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Multiplan	Multiplan	848.64	80			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Three Rivers	Three Rivers	1007.76	95			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	WellPoint	WellPoint	329.27	31.04		312.99	175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	UHC	Medicaid	322.91	30.44		317.49	175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Qualcare	Qualcare	795.6	75			175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Wellcare	Medicaid	322.91	30.44		311.89	175	1007.76	percent of total billed charges	
BLS	A0428	HCPCS				outpatient			1060.8	366.64	Wellcare	Medicare	318.82				175	1007.76	fee schedule	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Aetna	Commercial	403.1	38		394.73	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Multiplan	Multiplan	848.64	80			280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Amerihealth	HMO/PPO	689.52	65		561.51	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Americare	Americare	795.6	75			280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Aetna	Better Health	322.91	30.44		316.12	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Consumer	Consumer	1007.76	95			280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Aetna	Medicare	510.11			484.77	280	1007.76	fee schedule	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Horizon	Medicare Blue	318.24	30		489.89	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	First Trenton	First Trenton	954.72	90			280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Qualcare	Qualcare	795.6	75			280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	First Health	First Health	742.56	70			280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Three Rivers	Three Rivers	1007.76	95			280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Amerihealth	Medicare	510.11				280	1007.76	fee schedule	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Corrections	Corrections	848.64	80			280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Horizon	Indemnity	406.07	38.28		397.51	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Horizon	NJ Health	280			273.19	280	1007.76	fee schedule	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Horizon	MGD	406.07	38.28		397.95	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	WellPoint	WellPoint	329.27	31.04		382.18	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	UHC	Medicaid	322.91	30.44		316.74	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Wellcare	Medicaid	322.91	30.44		319.61	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Managed Care Inc	Managed Care Inc	954.72	90			280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Horizon	PPO	406.07	38.28		396.04	280	1007.76	percent of total billed charges	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	UHC	Medicare	510.11			427.59	280	1007.76	fee schedule	
BLS-EMERGENCY ENCY	A0429	HCPCS				both			1060.8	586.63	Wellcare	Medicare	510.11			490.7	280	1007.76	fee schedule	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Aetna	Commercial	1440.71	38		1194.73	395	3601.77	percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	First Health	First Health	2653.94	70			395	3601.77	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Horizon	PPO	1451.32	38.28			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	First Trenton	First Trenton	3412.21	90			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Amerihealth	Medicare	876.76				395		3601.77 fee schedule	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Americare	Americare	2843.51	75			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Three Rivers	Three Rivers	3601.77	95			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Aetna	Better Health	1154.08	30.44		1172.71	395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Wellcare	Medicare	876.76				395		3601.77 fee schedule	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Horizon	Medicare Blue	1137.4	30		871.67	395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	UHC	Medicaid	1154.08	30.44		1143.63	395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Managed Care Inc	Managed Care Inc	3412.21	90			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	WellPoint	WellPoint	1176.83	31.04		1138.76	395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Consumer	Consumer	3601.77	95			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Aetna	Medicare	876.76			848.68	395		3601.77 fee schedule	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Horizon	MGD	1451.32	38.28		1422.87	395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Wellcare	Medicaid	1154.08	30.44		1141.12	395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Horizon	NJ Health	395			396.52	395		3601.77 fee schedule	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Amerihealth	HMO/PPO	2464.37	65			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Multiplan	Multiplan	3033.07	80			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Corrections	Corrections	3033.07	80			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Qualicare	Qualicare	2843.51	75			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	Horizon	Indemnity	1451.32	38.28			395		3601.77 percent of total billed charges	
ALS 2	A0433	HCPCS				outpatient			3791.34	1008.27	UHC	Medicare	876.76				395		3601.77 fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Americare	Americare	2926.89	75			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Aetna	Commercial	1482.96	38			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Aetna	Medicare	1036.17			1025.68	575		3707.39 fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Consumer	Consumer	3707.39	95			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	First Trenton	First Trenton	3512.27	90			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	UHC	Medicare	1036.17				575		3707.39 fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Aetna	Better Health	1187.93	30.44		1193.25	575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	First Health	First Health	2731.76	70			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Horizon	PPO	1493.88	38.28			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Amerihealth	HMO/PPO	2536.64	65		585.33	575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Multiplan	Multiplan	3122.02	80			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Corrections	Corrections	3122.02	80			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Managed Care Inc	Managed Care Inc	3512.27	90			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Wellcare	Medicare	1036.17				575		3707.39 fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Qualicare	Qualicare	2926.89	75			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Horizon	Indemnity	1493.88	38.28		1464.59	575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Three Rivers	Three Rivers	3707.39	95			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Amerihealth	Medicare	1036.17				575		3707.39 fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Wellcare	Medicaid	1187.93	30.44		985.16	575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Horizon	Medicare Blue	1170.76	30			575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	WellPoint	WellPoint	1211.34	31.04		1191.11	575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Horizon	MGD	1493.88	38.28		1493.88	575		3707.39 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	Horizon	NJ Health	575			573.92	575		3707.39 fee schedule	
SPECIALTY CARE TRANSPORT	A0434	HCPCS				outpatient			3902.52	1191.6	UHC	Medicaid	1187.93	30.44		1160.32	575		3707.39 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Aetna	Better Health	85.07	30.44		82.61	83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Corrections	Corrections	223.58	80			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		First Health	First Health	195.64	70			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Americare	Americare	209.61	75			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Aetna	Medicare	86.08	30.8		274	83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Horizon	PPO	106.98	38.28		274	83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Wellcare	Medicaid	85.07	30.44		82.65	83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Aetna	Commercial	106.2	38		127.24	83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		First Trenton	First Trenton	251.53	90			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		UHC	Medicaid	85.07	30.44		82.71	83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Horizon	MGD	106.98	38.28		274	83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Amerihealth	HMO/PPO	181.66	65			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Horizon	NJ Health	95			95	83.84		265.51 fee schedule	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		WellPoint	WellPoint	86.75	31.04		84.62	83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Managed Care Inc	Managed Care Inc	251.53	90			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Consumer	Consumer	265.51	95			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Multiplan	Multiplan	223.58	80			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Horizon	Indemnity	106.98	38.28			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Qualicare	Qualicare	209.61	75			83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Horizon	Medicare Blue	83.84	30		95	83.84		265.51 percent of total billed charges	
AMBULANCE RESPONSE/TREATMENT	A0998	HCPCS				outpatient			279.48		Three Rivers	Three Rivers	265.51	95			83.84		265.51 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Consumer	Consumer	1906.99	95			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Aetna	Medicare	618.27	30.8			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Amerihealth	HMO/PPO	1304.78	65			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Horizon	Medicare Blue	602.21	30			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Aetna	Better Health	611.04	30.44			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Americare	Americare	1505.52	75			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		First Health	First Health	1405.15	70			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		First Trenton	First Trenton	1806.62	90			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Corrections	Corrections	1605.89	80			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Horizon	MGD	768.42	38.28			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Multiplan	Multiplan	1605.89	80			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Horizon	Indemnity	768.42	38.28			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Aetna	Commercial	762.8	38			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Horizon	PPO	768.42	38.28			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Three Rivers	Three Rivers	1906.99	95			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Managed Care Inc	Managed Care Inc	1806.62	90			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		WellPoint	WellPoint	623.08	31.04			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Qualicare	Qualicare	1505.52	75			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		Wellcare	Medicaid	611.04	30.44			602.21		1906.99 percent of total billed charges	
UNLISTED AMBULANCE SERVICE	A0999	HCPCS				outpatient			2007.36		UHC	Medicaid	611.04	30.44			602.21		1906.99 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Corrections	Corrections	1509.6	80			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	First Health	First Health	1320.9	70			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Consumer	Consumer	1792.65	95			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Amerihealth	HMO/PPO	1226.55	65			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Aetna	Better Health	574.4	30.44			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Horizon	MGD	722.34	38.28		16.69	21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Aetna	Medicare	21.42				21.42		1792.65 fee schedule	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Amerihealth	Medicare	21.42				21.42		1792.65 fee schedule	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	UHC	Medicaid	574.4	30.44		15.59	21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	UHC	Medicare	21.42				21.42		1792.65 fee schedule	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Americare	Americare	1415.25	75			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Horizon	Indemnity	722.34	38.28			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Aetna	Commercial	717.06	38			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Horizon	PPO	722.34	38.28			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Multiplan	Multiplan	1509.6	80			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	First Trenton	First Trenton	1698.3	90			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Horizon	Medicare Blue	566.1	30			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Wellcare	Medicaid	574.4	30.44			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Qualicare	Qualicare	1415.25	75			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	WellPoint	WellPoint	585.72	31.04			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Three Rivers	Three Rivers	1792.65	95			21.42		1792.65 percent of total billed charges	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Wellcare	Medicare	21.42				21.42		1792.65 fee schedule	
CATHETER W/O BAG 2-WAY SILICONE	A4312	HCPCS				both			1887	24.63	Managed Care Inc	Managed Care Inc	1698.3	90			21.42		1792.65 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Aetna	Medicare	33.53				19.89		62.99 fee schedule	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Amerihealth	Medicare	33.53				19.89		62.99 fee schedule	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Americare	Americare	49.73	75			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Aetna	Commercial	25.2	38			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Aetna	Better Health	20.18	30.44			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	First Trenton	First Trenton	59.68	90			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Corrections	Corrections	53.05	80			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Wellcare	Medicare	33.53				19.89		62.99 fee schedule	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	First Health	First Health	46.42	70			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Horizon	MGD	25.38	38.28			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Consumer	Consumer	62.99	95			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Amerihealth	HMO/PPO	43.1	65			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Horizon	Indemnity	25.38	38.28			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	WellPoint	WellPoint	20.68	31.04			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Horizon	PPO	25.38	38.28			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Multiplan	Multiplan	53.05	80			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Qualicare	Qualicare	49.73	75			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	UHC	Medicaid	20.18	30.44			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Managed Care Inc	Managed Care Inc	59.68	90			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	UHC	Medicare	33.53				19.89		62.99 fee schedule	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Horizon	Medicare Blue	19.89	30			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Wellcare	Medicaid	20.18	30.44			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY LATEX	A4314	HCPCS				outpatient			66.31	38.56	Three Rivers	Three Rivers	62.99	95			19.89		62.99 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Amerihealth	HMO/PPO	1690.65	65			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	UHC	Medicaid	791.74	30.44			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Aetna	Better Health	791.74	30.44			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Americare	Americare	1950.75	75			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Corrections	Corrections	2080.8	80			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Aetna	Medicare	36.08				36.06		2470.95 fee schedule	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Consumer	Consumer	2470.95	95			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Amerihealth	Medicare	36.06				36.06		2470.95 fee schedule	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Multiplan	Multiplan	2080.8	80			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	First Trenton	First Trenton	2340.9	90			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Aetna	Commercial	988.38	38		36.42	36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Horizon	MGD	995.66	38.28			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Horizon	Medicare Blue	780.3	30			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Horizon	PPO	995.66	38.28			36.06		2470.95 percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	First Health	First Health	1820.7	70			36.06		2470.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Wellcare	Medicaid	791.74	30.44			36.06	2470.95	percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Qualicare	Qualicare	1950.75	75			36.06	2470.95	percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Managed Care Inc	Managed Care Inc	2340.9	90			36.06	2470.95	percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Horizon	Indemnity	995.66	38.28			36.06	2470.95	percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Three Rivers	Three Rivers	2470.95	95			36.06	2470.95	percent of total billed charges	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	Wellcare	Medicare	36.06				36.06	2470.95	fee schedule	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	UHC	Medicare	36.06				36.06	2470.95	fee schedule	
CATHETER W/DRAINAGE 2-WAY SILCNE	A4315	HCPCS				both			2601	41.47	WellPoint	WellPoint	807.35	31.04			36.06	2470.95	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Horizon	Medicare Blue	180.79	30		1.5	10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Amerihealth	HMO/PPO	391.71	65			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Aetna	Commercial	229	38		1.65	10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Amerihealth	Medicare	14.74				10.28	572.5	fee schedule	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Consumer	Consumer	572.5	95			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Americare	Americare	451.97	75			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Aetna	Better Health	183.44	30.44			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Aetna	Medicare	14.74				10.28	572.5	fee schedule	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	WellPoint	WellPoint	187.06	31.04		2.69	10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Horizon	Indemnity	230.69	38.28			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	First Health	First Health	421.84	70			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	First Trenton	First Trenton	542.37	90			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Corrections	Corrections	482.1	80			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Three Rivers	Three Rivers	572.5	95			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Horizon	MGD	230.69	38.28		4.5	10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Managed Care Inc	Managed Care Inc	542.37	90			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	UHC	Medicaid	183.44	30.44		5	10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Horizon	PPO	230.69	38.28		11.27	10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Wellcare	Medicaid	183.44	30.44		3.35	10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Wellcare	Medicare	14.74				10.28	572.5	fee schedule	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Multiplan	Multiplan	482.1	80			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	Qualicare	Qualicare	451.97	75			10.28	572.5	percent of total billed charges	
INDWELLING CATHETER LATEX	A4338	HCPCS				both			602.63	16.95	UHC	Medicare	14.74			1.45	10.28	572.5	fee schedule	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Aetna	Better Health	1.48	30.44		2.39	1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Aetna	Medicare	9.27				1.46	9.27	fee schedule	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Aetna	Commercial	1.85	38		2.35	1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	First Health	First Health	3.4	70			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Amerihealth	HMO/PPO	3.16	65			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	First Trenton	First Trenton	4.37	90			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Wellcare	Medicare	9.27				1.46	9.27	fee schedule	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Amerihealth	Medicare	9.27				1.46	9.27	fee schedule	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Americare	Americare	3.65	75			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Corrections	Corrections	3.89	80			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Multiplan	Multiplan	3.89	80			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Horizon	Medicare Blue	1.46	30		1.57	1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Consumer	Consumer	4.62	95			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Horizon	Indemnity	1.86	38.28			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Qualicare	Qualicare	3.65	75			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	UHC	Medicare	9.27			1.46	1.46	9.27	fee schedule	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	UHC	Medicaid	1.48	30.44		6.27	1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Horizon	MGD	1.86	38.28		3.61	1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	WellPoint	WellPoint	1.51	31.04		2.11	1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Wellcare	Medicaid	1.48	30.44			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Horizon	PPO	1.86	38.28		2.6	1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Managed Care Inc	Managed Care Inc	4.37	90			1.46	9.27	percent of total billed charges	
URINARY LEG OR ABDOMEN BAG	A4358	HCPCS				both			4.86	10.66	Three Rivers	Three Rivers	4.62	95			1.46	9.27	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Aetna	Commercial	47.33	38			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Aetna	Better Health	37.91	30.44			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Horizon	Indemnity	47.67	38.28			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Amerihealth	HMO/PPO	80.95	65			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Americare	Americare	93.41	75			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Aetna	Medicare	4.11				4.11	118.31	fee schedule	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	First Trenton	First Trenton	112.09	90			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	UHC	Medicaid	37.91	30.44			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Horizon	MGD	47.67	38.28			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Consumer	Consumer	118.31	95			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Horizon	Medicare Blue	37.36	30			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Amerihealth	Medicare	4.11				4.11	118.31	fee schedule	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Horizon	PPO	47.67	38.28			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Corrections	Corrections	99.63	80			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Wellcare	Medicaid	37.91	30.44			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	WellPoint	WellPoint	38.66	31.04			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Managed Care Inc	Managed Care Inc	112.09	90			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Three Rivers	Three Rivers	118.31	95			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Wellcare	Medicare	4.11				4.11	118.31	fee schedule	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	First Health	First Health	87.18	70			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Multiplan	Multiplan	99.63	80			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	Qualicare	Qualicare	93.41	75			4.11	118.31	percent of total billed charges	
ADHESIVE, LIQUID OR EQUAL	A4364	HCPCS				outpatient			124.54	4.73	UHC	Medicare	4.11				4.11	118.31	fee schedule	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Amerihealth	HMO/PPO	124.31	65			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	First Trenton	First Trenton	172.13	90			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Aetna	Commercial	72.68	38			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Americare	Americare	143.44	75			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Aetna	Better Health	58.22	30.44			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Horizon	MGD	73.21	38.28			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Aetna	Medicare	27.87				27.87	181.69	fee schedule	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Horizon	Indemnity	73.21	38.28			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Amerihealth	Medicare	63.11	33			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Horizon	PPO	73.21	38.28			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	WellPoint	WellPoint	59.36	31.04			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	UHC	Medicaid	58.22	30.44			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Consumer	Consumer	181.69	95			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Managed Care Inc	Managed Care Inc	172.13	90			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Corrections	Corrections	153	80			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Wellcare	Medicare	27.87				27.87	181.69	fee schedule	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	First Health	First Health	133.88	70			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Horizon	Medicare Blue	57.38	30			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Multiplan	Multiplan	153	80			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Three Rivers	Three Rivers	181.69	95			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Qualicare	Qualicare	143.44	75			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	Wellcare	Medicaid	58.22	30.44			27.87	181.69	percent of total billed charges	
PESSARY REUSABLE RUB ANYTYPE	A4561	HCPCS				outpatient			191.25	32.05	UHC	Medicare	27.87				27.87	181.69	fee schedule	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	UHC	Medicaid	62.35	30.44			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Aetna	Better Health	62.35	30.44			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Aetna	Medicare	69.42				61.45	194.6	fee schedule	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Aetna	Commercial	77.84	38			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	First Trenton	First Trenton	184.36	90			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	First Health	First Health	143.39	70			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Amerihealth	HMO/PPO	133.15	65			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Corrections	Corrections	163.87	80			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	WellPoint	WellPoint	63.68	31.04			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Wellcare	Medicaid	62.35	30.44			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Americare	Americare	153.63	75			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Horizon	MGD	78.41	38.28			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Horizon	PPO	78.41	38.28			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	UHC	Medicare	69.42				61.45	194.6	fee schedule	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Amerihealth	Medicare	67.6	33			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Wellcare	Medicare	69.42				61.45	194.6	fee schedule	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Managed Care Inc	Managed Care Inc	184.36	90			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Consumer	Consumer	194.6	95			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Three Rivers	Three Rivers	194.6	95			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Horizon	Indemnity	78.41	38.28			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Horizon	Medicare Blue	61.45	30			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Multiplan	Multiplan	163.87	80			61.45	194.6	percent of total billed charges	
PESSARY REUSABLE NONRUBBER	A4562	HCPCS				outpatient			204.84	79.83	Qualicare	Qualicare	153.63	75			61.45	194.6	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	UHC	Medicare	10.76			2.14	5.93	146.34	fee schedule	
SLINGS	A4565	HCPCS				both			154.04	12.37	Horizon	MGD	58.97	38.28		5.2	5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Consumer	Consumer	146.34	95			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Aetna	Medicare	10.76				5.93	146.34	fee schedule	
SLINGS	A4565	HCPCS				both			154.04	12.37	Aetna	Better Health	46.89	30.44		31.67	5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Wellcare	Medicare	10.76				5.93	146.34	fee schedule	
SLINGS	A4565	HCPCS				both			154.04	12.37	Aetna	Commercial	58.54	38			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Americare	Americare	115.53	75			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Amerihealth	Medicare	10.76				5.93	146.34	fee schedule	
SLINGS	A4565	HCPCS				both			154.04	12.37	WellPoint	WellPoint	47.81	31.04		12.12	5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Corrections	Corrections	123.23	80			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Horizon	Medicare Blue	46.21	30		4.57	5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	First Health	First Health	107.83	70			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	First Trenton	First Trenton	138.64	90			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Amerihealth	HMO/PPO	100.13	65			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Wellcare	Medicaid	46.89	30.44			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	UHC	Medicaid	46.89	30.44		25.58	5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Horizon	PPO	58.97	38.28		5.64	5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Horizon	Indemnity	58.97	38.28			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Managed Care Inc	Managed Care Inc	138.64	90			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Multiplan	Multiplan	123.23	80			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Three Rivers	Three Rivers	146.34	95			5.93	146.34	percent of total billed charges	
SLINGS	A4565	HCPCS				both			154.04	12.37	Qualicare	Qualicare	115.53	75			5.93	146.34	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		First Trenton	First Trenton	91.8	90			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Aetna	Better Health	31.05	30.44			30.6	96.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPLINT	A4570	HCPCS				both			102		Americare	Americare	76.5	75			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Aetna	Commercial	38.76	38			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Horizon	Medicare Blue	30.6	30		11.32	30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		First Health	First Health	71.4	70			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Amerihealth	Medicare	33.66	33			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Corrections	Corrections	81.6	80			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Horizon	PPO	39.05	38.28			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Wellcare	Medicaid	31.05	30.44			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Amerihealth	HMO/PPO	66.3	65		29.06	30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Aetna	Medicare	31.42	30.8			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		UHC	Medicaid	31.05	30.44		31.55	30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Horizon	MGD	39.05	38.28			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Horizon	Indemnity	39.05	38.28			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Managed Care Inc	Managed Care Inc	91.8	90			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Consumer	Consumer	96.9	95			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		WellPoint	WellPoint	31.66	31.04			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Multiplan	Multiplan	81.6	80			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Three Rivers	Three Rivers	96.9	95			30.6	96.9	percent of total billed charges	
SPLINT	A4570	HCPCS				both			102		Qualcare	Qualcare	76.5	75			30.6	96.9	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Multiplan	Multiplan	532.03	80			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Aetna	Medicare	204.83	30.8		58.11	199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Horizon	Indemnity	254.58	38.28		212.62	199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Aetna	Commercial	252.72	38		262.08	199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Amerihealth	HMO/PPO	432.28	65			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Three Rivers	Three Rivers	631.79	95			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Aetna	Better Health	202.44	30.44			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		First Health	First Health	465.53	70			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Qualcare	Qualcare	498.78	75			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		First Trenton	First Trenton	598.54	90			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Americare	Americare	498.78	75			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		UHC	Medicaid	202.44	30.44		352.22	199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Corrections	Corrections	532.03	80			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		WellPoint	WellPoint	206.43	31.04		73.63	199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Amerihealth	Medicare	219.46	33			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Horizon	MGD	254.58	38.28		496.77	199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Wellcare	Medicaid	202.44	30.44		467.19	199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Managed Care Inc	Managed Care Inc	598.54	90			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Consumer	Consumer	631.79	95			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Horizon	Medicare Blue	199.51	30			199.51	631.79	percent of total billed charges	
IMPLANTABLE TISSUE MARKER	A4648	HCPCS				both			665.04		Horizon	PPO	254.58	38.28		579.81	199.51	631.79	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Aetna	Better Health	152.48	30.44		40.02	8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Americare	Americare	375.68	75			8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Amerihealth	Medicare	8.64				8.64	475.86	fee schedule	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Aetna	Medicare	8.64			26.42	8.64	475.86	fee schedule	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	First Trenton	First Trenton	450.82	90			8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Aetna	Commercial	190.35	38		83.87	8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	First Health	First Health	350.64	70			8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Horizon	MGD	191.75	38.28		131.32	8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Horizon	Medicare Blue	150.27	30		31.45	8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Amerihealth	HMO/PPO	325.59	65		33	8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Corrections	Corrections	400.73	80			8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	UHC	Medicaid	152.48	30.44		77.34	8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Horizon	Indemnity	191.75	38.28		81.23	8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Horizon	PPO	191.75	38.28		83.71	8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Multiplan	Multiplan	400.73	80			8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	WellPoint	WellPoint	155.48	31.04		69.37	8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Managed Care Inc	Managed Care Inc	460.82	90			8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Consumer	Consumer	475.86	95			8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	UHC	Medicare	8.64			42.65	8.64	475.86	fee schedule	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Wellcare	Medicare	8.64				8.64	475.86	fee schedule	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Three Rivers	Three Rivers	475.86	95			8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Qualcare	Qualcare	375.68	75			8.64	475.86	percent of total billed charges	
COLLAGEN DSG WOUND FILLER	A6024	HCPCS				both			500.91	9.94	Wellcare	Medicaid	152.48	30.44		33.53	8.64	475.86	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Amerihealth	HMO/PPO	36.8	65			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		UHC	Medicaid	17.23	30.44			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Americare	Americare	42.46	75			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Aetna	Better Health	17.23	30.44			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Aetna	Commercial	21.51	38			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Horizon	Indemnity	21.67	38.28			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Consumer	Consumer	53.78	95			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		First Health	First Health	39.63	70			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Qualcare	Qualcare	42.46	75			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		WellPoint	WellPoint	17.57	31.04			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Horizon	PPO	21.67	38.28			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Aetna	Medicare	17.44	30.8			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Corrections	Corrections	45.29	80			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Horizon	Medicare Blue	16.98	30			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Three Rivers	Three Rivers	53.78	95			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Horizon	MGD	21.67	38.28			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		First Trenton	First Trenton	50.95	90			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Multiplan	Multiplan	45.29	80			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Managed Care Inc	Managed Care Inc	50.95	90			16.98	53.78	percent of total billed charges	
OCCLUSIVE EYE PATCH	A6412	HCPCS				outpatient			56.61		Wellcare	Medicaid	17.23	30.44			16.98	53.78	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Aetna	Medicare	0.44				0.44	21.08	fee schedule	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Aetna	Commercial	8.43	38			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	First Trenton	First Trenton	19.97	90			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Amerihealth	HMO/PPO	14.42	65			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Horizon	Indemnity	8.49	38.28			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	WellPoint	WellPoint	6.89	31.04			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Amerihealth	Medicare	0.44				0.44	21.08	fee schedule	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Aetna	Better Health	6.75	30.44			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Americare	Americare	16.64	75			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	First Health	First Health	15.53	70			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Horizon	PPO	8.49	38.28			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Consumer	Consumer	21.08	95			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Corrections	Corrections	17.75	80			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Multiplan	Multiplan	17.75	80			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Managed Care Inc	Managed Care Inc	19.97	90			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Horizon	Medicare Blue	6.66	30			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Horizon	MGD	8.49	38.28			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Qualcare	Qualcare	16.64	75			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Three Rivers	Three Rivers	21.08	95			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Wellcare	Medicaid	6.75	30.44			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	UHC	Medicaid	6.75	30.44			0.44	21.08	percent of total billed charges	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	UHC	Medicare	0.44				0.44	21.08	fee schedule	
CONFORM BAND S WITH <3"/YD	A6445	HCPCS				outpatient			22.19	0.51	Wellcare	Medicare	0.44				0.44	21.08	fee schedule	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Amerihealth	Medicare	1.61				1.61	19.38	fee schedule	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Aetna	Medicare	1.61				1.61	19.38	fee schedule	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Aetna	Better Health	6.21	30.44			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Consumer	Consumer	19.38	95			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	First Trenton	First Trenton	18.36	90			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Amerihealth	HMO/PPO	13.26	65			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	UHC	Medicaid	6.21	30.44		0.93	1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Americare	Americare	15.3	75			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	First Health	First Health	14.28	70			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Corrections	Corrections	16.32	80			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Aetna	Commercial	7.75	38		0.11	1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Horizon	MGD	7.81	38.28		0.32	1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Horizon	PPO	7.81	38.28		0.36	1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Multiplan	Multiplan	16.32	80			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Horizon	Indemnity	7.81	38.28		0.25	1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Wellcare	Medicaid	6.21	30.44		0.12	1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Managed Care Inc	Managed Care Inc	18.36	90			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Horizon	Medicare Blue	6.12	30			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Wellcare	Medicare	1.61				1.61	19.38	fee schedule	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Qualcare	Qualcare	15.3	75			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	Three Rivers	Three Rivers	19.38	95			1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	UHC	Medicare	1.61			0.14	1.61	19.38	fee schedule	
LIGHT COMPRESSION BAND <3"/YD	A6448	HCPCS				both			20.4	1.85	WellPoint	WellPoint	6.33	31.04		0.26	1.61	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Consumer	Consumer	19.38	95			2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Aetna	Commercial	7.75	38		1.58	2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Amerihealth	Medicare	2.45				2.45	19.38	fee schedule	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Aetna	Medicare	2.45			1.63	2.45	19.38	fee schedule	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Aetna	Better Health	6.21	30.44		0.11	2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Amerihealth	HMO/PPO	13.26	65		0.2	2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Corrections	Corrections	16.32	80			2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Americare	Americare	15.3	75			2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Wellcare	Medicaid	6.21	30.44		1.15	2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	UHC	Medicare	2.45			1.46	2.45	19.38	fee schedule	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	First Health	First Health	14.28	70			2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	First Trenton	First Trenton	18.36	90			2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Horizon	Medicare Blue	6.12	30		1.41	2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Horizon	MGD	7.81	38.28		2.69	2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Wellcare	Medicare	2.45			0.89	2.45	19.38	fee schedule	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Managed Care Inc	Managed Care Inc	18.36	90			2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	UHC	Medicaid	6.21	30.44		1.99	2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Three Rivers	Three Rivers	19.38	95			2.45	19.38	percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"/YD	A6449	HCPCS				both			20.4	2.82	Horizon	Indemnity	7.81	38.28		1.13	2.45	19.38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIGHT COMPRESSION BAND >=3" <5"(YD	A6449	HCPCS				both			20.4	2.82	Horizon	PPO	7.81	38.28			1.3	2.45	19.38 percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"(YD	A6449	HCPCS				both			20.4	2.82	Multiplan	Multiplan	16.32	80				2.45	19.38 percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"(YD	A6449	HCPCS				both			20.4	2.82	Qualcare	Qualcare	15.3	75				2.45	19.38 percent of total billed charges	
LIGHT COMPRESSION BAND >=3" <5"(YD	A6449	HCPCS				both			20.4	2.82	WellPoint	WellPoint	6.33	31.04			2.12	2.45	19.38 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Americare	Americare	17.24	75				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Aetna	Medicare	1.59					1.2	21.83 fee schedule	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Aetna	Better Health	7	30.44				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Amerihealth	HMO/PPO	14.94	65				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Aetna	Commercial	8.73	38				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Corrections	Corrections	18.38	80				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	WellPoint	WellPoint	7.13	31.04				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Amerihealth	Medicare	1.59					1.2	21.83 fee schedule	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Horizon	MGD	8.8	38.28				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Horizon	PPO	8.8	38.28				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Consumer	Consumer	21.83	95				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Qualcare	Qualcare	17.24	75				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Wellcare	Medicare	1.59					1.2	21.83 fee schedule	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	First Trenton	First Trenton	20.68	90				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	First Health	First Health	16.09	70				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Three Rivers	Three Rivers	21.83	95				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	UHC	Medicaid	7	30.44				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Horizon	Medicare Blue	6.89	30				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Horizon	Indemnity	8.8	38.28			1.46	1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Horizon	NJ Health	1.2					1.2	21.83 fee schedule	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	UHC	Medicare	1.59					1.2	21.83 fee schedule	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Managed Care Inc	Managed Care Inc	20.68	90				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Multiplan	Multiplan	16.38	80				1.2	21.83 percent of total billed charges	
TUBULAR DRESSING	A6457	HCPCS				both			22.98	1.83	Wellcare	Medicaid	7	30.44				1.2	21.83 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Amerihealth	Medicare	0.95					0.95	10.84 fee schedule	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Americare	Americare	8.56	75				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Aetna	Better Health	3.47	30.44				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Aetna	Commercial	4.34	38				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Amerihealth	HMO/PPO	7.42	65				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Aetna	Medicare	0.95					0.95	10.84 fee schedule	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Consumer	Consumer	10.84	95				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Horizon	MGD	4.37	38.28				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	First Health	First Health	7.99	70				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Horizon	Indemnity	4.37	38.28				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	WellPoint	WellPoint	3.54	31.04				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Corrections	Corrections	9.13	80				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Multiplan	Multiplan	9.13	80				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Horizon	PPO	4.37	38.28				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Wellcare	Medicare	0.95					0.95	10.84 fee schedule	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	First Trenton	First Trenton	10.27	90				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Wellcare	Medicaid	3.47	30.44				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Three Rivers	Three Rivers	10.84	95				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Qualcare	Qualcare	8.56	75				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Horizon	Medicare Blue	3.42	30				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	UHC	Medicaid	3.47	30.44				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	Managed Care Inc	Managed Care Inc	10.27	90				0.95	10.84 percent of total billed charges	
TRACHEOSTOMA HMES FILTER	A7504	HCPCS				both			11.41	1.09	UHC	Medicare	0.95					0.95	10.84 fee schedule	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Amerihealth	Medicare	65.73					13.36	65.73 fee schedule	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Aetna	Better Health	13.55	30.44				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	First Trenton	First Trenton	40.08	90				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Americare	Americare	33.4	75				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Aetna	Medicare	65.73					13.36	65.73 fee schedule	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Corrections	Corrections	36.62	80				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Aetna	Commercial	16.92	38			374.48	13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Wellcare	Medicare	65.73					13.36	65.73 fee schedule	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Consumer	Consumer	42.3	95				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Wellcare	Medicaid	13.55	30.44			163.2	13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Horizon	Indemnity	17.05	38.28				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Horizon	MGD	17.05	38.28			381.06	13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Amerihealth	HMO/PPO	28.94	65				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Horizon	Medicare Blue	13.36	30			196.56	13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Three Rivers	Three Rivers	42.3	95				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Managed Care Inc	Managed Care Inc	40.08	90				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	First Health	First Health	31.17	70				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Horizon	PPO	17.05	38.28			392.21	13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	WellPoint	WellPoint	13.82	31.04			326.7	13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	UHC	Medicaid	13.55	30.44			186.22	13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Multiplan	Multiplan	35.62	80				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	Qualcare	Qualcare	33.4	75				13.36	65.73 percent of total billed charges	
TRACH/LARYN TUBE CUFFED	A7521	HCPCS				both			44.53	75.59	UHC	Medicare	65.73					13.36	65.73 fee schedule	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Aetna	Better Health	291.24	30.44				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Amerihealth	HMO/PPO	108.89					108.89	908.92 fee schedule	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Americare	Americare	717.57	75				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Corrections	Corrections	765.41	80				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Consumer	Consumer	908.92	95				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		First Health	First Health	669.73	70				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Aetna	Medicare	294.68	30.8				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		First Trenton	First Trenton	861.08	90				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Aetna	Commercial	363.57	38				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Wellcare	Medicaid	291.24	30.44				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Horizon	NJ Health	448.92				60.86	108.89	908.92 fee schedule	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Managed Care Inc	Managed Care Inc	861.08	90				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Horizon	MGD	366.25	38.28			259.32	108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Horizon	Indemnity	366.25	38.28				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Multiplan	Multiplan	765.41	80				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		UHC	Medicaid	291.24	30.44			295.94	108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Horizon	Medicare Blue	287.03	30				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Horizon	PPO	366.25	38.28				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Qualcare	Qualcare	717.57	75				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		WellPoint	WellPoint	296.98	31.04				108.89	908.92 percent of total billed charges	
TC-99M SESTAMIBI	A9500	HCPCS				both			956.76		Three Rivers	Three Rivers	908.92	95				108.89	908.92 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Aetna	Medicare	1613.53	30.8				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Consumer	Consumer	4976.78	95				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Corrections	Corrections	4190.98	80			35.12	99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		First Health	First Health	3667.1	70				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Americare	Americare	3929.04	75				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Aetna	Better Health	1594.67	30.44				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Amerihealth	HMO/PPO	99.41					99.41	4976.78 fee schedule	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Wellcare	Medicaid	1594.67	30.44			91.5	99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		First Trenton	First Trenton	4714.85	90				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Horizon	MGD	2005.38	38.28			206.86	99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Aetna	Commercial	1990.71	38				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Horizon	NJ Health	495.9				14.23	99.41	4976.78 fee schedule	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Horizon	Medicare Blue	1571.62	30			87.14	99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Horizon	PPO	2005.38	38.28				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Horizon	Indemnity	2005.38	38.28				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Three Rivers	Three Rivers	4976.78	95				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Managed Care Inc	Managed Care Inc	4714.85	90				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Multiplan	Multiplan	4190.98	80				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		WellPoint	WellPoint	1626.1	31.04			47.13	99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		Qualcare	Qualcare	3929.04	75				99.41	4976.78 percent of total billed charges	
TC-99M TETROFOS MIN	A9502	HCPCS				both			5238.72		UHC	Medicaid	1594.67	30.44			95.66	99.41	4976.78 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Aetna	Better Health	204.61	30.44				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Aetna	Medicare	207.03	30.8				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Horizon	NJ Health	167.04				21.69	167.04	638.57 fee schedule	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		First Trenton	First Trenton	604.96	90				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Aetna	Commercial	255.43	38			127.94	167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Americare	Americare	504.14	75				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Corrections	Corrections	537.74	80				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Amerihealth	HMO/PPO	436.92	65				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Horizon	PPO	257.31	38.28				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Consumer	Consumer	638.57	95				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Horizon	Indemnity	257.31	38.28				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		First Health	First Health	470.53	70				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Managed Care Inc	Managed Care Inc	604.96	90				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		UHC	Medicaid	204.61	30.44				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Horizon	Medicare Blue	201.65	30				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Multiplan	Multiplan	537.74	80				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Three Rivers	Three Rivers	638.57	95				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Wellcare	Medicaid	204.61	30.44				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Horizon	MGD	257.31	38.28			286.78	167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		Qualcare	Qualcare	504.14	75				167.04	638.57 percent of total billed charges	
TC-99M MEDRONATE	A9503	HCPCS				both			672.18		WellPoint	WellPoint	208.64	31.04			79.18	167.04	638.57 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Aetna	Medicare	78.54	30.8				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Aetna	Commercial	96.9	38				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Aetna	Better Health	77.62	30.44				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Horizon	MGD	97.61	38.28				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		UHC	Medicaid	77.62	30.44				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Consumer	Consumer	242.25	95				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		First Health	First Health	178.5	70				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Americare	Americare	191.25	75				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		WellPoint	WellPoint	79.15	31.04				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Multiplan	Multiplan	204	80				29.73	242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		First Trenton	First Trenton	229.5	90				29.73	242.25 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TL201 THALLIUM	A9505	HCPCS				both			255		Wellcare	Medicaid	77.62	30.44			29.73		242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Horizon	Indemnity	97.61	38.28			29.73		242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Corrections	Corrections	204	80			29.73		242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Horizon	NJ Health	122.67				29.73		242.25 fee schedule	
TL201 THALLIUM	A9505	HCPCS				both			255		Amerihealth	HMO/PPO	29.73				29.73		242.25 fee schedule	
TL201 THALLIUM	A9505	HCPCS				both			255		Horizon	PPO	97.61	38.28			29.73		242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Qualcare	Qualcare	191.25	75			29.73		242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Managed Care Inc	Managed Care Inc	229.5	90			29.73		242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Horizon	Medicare Blue	76.5	30			29.73		242.25 percent of total billed charges	
TL201 THALLIUM	A9505	HCPCS				both			255		Three Rivers	Three Rivers	242.25	95			29.73		242.25 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		First Health	First Health	640.46	70			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Horizon	Indemnity	350.24	38.28			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Consumer	Consumer	869.19	95			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Aetna	Medicare	281.8	30.8			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Multiplan	Multiplan	731.95	80			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		First Trenton	First Trenton	823.45	90			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Aetna	Better Health	278.51	30.44			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Horizon	MGD	350.24	38.28			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Three Rivers	Three Rivers	869.19	95			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Horizon	PPO	350.24	38.28			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Corrections	Corrections	731.95	80			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Americare	Americare	686.21	75			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Qualcare	Qualcare	686.21	75			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Horizon	Medicare Blue	274.48	30			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Aetna	Commercial	347.68	38			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Amerihealth	HMO/PPO	1844.67				241.63		1844.67 fee schedule	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Wellcare	Medicaid	278.51	30.44			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Managed Care Inc	Managed Care Inc	823.45	90			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		Horizon	NJ Health	241.63				241.63		1844.67 fee schedule	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		UHC	Medicaid	278.51	30.44			241.63		1844.67 percent of total billed charges	
IODINE I-123 SOD IODIDE MIL	A9509	HCPCS				outpatient			914.94		WellPoint	WellPoint	284	31.04			241.63		1844.67 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Horizon	Indemnity	26.55	38.28		56.15	2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Wellcare	Medicaid	21.11	30.44			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Aetna	Better Health	21.11	30.44			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Amerihealth	HMO/PPO	25.07				2.61		65.89 fee schedule	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		First Health	First Health	48.55	70			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Aetna	Commercial	26.36	38			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Corrections	Corrections	55.49	80			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Horizon	NJ Health	2.61			6.09	2.61		65.89 fee schedule	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		UHC	Medicaid	21.11	30.44			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Aetna	Medicare	21.36	30.8			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Americare	Americare	52.02	75			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		WellPoint	WellPoint	21.53	31.04			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Horizon	MGD	26.55	38.28			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Multiplan	Multiplan	55.49	80			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Horizon	Medicare Blue	20.81	30			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Qualcare	Qualcare	52.02	75			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Consumer	Consumer	65.89	95			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		First Trenton	First Trenton	62.42	90			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Horizon	PPO	26.55	38.28			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Managed Care Inc	Managed Care Inc	62.42	90			2.61		65.89 percent of total billed charges	
TC-99M PERTECHNETATE	A9512	HCPCS				both			69.36		Three Rivers	Three Rivers	65.89	95			2.61		65.89 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		First Health	First Health	303.45	70			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		First Trenton	First Trenton	390.15	90			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Aetna	Better Health	131.96	30.44			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Americare	Americare	325.13	75			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Aetna	Medicare	133.52	30.8			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Consumer	Consumer	411.83	95			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Corrections	Corrections	346.8	80			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Horizon	PPO	165.94	38.28			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Amerihealth	HMO/PPO	184.47				2.61		411.83 fee schedule	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Managed Care Inc	Managed Care Inc	390.15	90			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Aetna	Commercial	164.73	38			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Three Rivers	Three Rivers	411.83	95			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Horizon	MGD	165.94	38.28			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		WellPoint	WellPoint	134.56	31.04			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Horizon	NJ Health	2.61			45.27	2.61		411.83 fee schedule	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Horizon	Indemnity	165.94	38.28			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Wellcare	Medicaid	131.96	30.44			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Horizon	Medicare Blue	130.05	30			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Multiplan	Multiplan	346.8	80			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		Qualcare	Qualcare	325.13	75			2.61		411.83 percent of total billed charges	
IODINE I-123 SOD IODIDE MIC	A9516	HCPCS				outpatient			433.5		UHC	Medicaid	131.96	30.44		134.09	2.61		411.83 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Americare	Americare	367.2	75			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Horizon	Medicare Blue	26.84				19.56		465.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	First Trenton	First Trenton	440.64	90			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	First Health	First Health	342.72	70			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Aetna	Commercial	43.8				19.56		465.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Aetna	Better Health	149.03	30.44			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Corrections	Corrections	391.68	80			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Consumer	Consumer	465.12	95			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Amerihealth	HMO/PPO	36.41				19.56		465.12 fee schedule	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Horizon	PPO	51.94				19.56		465.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Managed Care Inc	Managed Care Inc	440.64	90			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Multiplan	Multiplan	391.68	80			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Aetna	Medicare	26.84				19.56		465.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	WellPoint	WellPoint	151.97	31.04			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	United	Oxford	54.96				19.56		465.12 fee schedule	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	UHC	Medicaid	149.03	30.44			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Amerihealth	Medicare	26.84				19.56		465.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Qualcare	Qualcare	367.2	75			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Three Rivers	Three Rivers	465.12	95			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	United	CommercialPPO	54.96				19.56		465.12 fee schedule	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Horizon	NJ Health	54.81			6.71	19.56		465.12 fee schedule	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Wellcare	Medicare	26.84				19.56		465.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Horizon	Indemnity	51.94			37.57	19.56		465.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Wellcare	Medicaid	149.03	30.44			19.56		465.12 percent of total billed charges	
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	UHC	Medicare	26.84				19.56		465.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I131 IODIDE CAP, RX	A9517	HCPCS				outpatient			489.6	30.87	Horizon	MGD	51.94			38.18	19.56		465.12 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Aetna	Medicare	930.97				868.12		2709.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Horizon	Medicare Blue	930.97				868.12		2709.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Corrections	Corrections	2281.54	80			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Amerihealth	Medicare	930.97				868.12		2709.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Aetna	Commercial	1519.34				868.12		2709.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Aetna	Better Health	868.12	30.44			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	First Trenton	First Trenton	2566.73	90			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Americare	Americare	2138.94	75			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Consumer	Consumer	2709.32	95			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	UHC	Medicare	930.97				868.12		2709.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Horizon	Indemnity	1801.43				868.12		2709.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Horizon	MGD	1801.43				868.12		2709.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Multiplan	Multiplan	2281.54	80			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Amerihealth	HMO/PPO	1485.09				868.12		2709.32 fee schedule	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Horizon	NJ Health	2095.83				868.12		2709.32 fee schedule	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Wellcare	Medicaid	868.12	30.44			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	First Health	First Health	1996.34	70			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Horizon	PPO	1801.43				868.12		2709.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Qualcare	Qualcare	2138.94	75			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Managed Care Inc	Managed Care Inc	2566.73	90			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	UHC	Medicaid	868.12	30.44			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Three Rivers	Three Rivers	2709.32	95			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	WellPoint	WellPoint	885.24	31.04			868.12		2709.32 percent of total billed charges	
TC-99M EXAMETAZIME	A9521	HCPCS				inpatient			2851.92	1070.62	Wellcare	Medicare	930.97				868.12		2709.32 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Aetna	Medicare	97.08	30.8			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		First Trenton	First Trenton	283.66	90			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Aetna	Better Health	95.94	30.44			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		First Health	First Health	220.63	70			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Americare	Americare	236.39	75			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Horizon	Medicare Blue	94.55	30			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Corrections	Corrections	252.14	80			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Consumer	Consumer	299.42	95			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Amerihealth	HMO/PPO	5.5				5.5		299.42 fee schedule	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Horizon	Indemnity	120.65	38.28			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Aetna	Commercial	119.77	38			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Multiplan	Multiplan	252.14	80			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Horizon	MGD	120.65	38.28			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		WellPoint	WellPoint	97.83	31.04			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Horizon	NJ Health	39.15				5.5		299.42 fee schedule	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Qualcare	Qualcare	236.39	75			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Horizon	PPO	120.65	38.28			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Managed Care Inc	Managed Care Inc	283.66	90			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Three Rivers	Three Rivers	299.42	95			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		UHC	Medicaid	95.94	30.44			5.5		299.42 percent of total billed charges	
IODINE I-131 IODIDE CAP, DX	A9528	HCPCS				outpatient			315.18		Wellcare	Medicaid	95.94	30.44			5.5		299.42 percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Aetna	Better Health	49.06	30.44			48.35		153.1 percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Horizon	MGD	61.69	38.28			48.35		153.1 percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		UHC	Medicaid	49.06	30.44			48.35		153.1 percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Aetna	Commercial	61.24	38			48.35		153.1 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		First Health	First Health	112.81	70			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Americare	Americare	120.87	75			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Horizon	Indemnity	61.69	38.28		62.17	48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Corrections	Corrections	128.93	80			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Wellcare	Medicaid	49.06	30.44			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Aetna	Medicare	49.64	30.8			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Consumer	Consumer	153.1	95			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Horizon	Medicare Blue	48.35	30			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		First Trenton	First Trenton	145.04	90			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Amerihealth	HMO/PPO	104.75	65			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Horizon	PPO	61.69	38.28			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Horizon	NJ Health	125.28			35.46	48.35	153.1	fee schedule	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Managed Care Inc	Managed Care Inc	145.04	90			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Multiplan	Multiplan	128.93	80			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Three Rivers	Three Rivers	153.1	95			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		Qualcare	Qualcare	120.87	75			48.35	153.1	percent of total billed charges	
TC-99M MEBROFENIN	A9537	HCPCS				both			161.16		WellPoint	WellPoint	50.02	31.04		40.56	48.35	153.1	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		First Trenton	First Trenton	91.8	90			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Consumer	Consumer	96.9	95			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Americare	Americare	76.5	75			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Aetna	Better Health	31.05	30.44			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Aetna	Medicare	31.42	30.8			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Corrections	Corrections	81.6	80			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Aetna	Commercial	38.76	38			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Amerihealth	HMO/PPO	66.3	65			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Horizon	PPO	39.05	38.28			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Three Rivers	Three Rivers	96.9	95			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Horizon	Indemnity	39.05	38.28			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Horizon	Medicare Blue	30.6	30			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Horizon	MGD	39.05	38.28			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Horizon	NJ Health	60.03			7.07	30.6	96.9	fee schedule	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Managed Care Inc	Managed Care Inc	91.8	90			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		First Health	First Health	71.4	70			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		UHC	Medicaid	31.05	30.44			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		WellPoint	WellPoint	31.66	31.04			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Wellcare	Medicaid	31.05	30.44			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Multiplan	Multiplan	81.6	80			30.6	96.9	percent of total billed charges	
TC-99M PYEAROPHOSPHATE	A9538	HCPCS				both			102		Qualcare	Qualcare	76.5	75			30.6	96.9	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Horizon	MGD	129.24	38.28			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Aetna	Medicare	103.99	30.8			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Americare	Americare	253.22	75			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Aetna	Better Health	102.77	30.44			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Corrections	Corrections	270.1	80			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Consumer	Consumer	320.74	95			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Horizon	Indemnity	129.24	38.28			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Amerihealth	HMO/PPO	219.45	65			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		First Trenton	First Trenton	303.86	90			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		UHC	Medicaid	102.77	30.44			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Horizon	PPO	129.24	38.28			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Aetna	Commercial	128.3	38			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Horizon	Medicare Blue	101.29	30			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		First Health	First Health	236.33	70			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Three Rivers	Three Rivers	320.74	95			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Qualcare	Qualcare	253.22	75			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Horizon	NJ Health	46.98				46.98	320.74	fee schedule	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Multiplan	Multiplan	270.1	80			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Managed Care Inc	Managed Care Inc	303.86	90			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		WellPoint	WellPoint	104.8	31.04			46.98	320.74	percent of total billed charges	
TC-99M PENTETATE	A9539	HCPCS				inpatient			337.62		Wellcare	Medicaid	102.77	30.44			46.98	320.74	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		First Trenton	First Trenton	416.77	90			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		First Health	First Health	324.16	70			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Corrections	Corrections	370.46	80			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Aetna	Better Health	140.96	30.44			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Horizon	PPO	177.27	38.28			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Aetna	Commercial	175.97	38			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Americare	Americare	347.31	75			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Consumer	Consumer	439.93	95			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Managed Care Inc	Managed Care Inc	416.77	90			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Aetna	Medicare	142.63	30.8			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Amerihealth	HMO/PPO	301	65			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Horizon	Medicare Blue	138.92	30			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Three Rivers	Three Rivers	439.93	95			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Horizon	Indemnity	177.27	38.28		454	52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Multiplan	Multiplan	370.46	80			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Horizon	NJ Health	52.2				52.2	439.93	fee schedule	
TC-99M MAA	A9540	HCPCS				both			463.08		WellPoint	WellPoint	143.74	31.04		295.45	52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Horizon	MGD	177.27	38.28			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Qualcare	Qualcare	347.31	75			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		Wellcare	Medicaid	140.96	30.44			52.2	439.93	percent of total billed charges	
TC-99M MAA	A9540	HCPCS				both			463.08		UHC	Medicaid	140.96	30.44			52.2	439.93	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Aetna	Better Health	62.41	30.44			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		First Trenton	First Trenton	184.52	90			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Horizon	NJ Health	232.29			12.02	61.51	232.29	fee schedule	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		First Health	First Health	143.51	70			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Corrections	Corrections	164.02	80			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Horizon	Indemnity	78.48	38.28			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Aetna	Commercial	77.91	38		81.7	61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Aetna	Medicare	63.15	30.8			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Consumer	Consumer	194.77	95			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Horizon	PPO	78.48	38.28		100.42	61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Americare	Americare	153.77	75			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Horizon	Medicare Blue	61.51	30		31.74	61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Three Rivers	Three Rivers	194.77	95			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Managed Care Inc	Managed Care Inc	184.52	90			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Amerihealth	HMO/PPO	133.26	65			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Horizon	MGD	78.48	38.28			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Wellcare	Medicaid	62.41	30.44			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		UHC	Medicaid	62.41	30.44			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Multiplan	Multiplan	164.02	80			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		Qualcare	Qualcare	153.77	75			61.51	232.29	percent of total billed charges	
TC-99M SULFUR COLLOID	A9541	HCPCS				both			205.02		WellPoint	WellPoint	63.64	31.04		50.53	61.51	232.29	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Corrections	Corrections	4345.2	80			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Americare	Americare	4073.63	75			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Aetna	Better Health	1653.35	30.44			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Aetna	Commercial	1354.51				829.97	5159.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Consumer	Consumer	5159.93	95			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Amerihealth	Medicare	829.97				829.97	5159.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Aetna	Medicare	829.97				829.97	5159.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 UHC	Medicare	829.97				829.97	5159.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Horizon	Indemnity	1605.99				829.97	5159.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 UHC	Medicaid	1653.35	30.44			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Amerihealth	HMO/PPO	3530.48	65			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Qualcare	Qualcare	4073.63	75			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Horizon	NJ Health	1873.98				829.97	5159.93	fee schedule	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 First Trenton	First Trenton	4888.35	90			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 First Health	First Health	3802.05	70			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Wellcare	Medicare	829.97				829.97	5159.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Horizon	Medicare Blue	829.97				829.97	5159.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Multiplan	Multiplan	4345.2	80			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Managed Care Inc	Managed Care Inc	4888.35	90			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Horizon	MGD	1605.99				829.97	5159.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Horizon	PPO	1605.99				829.97	5159.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Three Rivers	Three Rivers	5159.93	95			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 WellPoint	WellPoint	1685.94	31.04			829.97	5159.93	percent of total billed charges	
IN111 PENTETATE	A9548	HCPCS				inpatient			5431.5		954.47 Wellcare	Medicaid	1653.35	30.44			829.97	5159.93	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		First Trenton	First Trenton	1436.67	90			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Americare	Americare	1197.23	75			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		First Health	First Health	1117.41	70			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Aetna	Commercial	606.59	38			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		UHC	Medicaid	485.91	30.44			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Consumer	Consumer	1516.49	95			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Aetna	Better Health	485.91	30.44			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Corrections	Corrections	1277.04	80			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Horizon	PPO	611.06	38.28			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Amerihealth	HMO/PPO	1037.6	65			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Wellcare	Medicaid	485.91	30.44			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Aetna	Medicare	491.66	30.8			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		WellPoint	WellPoint	495.49	31.04			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Horizon	Indemnity	611.06	38.28			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Managed Care Inc	Managed Care Inc	1436.67	90			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Horizon	MGD	611.06	38.28			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Multiplan	Multiplan	1277.04	80			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Horizon	Medicare Blue	478.89	30			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Qualcare	Qualcare	1197.23	75			200.97	1516.49	percent of total billed charges	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Horizon	NJ Health	200.97				200.97	1516.49	fee schedule	
GA67 GALLIUM	A9556	HCPCS				both			1596.3		Three Rivers	Three Rivers	1516.49	95			200.97	1516.49	percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Americare	Americare	279.23	75			111.69	353.69	percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		WellPoint	WellPoint	115.56	31.04			111.69	353.69	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Corrections	Corrections	297.84	80			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Aetna	Medicare	114.67	30.8			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Amerihealth	HMO/PPO	242	65			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		First Trenton	First Trenton	335.07	90			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Aetna	Better Health	113.33	30.44			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		First Health	First Health	260.61	70			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Consumer	Consumer	353.69	95			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Horizon	Indemnity	142.52	38.28			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Aetna	Commercial	141.47	38			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Horizon	MGD	142.52	38.28			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Multiplan	Multiplan	297.84	80			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Horizon	PPO	142.52	38.28			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Horizon	Medicare Blue	111.69	30			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		UHC	Medicaid	113.33	30.44			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Horizon	NJ Health	289.71				111.69		353.69 fee schedule	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Managed Care Inc	Managed Care Inc	335.07	90			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Qualcare	Qualcare	279.23	75			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Wellcare	Medicaid	113.33	30.44			111.69		353.69 percent of total billed charges	
TC-99M LABELED RBC	A9560	HCPCS				both			372.3		Three Rivers	Three Rivers	353.69	95			111.69		353.69 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		First Trenton	First Trenton	722.47	90			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Aetna	Commercial	305.04	38			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Aetna	Better Health	244.35	30.44			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Consumer	Consumer	762.6	95			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Amerihealth	HMO/PPO	521.78	65			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Horizon	MGD	307.29	38.28		382.66	240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		First Health	First Health	561.92	70			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Americare	Americare	602.06	75			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Horizon	Medicare Blue	240.82	30			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Aetna	Medicare	247.24	30.8			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Horizon	PPO	307.29	38.28			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Corrections	Corrections	642.19	80			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Qualcare	Qualcare	602.06	75			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Multiplan	Multiplan	642.19	80			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Wellcare	Medicaid	244.35	30.44			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Horizon	Indemnity	307.29	38.28			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Managed Care Inc	Managed Care Inc	722.47	90			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Horizon	NJ Health	357.57				240.82		762.6 fee schedule	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		Three Rivers	Three Rivers	762.6	95			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		WellPoint	WellPoint	249.17	31.04			240.82		762.6 percent of total billed charges	
TC-99M MERTIATIDE	A9562	HCPCS				both			802.74		UHC	Medicaid	244.35	30.44		248.3	240.82		762.6 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Aetna	Commercial	128.3	38			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Aetna	Better Health	102.77	30.44			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Aetna	Medicare	103.99	30.8			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Consumer	Consumer	320.74	95			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Americare	Americare	253.22	75			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		First Health	First Health	236.33	70			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		First Trenton	First Trenton	303.86	90			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Horizon	NJ Health	57.42				57.42		320.74 fee schedule	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Horizon	Indemnity	129.24	38.28			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Amerihealth	HMO/PPO	219.45	65			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Horizon	MGD	129.24	38.28			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Multiplan	Multiplan	270.1	80			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Managed Care Inc	Managed Care Inc	303.86	90			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Corrections	Corrections	270.1	80			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Horizon	PPO	129.24	38.28			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Qualcare	Qualcare	253.22	75			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Three Rivers	Three Rivers	320.74	95			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Horizon	Medicare Blue	101.29	30			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		UHC	Medicaid	102.77	30.44			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		Wellcare	Medicaid	102.77	30.44			57.42		320.74 percent of total billed charges	
TECHNETIUM TC-99M AEROSOL	A9567	HCPCS				both			337.62		WellPoint	WellPoint	104.8	31.04			57.42		320.74 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Consumer	Consumer	5622.14	95			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Aetna	Commercial	1953.08				1196.74		5622.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Aetna	Medicare	1196.74				1196.74		5622.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	First Trenton	First Trenton	5326.24	90			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Amerihealth	Medicare	1196.74				1196.74		5622.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Corrections	Corrections	4734.43	80			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Aetna	Better Health	1801.45	30.44			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Americare	Americare	4438.53	75			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Horizon	Medicare Blue	1196.74				1196.74		5622.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Multiplan	Multiplan	4734.43	80			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	UHC	Medicare	1196.74				1196.74		5622.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Three Rivers	Three Rivers	5622.14	95			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	First Health	First Health	4142.63	70			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Managed Care Inc	Managed Care Inc	5326.24	90			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Horizon	MGD	2315.69				1196.74		5622.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Amerihealth	HMO/PPO	3647.78				1196.74		5622.14 fee schedule	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Wellcare	Medicaid	1801.45	30.44			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Qualcare	Qualcare	4438.53	75			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Horizon	PPO	2315.69				1196.74		5622.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Horizon	Indemnity	2315.69				1196.74		5622.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	WellPoint	WellPoint	1836.96	31.04			1196.74		5622.14 percent of total billed charges	
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	Wellcare	Medicare	1196.74				1196.74		5622.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIUM IN-111 AUTO WBC	A9570	HCPCS				both			5918.04	1376.25	UHC	Medicaid	1801.45	30.44			1196.74		5622.14 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Aetna	Medicare	199.32				126.36		477.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Aetna	Better Health	153.07	30.44			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	UHC	Medicaid	153.07	30.44			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Aetna	Commercial	325.29				126.36		477.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	First Trenton	First Trenton	452.57	90			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Wellcare	Medicare	199.32				126.36		477.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Amerihealth	HMO/PPO	126.36				126.36		477.72 fee schedule	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Qualcare	Qualcare	377.15	75			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Horizon	MGD	385.68				126.36		477.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Consumer	Consumer	477.72	95			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	WellPoint	WellPoint	156.09	31.04			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Americare	Americare	377.15	75			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Horizon	PPO	385.68				126.36		477.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Corrections	Corrections	402.29	80			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Amerihealth	Medicare	199.32				126.36		477.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	UHC	Medicare	199.32				126.36		477.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Managed Care Inc	Managed Care Inc	452.57	90			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Horizon	Medicare Blue	199.32				126.36		477.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	First Health	First Health	352	70			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Multiplan	Multiplan	402.29	80			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Horizon	Indemnity	385.68				126.36		477.72 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	United	Commercial/PPO	414.99				126.36		477.72 fee schedule	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Wellcare	Medicaid	153.07	30.44			126.36		477.72 percent of total billed charges	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	United	Oxford	414.99				126.36		477.72 fee schedule	
RADIUM RA223 DICHLORIDE THER	A9606	HCPCS				outpatient			502.86	229.22	Three Rivers	Three Rivers	477.72	95			126.36		477.72 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Corrections	Corrections	651.17	80			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Aetna	Commercial	309.3	38			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Americare	Americare	610.47	75			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Aetna	Better Health	247.77	30.44			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		First Trenton	First Trenton	732.56	90			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Aetna	Medicare	250.7	30.8			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Amerihealth	HMO/PPO	529.07	65			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		First Health	First Health	569.77	70			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		UHC	Medicaid	247.77	30.44			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Horizon	MGD	311.58	38.28			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Consumer	Consumer	773.26	95			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Wellcare	Medicaid	247.77	30.44			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Horizon	PPO	311.58	38.28			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Horizon	Indemnity	311.58	38.28			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		WellPoint	WellPoint	252.65	31.04			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Horizon	Medicare Blue	244.19	30			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Managed Care Inc	Managed Care Inc	732.56	90			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Multiplan	Multiplan	651.17	80			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Three Rivers	Three Rivers	773.26	95			244.19		773.26 percent of total billed charges	
BRACHYTHERAPY NEEDLE	C1715	HCPCS				both			813.96		Qualcare	Qualcare	325.58	40			244.19		773.26 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Amerihealth	Medicare	861.36	33			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Consumer	Consumer	2479.67	95			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	First Health	First Health	1827.13	70			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Aetna	Medicare	397.28				397.28		2479.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Aetna	Commercial	648.36			897.1	397.28		2479.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Aetna	Better Health	794.54	30.44			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Horizon	NJ Health	662.94			399.82	397.28		2479.67 fee schedule	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Americare	Americare	1957.64	75			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Horizon	MGD	768.74				397.28		2479.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Corrections	Corrections	2088.14	80			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Wellcare	Medicaid	794.54	30.44			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Amerihealth	HMO/PPO	1696.62	65			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	First Trenton	First Trenton	2349.16	90			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Wellcare	Medicare	397.28				397.28		2479.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Managed Care Inc	Managed Care Inc	2349.16	90			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Three Rivers	Three Rivers	2479.67	95			397.28		2479.67 percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	UHC	Medicare	397.28			462.82	397.28		2479.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Horizon	Indemnity	768.74				397.28		2479.67 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Multiplan	Multiplan	2088.14	80			397.28		2479.67 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Horizon	Medicare Blue	397.28				397.28	2479.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	UHC	Medicaid	794.54	30.44		710.63	397.28	2479.67	percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Horizon	PPO	768.74				397.28	2479.67	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	Qualcare	Qualcare	1044.07	40			397.28	2479.67	percent of total billed charges	
BRACHYTX, NON-STR, HDR IR-192	C1717	HCPCS				both			2610.18	456.87	WellPoint	WellPoint	810.2	31.04		486.72	397.28	2479.67	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Americare	Americare	187.81	75			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Aetna	Commercial	95.16	38		538.58	75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		First Health	First Health	175.29	70			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Horizon	Medicare Blue	75.12	30		122.6	75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Consumer	Consumer	237.89	95			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Aetna	Better Health	76.22	30.44		378.1	75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Corrections	Corrections	200.33	80		237.27	75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Aetna	Medicare	77.13	30.8		221.14	75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		First Trenton	First Trenton	225.37	90			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Amerihealth	HMO/PPO	162.77	65			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Horizon	NJ Health	271.44			205.23	75.12	271.44	fee schedule	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		WellPoint	WellPoint	77.73	31.04			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Horizon	Indemnity	95.86	38.28			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Horizon	MGD	95.86	38.28		661.36	75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Horizon	PPO	95.86	38.28		541.33	75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Wellcare	Medicaid	76.22	30.44			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Managed Care Inc	Managed Care Inc	225.37	90			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Multiplan	Multiplan	200.33	80			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		UHC	Medicaid	76.22	30.44		1802.28	75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Qualcare	Qualcare	100.16	40			75.12	271.44	percent of total billed charges	
CATHETER BAL DIL, NON-VASCULAR	C1726	HCPCS				both			250.41		Three Rivers	Three Rivers	237.89	95			75.12	271.44	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Consumer	Consumer	3347.9	95			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Aetna	Commercial	1339.16	38			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Amerihealth	HMO/PPO	2290.67	65			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Americare	Americare	2643.08	75			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Aetna	Better Health	1072.74	30.44			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		First Health	First Health	2466.87	70			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Corrections	Corrections	2819.28	80			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Horizon	MGD	1349.03	38.28			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Aetna	Medicare	1085.42	30.8			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Horizon	Medicare Blue	1057.23	30			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Horizon	Indemnity	1349.03	38.28			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Horizon	PPO	1349.03	38.28			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		First Trenton	First Trenton	3171.69	90			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Wellcare	Medicaid	1072.74	30.44			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Multiplan	Multiplan	2819.28	80			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Three Rivers	Three Rivers	3347.9	95			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Managed Care Inc	Managed Care Inc	3171.69	90			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		UHC	Medicaid	1072.74	30.44			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		Qualcare	Qualcare	2643.08	75			1057.23	3347.9	percent of total billed charges	
CATHETER BRACHYTX SEED ADM	C1728	HCPCS				outpatient			3524.1		WellPoint	WellPoint	1093.88	31.04			1057.23	3347.9	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Horizon	MGD	197.36	38.28		21.03	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Americare	Americare	386.69	75			154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Horizon	Medicare Blue	154.67	30		43.6	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Aetna	Better Health	156.94	30.44		18.3	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		UHC	Medicaid	156.94	30.44		26.51	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Amerihealth	HMO/PPO	335.13	65		9.82	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Aetna	Medicare	158.8	30.8		12.09	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Aetna	Commercial	195.92	38		226.23	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Consumer	Consumer	489.8	95			154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		First Trenton	First Trenton	464.02	90			154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		First Health	First Health	360.91	70			154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Horizon	PPO	197.36	38.28		45.2	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Horizon	Indemnity	197.36	38.28		24.49	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Corrections	Corrections	412.46	80			154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		WellPoint	WellPoint	160.04	31.04		21.6	154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Multiplan	Multiplan	412.46	80			154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Managed Care Inc	Managed Care Inc	464.02	90			154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Qualcare	Qualcare	206.23	40			154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Three Rivers	Three Rivers	489.8	95			154.67	489.8	percent of total billed charges	
CATHETER DRAINAGE	C1729	HCPCS				both			515.58		Wellcare	Medicaid	156.94	30.44		14.24	154.67	489.8	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Horizon	MGD	104.63	38.28			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Aetna	Medicare	84.18	30.8			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Americare	Americare	204.99	75			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Consumer	Consumer	259.65	95			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Corrections	Corrections	218.66	80			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		UHC	Medicaid	83.2	30.44			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Amerihealth	Medicare	90.2	33			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Aetna	Better Health	83.2	30.44			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Horizon	Indemnity	104.63	38.28		452.96	82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Amerihealth	HMO/PPO	177.66	65			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		First Trenton	First Trenton	245.99	90			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Aetna	Commercial	103.86	38			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Horizon	Medicare Blue	82	30			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Wellcare	Medicaid	83.2	30.44			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Horizon	PPO	104.63	38.28			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		WellPoint	WellPoint	84.84	31.04			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Managed Care Inc	Managed Care Inc	245.99	90			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		First Health	First Health	191.32	70			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Three Rivers	Three Rivers	259.65	95			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Multiplan	Multiplan	218.66	80			82	259.65	percent of total billed charges	
TISSUE LOCALIZATION-EXCISION	C1819	HCPCS				both			273.32		Qualcare	Qualcare	204.99	75			82	259.65	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Aetna	Medicare	197.92	30.8		717.92	192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Multiplan	Multiplan	514.08	80			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Americare	Americare	481.95	75			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Amerihealth	HMO/PPO	417.69	65			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Aetna	Better Health	195.61	30.44		1550.99	192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Aetna	Commercial	244.19	38		58.79	192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Qualcare	Qualcare	257.04	40			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Consumer	Consumer	610.47	95			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Amerihealth	Medicare	212.06	33			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		First Health	First Health	449.82	70			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Horizon	PPO	245.99	38.28			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Horizon	Indemnity	245.99	38.28			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		First Trenton	First Trenton	578.34	90			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Wellcare	Medicaid	195.61	30.44		1736.42	192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		UHC	Medicaid	195.61	30.44		709.57	192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Corrections	Corrections	514.08	80			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Three Rivers	Three Rivers	610.47	95			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Horizon	Medicare Blue	192.78	30			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Managed Care Inc	Managed Care Inc	578.34	90			192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		Horizon	MGD	245.99	38.28		1839.96	192.78	610.47	percent of total billed charges	
STENT, NON-COA/NON-COVERED W/DEL	C1876	HCPCS				both			642.6		WellPoint	WellPoint	199.46	31.04			192.78	610.47	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Amerihealth	HMO/PPO	98.25	65		244.27	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Aetna	Better Health	46.01	30.44			45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Aetna	Medicare	46.56	30.8		110.01	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Aetna	Commercial	57.44	38		41.98	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Horizon	Indemnity	57.86	38.28		388.41	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		UHC	Medicaid	46.01	30.44		113.85	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Multiplan	Multiplan	120.93	80			45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Horizon	Medicare Blue	45.35	30		166.45	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		First Trenton	First Trenton	136.04	90			45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		First Health	First Health	105.81	70			45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Americare	Americare	113.37	75			45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Consumer	Consumer	143.6	95			45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Three Rivers	Three Rivers	143.6	95			45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Corrections	Corrections	120.93	80			45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Qualcare	Qualcare	60.46	40			45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Horizon	PPO	57.86	38.28		179.04	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Horizon	MGD	57.86	38.28		61.34	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Wellcare	Medicaid	46.01	30.44		110.16	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Horizon	NJ Health	365.4			60.53	45.35	365.4	fee schedule	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		WellPoint	WellPoint	46.92	31.04		153.22	45.35	365.4	percent of total billed charges	
CATHETER, GUIDING	C1887	HCPCS				both			151.16		Managed Care Inc	Managed Care Inc	136.04	90			45.35	365.4	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Aetna	Better Health	3041.23	30.44			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Americare	Americare	7493.18	75			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		First Trenton	First Trenton	8991.81	90			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Aetna	Medicare	3077.2	30.8			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		First Health	First Health	6993.63	70			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Aetna	Commercial	3796.54	38		59.78	2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Managed Care Inc	Managed Care Inc	8991.81	90			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Horizon	PPO	3824.52	38.28		34.95	2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Horizon	MGD	3824.52	38.28		574.48	2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Multiplan	Multiplan	7992.72	80			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Three Rivers	Three Rivers	9491.36	95			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Consumer	Consumer	9491.36	95			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Wellcare	Medicaid	3041.23	30.44			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Amerihealth	HMO/PPO	6494.09	65			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		UHC	Medicaid	3041.23	30.44		562.66	2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Qualcare	Qualcare	3996.36	40			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		WellPoint	WellPoint	3101.18	31.04			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Amerihealth	Medicare	3297	33			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Corrections	Corrections	7992.72	80			2997.27	9491.36	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Horizon	Indemnity	3824.52	38.28			2997.27	9491.36	percent of total billed charges	
IMPLANT/INSERT DEVICE, NOC	C1889	HCPCS				both			9990.9		Horizon	Medicare Blue	2997.27	30			2997.27	9491.36	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Aetna	Better Health	68.31	30.44			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Amerihealth	Medicare	74.05	33			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Horizon	MGD	242.17				68.31	242.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Aetna	Commercial	204.24				68.31	242.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Consumer	Consumer	213.18	95			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Horizon	Medicare Blue	125.15				68.31	242.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	First Health	First Health	157.08	70			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Americare	Americare	168.3	75			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Amerihealth	HMO/PPO	145.86	65			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	UHC	Medicare	125.15				68.31	242.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	UHC	Medicaid	68.31	30.44			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Aetna	Medicare	125.15				68.31	242.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Corrections	Corrections	179.52	80			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	First Trenton	First Trenton	201.96	90			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Multiplan	Multiplan	179.52	80			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Wellcare	Medicaid	68.31	30.44			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Horizon	Indemnity	242.17				68.31	242.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Three Rivers	Three Rivers	213.18	95			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Quaicare	Quaicare	168.3	75			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Horizon	PPO	242.17				68.31	242.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Wellcare	Medicare	125.15				68.31	242.17	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	Managed Care Inc	Managed Care Inc	201.96	90			68.31	242.17	percent of total billed charges	
BRACHYTX, STRANDED, C-131	C2642	HCPCS				inpatient			224.4	143.92	WellPoint	WellPoint	69.65	31.04			68.31	242.17	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Horizon	Medicare Blue	13158.69				12654.87	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Amerihealth	HMO/PPO	27022.56	65			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Aetna	Medicare	13158.69				12654.87	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	UHC	Medicaid	12654.87	30.44			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Consumer	Consumer	39494.51	95			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Aetna	Commercial	21474.98				12654.87	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Aetna	Better Health	12654.87	30.44			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	First Trenton	First Trenton	37415.85	90			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	WellPoint	WellPoint	12904.31	31.04			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Amerihealth	Medicare	13158.69				12654.87	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	First Health	First Health	29101.22	70			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Managed Care Inc	Managed Care Inc	37415.85	90			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Corrections	Corrections	33256.54	80			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Americare	Americare	31179.88	75			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Horizon	MGD	25462.07				12654.87	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Horizon	Indemnity	25462.07				12654.87	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Horizon	PPO	25462.07				12654.87	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Multiplan	Multiplan	33256.54	80			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Wellcare	Medicaid	12654.87	30.44			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Quaicare	Quaicare	31179.88	75			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Three Rivers	Three Rivers	39494.51	95			12654.87	39494.51	percent of total billed charges	
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	UHC	Medicare	13158.69				12654.87	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HC SIMULATION ANGIOGRAM W PRS CATH RADIOEMBOLIZATION	C8004	HCPCS				outpatient			41573.17	15132.49	Wellcare	Medicare	13158.69				12654.87	39494.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Aetna	Commercial	676.28				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Consumer	Consumer	4783.95	95			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Aetna	Better Health	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	UHC	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Aetna	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	First Health	First Health	3525.02	70			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Amerihealth	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	First Trenton	First Trenton	4532.17	90			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Americare	Americare	3776.81	75			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Horizon	NJ Health	448.84				341	4783.95	fee schedule	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Horizon	PPO	801.84				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Managed Care Inc	Managed Care Inc	4532.17	90			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Amerihealth	HMO/PPO	341				341	4783.95	fee schedule	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Multiplan	Multiplan	4028.59	80			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Corrections	Corrections	4028.59	80			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Three Rivers	Three Rivers	4783.95	95			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Horizon	MGD	801.84				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	UHC	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	WellPoint	WellPoint	1563.09	31.04			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Quaicare	Quaicare	3776.81	75			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Horizon	Indemnity	801.84				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Wellcare	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Horizon	Medicare Blue	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, ABD	C8902	HCPCS				outpatient			5035.74	476.55	Wellcare	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	First Health	First Health	3525.02	70			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Horizon	Medicare Blue	280.47				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Aetna	Commercial	457.73				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Americare	Americare	3776.81	75			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Amerihealth	HMO/PPO	341				280.47	4783.95	fee schedule	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Amerihealth	Medicare	280.47				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Corrections	Corrections	4028.59	80			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Aetna	Better Health	1532.88	30.44			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	First Trenton	First Trenton	4532.17	90			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	UHC	Medicare	280.47				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Multiplan	Multiplan	4028.59	80			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Consumer	Consumer	4783.95	95			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Horizon	MGD	542.71				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Horizon	Indemnity	542.71				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Managed Care Inc	Managed Care Inc	4532.17	90			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Aetna	Medicare	280.47				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Three Rivers	Three Rivers	4783.95	95			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Wellcare	Medicare	280.47				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Quaicare	Quaicare	3776.81	75			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Wellcare	Medicaid	1532.88	30.44			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	UHC	Medicaid	1532.88	30.44			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	Horizon	PPO	542.71				280.47	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, CHEST	C8910	HCPCS				outpatient			5035.74	322.54	WellPoint	WellPoint	1563.09	31.04			280.47	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Aetna	Commercial	676.28				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Aetna	Better Health	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Horizon	MGD	801.84				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Amerihealth	HMO/PPO	341				341	4783.95	fee schedule	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Americare	Americare	3776.81	75			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Consumer	Consumer	4783.95	95			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Amerihealth	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	UHC	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Aetna	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Multiplan	Multiplan	4028.59	80			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	UHC	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	First Health	First Health	3525.02	70			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Managed Care Inc	Managed Care Inc	4532.17	90			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Corrections	Corrections	4028.59	80			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	First Trenton	First Trenton	4532.17	90			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Wellcare	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Quaicare	Quaicare	3776.81	75			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Wellcare	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Three Rivers	Three Rivers	4783.95	95			341	4783.95	percent of total billed charges	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Horizon	Indemnity	801.84				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Horizon	Medicare Blue	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Horizon	NJ Health	448.84				341	4783.95	fee schedule	
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	Horizon	PPO	801.84				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/O CONTRAST, FOL W/CONT, LOWER EXT	C8914	HCPCS				outpatient			5035.74	476.55	WellPoint	WellPoint	1563.09	31.04			341	4783.95	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Aetna	Medicare	414.39				124.14	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Corrections	Corrections	326.26	80			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Amerihealth	Medicare	414.39				124.14	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Wellcare	Medicare	414.39				124.14	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Americare	Americare	305.87	75			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Aetna	Commercial	676.28				124.14	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	First Health	First Health	285.47	70			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Aetna	Better Health	124.14	30.44			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	First Trenton	First Trenton	367.04	90			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Multiplan	Multiplan	326.26	80			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Horizon	Indemnity	801.84				124.14	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Consumer	Consumer	387.43	95			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Amerihealth	HMO/PPO	341				124.14	801.84	fee schedule	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Quaicare	Quaicare	305.87	75			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Horizon	Medicare Blue	414.39				124.14	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Wellcare	Medicaid	124.14	30.44			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Horizon	MGD	801.84				124.14	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Horizon	PPO	801.84				124.14	801.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	Managed Care Inc	Managed Care Inc	367.04	90			124.14	801.84	percent of total billed charges	
MRA W/CONT, PELVIS	C8918	HCPCS				outpatient			407.82	476.55	UHC	Medicare	414.39				124.14	801.84	other	Payer-specific negotiated char

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Corrections	Corrections	1182.38	80			75	1404.08	percent of total billed charges	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Aetna	Commercial	676.28				75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Amerihealth	HMO/PPO	75				75	1404.08	fee schedule	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Consumer	Consumer	1404.08	95			75	1404.08	percent of total billed charges	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Three Rivers	Three Rivers	1404.08	95			75	1404.08	percent of total billed charges	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Multiplan	Multiplan	1182.38	80			75	1404.08	percent of total billed charges	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	UHC	Medicare	414.39				75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Qualcare	Qualcare	1108.49	75			75	1404.08	percent of total billed charges	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	First Trenton	First Trenton	1330.18	90			75	1404.08	percent of total billed charges	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Horizon	MGD	801.84				75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	UHC	Medicaid	449.9	30.44			75	1404.08	percent of total billed charges	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Wellcare	Medicare	414.39				75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Horizon	Indemnity	801.84				75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Wellcare	Medicaid	449.9	30.44			75	1404.08	percent of total billed charges	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Horizon	PPO	801.84				75	1404.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	Managed Care Inc	Managed Care Inc	1330.18	90			75	1404.08	percent of total billed charges	
2D TTE WITH OR W/O FOL W/CON, FU	C8924	HCPCS				outpatient			1477.98	476.55	WellPoint	WellPoint	458.76	31.04			75	1404.08	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Aetna	Medicare	916.72				150	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Aetna	Commercial	1496.09				150	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Aetna	Better Health	363.35	30.44			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	First Trenton	First Trenton	1074.29	90			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Corrections	Corrections	954.93	80			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Consumer	Consumer	1133.98	95			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Amerihealth	HMO/PPO	150				150	1773.85	fee schedule	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	UHC	Medicaid	363.35	30.44			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Horizon	MGD	1773.85				150	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Americare	Americare	895.25	75			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Amerihealth	Medicare	916.72				150	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Horizon	PPO	1773.85				150	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	First Health	First Health	835.56	70			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Multiplan	Multiplan	954.93	80			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Horizon	Indemnity	1773.85				150	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	UHC	Medicare	916.72				150	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Horizon	Medicare Blue	916.72				150	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Qualcare	Qualcare	895.25	75			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Wellcare	Medicaid	363.35	30.44			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Managed Care Inc	Managed Care Inc	1074.29	90			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Three Rivers	Three Rivers	1133.98	95			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	WellPoint	WellPoint	370.51	31.04			150	1773.85	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, STRES	C8928	HCPCS				outpatient			1193.66	1054.23	Wellcare	Medicare	916.72				150	1773.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	UHC	Medicaid	605.45	30.44			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Aetna	Better Health	605.45	30.44			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Amerihealth	Medicare	916.72				116.46	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Aetna	Commercial	1496.09				116.46	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	First Health	First Health	1392.3	70			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Aetna	Medicare	916.72				116.46	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	First Trenton	First Trenton	1790.1	90			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Americare	Americare	1491.75	75			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	UHC	Medicare	916.72				116.46	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Consumer	Consumer	1889.55	95			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Horizon	Indemnity	1773.85				116.46	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Amerihealth	HMO/PPO	116.46				116.46	1889.55	fee schedule	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Multiplan	Multiplan	1591.2	80			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Corrections	Corrections	1591.2	80			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Managed Care Inc	Managed Care Inc	1790.1	90			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Horizon	Medicare Blue	916.72				116.46	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Qualcare	Qualcare	1491.75	75			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Horizon	MGD	1773.85				116.46	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Horizon	PPO	1773.85				116.46	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Three Rivers	Three Rivers	1889.55	95			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Wellcare	Medicare	916.72				116.46	1889.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	Wellcare	Medicaid	605.45	30.44			116.46	1889.55	percent of total billed charges	
TTE WITH OR W/O FOL W/CON, DOPPLER	C8929	HCPCS				outpatient			1989	1054.23	WellPoint	WellPoint	617.39	31.04			116.46	1889.55	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Amerihealth	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Horizon	Indemnity	801.84				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Aetna	Better Health	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Amerihealth	HMO/PPO	341				341	4783.95	fee schedule	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Aetna	Commercial	676.28				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	First Health	First Health	3525.02	70			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Aetna	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	First Trenton	First Trenton	4532.17	90			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Horizon	Medicare Blue	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Horizon	PPO	801.84				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Americare	Americare	3776.81	75			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Wellcare	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Corrections	Corrections	4028.59	80			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Multiplan	Multiplan	4028.59	80			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Consumer	Consumer	4783.95	95			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Managed Care Inc	Managed Care Inc	4532.17	90			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Horizon	MGD	801.84				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	UHC	Medicaid	1532.88	30.44			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Three Rivers	Three Rivers	4783.95	95			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Qualcare	Qualcare	3776.81	75			341	4783.95	percent of total billed charges	
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	Wellcare	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	UHC	Medicare	414.39				341	4783.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA, W/O&W/DYE, UPPER EXTR	C8936	HCPCS				outpatient			5035.74	476.55	WellPoint	WellPoint	1563.09	31.04			341	4783.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Aetna	Commercial	21474.98			7964.94	2000	35760.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	First Health	First Health	26350.17	70			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Aetna	Medicare	13158.69				2000	35760.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Aetna	Better Health	11458.56	30.44			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Horizon	PPO	25462.07				2000	35760.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Amerihealth	HMO/PPO	2000				2000	35760.95	fee schedule	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Americare	Americare	28232.33	75			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Corrections	Corrections	30114.48	80			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	First Trenton	First Trenton	33878.79	90			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Wellcare	Medicare	13158.69				2000	35760.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Horizon	MGD	25462.07				2000	35760.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Horizon	Medicare Blue	13158.69				2000	35760.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	UHC	Medicare	13158.69				2000	35760.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Amerihealth	Medicare	13158.69				2000	35760.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Consumer	Consumer	35760.95	95			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Horizon	Indemnity	25462.07				2000	35760.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Managed Care Inc	Managed Care Inc	33878.79	90			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	United	CommercialPPO	6018.29				2000	35760.95	case rate	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Multiplan	Multiplan	30114.48	80			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	United	Oxford	6018.29				2000	35760.95	case rate	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	WellPoint	WellPoint	11684.42	31.04			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Wellcare	Medicaid	11458.56	30.44			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Three Rivers	Three Rivers	35760.95	95			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	UHC	Medicaid	11458.56	30.44		7351.94	2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT SING	C9600	HCPCS				both			37643.1	15132.49	Qualcare	Qualcare	28232.33	75			2000	35760.95	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Aetna	Better Health	11228.49	30.44			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Horizon	MGD	14120.45	38.28			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Consumer	Consumer	35042.92	95			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Americare	Americare	27665.46	75			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Corrections	Corrections	29509.82	80			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Amerihealth	HMO/PPO	2000				1835.46	35042.92	fee schedule	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Aetna	Medicare	11361.28	30.8			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		First Trenton	First Trenton	33198.55	90			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Aetna	Commercial	14017.17	38			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Horizon	Medicare Blue	11066.18	30			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		First Health	First Health	25821.1	70			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Horizon	PPO	14120.45	38.28			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		United	CommercialPPO	1835.46				1835.46	35042.92	case rate	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		United	Oxford	1835.46				1835.46	35042.92	case rate	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		UHC	Medicaid	11228.49	30.44			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Managed Care Inc	Managed Care Inc	33198.55	90			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Horizon	Indemnity	14120.45	38.28			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Wellcare	Medicaid	11228.49	30.44			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		WellPoint	WellPoint	11449.81	31.04			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Three Rivers	Three Rivers	35042.92	95			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Multiplan	Multiplan	29509.82	80			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS DRUG-EL COR STENT BRAN	C9601	HCPCS				both			36887.28		Qualcare	Qualcare	27665.46	75			1835.46	35042.92	percent of total billed charges	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Aetna	Commercial	34003.6				2000	40316.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Amerihealth	Medicare	20835.54				2000	40316.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Corrections	Corrections	30114.48	80			2000	40316.77	percent of total billed charges	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	First Health	First Health	26350.17	70			2000	40316.77	percent of total billed charges	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Aetna	Medicare	20835.54				2000	40316.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Amerihealth	HMO/PPO	2000				2000	40316.77	fee schedule	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Consumer	Consumer	35760.95	95			2000	40316.77	percent of total billed charges	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Aetna	Better Health	11458.56	30.44			2000	40316.77	percent of total billed charges	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Americare	Americare	28232.33	75			2000	40316.77

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Horizon	Medicare Blue	20835.54				2000	40316.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Qualcare	Qualcare	28232.33	75			2000	40316.77	percent of total billed charges	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	UHC	Medicaid	11458.56	30.44			2000	40316.77	percent of total billed charges	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	UHC	Medicare	20835.54				2000	40316.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Managed Care Inc	Managed Care Inc	33878.79	90			2000	40316.77	percent of total billed charges	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Wellcare	Medicare	20835.54				2000	40316.77	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	United	CommercialPPO	6018.29				2000	40316.77	case rate	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	WellPoint	WellPoint	11684.42	31.04			2000	40316.77	percent of total billed charges	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	United	Oxford	6018.29				2000	40316.77	case rate	
PERCUTANEOUS D-E COR STENT ATHER S	C9602	HCPCS				both			37643.1	23960.87	Wellcare	Medicaid	11458.56	30.44			2000	40316.77	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Americare	Americare	28220.85	75			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Horizon	Indemnity	25462.07				2000	37746.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Aetna	Medicare	13158.69				2000	37746.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Aetna	Better Health	11453.9	30.44			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Aetna	Commercial	21474.98				2000	37746.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	First Trenton	First Trenton	33865.02	90			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Amerihealth	Medicare	13158.69				2000	37746.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Horizon	Medicare Blue	13158.69				2000	37746.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Three Rivers	Three Rivers	35746.41	95			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Horizon	PPO	25462.07				2000	37746.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Consumer	Consumer	35746.41	95			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Amerihealth	HMO/PPO	2000				2000	37746.41	fee schedule	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Multiplan	Multiplan	30102.24	80			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Managed Care Inc	Managed Care Inc	33865.02	90			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Corrections	Corrections	30102.24	80			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	First Health	First Health	26339.46	70			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Wellcare	Medicare	13158.69				2000	37746.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	UHC	Medicare	13158.69				2000	37746.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	United	Oxford	6018.29				2000	37746.41	case rate	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Horizon	MGD	25462.07				2000	37746.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Qualcare	Qualcare	28220.85	75			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	UHC	Medicaid	11453.9	30.44			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	Wellcare	Medicaid	11453.9	30.44			2000	37746.41	percent of total billed charges	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	United	CommercialPPO	6018.29				2000	37746.41	case rate	
PERCUTANEOUS D-E COR REVASC T CABG S	C9604	HCPCS				inpatient			37627.8	15132.49	WellPoint	WellPoint	11679.67	31.04			2000	37746.41	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	UHC	Medicare	13158.69				4843.06	37712.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Horizon	MGD	25462.07				4843.06	37712.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Aetna	Better Health	12083.88	30.44			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Aetna	Commercial	21474.98				4843.06	37712.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Amerihealth	Medicare	13158.69				4843.06	37712.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	First Health	First Health	27788.17	70			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Aetna	Medicare	13158.69				4843.06	37712.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Amerihealth	HMO/PPO	25803.3	65			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	United	CommercialPPO	4843.06				4843.06	37712.51	case rate	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Horizon	PPO	25462.07				4843.06	37712.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Americare	Americare	29773.04	75			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Horizon	Indemnity	25462.07				4843.06	37712.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Consumer	Consumer	37712.51	95			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Horizon	Medicare Blue	13158.69				4843.06	37712.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	First Trenton	First Trenton	35727.64	90			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Multiplan	Multiplan	31757.9	80			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Corrections	Corrections	31757.9	80			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	UHC	Medicaid	12083.88	30.44			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Three Rivers	Three Rivers	37712.51	95			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Wellcare	Medicaid	12083.88	30.44			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Managed Care Inc	Managed Care Inc	35727.64	90			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Wellcare	Medicare	13158.69				4843.06	37712.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	Qualcare	Qualcare	29773.04	75			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	United	Oxford	4843.06				4843.06	37712.51	case rate	
REVASCULARIZE INTRAVASC LITHOTRIPSY	C9764	HCPCS				both			39697.38	15132.49	WellPoint	WellPoint	12322.07	31.04			4843.06	37712.51	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Americare	Americare	49370.39	75			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	First Health	First Health	46079.03	70			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Aetna	Commercial	34003.6				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Horizon	MGD	40316.77				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Amerihealth	Medicare	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Aetna	Better Health	20037.79	30.44			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Aetna	Medicare	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Horizon	Medicare Blue	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Consumer	Consumer	62535.82	95			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Three Rivers	Three Rivers	62535.82	95			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Multiplan	Multiplan	52661.74	80			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	UHC	Medicaid	20037.79	30.44			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	United	Oxford	6018.29				6018.29	62535.82	case rate	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Corrections	Corrections	52661.74	80			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Amerihealth	HMO/PPO	42787.67	65			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Wellcare	Medicare	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Qualcare	Qualcare	49370.39	75			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	United	CommercialPPO	6018.29				6018.29	62535.82	case rate	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	UHC	Medicare	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	First Trenton	First Trenton	59244.46	90			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	WellPoint	WellPoint	20432.76	31.04			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Horizon	Indemnity	40316.77				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Wellcare	Medicaid	20037.79	30.44			6018.29	62535.82	percent of total billed charges	
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Horizon	PPO	40316.77				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVASCULARIZE INTRA LITHOTRIP-STENT	C9765	HCPCS				inpatient			65827.18	23960.87	Managed Care Inc	Managed Care Inc	59244.46	90			6018.29	62535.82	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	First Trenton	First Trenton	12552.26	90			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Amerihealth	HMO/PPO	9065.52	65			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Aetna	Medicare	4414.47				2859.28	13249.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Consumer	Consumer	13249.6	95			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	UHC	Medicaid	4245.45	30.44			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Aetna	Commercial	7204.42				2859.28	13249.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Aetna	Better Health	4245.45	30.44			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Amerihealth	Medicare	4414.47				2859.28	13249.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Horizon	Indemnity	8542				2859.28	13249.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	UHC	Medicare	4414.47				2859.28	13249.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	First Health	First Health	9762.87	70			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	United	Oxford	2859.28				2859.28	13249.6	case rate	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	United	CommercialPPO	2859.28				2859.28	13249.6	case rate	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Americare	Americare	10460.21	75			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Horizon	PPO	8542				2859.28	13249.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Corrections	Corrections	11157.56	80			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Managed Care Inc	Managed Care Inc	12552.26	90			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Multiplan	Multiplan	11157.56	80			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Horizon	MGD	8542				2859.28	13249.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Horizon	Medicare Blue	4414.47				2859.28	13249.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	WellPoint	WellPoint	4329.13	31.04			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Qualcare	Qualcare	10460.21	75			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Wellcare	Medicaid	4245.45	30.44			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Three Rivers	Three Rivers	13249.6	95			2859.28	13249.6	percent of total billed charges	
ESD ENDOSCOPY OR COLONOSCOPY	C9779	HCPCS				outpatient			13946.95	5076.64	Wellcare	Medicare	4414.47				2859.28	13249.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	First Health	First Health	23639.11	70			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Aetna	Commercial	19715.13				4843.06	32081.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Corrections	Corrections	27016.13	80			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Aetna	Medicare	12080.35				4843.06	32081.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Amerihealth	HMO/PPO	21950.6	65			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Amerihealth	Medicare	12080.35				4843.06	32081.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Americare	Americare	25327.62	75			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Aetna	Better Health	10279.64	30.44			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Horizon	Indemnity	23375.48				4843.06	32081.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Horizon	Medicare Blue	12080.35				4843.06	32081.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	First Trenton	First Trenton	30393.14	90			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Horizon	MGD	23375.48				4843.06	32081.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Qualcare	Qualcare	25327.62	75			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	UHC	Medicare	12080.35				4843.06	32081.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Three Rivers	Three Rivers	32081.65	95			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Consumer	Consumer	32081.65	95			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Multiplan	Multiplan	27016.13	80			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Horizon	PPO	23375.48				4843.06	32081.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Managed Care Inc	Managed Care Inc	30393.14	90			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	UHC	Medicaid	10279.64	30.44			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	United	Oxford	4843.06				4843.06	32081.65	case rate	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Wellcare	Medicaid	10279.64	30.44			4843.06	32081.65	percent of total billed charges	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	Wellcare	Medicare	12080.35				4843.06	32081.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	United	CommercialPPO	4843.06				4843.06	32081.65	case rate	
ENDO SLEEVE GASTRO W/TUBE	C9784	HCPCS				both			33770.16	13892.4	WellPoint	WellPoint	10482.26	31.04			4843.06	32081.65	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	Americare	Americare	28624.71	75			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	Aetna	Commercial	19715.13				4843.06	36257.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	UHC	Medicare	12080.35				4843.06

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	Multiplan	Multiplan	30533.02	80			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	United	Commercial/PPO	4843.06				4843.06	36257.97	case rate	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	First Health	First Health	26716.4	70			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	United	Oxford	4843.06				4843.06	36257.97	case rate	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	Qualcare	Qualcare	28624.71	75			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	Wellcare	Medicaid	11617.82	30.44			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	UHC	Medicaid	11617.82	30.44			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	First Trenton	First Trenton	34349.65	90			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	WellPoint	WellPoint	11846.81	31.04			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	Managed Care Inc	Managed Care Inc	34349.65	90			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	Three Rivers	Three Rivers	36257.97	95			4843.06	36257.97	percent of total billed charges	
ENDO OUTLET RESTRICT W/TUBE	C9785	HCPCS				outpatient			38166.28	13892.4	Wellcare	Medicare	12080.95				4843.06	36257.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Corrections	Corrections	52661.74	80			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Aetna	Commercial	34003.6				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	UHC	Medicaid	20037.79	30.44			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Aetna	Medicare	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Aetna	Better Health	20037.79	30.44			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Amerihealth	HMO/PPO	42787.67	65			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	First Health	First Health	46079.03	70			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Amerihealth	Medicare	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Wellcare	Medicare	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Americare	Americare	49370.39	75			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	United	Commercial/PPO	6018.29				6018.29	62535.82	case rate	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	First Trenton	First Trenton	59244.46	90			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Consumer	Consumer	62535.82	95			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Qualcare	Qualcare	49370.39	75			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Horizon	Indemnity	40316.77				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Horizon	MGD	40316.77				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	WellPoint	WellPoint	20432.76	31.04			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Multiplan	Multiplan	52661.74	80			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Horizon	Medicare Blue	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Managed Care Inc	Managed Care Inc	59244.46	90			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Horizon	PPO	40316.77				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	UHC	Medicare	20835.54				6018.29	62535.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Wellcare	Medicaid	20037.79	30.44			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	Three Rivers	Three Rivers	62535.82	95			6018.29	62535.82	percent of total billed charges	
VASCULAR EMB/OCC W/PRS CATH	C9797	HCPCS				outpatient			65827.18	23960.87	United	Oxford	6018.29				6018.29	62535.82	case rate	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Aetna	Better Health	49.68	30.44			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Horizon	Medicare Blue	53.54			22.23	49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Amerihealth	HMO/PPO	106.08	65			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Aetna	Commercial	87.38				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	First Health	First Health	114.24	70			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Corrections	Corrections	130.56	80			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Aetna	Medicare	53.54			35.45	49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Amerihealth	Medicare	53.54				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Consumer	Consumer	155.04	95			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Horizon	PPO	103.6				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	First Trenton	First Trenton	146.88	90			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Americare	Americare	122.4	75			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Multiplan	Multiplan	130.56	80			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Horizon	MGD	103.6				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Managed Care Inc	Managed Care Inc	146.88	90			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Wellcare	Medicare	53.54			47.41	49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Three Rivers	Three Rivers	155.04	95			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	UHC	Medicaid	49.68	30.44		38.94	49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Qualcare	Qualcare	122.4	75			49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Horizon	Indemnity	103.6				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	UHC	Medicare	53.54			37.55	49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	WellPoint	WellPoint	50.66	31.04		49.35	49.68	155.04	percent of total billed charges	
AD MINISTER INFLUENZA VIRUS VAC	G0008	HCPCS				both			163.2	61.57	Wellcare	Medicaid	49.68	30.44			49.68	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Aetna	Medicare	53.54			47.73	35.13	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Horizon	Medicare Blue	53.54			28.37	35.13	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	First Health	First Health	114.24	70			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Aetna	Commercial	87.38				35.13	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Aetna	Better Health	49.68	30.44			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	First Trenton	First Trenton	146.88	90			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Amerihealth	HMO/PPO	106.08	65			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Americare	Americare	122.4	75			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Consumer	Consumer	155.04	95			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Three Rivers	Three Rivers	155.04	95			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Horizon	Indemnity	103.6				35.13	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Amerihealth	Medicare	53.54				35.13	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Horizon	MGD	103.6				35.13	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Managed Care Inc	Managed Care Inc	146.88	90			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Multiplan	Multiplan	130.56	80			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	WellPoint	WellPoint	50.66	31.04		38.35	35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Corrections	Corrections	130.56	80			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	UHC	Medicare	53.54			43.94	35.13	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Horizon	PPO	103.6				35.13	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Qualcare	Qualcare	122.4	75			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Horizon	NJ Health	35.13				35.13	155.04	fee schedule	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Wellcare	Medicaid	49.68	30.44			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	UHC	Medicaid	49.68	30.44			35.13	155.04	percent of total billed charges	
AD MINISTER PNEUMOCOCCAL VACCINE	G0009	HCPCS				both			163.2	61.57	Wellcare	Medicare	53.54			20.66	35.13	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Aetna	Better Health	49.68	30.44			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Aetna	Medicare	53.54				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Amerihealth	Medicare	53.54				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Aetna	Commercial	87.38				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Amerihealth	HMO/PPO	106.08	65			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Horizon	PPO	103.6				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	First Trenton	First Trenton	146.88	90			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Americare	Americare	122.4	75			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Wellcare	Medicaid	49.68	30.44			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Consumer	Consumer	155.04	95			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Corrections	Corrections	130.56	80			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	UHC	Medicare	53.54			35.08	49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	First Health	First Health	114.24	70			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Horizon	Medicare Blue	53.54			36.43	49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Managed Care Inc	Managed Care Inc	146.88	90			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Horizon	MGD	103.6				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Wellcare	Medicare	53.54				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	WellPoint	WellPoint	50.66	31.04		26.43	49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Horizon	Indemnity	103.6				49.68	155.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Multiplan	Multiplan	130.56	80			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Three Rivers	Three Rivers	155.04	95			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	Qualcare	Qualcare	122.4	75			49.68	155.04	percent of total billed charges	
AD MINISTER HEPATITIS B VACCINE	G0010	HCPCS				both			163.2	61.57	UHC	Medicaid	49.68	30.44			49.68	155.04	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Horizon	Indemnity	207.68				91.59	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Americare	Americare	225.68	75			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Horizon	MGD	207.68				91.59	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Aetna	Medicare	107.33				91.59	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	First Health	First Health	210.63	70			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Amerihealth	Medicare	107.33				91.59	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Aetna	Better Health	91.59	30.44			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Aetna	Commercial	175.16				91.59	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	First Trenton	First Trenton	270.81	90			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Consumer	Consumer	285.86	95			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	UHC	Medicare	107.33				91.59	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Corrections	Corrections	240.72	80			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Horizon	NJ Health	133.11				91.59	285.86	fee schedule	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Wellcare	Medicaid	91.59	30.44			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Horizon	PPO	207.68				91.59	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Amerihealth	HMO/PPO	195.59	65			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Managed Care Inc	Managed Care Inc	270.81	90			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Horizon	Medicare Blue	107.33				91.59	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	UHC	Medicaid	91.59	30.44			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Multiplan	Multiplan	240.72	80			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Three Rivers	Three Rivers	285.86	95			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Qualcare	Qualcare	225.68	75			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	WellPoint	WellPoint	93.4	31.04			91.59	285.86	percent of total billed charges	
CA SCREEN; PELVIC/BREAST EXAM	G0101	HCPCS				outpatient			300.9	123.43	Wellcare	Medicare	107.33				91.59	285.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Aetna	Commercial	1726.46				481.98	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Aetna	Better Health	822.17	30.44			481.98	2565.91	percent of total billed charges	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Americare	Americare	2025.72	75			481.98	2565.91	percent of total billed charges	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Multiplan	Multiplan	2160.77	80			481.98	2565.91	percent of total billed charges	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Aetna	Medicare	1057.88			336.13	481.98	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Consumer	Consumer	2565.91	95			481.98	2565.91	percent of total billed charges	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Amerihealth	HMO/PPO	550				481.98	2565.91	fee schedule	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Corrections	Corrections	2160.77	80			481.98	2565.91	percent of total billed charges	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Horizon	Medicare Blue	1057.88				481.98	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Horizon	MGD	2047				481.98	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	First Trenton	First Trenton	2430.86	90			481.98	2565.91	percent of total billed charges	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Qualcare	Qualcare	2025.72	75			481.98	2565.91	percent of total billed charges	
COLORECTAL S

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Wellcare	Medicare	1057.88				481.98	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Three Rivers	Three Rivers	2565.91	95			481.98	2565.91	percent of total billed charges	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Horizon	PPO	2047				481.98	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Horizon	NJ Health	481.98			855.7	481.98	2565.91	fee schedule	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	United	CommercialPPO	1871.51				481.98	2565.91	case rate	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	United	Oxford	1871.51				481.98	2565.91	case rate	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	Wellcare	Medicaid	822.17	30.44		324.22	481.98	2565.91	percent of total billed charges	
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	UHC	Medicare	1057.88				481.98	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLORECTAL SCREEN; HIGH RISK IND	G0105	HCPCS				both			2700.96	1216.56	WellPoint	WellPoint	838.38	31.04			481.98	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Wellcare	Medicare	1057.88			506.27	550	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Corrections	Corrections	2160.77	80			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Amerihealth	HMO/PPO	550			690.27	550	2565.91	fee schedule	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Amerihealth	Medicare	1057.88				550	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Aetna	Commercial	1726.46			796.99	550	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	First Trenton	First Trenton	2430.86	90			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Horizon	MGD	2047			1149.97	550	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Aetna	Better Health	822.17	30.44			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Horizon	NJ Health	2500.38			869.32	550	2565.91	fee schedule	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Horizon	Indemnity	2047			1726.45	550	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Three Rivers	Three Rivers	2565.91	95			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	First Health	First Health	1890.67	70			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	WellPoint	WellPoint	838.38	31.04		607.99	550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Managed Care Inc	Managed Care Inc	2430.86	90			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	United	Oxford	1871.51			855.02	550	2565.91	case rate	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Aetna	Medicare	1057.88			863.69	550	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Qualcare	Qualcare	2025.72	75			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Horizon	PPO	2047			1204.02	550	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	UHC	Medicare	1057.88			447.82	550	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Americare	Americare	2025.72	75			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	United	CommercialPPO	1871.51				550	2565.91	case rate	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Multiplan	Multiplan	2160.77	80			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Wellcare	Medicaid	822.17	30.44		0.3	550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Consumer	Consumer	2565.91	95			550	2565.91	percent of total billed charges	
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	Horizon	Medicare Blue	1057.88			651.77	550	2565.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON CA SCREEN NOT HIGH RISK IND	G0121	HCPCS				both			2700.96	1216.56	UHC	Medicaid	822.17	30.44		620.49	550	2565.91	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Aetna	Better Health	79.48	30.44		29.21	10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Aetna	Commercial	99.23	38		79.16	10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Amerihealth	HMO/PPO	32.5			9.53	10.13	248.06	fee schedule	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Corrections	Corrections	208.9	80		76.03	10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Americare	Americare	195.84	75			10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Aetna	Medicare	20.26			13.16	10.13	248.06	fee schedule	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Amerihealth	Medicare	20.26			10.05	10.13	248.06	fee schedule	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Consumer	Consumer	248.06	95			10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Horizon	NJ Health	38.12			19.03	10.13	248.06	fee schedule	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	First Health	First Health	182.78	70			10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	First Trenton	First Trenton	235.01	90			10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Horizon	Medicare Blue	78.34	30		29.37	10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Multiplan	Multiplan	208.9	80			10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Horizon	Indemnity	99.96	38.28		52.77	10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Horizon	MGD	99.96	38.28		43.95	10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	UHC	Medicaid	10.13			38.3	10.13	248.06	fee schedule	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	UHC	Medicare	20.26			38.01	10.13	248.06	fee schedule	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	WellPoint	WellPoint	81.05	31.04		37.2	10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Horizon	PPO	99.96	38.28		29.96	10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Qualcare	Qualcare	195.84	75			10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Managed Care Inc	Managed Care Inc	235.01	90			10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Three Rivers	Three Rivers	248.06	95			10.13	248.06	percent of total billed charges	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Wellcare	Medicaid	10.13			53.29	10.13	248.06	fee schedule	
SCREEN CERVIVAG THIN LAYER	G0123	HCPCS				both			261.12	23.3	Wellcare	Medicare	20.26			33.61	10.13	248.06	fee schedule	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Aetna	Better Health	67.69	30.44			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Amerihealth	Medicare	68.92				18.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Aetna	Medicare	68.92			6.51	18.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Aetna	Commercial	112.48				18.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	First Health	First Health	155.65	70			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Americare	Americare	166.77	75			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Amerihealth	HMO/PPO	144.53	65		24.64	18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Wellcare	Medicare	68.92			44.96	18.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Corrections	Corrections	177.89	80			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	First Trenton	First Trenton	200.12	90			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Horizon	Medicare Blue	68.92			32.64	18.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	United	CommercialPPO	1835.46				18.27	1835.46	case rate	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Multiplan	Multiplan	177.89	80			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Horizon	Indemnity	133.36				18.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Consumer	Consumer	211.24	95			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	United	Oxford	1835.46				18.27	1835.46	case rate	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Horizon	MGD	133.36			15.76	18.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Managed Care Inc	Managed Care Inc	200.12	90			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	UHC	Medicaid	67.69	30.44		67.45	18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	WellPoint	WellPoint	69.02	31.04		63.4	18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Qualcare	Qualcare	166.77	75			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Three Rivers	Three Rivers	211.24	95			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Horizon	NJ Health	18.27			13.32	18.27	1835.46	fee schedule	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Wellcare	Medicaid	67.69	30.44			18.27	1835.46	percent of total billed charges	
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	Horizon	PPO	133.36			45.26	18.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM NAIL(S)	G0127	HCPCS				outpatient			222.36	79.26	UHC	Medicare	68.92			60.4	18.27	1835.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Amerihealth	HMO/PPO	30				27.33	85.29	fee schedule	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Corrections	Corrections	71.82	80			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Aetna	Better Health	27.33	30.44			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Amerihealth	Medicare	28.42				27.33	85.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	First Trenton	First Trenton	80.8	90			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Aetna	Commercial	46.38				27.33	85.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Aetna	Medicare	28.42				27.33	85.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Consumer	Consumer	85.29	95			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Horizon	Indemnity	54.99				27.33	85.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Americare	Americare	67.34	75			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Horizon	PPO	54.99				27.33	85.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Horizon	Medicare Blue	28.42				27.33	85.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Managed Care Inc	Managed Care Inc	80.8	90			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Multiplan	Multiplan	71.82	80			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	First Health	First Health	62.85	70			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Wellcare	Medicaid	27.33	30.44			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	UHC	Medicaid	27.33	30.44			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Qualcare	Qualcare	67.34	75			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	WellPoint	WellPoint	27.67	31.04			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Wellcare	Medicare	28.42				27.33	85.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Three Rivers	Three Rivers	85.29	95			27.33	85.29	percent of total billed charges	
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	Horizon	MGD	54.99				27.33	85.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTH RESPIRATORY PROC, INDIV	G0238	HCPCS				inpatient			89.78	32.68	UHC	Medicare	28.42				27.33	85.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Amerihealth	HMO/PPO	135			398.88	135	2325.6	fee schedule	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Americare	Americare	1836	75			135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Wellcare	Medicaid	745.17	30.44		638.34	135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Multiplan	Multiplan	1958.4	80			135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Aetna	Commercial	1325.02			831.6	135	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Aetna	Better Health	745.17	30.44		697.71	135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	First Health	First Health	1713.6	70			135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Aetna	Medicare	811.9			286.35	135	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Corrections	Corrections	1958.4	80			135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Consumer	Consumer	2325.6	95			135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Horizon	Medicare Blue	811.9			235.42	135	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Qualcare	Qualcare	1836	75			135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	First Trenton	First Trenton	2203.2	90			135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Amerihealth	Medicare	811.9				135	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Horizon	MGD	1571.03				135	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	UHC	Medicare	811.9			327.83	135	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Horizon	Indemnity	1571.03				135	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	WellPoint	WellPoint	759.86	31.04		439.62	135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Three Rivers	Three Rivers	2325.6	95			135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Wellcare	Medicare	811.9			261.32	135	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Horizon	PPO	1571.03				135	2325.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	UHC	Medicaid	745.17	30.44		468.68	135	2325.6	percent of total billed charges	
UNSCHED DIALYSIS ESRD PATIENT HOS	G0257	HCPCS				both			2448	933.69	Managed Care Inc	Managed Care Inc	2203.2	90			135	2325.6	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Amerihealth	Medicare	803.54				550	2644.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Horizon	Medicare Blue	803.54				550	2644.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Aetna	Better Health	847.32	30.44			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	First Health	First Health	1948.51	70			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Americare	Americare	2087.69	75			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Amerihealth	HMO/PPO	550				550	2644.4	fee schedule	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Aetna	Medicare	803.54				550	2644.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Corrections	Corrections	2226.86	80			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Consumer	Consumer	2644.4	95			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	UHC	Medicare	803.54				550	2644.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Aetna	Commercial	1311.36				550	2644.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	First Trenton	First Trenton	2505.22	90			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	United	Oxford	1871.51				550	2644.4	case rate	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Horizon	MGD	1554.85				550	2644.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Multiplan	Multiplan	2226.86	80			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Horizon	Indemnity	1554.85				550	2644.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58	924.07	Qualcare	Qualcare	2087.69	75		

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58		924.07	Wellcare	Medicare	803.54				550	2644.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58		924.07	Three Rivers	Three Rivers	2644.4	95			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58		924.07	UHC	Medicaid	847.32	30.44			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58		924.07	Horizon	PPO	1554.85				550	2644.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58		924.07	Wellcare	Medicaid	847.32	30.44			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58		924.07	Managed Care Inc	Managed Care Inc	2505.22	90			550	2644.4	percent of total billed charges	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58		924.07	United	Commercial|PPO	1671.51				550	2644.4	case rate	
INJECTION FOR SACROILIAC JT ANESTH	G0260	HCPCS				outpatient			2783.58		924.07	WellPoint	WellPoint	864.02	31.04			550	2644.4	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Aetna	Commercial	193.8	38			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Aetna	Medicare	157.08	30.8			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Consumer	Consumer	484.5	95			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Aetna	Better Health	155.24	30.44			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Americare	Americare	382.5	75			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			First Trenton	First Trenton	459	90			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Corrections	Corrections	408	80			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Multiplan	Multiplan	408	80			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Three Rivers	Three Rivers	484.5	95			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Amerihealth	HMO|PPO	35				35	1835.46	fee schedule	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Horizon	Indemnity	195.23	38.28			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Horizon	Medicare Blue	153	30			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Horizon	NJ Health	49.72				35	1835.46	fee schedule	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Horizon	PPO	195.23	38.28			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Qualcare	Qualcare	382.5	75			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			First Health	First Health	357	70			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			WellPoint	WellPoint	158.3	31.04			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Managed Care Inc	Managed Care Inc	459	90			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			UHC	Medicaid	155.24	30.44			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Horizon	MGD	195.23	38.28			35	1835.46	percent of total billed charges	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			United	Oxford	1835.46				35	1835.46	case rate	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			United	Commercial|PPO	1835.46				35	1835.46	case rate	
REMOVAL OF IMPACTED WAX MD	G0268	HCPCS				outpatient			510			Wellcare	Medicaid	155.24	30.44			35	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			First Health	First Health	709.72	70			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Aetna	Medicare	312.28	30.8			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Aetna	Better Health	308.63	30.44			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			First Trenton	First Trenton	912.49	90			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Consumer	Consumer	963.19	95			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Americare	Americare	760.41	75			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Aetna	Commercial	385.27	38			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Corrections	Corrections	811.1	80			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Multiplan	Multiplan	811.1	80			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Horizon	MGD	388.11	38.28			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			WellPoint	WellPoint	314.71	31.04			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Horizon	NJ Health	758.52				300	1835.46	fee schedule	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			UHC	Medicaid	308.63	30.44			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Amerihealth	HMO|PPO	300				300	1835.46	fee schedule	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Wellcare	Medicaid	308.63	30.44			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Horizon	Indemnity	388.11	38.28			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			United	Commercial|PPO	1835.46				300	1835.46	case rate	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Horizon	PPO	388.11	38.28			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			United	Oxford	1835.46				300	1835.46	case rate	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Managed Care Inc	Managed Care Inc	912.49	90			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Three Rivers	Three Rivers	963.19	95			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Horizon	Medicare Blue	304.16	30			300	1835.46	percent of total billed charges	
OCCLUSIVE DEVICE IN VEIN ART	G0269	HCPCS				inpatient			1013.88			Qualcare	Qualcare	760.41	75			300	1835.46	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Multiplan	Multiplan	89.76	80			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Corrections	Corrections	89.76	80			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			First Trenton	First Trenton	100.98	90			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			First Health	First Health	78.54	70			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Horizon	Medicare Blue	33.66	30			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Aetna	Medicare	34.56	30.8			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Americare	Americare	84.15	75			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Aetna	Better Health	34.15	30.44			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Qualcare	Qualcare	84.15	75			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Consumer	Consumer	106.59	95			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Horizon	Indemnity	42.95	38.28			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Aetna	Commercial	42.64	38			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Amerihealth	HMO|PPO	15				12.97	106.59	fee schedule	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Horizon	MGD	42.95	38.28			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Horizon	PPO	42.95	38.28			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Horizon	NJ Health	12.97			25.4	12.97	106.59	fee schedule	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			UHC	Medicaid	34.15	30.44			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Wellcare	Medicaid	34.15	30.44			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Managed Care Inc	Managed Care Inc	100.98	90			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			WellPoint	WellPoint	34.83	31.04			12.97	106.59	percent of total billed charges	
ELEC STIM OTHER THAN WOUND	G0283	HCPCS				both			112.2			Three Rivers	Three Rivers	106.59	95			12.97	106.59	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Aetna	Medicare	216.14	30.8		85.84	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Horizon	Medicare Blue	210.53	30		75.95	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Aetna	Better Health	213.62	30.44		172.53	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			UHC	Medicaid	213.62	30.44		182.59	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Horizon	Indemnity	268.63	38.28		132.12	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			First Health	First Health	491.23	70			210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Consumer	Consumer	666.67	95			210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Aetna	Commercial	266.67	38		151.02	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			WellPoint	WellPoint	217.83	31.04		162.26	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Horizon	PPO	268.63	38.28		169.61	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Americare	Americare	526.32	75			210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Amerihealth	HMO|PPO	456.14	65		103.79	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Corrections	Corrections	561.41	80		59.8	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Wellcare	Medicaid	213.62	30.44		183.88	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Horizon	MGD	268.63	38.28		150.47	210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			First Trenton	First Trenton	631.58	90			210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Multiplan	Multiplan	561.41	80			210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Managed Care Inc	Managed Care Inc	631.58	90			210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Qualcare	Qualcare	526.32	75			210.53	666.67	percent of total billed charges	
HOSPITAL OBSERVATION PER HR	G0378	HCPCS				both			701.76			Three Rivers	Three Rivers	666.67	95			210.53	666.67	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Consumer	Consumer	4233.56	95			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Aetna	Better Health	1356.52	30.44		551.68	711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Amerihealth	HMO|PPO	2896.65	65			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Aetna	Commercial	1160.99			1185.24	711.39	4233.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Wellcare	Medicaid	1356.52	30.44		927.07	711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Aetna	Medicare	711.39			609.76	711.39	4233.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Corrections	Corrections	3565.1	80			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Wellcare	Medicare	711.39				711.39	4233.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	First Health	First Health	3119.47	70			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Amerihealth	Medicare	711.39				711.39	4233.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Multiplan	Multiplan	3565.1	80			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Americare	Americare	3342.29	75			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Horizon	MGD	1376.54			66.02	711.39	4233.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Horizon	Medicare Blue	711.39				711.39	4233.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	First Trenton	First Trenton	4010.74	90			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Three Rivers	Three Rivers	4233.56	95			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Qualcare	Qualcare	3342.29	75			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	UHC	Medicare	711.39			212.8	711.39	4233.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Horizon	Indemnity	1376.54				711.39	4233.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Horizon	PPO	1376.54				711.39	4233.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	Managed Care Inc	Managed Care Inc	4010.74	90			711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	UHC	Medicaid	1356.52	30.44		1094.5	711.39	4233.56	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS				both			4456.38		818.1	WellPoint	WellPoint	1383.26	31.04		1336.96	711.39	4233.56	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Amerihealth	HMO|PPO	70				70	309.11	fee schedule	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Horizon	PPO	188.76				70	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Amerihealth	Medicare	97.55				70	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Horizon	Medicare Blue	97.55				70	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Aetna	Commercial	159.2				70	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Consumer	Consumer	309.11	95			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Americare	Americare	244.04	75			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Aetna	Better Health	99.05	30.44			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	UHC	Medicare	97.55				70	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	WellPoint	WellPoint	101	31.04			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Corrections	Corrections	260.3	80			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Multiplan	Multiplan	260.3	80			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	First Trenton	First Trenton	292.84	90			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Horizon	MGD	188.76				70	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Horizon	Indemnity	188.76				70	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Aetna	Medicare	97.55				70	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Managed Care Inc	Managed Care Inc	292.84	90			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Qualcare	Qualcare	244.04	75			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Three Rivers	Three Rivers	309.11	95			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	First Health	First Health	227.77	70			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	UHC	Medicaid	99.05	30.44			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Wellcare	Medicaid	99.05	30.44			70	309.11	percent of total billed charges	
LEVEL 1 HOSP TYPE B ED VIST	G0380	HCPCS				both			325.38		112.18	Wellcare	Medicare	97.55				70	309.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2 HOSP TYPE B ED VIST	G0381	HCPCS				outpatient			387.6		147.66	Amerihealth	Medicare	128.4				100	368.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2 HOSP TYPE B ED VIST	G0381	HCPCS				outpatient			387.6		147.66	Horizon	MGD	248.45				100	368.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2 HOSP TYPE B ED VIST	G0381	HCPCS				outpatient			387.6		147.66	UHC	Medicare	128.4				100	368.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2 HOSP TYPE B ED VIST	G0381	HCPCS				outpatient			387.6		147.66	Corrections	Corrections	310.08	80			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VIST	G0381	HCPCS				outpatient			387.6		147.66	Aetna	Medicare	128.4				100	368.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2 HOSP TYPE B ED VIST	G0381	HCPCS				outpatient			387.6		147.66	Amerihealth	HMO|PPO	100				100	368.22	fee schedule	
LEVEL 2 HOSP TYPE B ED VIST	G0381	HCPCS				outpatient			387.6		147.66	Aetna	Commercial	209.55				100	368.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Aetna	Better Health	117.99	30.44			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Horizon	Medicare Blue	128.4				100	368.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Multiplan	Multiplan	310.08	80			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Wellcare	Medicaid	117.99	30.44			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Wellcare	Medicare	128.4				100	368.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Americare	Americare	290.7	75			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	First Health	First Health	271.32	70			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Three Rivers	Three Rivers	368.22	95			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Consumer	Consumer	368.22	95			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Qualcare	Qualcare	290.7	75			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	WellPoint	WellPoint	120.31	31.04			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	UHC	Medicaid	117.99	30.44			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	First Trenton	First Trenton	348.84	90			100	368.22	percent of total billed charges	
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Horizon	Indemnity	248.45				100	368.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Horizon	PPO	248.45				100	368.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2 HOSP TYPE B ED VISIT	G0381	HCPCS				outpatient			387.6	147.66	Managed Care Inc	Managed Care Inc	348.84	90			100	368.22	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Americare	Americare	380.97	75			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Corrections	Corrections	406.37	80			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Aetna	Medicare	216.5				150	482.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Amerihealth	Medicare	216.5				150	482.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	First Trenton	First Trenton	457.16	90			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Aetna	Commercial	353.33				150	482.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Aetna	Better Health	154.62	30.44			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Horizon	Medicare Blue	216.5				150	482.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Amerihealth	HMO/PPO	150				150	482.56	fee schedule	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Multiplan	Multiplan	406.37	80			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	First Health	First Health	355.57	70			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Consumer	Consumer	482.56	95			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Managed Care Inc	Managed Care Inc	457.16	90			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Qualcare	Qualcare	380.97	75			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Horizon	PPO	418.93				150	482.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Wellcare	Medicaid	154.62	30.44			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Horizon	Indemnity	418.93				150	482.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Wellcare	Medicare	216.5				150	482.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Horizon	MGD	418.93				150	482.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	Three Rivers	Three Rivers	482.56	95			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	WellPoint	WellPoint	157.67	31.04			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	UHC	Medicaid	154.62	30.44			150	482.56	percent of total billed charges	
LEVEL 3 HOSP TYPE B ED VISIT	G0382	HCPCS				both			507.96	248.98	UHC	Medicare	216.5				150	482.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Aetna	Medicare	331.33				194.06	641.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Horizon	MGD	641.12				194.06	641.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Horizon	Medicare Blue	331.33				194.06	641.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Aetna	Better Health	194.06	30.44			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Aetna	Commercial	540.73				194.06	641.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	First Health	First Health	446.25	70			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Amerihealth	Medicare	331.33				194.06	641.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Consumer	Consumer	605.63	95			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Wellcare	Medicaid	194.06	30.44			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	UHC	Medicaid	194.06	30.44			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	UHC	Medicare	331.33				194.06	641.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Multiplan	Multiplan	510	80			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Americare	Americare	478.13	75			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Three Rivers	Three Rivers	605.63	95			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Horizon	Indemnity	641.12				194.06	641.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Corrections	Corrections	510	80			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Amerihealth	HMO/PPO	225				194.06	641.12	fee schedule	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Qualcare	Qualcare	478.13	75			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Wellcare	Medicare	331.33				194.06	641.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	First Trenton	First Trenton	573.75	90			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Horizon	PPO	641.12				194.06	641.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	Managed Care Inc	Managed Care Inc	573.75	90			194.06	641.12	percent of total billed charges	
LEVEL 4 HOSP TYPE B ED VISIT	G0383	HCPCS				both			637.5	381.03	WellPoint	WellPoint	197.88	31.04			194.06	641.12	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	First Trenton	First Trenton	746.33	90			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Consumer	Consumer	787.8	95			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Americare	Americare	621.95	75			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Amerihealth	HMO/PPO	300				252.43	906.82	fee schedule	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Corrections	Corrections	663.41	80			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Aetna	Better Health	252.43	30.44			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Aetna	Commercial	764.82				252.43	906.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	UHC	Medicaid	252.43	30.44			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Three Rivers	Three Rivers	787.8	95			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Horizon	Medicare Blue	468.64				252.43	906.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Aetna	Medicare	468.64				252.43	906.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Amerihealth	Medicare	468.64				252.43	906.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Horizon	MGD	906.82				252.43	906.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Wellcare	Medicare	468.64				252.43	906.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Multiplan	Multiplan	663.41	80			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	UHC	Medicare	468.64				252.43	906.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Horizon	PPO	906.82				252.43	906.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	First Health	First Health	580.48	70			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Qualcare	Qualcare	621.95	75			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Horizon	Indemnity	906.82				252.43	906.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Managed Care Inc	Managed Care Inc	746.33	90			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	Wellcare	Medicaid	252.43	30.44			252.43	906.82	percent of total billed charges	
LEVEL 5 HOSP TYPE B ED VISIT	G0384	HCPCS				outpatient			829.26	538.94	WellPoint	WellPoint	257.4	31.04			252.43	906.82	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Aetna	Medicare	1535.3			1718.2	1535.3	23256	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Americare	Americare	18360	75			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Horizon	Medicare Blue	1535.3			1400.95	1535.3	23256	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	First Health	First Health	17136	70			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	WellPoint	WellPoint	7598.59	31.04		5997.08	1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Aetna	Better Health	7451.71	30.44		5229.81	1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Aetna	Commercial	2505.61			3215.47	1535.3	23256	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Amerihealth	HMO/PPO	15912	65			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Horizon	MGD	2970.81				1535.3	23256	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	First Trenton	First Trenton	22032	90			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Consumer	Consumer	23256	95			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Horizon	PPO	2970.81			2573.99	1535.3	23256	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	UHC	Medicaid	7451.71	30.44		4518.67	1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Amerihealth	Medicare	1535.3				1535.3	23256	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	UHC	Medicare	1535.3			1624.78	1535.3	23256	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Multiplan	Multiplan	19584	80			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Wellcare	Medicaid	7451.71	30.44		1932	1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Three Rivers	Three Rivers	23256	95			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Qualcare	Qualcare	18360	75			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Corrections	Corrections	19584	80			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Horizon	Indemnity	2970.81				1535.3	23256	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Managed Care Inc	Managed Care Inc	22032	90			1535.3	23256	percent of total billed charges	
TRAUMA RESPONS W/HOSP CRITI	G0390	HCPCS				both			2480	1765.6	Wellcare	Medicare	1535.3			3798.75	1535.3	23256	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Aetna	Commercial	207.37	38			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		First Health	First Health	381.99	70			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Corrections	Corrections	436.56	80			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Aetna	Medicare	168.08	30.8			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Americare	Americare	409.28	75			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Aetna	Better Health	166.11	30.44			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Consumer	Consumer	518.42	95			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		First Trenton	First Trenton	491.13	90			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Horizon	Indemnity	208.89	38.28			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Multiplan	Multiplan	436.56	80			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Horizon	MGD	208.89	38.28			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Amerihealth	HMO/PPO	354.71	65			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Managed Care Inc	Managed Care Inc	491.13	90			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Qualcare	Qualcare	409.28	75			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Horizon	PPO	208.89	38.28			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Horizon	Medicare Blue	163.71	30			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		WellPoint	WellPoint	169.39	31.04			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Three Rivers	Three Rivers	518.42	95			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		UHC	Medicaid	166.11	30.44			163.71	518.42	percent of total billed charges	
PPPS, INITIAL VISIT	G0438	HCPCS				outpatient			545.7		Wellcare	Medicaid	166.11	30.44			163.71	518.42	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Aetna	Better Health	176.98	30.44		103.98	65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	First Trenton	First Trenton	523.26	90			65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	First Health	First Health	406.98	70			65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Aetna	Commercial	244.03			72.42	65.2	552.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Wellcare	Medicare	149.53			83.16	65.2	552.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Amerihealth	HMO/PPO	377.91	65		54.12	65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Aetna	Medicare	149.53			54.75	65.2	552.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Americare	Americare	436.05	75			65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Horizon	PPO	289.34			148.95	65.2	552.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Managed Care Inc	Managed Care Inc	523.26	90			65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Consumer	Consumer	552.33	95			65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Amerihealth	Medicare	149.53			31.02	65.2	552.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Multiplan	Multiplan	465.12	80			65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Qualcare	Qualcare	436.05	75			65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Corrections	Corrections	465.12	80		133.11	65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Horizon	Medicare Blue	149.53			103.1	65.2	552.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	UHC	Medicaid	176.98	30.44		121.57	65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	UHC	Medicare	149.53			106.3	65.2	552.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Horizon	MGD	289.34			168	65.2	552.33	other	Payer-specific negotiated charge calculated as a percent of the Med

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																			
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																			
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Medicaid	Medicaid	176.98	30.44			124.76	65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	Three Rivers	Three Rivers	552.33	95				65.2	552.33	percent of total billed charges	
HOSPITAL OUTPATIENT CLINIC VISIT	G0463	HCPCS				both			581.4	171.96	WellPoint	WellPoint	180.47	31.04			128.35	65.2	552.33	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Consumer	Consumer	761.63	95				8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Corrections	Corrections	641.38	80			26.96	8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Aetna	Medicare	114.43				17.79	8.26	761.63	fee schedule	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Horizon	Indemnity	306.9	38.28			21.43	8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Aetna	Better Health	244.04	30.44			31.88	8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Amerihealth	Medicare	114.43					8.26	761.63	fee schedule	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Wellcare	Medicare	114.43				23.79	8.26	761.63	fee schedule	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Aetna	Commercial	304.65	38			20.27	8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	UHC	Medicare	114.43				14.76	8.26	761.63	fee schedule	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	First Trenton	First Trenton	721.55	90				8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Amerihealth	HMO/PPO	34.14				7.58	8.26	761.63	fee schedule	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Wellcare	Medicaid	91.54				37.93	8.26	761.63	fee schedule	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Americare	Americare	601.29	75				8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	First Health	First Health	561.2	70				8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Horizon	Medicare Blue	240.52	30			15.58	8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Multiplan	Multiplan	641.38	80				8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Three Rivers	Three Rivers	761.63	95				8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Horizon	NJ Health	125.34				8.3	8.26	761.63	fee schedule	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Horizon	MGD	306.9	38.28			42.09	8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Qualcare	Qualcare	601.29	75				8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Horizon	PPO	306.9	38.28			41.22	8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	WellPoint	WellPoint	248.85	31.04			31.73	8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	Managed Care Inc	Managed Care Inc	721.55	90				8.26	761.63	percent of total billed charges	
DRUG TEST DEF 1-7 CLASSES	G0480	HCPCS				both			801.72	131.59	UHC	Medicaid	91.54				35.15	8.26	761.63	fee schedule	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Aetna	Better Health	5.81	30.44				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Consumer	Consumer	18.13	95				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		First Trenton	First Trenton	17.17	90				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Horizon	Medicare Blue	5.72	30			3.57	5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Horizon	NJ Health	90.46				8.36	5.72	90.46	fee schedule	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Aetna	Medicare	5.88	30.8				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Horizon	Indemnity	7.3	38.28			8.68	5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Americare	Americare	14.31	75				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Aetna	Commercial	7.25	38			6.4	5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Corrections	Corrections	15.26	80				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Managed Care Inc	Managed Care Inc	17.17	90				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Multiplan	Multiplan	15.26	80				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Amerihealth	HMO/PPO	12.4	65			6.7	5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Horizon	PPO	7.3	38.28			9.1	5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		First Health	First Health	13.36	70				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Three Rivers	Three Rivers	18.13	95				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		UHC	Medicaid	5.81	30.44			5.1	5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Horizon	MGD	7.3	38.28			9.2	5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Qualcare	Qualcare	14.31	75				5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		Wellcare	Medicaid	5.81	30.44			4.6	5.72	90.46	percent of total billed charges	
MODERATE SEDAT ENDO SERVICE >5YEARS	G0500	HCPCS				both			19.08		WellPoint	WellPoint	5.92	31.04			5.16	5.72	90.46	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Consumer	Consumer	193.8	95				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Aetna	Better Health	62.1	30.44				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Horizon	Medicare Blue	61.2	30				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		First Trenton	First Trenton	183.6	90				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Aetna	Medicare	62.83	30.8				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Aetna	Commercial	77.52	38				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Amerihealth	HMO/PPO	132.6	65				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Americare	Americare	153	75				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Corrections	Corrections	163.2	80				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Horizon	Indemnity	78.09	38.28				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Horizon	MGD	78.09	38.28				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Horizon	PPO	78.09	38.28				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		First Health	First Health	142.8	70				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Managed Care Inc	Managed Care Inc	183.6	90				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Multiplan	Multiplan	163.2	80				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		WellPoint	WellPoint	63.32	31.04				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Qualcare	Qualcare	153	75				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Three Rivers	Three Rivers	193.8	95				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		UHC	Medicaid	62.1	30.44				61.2	193.8	percent of total billed charges	
BKR CHG DRUG DIFINITIVE TEST 1-7 DRUG CLASS	G0840	HCPCS				outpatient			204		Wellcare	Medicaid	62.1	30.44				61.2	193.8	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		WellPoint	WellPoint	237.46	31.04				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Amerihealth	HMO/PPO	497.25	65				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Americare	Americare	573.75	75				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		UHC	Medicaid	232.87	30.44				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Aetna	Commercial	290.7	38				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Aetna	Better Health	232.87	30.44				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Aetna	Medicare	235.62	30.8				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		First Health	First Health	535.5	70				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Horizon	Medicare Blue	229.5	30				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Horizon	Indemnity	292.84	38.28				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Multiplan	Multiplan	612	80				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Horizon	MGD	292.84	38.28				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Wellcare	Medicaid	232.87	30.44				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Consumer	Consumer	726.75	95				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Horizon	PPO	292.84	38.28				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Qualcare	Qualcare	573.75	75				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Three Rivers	Three Rivers	726.75	95				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Corrections	Corrections	612	80				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		First Trenton	First Trenton	688.5	90				229.5	726.75	percent of total billed charges	
INTER DEVICEC REMOTE 30D	G2066	HCPCS				outpatient			765		Managed Care Inc	Managed Care Inc	688.5	90				229.5	726.75	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		First Health	First Health	145.04	70				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		First Trenton	First Trenton	186.48	90				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Aetna	Medicare	63.82	30.8				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Amerihealth	HMO/PPO	134.68	65				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Aetna	Better Health	63.07	30.44				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		UHC	Medicaid	63.07	30.44				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Horizon	Medicare Blue	62.16	30			28.97	44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Americare	Americare	155.4	75				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Horizon	PPO	79.32	38.28			65.42	44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Horizon	NJ Health	44.81				18.13	44.81	196.84	fee schedule	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Consumer	Consumer	196.84	95				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Horizon	Indemnity	79.32	38.28				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Aetna	Commercial	78.74	38				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Managed Care Inc	Managed Care Inc	186.48	90				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Corrections	Corrections	165.76	80				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Multiplan	Multiplan	165.76	80				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Wellcare	Medicaid	63.07	30.44				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Qualcare	Qualcare	155.4	75				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Horizon	MGD	79.32	38.28			63.12	44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		Three Rivers	Three Rivers	196.84	95				44.81	196.84	percent of total billed charges	
PROLONG OUTPATIENT/OFFICE VIS	G2212	HCPCS				both			207.2		WellPoint	WellPoint	64.31	31.04				44.81	196.84	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Aetna	Medicare	621.72	30.8			1.93	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Amerihealth	HMO/PPO	1312.08	65			1.16	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Aetna	Commercial	767.06	38			8.62	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Corrections	Corrections	1614.86	80			9.93	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Aetna	Better Health	614.46	30.44			13.22	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		First Health	First Health	1413.01	70				605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Consumer	Consumer	1917.65	95				605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		First Trenton	First Trenton	1816.72	90				605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Americare	Americare	1513.94	75				605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Horizon	PPO	772.71	38.28			13.22	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		WellPoint	WellPoint	626.57	31.04			6.44	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Horizon	Indemnity	772.71	38.28			6.03	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Horizon	MGD	772.71	38.28			8.81	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Multiplan	Multiplan	1614.86	80				605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Horizon	Medicare Blue	605.57	30			3.38	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Qualcare	Qualcare	1513.94	75				605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Managed Care Inc	Managed Care Inc	1816.72	90				605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Three Rivers	Three Rivers	1917.65	95				605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		UHC	Medicaid	614.46	30.44			5.85	605.57	1917.65	percent of total billed charges	
DRUGS UNCLASSIFIED INJECTION	J3490	HCPCS				both			2018.58		Wellcare	Medicaid	614.46	30.44			5.03	605.57	1917.65	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Aetna	Commercial	2.81					1.13	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	First Trenton	First Trenton	20.2	90				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Aetna	Better Health	6.83	30.44				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	UHC	Medicaid	6.83	30.44				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Multiplan	Multiplan	17.95	80				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Aetna	Medicare	1.49					1.13	21.32	fee schedule	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Americare	Americare	16.83	75				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Amerihealth	HMO/PPO	1.13					1.13	21.32	fee schedule	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Qualcare	Qualcare	16.83	75				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Managed Care Inc	Managed Care Inc	20.2	90				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	United	Oxford	3.49					1.13	21.32	fee schedule	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	UHC	Medicare	1.49					1.13	21.32	fee schedule	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Consumer	Consumer	21.32	95				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Corrections	Corrections	17.95	80				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Horizon	Medicare Blue	1.72					1.13	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Amerihealth	Medicare	1.49					1.13	21.32	fee schedule	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Wellcare	Medicare	1.49					1.13	21.32	fee schedule	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Three Rivers	Three Rivers	21.32	95				1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	First Health	First Health	15.71	70				1.13	21.32	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Horizon	MGD	3.33				1.13	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Horizon	Indemnity	3.33				1.13	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	United	Commercial|PPO	3.49				1.13	21.32	fee schedule	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Wellcare	Medicaid	6.83	30.44			1.13	21.32	percent of total billed charges	
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	Horizon	PPO	3.33				1.13	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMATE-P, INJECTION	J7187	HCPCS				both			22.44	1.71	WellPoint	WellPoint	6.97	31.04			1.13	21.32	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Aetna	Commercial	2.9				1.3	22.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Aetna	Better Health	7.14	30.44			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Aetna	Medicare	1.54				1.3	22.29	fee schedule	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	United	Oxford	3.9				1.3	22.29	fee schedule	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Americare	Americare	17.6	75			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Amerihealth	Medicare	1.54				1.3	22.29	fee schedule	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Horizon	Indemnity	3.44				1.3	22.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Corrections	Corrections	18.77	80			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Multiplan	Multiplan	18.77	80			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Amerihealth	HMO|PPO	1.3				1.3	22.29	fee schedule	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	First Trenton	First Trenton	21.11	90			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Horizon	MGD	3.44				1.3	22.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Consumer	Consumer	22.29	95			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	First Health	First Health	16.42	70			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Horizon	PPO	3.44				1.3	22.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Wellcare	Medicare	1.54				1.3	22.29	fee schedule	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Quaicare	Qualcare	17.6	75			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Wellcare	Medicaid	7.14	30.44			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Managed Care Inc	Managed Care Inc	21.11	90			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	WellPoint	WellPoint	7.28	31.04			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Three Rivers	Three Rivers	22.29	95			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	Horizon	Medicare Blue	1.78				1.3	22.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	UHC	Medicaid	7.14	30.44			1.3	22.29	percent of total billed charges	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	UHC	Medicare	1.54				1.3	22.29	fee schedule	
FACTOR VIII RECOMBINANT NOS	J7192	HCPCS				both			23.46	1.77	United	Commercial|PPO	3.9				1.3	22.29	fee schedule	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Consumer		21.32	95			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Horizon	MGD	4.2				1.64	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Aetna	Commercial	3.54				1.64	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Amerihealth	HMO|PPO	1.64				1.64	21.32	fee schedule	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Aetna	Better Health	6.83	30.44			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	First Trenton	First Trenton	20.2	90			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Americare	Americare	16.83	75			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	UHC	Medicaid	6.83	30.44			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Corrections	Corrections	17.95	80			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Wellcare	Medicare	1.88				1.64	21.32	fee schedule	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Aetna	Medicare	1.88				1.64	21.32	fee schedule	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Amerihealth	Medicare	1.88				1.64	21.32	fee schedule	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Multiplan	Multiplan	17.95	80			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	First Health	First Health	15.71	70			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Three Rivers	Three Rivers	21.32	95			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Wellcare	Medicaid	6.83	30.44			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Horizon	Indemnity	4.2				1.64	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	United	Oxford	4.52				1.64	21.32	fee schedule	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Quaicare	Qualcare	16.83	75			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Horizon	Medicare Blue	2.17				1.64	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	UHC	Medicare	1.88				1.64	21.32	fee schedule	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Horizon	PPO	4.2				1.64	21.32	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	Managed Care Inc	Managed Care Inc	20.2	90			1.64	21.32	percent of total billed charges	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	United	Commercial|PPO	4.52				1.64	21.32	fee schedule	
FACTOR IX RECOMBINANT NOS	J7195	HCPCS				outpatient			22.44	2.16	WellPoint	WellPoint	6.97	31.04			1.64	21.32	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Aetna	Commercial	254.27	38			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Americare	Americare	501.84	75			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Aetna	Better Health	203.68	30.44			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Aetna	Medicare	72.12				72.12	635.66	fee schedule	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	UHC	Medicaid	203.68	30.44		48.9	72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Consumer	Consumer	635.66	95			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Amerihealth	Medicare	72.12				72.12	635.66	fee schedule	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Amerihealth	HMO|PPO	434.93	65			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Horizon	MGD	256.14	38.28			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Multiplan	Multiplan	535.3	80			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Horizon	PPO	256.14	38.28			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	First Trenton	First Trenton	602.21	90			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	UHC	Medicare	72.12				72.12	635.66	fee schedule	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Corrections	Corrections	535.3	80			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	First Health	First Health	468.38	70			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Quaicare	Qualcare	267.65	40			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Wellcare	Medicare	72.12				72.12	635.66	fee schedule	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Three Rivers	Three Rivers	635.66	95			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Wellcare	Medicaid	203.68	30.44			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Horizon	Medicare Blue	200.74	30			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	WellPoint	WellPoint	207.69	31.04			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Horizon	Indemnity	256.14	38.28			72.12	635.66	percent of total billed charges	
CERVICAL SEMI-RIGID ADJUSTAB	L0140	HCPCS				both			669.12	82.94	Managed Care Inc	Managed Care Inc	602.21	90			72.12	635.66	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Wellcare	Medicaid	4.16	30.44			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Aetna	Better Health	4.16	30.44			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Consumer	Consumer	12.97	95			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Horizon	MGD	5.23	38.28			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	UHC	Medicare	164.87				4.1	178.37	fee schedule	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Aetna	Medicare	164.87				4.1	178.37	fee schedule	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	First Health	First Health	9.56	70			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Americare	Americare	10.24	75			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Wellcare	Medicare	164.87				4.1	178.37	fee schedule	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Aetna	Commercial	5.19	38			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Corrections	Corrections	10.92	80			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	UHC	Medicaid	4.16	30.44			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	First Trenton	First Trenton	12.29	90			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Horizon	Medicare Blue	4.1	30			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Horizon	NJ Health	178.37			1.32	4.1	178.37	fee schedule	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Amerihealth	HMO|PPO	8.87	65			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Horizon	PPO	5.23	38.28			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Amerihealth	Medicare	4.5	33			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	WellPoint	WellPoint	4.24	31.04			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Horizon	Indemnity	5.23	38.28			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Managed Care Inc	Managed Care Inc	12.29	90			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Multiplan	Multiplan	10.92	80			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Three Rivers	Three Rivers	12.97	95			4.1	178.37	percent of total billed charges	
CERVICAL COL SR FOAM 2PC PRE OTS	L0172	HCPCS				both			13.65	189.6	Quaicare	Qualcare	10.24	75			4.1	178.37	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Aetna	Medicare	167.02				149.74	474.16	fee schedule	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Amerihealth	HMO|PPO	324.43	65			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Horizon	MGD	191.06	38.28			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Aetna	Better Health	151.93	30.44			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Americare	Americare	374.34	75			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Amerihealth	Medicare	167.02				149.74	474.16	fee schedule	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Corrections	Corrections	399.3	80			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Aetna	Commercial	189.67	38			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	First Trenton	First Trenton	449.21	90			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	First Health	First Health	349.38	70			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Horizon	Medicare Blue	149.74	30			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Wellcare	Medicare	167.02				149.74	474.16	fee schedule	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Horizon	Indemnity	191.06	38.28			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Consumer	Consumer	474.16	95			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Horizon	NJ Health	195.75				149.74	474.16	fee schedule	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	WellPoint	WellPoint	154.93	31.04			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Horizon	PPO	191.06	38.28			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Multiplan	Multiplan	399.3	80			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Managed Care Inc	Managed Care Inc	449.21	90			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	UHC	Medicaid	151.93	30.44			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Three Rivers	Three Rivers	474.16	95			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Quaicare	Qualcare	199.65	40			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	Wellcare	Medicaid	151.93	30.44			149.74	474.16	percent of total billed charges	
HIP ORTHOSIS FLEX PAVLIK HARNS PRE CST	L1620	HCPCS				outpatient			499.12	192.07	UHC	Medicare	167.02				149.74	474.16	fee schedule	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Americare	Americare	3076.43	75			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Aetna	Commercial	1558.72	38			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	UHC	Medicare	1372.66				1230.57	3896.81	fee schedule	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	First Health	First Health	2871.33	70			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Consumer	Consumer	3896.81	95			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Aetna	Better Health	1248.62	30.44			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	UHC	Medicaid	1248.62	30.44			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Corrections	Corrections	3281.52	80			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Horizon	MGD	1570.21	38.28			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Horizon	Medicare Blue	1230.57	30			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Wellcare	Medicare	1372.66				1230.57	3896.81	fee schedule	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Horizon	PPO	1570.21	38.28			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Wellcare	Medicaid	1248.62	30.44			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Aetna	Medicare	1372.66				1230.57	3896.81	fee schedule	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	First Trenton	First Trenton	3691.71	90			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Multiplan	Multiplan	3281.52	80			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Three Rivers	Three Rivers	3896.81	95			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Amerihealth	HMO|PPO	2666.24	65			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Managed Care Inc	Managed Care Inc	3691.71	90			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Amerihealth	Medicare	1353.63	33			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	WellPoint	WellPoint	1273.23	31.04			1230.57	3896.81	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Horizon	Indemnity	1570.21	38.28			1230.57	3896.81	percent of total billed charges	
PELVIC & HIP CONTROL THIGH C	L1680	HCPCS				both			4101.9	1578.56	Qualcare	Qualcare	1640.76	40			1230.57	3896.81	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Aetna	Better Health	59.79	30.44		57.83	9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Aetna	Commercial	74.64	38			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Wellcare	Medicaid	59.79	30.44			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Corrections	Corrections	157.14	80			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Amerihealth	Medicare	64.82	33			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Americare	Americare	147.32	75			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	First Trenton	First Trenton	176.78	90			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Consumer	Consumer	186.6	95			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Aetna	Medicare	121.02				9.47	186.6	fee schedule	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	UHC	Medicaid	59.79	30.44		50.3	9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Horizon	PPO	75.19	38.28			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Horizon	Indemnity	75.19	38.28			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Horizon	Medicare Blue	58.93	30			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Horizon	MGD	75.19	38.28		79.23	9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Managed Care Inc	Managed Care Inc	176.78	90			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Three Rivers	Three Rivers	186.6	95			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Amerihealth	HMO/PPO	127.67	65			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Wellcare	Medicare	121.02				9.47	186.6	fee schedule	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	WellPoint	WellPoint	60.97	31.04			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	UHC	Medicare	121.02			39.79	9.47	186.6	fee schedule	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	First Health	First Health	137.49	70			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Multiplan	Multiplan	157.14	80			9.47	186.6	percent of total billed charges	
KO ELASTIC WITH JOINTS	L1810	HCPCS				both			196.42	139.17	Qualcare	Qualcare	147.32	75			9.47	186.6	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Americare	Americare	35.12	75			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Corrections	Corrections	37.46	80			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	First Trenton	First Trenton	42.14	90			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Aetna	Medicare	68.11			9.34	14.05	138.02	fee schedule	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Horizon	Indemnity	17.92	38.28			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Aetna	Commercial	17.79	38			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Amerihealth	HMO/PPO	30.43	65			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Aetna	Better Health	14.25	30.44			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Horizon	MGD	17.92	38.28		40.79	14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	WellPoint	WellPoint	14.53	31.04		16.56	14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Managed Care Inc	Managed Care Inc	42.14	90			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	First Health	First Health	32.77	70			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	UHC	Medicaid	14.25	30.44		27.12	14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Amerihealth	Medicare	15.45	33			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Horizon	PPO	17.92	38.28		11.89	14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Horizon	NJ Health	138.02			26.8	14.05	138.02	fee schedule	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Wellcare	Medicare	68.11				14.05	138.02	fee schedule	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Consumer	Consumer	44.48	95			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Wellcare	Medicaid	14.25	30.44		66.63	14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Multiplan	Multiplan	37.46	80			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Horizon	Medicare Blue	14.05	30			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Qualcare	Qualcare	18.73	40			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	Three Rivers	Three Rivers	44.48	95			14.05	138.02	percent of total billed charges	
KO IMMOB CANVAS LONG PRE OTS	L1830	HCPCS				both			46.82	78.33	UHC	Medicare	68.11				14.05	138.02	fee schedule	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Americare	Americare	775.73	75			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Corrections	Corrections	827.45	80			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Aetna	Commercial	393.04	38			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Aetna	Medicare	346.12				310.29	982.59	fee schedule	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Aetna	Better Health	314.84	30.44			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Amerihealth	HMO/PPO	672.3	65			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	UHC	Medicare	346.12				310.29	982.59	fee schedule	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Horizon	MGD	395.93	38.28			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Consumer	Consumer	982.59	95			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	First Trenton	First Trenton	930.88	90			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Wellcare	Medicare	346.12				310.29	982.59	fee schedule	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Horizon	PPO	395.93	38.28			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	First Health	First Health	724.02	70			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Amerihealth	Medicare	341.32	33			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	WellPoint	WellPoint	321.05	31.04		264.53	310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Three Rivers	Three Rivers	982.59	95			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	UHC	Medicaid	314.84	30.44			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Managed Care Inc	Managed Care Inc	930.88	90			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Horizon	Medicare Blue	310.29	30			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Horizon	Indemnity	395.93	38.28			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Multiplan	Multiplan	827.45	80			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Qualcare	Qualcare	413.72	40			310.29	982.59	percent of total billed charges	
KNEE ORTH POS LOCKING JOINT	L1831	HCPCS				outpatient			1034.31	398.04	Wellcare	Medicaid	314.84	30.44			310.29	982.59	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Aetna	Medicare	913.24				818.7	2592.55	fee schedule	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Consumer	Consumer	2592.55	95			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Aetna	Commercial	1037.02	38		109.46	818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Americare	Americare	2046.75	75			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	First Health	First Health	1910.3	70			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Aetna	Better Health	830.71	30.44			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Horizon	Medicare Blue	818.7	30			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Horizon	MGD	1044.66	38.28			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Amerihealth	HMO/PPO	1773.85	65			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Corrections	Corrections	2183.2	80			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	First Trenton	First Trenton	2456.1	90			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	UHC	Medicare	913.24			790.1	818.7	2592.55	fee schedule	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Horizon	PPO	1044.66	38.28			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Amerihealth	Medicare	900.57	33			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Wellcare	Medicare	913.24				818.7	2592.55	fee schedule	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Managed Care Inc	Managed Care Inc	2456.1	90			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Horizon	NJ Health	835.2			357.32	818.7	2592.55	fee schedule	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Horizon	Indemnity	1044.66	38.28			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	WellPoint	WellPoint	847.08	31.04		126.1	818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	UHC	Medicaid	830.71	30.44		592.93	818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Three Rivers	Three Rivers	2592.55	95			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Multiplan	Multiplan	2183.2	80			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Wellcare	Medicaid	830.71	30.44			818.7	2592.55	percent of total billed charges	
KO ADJUST JOINT POS R SUPPLY PRE CST	L1832	HCPCS				both			2729	1050.23	Qualcare	Qualcare	1091.6	40			818.7	2592.55	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Aetna	Commercial	15.12	38			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Aetna	Medicare	266.51				4.36	409.25	fee schedule	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Consumer	Consumer	37.79	95			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	First Health	First Health	27.85	70			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Americare	Americare	29.84	75			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Amerihealth	Medicare	13.13	33			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Aetna	Better Health	12.11	30.44			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Amerihealth	HMO/PPO	25.86	65			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Horizon	MGD	15.23	38.28			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Corrections	Corrections	31.82	80			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Wellcare	Medicare	266.51				4.36	409.25	fee schedule	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Multiplan	Multiplan	31.82	80			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	WellPoint	WellPoint	12.35	31.04			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Horizon	Indemnity	15.23	38.28			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Qualcare	Qualcare	15.91	40			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	First Trenton	First Trenton	35.8	90			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Wellcare	Medicaid	12.11	30.44			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Horizon	PPO	15.23	38.28			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	UHC	Medicaid	12.11	30.44			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Horizon	Medicare Blue	11.93	30			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	UHC	Medicare	266.51				4.36	409.25	fee schedule	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Three Rivers	Three Rivers	37.79	95			4.36	409.25	percent of total billed charges	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Horizon	NJ Health	409.25				4.36	409.25	fee schedule	
AFO PLASTIC	L1930	HCPCS				both			39.78	306.49	Managed Care Inc	Managed Care Inc	35.8	90			4.36	409.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Aetna	Better Health	792.48	30.44		777.3	781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	First Health	First Health	1822.39	70			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Wellcare	Medicare	871.21				781.03	2473.25	fee schedule	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Amerihealth	HMO/PPO	1692.22	65			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Americare	Americare	1952.57	75			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Consumer	Consumer	2473.25	95			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Aetna	Commercial	989.3	38		1196.07	781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Aetna	Medicare	871.21				781.03	2473.25	fee schedule	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Amerihealth	Medicare	859.13	33			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	UHC	Medicaid	792.48	30.44		779.19	781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Horizon	MGD	996.59	38.28			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Multiplan	Multiplan	2082.74	80			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Wellcare	Medicaid	792.48	30.44			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	First Trenton	First Trenton	2343.08	90			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Corrections	Corrections	2082.74	80			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Horizon	Indemnity	996.59	38.28			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Qualcare	Qualcare	1041.37	40			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Horizon	PPO	996.59	38.28			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Horizon	Medicare Blue	781.03	30			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Managed Care Inc	Managed Care Inc	2343.08	90			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	UHC	Medicare	871.21			768.24	781.03	2473.25	fee schedule	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	Three Rivers	Three Rivers	2473.25	95			781.03	2473.25	percent of total billed charges	
AFO TIB FX SEMI-RIGID	L2114	HCPCS				both			2603.42	1001.89	WellPoint	WellPoint	808.1	31.04		781.81	781.03	2473.25	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		UHC	Medicaid	185.94	30.44		37.33	183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Corrections	Corrections	488.66	80			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Amerihealth	HMO/PPO	397.04	65			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Americare	Americare	458.12	75			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		First Health	First Health	427.58	70			183.25	580.29	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Aetna	Better Health	185.94	30.44		20.82	183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		First Trenton	First Trenton	549.75	90			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Amerihealth	Medicare	201.57	33			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Wellcare	Medicaid	185.94	30.44			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Horizon	PPO	233.83	38.28		24.68	183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		WellPoint	WellPoint	189.6	31.04			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Multiplan	Multiplan	488.66	80			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Managed Care Inc	Managed Care Inc	549.75	90			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Aetna	Commercial	232.12	38			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Consumer	Consumer	580.29	95			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Aetna	Medicare	188.14	30.8			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Qualcare	Qualcare	244.33	40			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Horizon	MGD	233.83	38.28			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Horizon	Indemnity	233.83	38.28			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Three Rivers	Three Rivers	580.29	95			183.25	580.29	percent of total billed charges	
LOWER LIMB ORTHOSIS NOS	L2999	HCPCS				outpatient			610.83		Horizon	Medicare Blue	183.25	30			183.25	580.29	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Horizon	Medicare Blue	21.58	30			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Amerihealth	Medicare	23.74	33			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Corrections	Corrections	57.54	80			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Aetna	Medicare	22.15	30.8			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Americare	Americare	53.95	75			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Aetna	Commercial	27.33	38			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Amerihealth	HMO/PPO	46.75	65			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Aetna	Better Health	21.9	30.44			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Wellcare	Medicaid	21.9	30.44			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Horizon	MGD	27.53	38.28			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		UHC	Medicaid	21.9	30.44		94.37	21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Consumer	Consumer	68.33	95			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		First Trenton	First Trenton	64.74	90			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Horizon	NJ Health	229.68			9.79	21.58	229.68	fee schedule	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		First Health	First Health	50.35	70			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Horizon	PPO	27.53	38.28			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		WellPoint	WellPoint	22.33	31.04		6.76	21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Managed Care Inc	Managed Care Inc	64.74	90			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Horizon	Indemnity	27.53	38.28			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Three Rivers	Three Rivers	68.33	95			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Multiplan	Multiplan	57.54	80			21.58	229.68	percent of total billed charges	
AMBULATORY SURGICAL BOOT EAC	L3260	HCPCS				both			71.93		Qualcare	Qualcare	28.77	40			21.58	229.68	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Amerihealth	HMO/PPO	33.18	65			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Aetna	Medicare	26.94				15.31	48.49	fee schedule	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Aetna	Better Health	15.54	30.44			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Aetna	Commercial	19.4	38			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Corrections	Corrections	40.83	80			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 First Trenton	First Trenton	45.94	90			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Consumer	Consumer	48.49	95			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Americare	Americare	38.28	75			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 First Health	First Health	35.73	70			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Amerihealth	Medicare	16.84	33			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Wellcare	Medicare	26.94				15.31	48.49	fee schedule	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Horizon	MGD	19.54	38.28			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 UHC	Medicaid	15.54	30.44			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Horizon	PPO	19.54	38.28			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Horizon	Indemnity	19.54	38.28			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Horizon	Medicare Blue	15.31	30			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 WellPoint	WellPoint	15.84	31.04			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Managed Care Inc	Managed Care Inc	45.94	90			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Horizon	NJ Health	31.32			2.16	15.31	48.49	fee schedule	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Wellcare	Medicaid	15.54	30.44			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Multiplan	Multiplan	40.83	80			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Three Rivers	Three Rivers	48.49	95			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 Qualcare	Qualcare	38.28	75			15.31	48.49	percent of total billed charges	
SHOE HEEL WEDGE	L3350	HCPCS				outpatient			51.04		30.98 UHC	Medicare	26.94				15.31	48.49	fee schedule	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Aetna	Commercial	140.99	38			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Amerihealth	HMO/PPO	241.17	65			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Aetna	Better Health	112.94	30.44			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Corrections	Corrections	296.82	80			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Horizon	MGD	142.03	38.28			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Aetna	Medicare	124.16				111.31	352.48	fee schedule	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 First Health	First Health	259.72	70			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 First Trenton	First Trenton	333.93	90			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 WellPoint	WellPoint	115.17	31.04		111.42	111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Amerihealth	Medicare	122.44	33			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Wellcare	Medicaid	112.94	30.44			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 UHC	Medicaid	112.94	30.44			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 UHC	Medicare	124.16				111.31	352.48	fee schedule	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Americare	Americare	278.27	75			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Wellcare	Medicare	124.16				111.31	352.48	fee schedule	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Horizon	PPO	142.03	38.28			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Horizon	Indemnity	142.03	38.28			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Managed Care Inc	Managed Care Inc	333.93	90			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Consumer	Consumer	352.48	95			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Three Rivers	Three Rivers	352.48	95			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Multiplan	Multiplan	296.82	80			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Horizon	Medicare Blue	111.31	30			111.31	352.48	percent of total billed charges	
SHOE HEEL SACH CUSHION TYPE	L3450	HCPCS				outpatient			371.03		142.78 Qualcare	Qualcare	278.27	75			111.31	352.48	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Aetna	Medicare	5.61	30.8			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Aetna	Commercial	6.92	38			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Multiplan	Multiplan	14.57	80			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Aetna	Better Health	5.54	30.44			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Amerihealth	HMO/PPO	11.84	65			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Horizon	MGD	6.97	38.28			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Amerihealth	Medicare	6.01	33			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Wellcare	Medicaid	5.54	30.44			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		First Trenton	First Trenton	16.39	90			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Americare	Americare	13.66	75			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Qualcare	Qualcare	13.66	75			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Horizon	PPO	6.97	38.28			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Corrections	Corrections	14.57	80			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Three Rivers	Three Rivers	17.3	95			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Consumer	Consumer	17.3	95			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Horizon	NJ Health	73.08				5.46	73.08	fee schedule	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		First Health	First Health	12.75	70			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		UHC	Medicaid	5.54	30.44			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Horizon	Indemnity	6.97	38.28			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Managed Care Inc	Managed Care Inc	16.39	90			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		Horizon	Medicare Blue	5.46	30			5.46	73.08	percent of total billed charges	
ORTHOPEDIC SHOE MODIFICA NOS	L3649	HCPCS				outpatient			18.21		WellPoint	WellPoint	5.65	31.04			5.46	73.08	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 First Health	First Health	59.37	70			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Aetna	Better Health	25.82	30.44			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 First Trenton	First Trenton	76.34	90			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Americare	Americare	63.62	75			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Aetna	Medicare	147.82				25.45	231.3	fee schedule	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Consumer	Consumer	80.58	95			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Amerihealth	Medicare	27.99	33			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Horizon	MGD	32.47	38.28			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Three Rivers	Three Rivers	80.58	95			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Aetna	Commercial	32.23	38			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Horizon	Medicare Blue	25.45	30			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Corrections	Corrections	67.86	80			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Amerihealth	HMO/PPO	55.13	65			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 WellPoint	WellPoint	26.33	31.04			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Horizon	Indemnity	32.47	38.28			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Horizon	NJ Health	231.3				25.45	231.3	fee schedule	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Wellcare	Medicaid	25.82	30.44			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Managed Care Inc	Managed Care Inc	76.34	90			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Multiplan	Multiplan	67.86	80			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Horizon	PPO	32.47	38.28			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Qualcare	Qualcare	33.93	40			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 Wellcare	Medicare	147.82				25.45	231.3	fee schedule	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 UHC	Medicaid	25.82	30.44			25.45	231.3	percent of total billed charges	
SHOULDER ORTHOSIS ACRO/CLAV CAN WEB PRE OTS	L3670	HCPCS				both			84.82		169.99 UHC	Medicare	147.82				25.45	231.3	fee schedule	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 First Trenton	First Trenton	2594.27	90			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Aetna	Better Health	877.44	30.44			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Amerihealth	HMO/PPO	1873.64	65			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Aetna	Commercial	1095.36	38			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Corrections	Corrections	2306.02	80			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 First Health	First Health	2017.76	70			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Aetna	Medicare	964.39				864.76	2738.39	fee schedule	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Horizon	MGD	1103.43	38.28			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Horizon	PPO	1103.43	38.28			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Wellcare	Medicaid	877.44	30.44			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Amerihealth	Medicare	951.23	33			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 UHC	Medicare	964.39				864.76	2738.39	fee schedule	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 UHC	Medicaid	877.44	30.44			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Wellcare	Medicare	964.39				864.76	2738.39	fee schedule	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Americare	Americare	2161.89	75			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Managed Care Inc	Managed Care Inc	2594.27	90			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52		1109.05 Horizon	Indemnity	1103.43	38.28			864.76	2738.39	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52	1109.05	WellPoint	WellPoint	894.73	31.04			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52	1109.05	Consumer	Consumer	2738.39	95			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52	1109.05	Three Rivers	Three Rivers	2738.39	95			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52	1109.05	Multiplan	Multiplan	2306.02	80			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52	1109.05	Horizon	Medicare Blue	864.76	30			864.76	2738.39	percent of total billed charges	
SHOULDER ORTHOSIS CAP DESIGN W/O JOINT S CF	L3671	HCPCS				outpatient			2882.52	1109.05	Qualcare	Qualcare	2161.89	75			864.76	2738.39	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Consumer	Consumer	877.91	95			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Horizon	MGD	353.75	38.28			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Aetna	Better Health	281.3	30.44			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Americare	Americare	693.09	75			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Amerihealth	HMO/PPO	600.68	65			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Aetna	Medicare	309.03				277.24	877.91	fee schedule	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Aetna	Commercial	351.17	38			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Amerihealth	Medicare	304.96	33			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	UHC	Medicaid	281.3	30.44			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Corrections	Corrections	739.3	80			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Wellcare	Medicare	309.03				277.24	877.91	fee schedule	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	First Trenton	First Trenton	831.71	90			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	First Health	First Health	646.88	70			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Horizon	Medicare Blue	277.24	30			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	WellPoint	WellPoint	286.85	31.04			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Horizon	Indemnity	353.75	38.28			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Wellcare	Medicaid	281.3	30.44			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Horizon	PPO	353.75	38.28			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Multiplan	Multiplan	739.3	80			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Managed Care Inc	Managed Care Inc	831.71	90			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Qualcare	Qualcare	693.09	75			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	Three Rivers	Three Rivers	877.91	95			277.24	877.91	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS				outpatient			924.12	355.38	UHC	Medicare	309.03				277.24	877.91	fee schedule	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Horizon	MGD	122.54	38.28			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Aetna	Medicare	142.24				6.15	304.1	fee schedule	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	First Health	First Health	224.08	70			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Aetna	Commercial	121.64	38		58.46	6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Americare	Americare	240.08	75			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Amerihealth	HMO/PPO	208.07	65			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Aetna	Better Health	97.44	30.44			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Corrections	Corrections	256.09	80			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	UHC	Medicare	142.24				6.15	304.1	fee schedule	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Consumer	Consumer	304.1	95			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Wellcare	Medicaid	97.44	30.44			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	First Trenton	First Trenton	288.1	90			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Wellcare	Medicare	142.24				6.15	304.1	fee schedule	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Amerihealth	Medicare	105.64	33			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	UHC	Medicaid	97.44	30.44			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Horizon	Medicare Blue	96.03	30			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Horizon	PPO	122.54	38.28			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Horizon	Indemnity	122.54	38.28			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	WellPoint	WellPoint	99.36	31.04			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Multiplan	Multiplan	256.09	80			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Managed Care Inc	Managed Care Inc	288.1	90			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Qualcare	Qualcare	128.04	40			6.15	304.1	percent of total billed charges	
EO ELASTIC W/METAL JOINT S PRE OTS	L3710	HCPCS				both			320.11	163.58	Three Rivers	Three Rivers	304.1	95			6.15	304.1	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Aetna	Better Health	874.64	30.44			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Amerihealth	HMO/PPO	1867.67	65			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	First Health	First Health	2011.34	70			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Amerihealth	Medicare	948.2	33			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Aetna	Medicare	961.43				862	2729.67	fee schedule	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Americare	Americare	2155.01	75			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Aetna	Commercial	1091.87	38			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	First Trenton	First Trenton	2586.01	90			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Consumer	Consumer	2729.67	95			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Qualcare	Qualcare	2155.01	75			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Wellcare	Medicaid	874.64	30.44			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Wellcare	Medicare	961.43				862	2729.67	fee schedule	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Horizon	Indemnity	1099.91	38.28			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Horizon	PPO	1099.91	38.28			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Horizon	MGD	1099.91	38.28			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Multiplan	Multiplan	2298.67	80			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Corrections	Corrections	2298.67	80			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Three Rivers	Three Rivers	2729.67	95			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	UHC	Medicaid	874.64	30.44			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Horizon	Medicare Blue	862	30			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	Managed Care Inc	Managed Care Inc	2586.01	90			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	UHC	Medicare	961.43				862	2729.67	fee schedule	
FOREARM/ARM CUFFS FREE MOTIO	L3720	HCPCS				outpatient			2873.34	1105.64	WellPoint	WellPoint	891.88	31.04			862	2729.67	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	First Health	First Health	2711.77	70			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Aetna	Medicare	1296.06				1162.19	3680.26	fee schedule	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Aetna	Better Health	1179.23	30.44			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Consumer	Consumer	3680.26	95			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Horizon	MGD	1482.95	38.28			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Americare	Americare	2905.47	75			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Aetna	Commercial	1472.1	38			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Amerihealth	HMO/PPO	2518.07	65			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Wellcare	Medicare	1296.06				1162.19	3680.26	fee schedule	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Corrections	Corrections	3099.17	80			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	WellPoint	WellPoint	1202.48	31.04			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	UHC	Medicaid	1179.23	30.44			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Amerihealth	Medicare	1278.41	33			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Multiplan	Multiplan	3099.17	80			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Horizon	Medicare Blue	1162.19	30			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Wellcare	Medicaid	1179.23	30.44			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	First Trenton	First Trenton	3486.56	90			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Qualcare	Qualcare	2905.47	75			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Horizon	Indemnity	1482.95	38.28			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	UHC	Medicare	1296.06				1162.19	3680.26	fee schedule	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Horizon	PPO	1482.95	38.28			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Managed Care Inc	Managed Care Inc	3486.56	90			1162.19	3680.26	percent of total billed charges	
FOREARM/ARM CUFFS EXT/FLEX A	L3730	HCPCS				outpatient			3873.96	1490.47	Three Rivers	Three Rivers	3680.26	95			1162.19	3680.26	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	First Trenton	First Trenton	2219.72	90			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	First Health	First Health	1726.45	70			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Amerihealth	HMO/PPO	1603.13	65			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Aetna	Better Health	750.76	30.44			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Americare	Americare	1849.77	75			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Amerihealth	Medicare	813.9	33			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Aetna	Medicare	824.7				739.91	2343.04	fee schedule	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	UHC	Medicare	824.7				739.91	2343.04	fee schedule	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Horizon	Indemnity	944.12	38.28			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Three Rivers	Three Rivers	2343.04	95			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Horizon	MGD	944.12	38.28			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Aetna	Commercial	937.22	38			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Horizon	PPO	944.12	38.28			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Consumer	Consumer	2343.04	95			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Horizon	Medicare Blue	739.91	30			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	WellPoint	WellPoint	765.56	31.04			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Multiplan	Multiplan	1973.09	80			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Wellcare	Medicaid	750.76	30.44			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Managed Care Inc	Managed Care Inc	2219.72	90			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Corrections	Corrections	1973.09	80			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Qualcare	Qualcare	986.54	40			739.91	2343.04	percent of total billed charges	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	Wellcare	Medicare	824.7				739.91	2343.04	fee schedule	
EWHO RIGID W/O JOINT S CF	L3763	HCPCS				both			2466.36	948.41	UHC	Medicaid	750.76	30.44			739.91	2343.04	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Americare	Americare	2327.13	75			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Aetna	Better Health	944.5	30.44			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Aetna	Medicare	1037.89				930.85	2947.7	fee schedule	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Aetna	Commercial	1179.08	38			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Wellcare	Medicaid	944.5	30.44			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Amerihealth	HMO/PPO	2016.85	65			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Horizon	MGD	1187.77	38.28			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Amerihealth	Medicare	1023.94	33			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Horizon	PPO	1187.77	38.28			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Corrections	Corrections	2482.27	80			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	UHC	Medicaid	944.5	30.44			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Consumer	Consumer	2947.7	95			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Three Rivers	Three Rivers	2947.7	95			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Multiplan	Multiplan	2482.27	80			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Wellcare	Medicare	1037.89				930.85	2947.7	fee schedule	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	First Health	First Health	2171.99	70			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	First Trenton	First Trenton	2792.56	90			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Horizon	Indemnity	1187.77	38.28			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Qualcare	Qualcare	2327.13	75			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Horizon	Medicare Blue	930.85	30			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	UHC	Medicare	1037.89				930.85	2947.7	fee schedule	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	Managed Care Inc	Managed Care Inc	2792.56	90			930.85	2947.7	percent of total billed charges	
EWHO W/JOINT(S) CF	L3764	HCPCS				outpatient			3102.84	1193.57	WellPoint	WellPoint	963.12	31.04			930.85	2947.7	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Aetna	Better Health	1248.16	30.44			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Amerihealth	HMO/PPO	2665.26	65			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	First Health	First Health	2870.28	70			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Americare	Americare	3075.3	75			1230.12	3895.38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Aetna	Medicare	1372.31				1230.12	3895.38	fee schedule	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Amerihealth	Medicare	1353.13	33			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Aetna	Commercial	1558.15	38			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	First Trenton	First Trenton	3690.36	90			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Consumer	Consumer	3895.38	95			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Horizon	Indemnity	1569.63	38.28			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	UHC	Medicare	1372.31				1230.12	3895.38	fee schedule	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Horizon	PPO	1569.63	38.28			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Corrections	Corrections	3280.32	80			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Multiplan	Multiplan	3280.32	80			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Horizon	MGD	1569.63	38.28			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Managed Care Inc	Managed Care Inc	3690.36	90			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Horizon	Medicare Blue	1230.12	30			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Qualcare	Qualcare	3075.3	75			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	UHC	Medicaid	1248.16	30.44			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Wellcare	Medicare	1372.31				1230.12	3895.38	fee schedule	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	WellPoint	WellPoint	1272.76	31.04			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Three Rivers	Three Rivers	3895.38	95			1230.12	3895.38	percent of total billed charges	
EWHFO RIGID W/O JOINT S CF	L3765	HCPCS				outpatient			4100.4	1578.16	Wellcare	Medicaid	1248.16	30.44			1230.12	3895.38	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Corrections	Corrections	3473.71	80			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	First Health	First Health	3039.5	70			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Aetna	Better Health	1321.75	30.44			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	First Trenton	First Trenton	3907.93	90			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Amerihealth	HMO/PPO	2822.39	65			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Aetna	Commercial	1650.01	38			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Americare	Americare	3256.61	75			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Aetna	Medicare	1453.18				1302.64	4125.03	fee schedule	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Amerihealth	Medicare	1432.91	33			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	UHC	Medicare	1453.18				1302.64	4125.03	fee schedule	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Consumer	Consumer	4125.03	95			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Horizon	PPO	1662.17	38.28			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Horizon	Indemnity	1662.17	38.28			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Horizon	MGD	1662.17	38.28			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Horizon	Medicare Blue	1302.64	30			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Managed Care Inc	Managed Care Inc	3907.93	90			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Multiplan	Multiplan	3473.71	80			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	UHC	Medicaid	1321.75	30.44			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Wellcare	Medicaid	1321.75	30.44			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Three Rivers	Three Rivers	4125.03	95			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Qualcare	Qualcare	3256.61	75			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	WellPoint	WellPoint	1347.8	31.04			1302.64	4125.03	percent of total billed charges	
EWHFO W/JOINT(S) CF	L3766	HCPCS				outpatient			4342.14	1671.16	Wellcare	Medicare	1453.18				1302.64	4125.03	fee schedule	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Aetna	Commercial	552.33	38			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Aetna	Better Health	442.45	30.44			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Wellcare	Medicare	486.17				436.05	1380.83	fee schedule	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	First Health	First Health	1017.45	70			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Consumer	Consumer	1380.83	95			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Aetna	Medicare	486.17				436.05	1380.83	fee schedule	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	WellPoint	WellPoint	451.17	31.04			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	UHC	Medicaid	442.45	30.44			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Amerihealth	HMO/PPO	944.78	65			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Americare	Americare	1090.13	75			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Wellcare	Medicaid	442.45	30.44			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Horizon	MGD	596.4	38.28			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Multiplan	Multiplan	1162.8	80			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Corrections	Corrections	1162.8	80			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Qualcare	Qualcare	1090.13	75			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Amerihealth	Medicare	479.66	33			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	UHC	Medicare	486.17				436.05	1380.83	fee schedule	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Horizon	Medicare Blue	436.05	30			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	First Trenton	First Trenton	1308.15	90			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Horizon	Indemnity	556.4	38.28			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Horizon	PPO	556.4	38.28			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Managed Care Inc	Managed Care Inc	1308.15	90			436.05	1380.83	percent of total billed charges	
WHFO W/JOINT(S) CUSTOM FAB	L3806	HCPCS				outpatient			1453.5	559.1	Three Rivers	Three Rivers	1380.83	95			436.05	1380.83	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Consumer	Consumer	189.74	95			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Horizon	MGD	76.46	38.28		11.49	5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	First Health	First Health	139.81	70			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Wellcare	Medicare	267.62				5.04	267.62	fee schedule	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Aetna	Commercial	75.9	38			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Americare	Americare	149.8	75			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Aetna	Medicare	267.62				5.04	267.62	fee schedule	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Aetna	Better Health	60.8	30.44		6.1	5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Corrections	Corrections	159.78	80			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	UHC	Medicare	267.62			3.4	5.04	267.62	fee schedule	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Horizon	PPO	76.46	38.28			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	First Trenton	First Trenton	179.76	90			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Amerihealth	HMO/PPO	129.82	65			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	WellPoint	WellPoint	62	31.04		5.97	5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Managed Care Inc	Managed Care Inc	179.76	90			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	UHC	Medicaid	60.8	30.44		5.86	5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Amerihealth	Medicare	65.91	33			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Three Rivers	Three Rivers	189.74	95			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Horizon	Indemnity	76.46	38.28			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Wellcare	Medicaid	60.8	30.44			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Horizon	Medicare Blue	59.92	30		5.62	5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Multiplan	Multiplan	159.78	80			5.04	267.62	percent of total billed charges	
WHFO W/O JOINTS PRE CST	L3807	HCPCS				both			199.73	307.76	Qualcare	Qualcare	79.89	40			5.04	267.62	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Amerihealth	HMO/PPO	843.34	65			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Aetna	Commercial	493.03	38			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Aetna	Better Health	394.94	30.44			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Aetna	Medicare	434.26				389.23	1232.57	fee schedule	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Corrections	Corrections	1037.95	80			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Horizon	MGD	496.66	38.28			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Consumer	Consumer	1232.57	95			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	First Trenton	First Trenton	1167.7	90			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	First Health	First Health	908.21	70			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Americare	Americare	973.08	75			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Wellcare	Medicare	434.26				389.23	1232.57	fee schedule	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Horizon	PPO	496.66	38.28			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	UHC	Medicaid	394.94	30.44			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Amerihealth	Medicare	428.16	33			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Multiplan	Multiplan	1037.95	80			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Managed Care Inc	Managed Care Inc	1167.7	90			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	WellPoint	WellPoint	402.73	31.04			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Horizon	Indemnity	496.66	38.28			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Qualcare	Qualcare	973.08	75			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Three Rivers	Three Rivers	1232.57	95			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	UHC	Medicare	434.26				389.23	1232.57	fee schedule	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Horizon	Medicare Blue	389.23	30			389.23	1232.57	percent of total billed charges	
WHFO, RIGID W/O JOINTS	L3808	HCPCS				outpatient			1297.44	499.4	Wellcare	Medicaid	394.94	30.44			389.23	1232.57	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Aetna	Medicare	267.62				240.52	761.63	fee schedule	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Amerihealth	HMO/PPO	521.12	65			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Aetna	Commercial	304.65	38			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Americare	Americare	601.29	75			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Aetna	Better Health	244.04	30.44			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	First Trenton	First Trenton	721.55	90			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Consumer	Consumer	761.63	95			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Horizon	MGD	306.9	38.28			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	First Health	First Health	561.2	70			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Amerihealth	Medicare	264.57	33			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Corrections	Corrections	641.38	80			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Wellcare	Medicare	267.62				240.52	761.63	fee schedule	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Horizon	Medicare Blue	240.52	30			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Managed Care Inc	Managed Care Inc	721.55	90			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	UHC	Medicaid	244.04	30.44			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Horizon	PPO	306.9	38.28			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Multiplan	Multiplan	641.38	80			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Horizon	Indemnity	306.9	38.28			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	WellPoint	WellPoint	248.85	31.04			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	UHC	Medicare	267.62				240.52	761.63	fee schedule	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Three Rivers	Three Rivers	761.63	95			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Qualcare	Qualcare	601.29	75			240.52	761.63	percent of total billed charges	
WHFO W/O JOINTS PRE OTS	L3809	HCPCS				outpatient			801.72	307.76	Wellcare	Medicaid	244.04	30.44			240.52	761.63	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Corrections	Corrections	3410.06	80			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Aetna	Medicare	1426.48				1278.77	4049.45	fee schedule	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	First Health	First Health	2983.81	70			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Amerihealth	Medicare	1406.65	33			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Aetna	Better Health	1297.53	30.44			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Americare	Americare	3196.94	75			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Horizon	MGD	1631.72	38.28			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	First Trenton	First Trenton	3836.32	90			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	WellPoint	WellPoint	1323.1	31.04			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Consumer	Consumer	4049.45	95			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Wellcare	Medicare	1426.48				1278.77	4049.45	fee schedule	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Horizon	PPO	1631.72	38.28			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Aetna	Commercial	1619.78	38			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Managed Care Inc	Managed Care Inc	3836.32	90			1278.77	4049.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	UHC	Medicaid	1297.53	30.44			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Three Rivers	Three Rivers	4049.45	95			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Amerihealth	HMO/PPO	2770.68	65			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Wellcare	Medicaid	1297.53	30.44			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Horizon	Indemnity	1631.72	38.28			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Horizon	Medicare Blue	1278.77	30			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Multiplan	Multiplan	3410.06	80			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	Quaicare	Qualcare	3196.94	75			1278.77	4049.45	percent of total billed charges	
HINGE EXTENSION/FLEX WRIST/F	L3900	HCPCS				outpatient			4262.58	1640.45	UHC	Medicare	1426.48				1278.77	4049.45	fee schedule	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Aetna	Better Health	965.93	30.44			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Amerihealth	HMO/PPO	2062.59	65			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	First Health	First Health	2221.25	70			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	First Trenton	First Trenton	2855.9	90			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Amerihealth	Medicare	1047.16	33			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Americare	Americare	2379.92	75			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Horizon	MGD	1214.71	38.28			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Aetna	Medicare	1061.39				951.97	3014.56	fee schedule	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Aetna	Commercial	1205.82	38			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Multiplan	Multiplan	2538.58	80			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	UHC	Medicare	1061.39				951.97	3014.56	fee schedule	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Horizon	Indemnity	1214.71	38.28			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Horizon	Medicare Blue	951.97	30			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Consumer	Consumer	3014.56	95			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	UHC	Medicaid	965.93	30.44			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Corrections	Corrections	2538.58	80			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Wellcare	Medicare	1061.39				951.97	3014.56	fee schedule	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Qualcare	Qualcare	2379.92	75			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Wellcare	Medicaid	965.93	30.44			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Horizon	PPO	1214.71	38.28			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	WellPoint	WellPoint	984.97	31.04			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Managed Care Inc	Managed Care Inc	2855.9	90			951.97	3014.56	percent of total billed charges	
WHO W/NONTORSION JOINT (S) CF	L3905	HCPCS				outpatient			3173.22	1220.6	Three Rivers	Three Rivers	3014.56	95			951.97	3014.56	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Aetna	Better Health	409.84	30.44			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Amerihealth	HMO/PPO	875.16	65			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Aetna	Commercial	511.63	38			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	First Trenton	First Trenton	1211.76	90			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Aetna	Medicare	450.14				403.92	1279.08	fee schedule	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Amerihealth	Medicare	444.31	33			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	UHC	Medicare	450.14				403.92	1279.08	fee schedule	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Americare	Americare	1009.8	75			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	First Health	First Health	942.48	70			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Horizon	Indemnity	515.4	38.28			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	WellPoint	WellPoint	417.92	31.04			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Horizon	MGD	515.4	38.28			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Consumer	Consumer	1279.08	95			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Multiplan	Multiplan	1077.12	80			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Horizon	Medicare Blue	403.92	30			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Wellcare	Medicare	450.14				403.92	1279.08	fee schedule	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Corrections	Corrections	1077.12	80			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Qualcare	Qualcare	1009.8	75			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Three Rivers	Three Rivers	1279.08	95			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Horizon	PPO	515.4	38.28			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	UHC	Medicaid	409.84	30.44			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Managed Care Inc	Managed Care Inc	1211.76	90			403.92	1279.08	percent of total billed charges	
WHO W/O JOINTS CF	L3906	HCPCS				outpatient			1346.4	517.66	Wellcare	Medicaid	409.84	30.44			403.92	1279.08	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	First Health	First Health	184.21	70			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Aetna	Better Health	80.11	30.44		73.67	78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Aetna	Commercial	100	38		40.43	78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Horizon	Medicare Blue	78.95	30		19.39	78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Wellcare	Medicare	88.06				78.95	250	fee schedule	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Aetna	Medicare	88.06				78.95	250	fee schedule	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Americare	Americare	197.37	75			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Corrections	Corrections	210.53	80			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	UHC	Medicare	88.06			43.92	78.95	250	fee schedule	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Amerihealth	HMO/PPO	171.05	65			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Consumer	Consumer	250	95			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Three Rivers	Three Rivers	250	95			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Horizon	MGD	100.74	38.28			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Horizon	PPO	100.74	38.28		136.05	78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Horizon	NJ Health	130.84			17.52	78.95	250	fee schedule	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	First Trenton	First Trenton	236.84	90			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	UHC	Medicaid	80.11	30.44		73.38	78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Amerihealth	Medicare	86.84	33			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Managed Care Inc	Managed Care Inc	236.84	90			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Wellcare	Medicaid	80.11	30.44		65.94	78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Horizon	Indemnity	100.74	38.28			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	WellPoint	WellPoint	81.68	31.04		75.33	78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Multiplan	Multiplan	210.53	80			78.95	250	percent of total billed charges	
WHO COCK-UPPER NONMOLDE PRE OTS	L3908	HCPCS				both			263.16	101.27	Qualcare	Qualcare	105.26	40			78.95	250	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Horizon	Medicare Blue	93.64	30			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Americare	Americare	234.09	75			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Aetna	Medicare	104.55				93.64	296.51	fee schedule	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Consumer	Consumer	296.51	95			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	WellPoint	WellPoint	96.88	31.04			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Aetna	Commercial	118.61	38			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	First Health	First Health	218.48	70			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Aetna	Better Health	95.01	30.44			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	UHC	Medicare	104.55				93.64	296.51	fee schedule	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Horizon	MGD	119.48	38.28			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	UHC	Medicaid	95.01	30.44			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Corrections	Corrections	249.7	80			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Wellcare	Medicare	104.55				93.64	296.51	fee schedule	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Amerihealth	HMO/PPO	202.88	65			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Horizon	PPO	119.48	38.28			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	First Trenton	First Trenton	280.91	90			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Three Rivers	Three Rivers	296.51	95			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Amerihealth	Medicare	103	33			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Wellcare	Medicaid	95.01	30.44			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Managed Care Inc	Managed Care Inc	280.91	90			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Horizon	Indemnity	119.48	38.28			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Multiplan	Multiplan	249.7	80			93.64	296.51	percent of total billed charges	
HFO FLEXION GLOVE PRE OTS	L3912	HCPCS				outpatient			312.12	120.23	Qualcare	Qualcare	234.09	75			93.64	296.51	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Managed Care Inc	Managed Care Inc	779.38	90			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Consumer	Consumer	822.68	95			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Aetna	Medicare	289.86				259.79	822.68	fee schedule	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Aetna	Commercial	329.07	38			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Amerihealth	HMO/PPO	562.89	65			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Aetna	Better Health	263.6	30.44			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	First Trenton	First Trenton	779.38	90			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	UHC	Medicare	289.86				259.79	822.68	fee schedule	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Amerihealth	Medicare	285.77	33			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Corrections	Corrections	692.78	80			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Americare	Americare	649.49	75			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	WellPoint	WellPoint	268.8	31.04			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Horizon	Indemnity	331.5	38.28			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	First Health	First Health	606.19	70			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Horizon	MGD	331.5	38.28			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	UHC	Medicaid	263.6	30.44			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Multiplan	Multiplan	692.78	80			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Horizon	Medicare Blue	259.79	30			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Wellcare	Medicare	289.86				259.79	822.68	fee schedule	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Wellcare	Medicaid	263.6	30.44			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Qualcare	Qualcare	649.49	75			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Horizon	PPO	331.5	38.28			259.79	822.68	percent of total billed charges	
HFO W/O JOINTS CF	L3913	HCPCS				outpatient			865.98	333.34	Three Rivers	Three Rivers	822.68	95			259.79	822.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Aetna	Better Health	103.39	30.44			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Amerihealth	Medicare	112.09	33			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Americare	Americare	254.75	75			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Aetna	Medicare	113.11				101.9	322.68	fee schedule	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Consumer	Consumer	322.68	95			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	First Trenton	First Trenton	305.69	90			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Horizon	MGD	130.02	38.28			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	First Health	First Health	237.76	70			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Aetna	Commercial	129.07	38			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Horizon	Indemnity	130.02	38.28			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Corrections	Corrections	271.73	80			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Amerihealth	HMO/PPO	220.78	65			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	WellPoint	WellPoint	105.43	31.04			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Horizon	Medicare Blue	101.9	30			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Three Rivers	Three Rivers	322.68	95			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Horizon	PPO	130.02	38.28			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Multiplan	Multiplan	271.73	80			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Managed Care Inc	Managed Care Inc	305.69	90			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Wellcare	Medicaid	103.39	30.44			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Wellcare	Medicare	113.11				101.9	322.68	fee schedule	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	Quaicare	Qualcare	254.75	75			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	UHC	Medicaid	103.39	30.44			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE CST	L3917	HCPCS				outpatient			339.66	130.08	UHC	Medicare	113.11				101.9	322.68	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Aetna	Better Health	103.39	30.44			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Aetna	Commercial	129.07	38			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Amerihealth	HMO/PPO	220.78	65			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Aetna	Medicare	113.11				101.9	322.68	fee schedule	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Amerihealth	Medicare	112.09	33			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	First Health	First Health	237.76	70			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Americare	Americare	254.75	75			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Horizon	Indemnity	130.02	38.28			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Horizon	Medicare Blue	101.9	30			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Horizon	MGD	130.02	38.28			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Qualcare	Qualcare	254.75	75			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	First Trenton	First Trenton	305.69	90			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Consumer	Consumer	322.68	95			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Wellcare	Medicaid	103.39	30.44			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Multiplan	Multiplan	271.73	80			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Horizon	PPO	130.02	38.28			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Corrections	Corrections	271.73	80			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	UHC	Medicaid	103.39	30.44			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Managed Care Inc	Managed Care Inc	305.69	90			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	UHC	Medicare	113.11				101.9	322.68	fee schedule	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Three Rivers	Three Rivers	322.68	95			101.9	322.68	percent of total billed charges	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	Wellcare	Medicare	113.11				101.9	322.68	fee schedule	
METACARP FX ORTHOSIS PRE OTS	L3918	HCPCS				outpatient			339.66	130.08	WellPoint	WellPoint	105.43	31.04			101.9	322.68	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Aetna	Better Health	312.97	30.44			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Americare	Americare	771.12	75			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	First Trenton	First Trenton	925.34	90			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Aetna	Commercial	390.7	38			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	First Health	First Health	719.71	70			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Aetna	Medicare	343.78				308.45	976.75	fee schedule	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Corrections	Corrections	822.53	80			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Horizon	MGD	393.58	38.28			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Wellcare	Medicare	343.78				308.45	976.75	fee schedule	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Amerihealth	HMO/PPO	668.3	65			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Horizon	PPO	393.58	38.28			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Amerihealth	Medicare	339.29	33			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	UHC	Medicare	343.78				308.45	976.75	fee schedule	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Multiplan	Multiplan	822.53	80			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	UHC	Medicaid	312.97	30.44			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Consumer	Consumer	976.75	95			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Wellcare	Medicaid	312.97	30.44			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Qualcare	Qualcare	771.12	75			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Managed Care Inc	Managed Care Inc	925.34	90			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Horizon	Indemnity	393.58	38.28			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	WellPoint	WellPoint	319.14	31.04			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Horizon	Medicare Blue	308.45	30			308.45	976.75	percent of total billed charges	
HFO WJOINT(S) CF	L3921	HCPCS				outpatient			1028.16	395.35	Three Rivers	Three Rivers	976.75	95			308.45	976.75	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Aetna	Commercial	109.3	38			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Aetna	Medicare	95.9				86.29	273.26	fee schedule	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Consumer	Consumer	273.26	95			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Corrections	Corrections	230.11	80			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Amerihealth	Medicare	94.92	33			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Horizon	MGD	110.11	38.28			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Aetna	Better Health	87.56	30.44			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Amerihealth	HMO/PPO	186.97	65			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Wellcare	Medicare	95.9				86.29	273.26	fee schedule	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	First Health	First Health	201.35	70			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Americare	Americare	215.73	75			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	First Trenton	First Trenton	258.88	90			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Horizon	PPO	110.11	38.28			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Horizon	Indemnity	110.11	38.28			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Horizon	Medicare Blue	86.29	30			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Managed Care Inc	Managed Care Inc	258.88	90			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Three Rivers	Three Rivers	273.26	95			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Multiplan	Multiplan	230.11	80			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Wellcare	Medicaid	87.56	30.44			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	WellPoint	WellPoint	89.28	31.04			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	UHC	Medicaid	87.56	30.44			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	Qualcare	Qualcare	215.73	75			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE CST	L3923	HCPCS				outpatient			287.64	110.29	UHC	Medicare	95.9				86.29	273.26	fee schedule	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Aetna	Commercial	109.3	38			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Aetna	Medicare	95.9				86.29	273.26	fee schedule	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Corrections	Corrections	230.11	80			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Amerihealth	HMO/PPO	186.97	65			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Americare	Americare	215.73	75			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	First Trenton	First Trenton	258.88	90			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Aetna	Better Health	87.56	30.44			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	First Health	First Health	201.35	70			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Horizon	MGD	110.11	38.28			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Amerihealth	Medicare	94.92	33			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Consumer	Consumer	273.26	95			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	UHC	Medicaid	87.56	30.44			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Managed Care Inc	Managed Care Inc	258.88	90			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Multiplan	Multiplan	230.11	80			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Horizon	Indemnity	110.11	38.28			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	WellPoint	WellPoint	89.28	31.04			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Wellcare	Medicare	95.9				86.29	273.26	fee schedule	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Qualcare	Qualcare	215.73	75			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Horizon	Medicare Blue	86.29	30			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Three Rivers	Three Rivers	273.26	95			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Horizon	PPO	110.11	38.28			86.29	273.26	percent of total billed charges	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	UHC	Medicare	95.9				86.29	273.26	fee schedule	
HFO W/O JOINTS PRE OTS	L3924	HCPCS				outpatient			287.64	110.29	Wellcare	Medicaid	87.56	30.44			86.29	273.26	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Consumer	Consumer	154.07	95			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Amerihealth	Medicare	53.52	33			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Aetna	Better Health	49.37	30.44			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Americare	Americare	121.64	75			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Aetna	Medicare	54.42				48.65	154.07	fee schedule	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	First Trenton	First Trenton	145.96	90			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Corrections	Corrections	129.74	80			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Horizon	MGD	62.08	38.28			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Three Rivers	Three Rivers	154.07	95			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Horizon	Indemnity	62.08	38.28			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Aetna	Commercial	61.63	38			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Wellcare	Medicare	54.42				48.65	154.07	fee schedule	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Amerihealth	HMO/PPO	105.42	65			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Horizon	PPO	62.08	38.28			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	WellPoint	WellPoint	50.34	31.04		36.58	48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Horizon	Medicare Blue	48.65	30			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	UHC	Medicaid	49.37	30.44			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Managed Care Inc	Managed Care Inc	145.96	90			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	First Health	First Health	113.53	70			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Multiplan	Multiplan	129.74	80			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Qualcare	Qualcare	64.87	40			48.65	154.07	percent of total billed charges	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	UHC	Medicare	54.42				48.65	154.07	fee schedule	
FO PIP DIP JOINT /SPRNG PRE OTS	L3925	HCPCS				outpatient			162.18	62.58	Wellcare	Medicaid	49.37	30.44			48.65	154.07	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Amerihealth	Medicare	37.36	33			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Aetna	Better Health	34.46	30.44			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Americare	Americare	84.92	75			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Aetna	Medicare	37.4				33.97	107.56	fee schedule	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Aetna	Commercial	43.02	38			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	First Health	First Health	79.25	70			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Consumer	Consumer	107.56	95			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Amerihealth	HMO/PPO	73.59	65			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	UHC	Medicaid	34.46	30.44		28.42	33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Horizon	Medicare Blue	33.97	30		19.95	33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Horizon	PPO	43.34	38.28			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	First Trenton	First Trenton	101.9	90			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Horizon	MGD	43.34	38.28			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Wellcare	Medicaid	34.46	30.44			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Corrections	Corrections	90.58	80			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Qualcare	Qualcare	45.29	40			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Wellcare	Medicare	37.4				33.97	107.56	fee schedule	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Managed Care Inc	Managed Care Inc	101.9	90			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Multiplan	Multiplan	90.58	80			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	UHC	Medicare	37.4			30.99	33.97	107.56	fee schedule	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	WellPoint	WellPoint	35.14	31.04		34	33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Horizon	Indemnity	43.34	38.28			33.97	107.56	percent of total billed charges	
FO PIP DIP NO JT SPR PRE OTS	L3927	HCPCS				outpatient			113.22	43.01	Three Rivers	Three Rivers	107.56	95			33.97	107.56	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	UHC	Medicare	86.18				77.11	244.19	fee schedule	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Aetna	Better Health	78.24	30.44			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Americare	Americare	192.78	75			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Aetna	Commercial	97.68	38			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	UHC	Medicaid	78.24	30.44			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	First Health	First Health	179.93	70			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Wellcare	Medicaid	78.24	30.44			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Aetna	Medicare	86.18				77.11	244.19	fee schedule	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	WellPoint	WellPoint	79.79	31.04			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	First Trenton	First Trenton	231.34	90			77.11	244.19	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Amerihealth	Medicare	84.82	33			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Amerihealth	HMO/PPO	167.08	65			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Wellcare	Medicare	86.18				77.11	244.19	fee schedule	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Horizon	Indemnity	98.39	38.28			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Consumer	Consumer	244.19	95			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Horizon	PPO	98.39	38.28			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Horizon	MGD	98.39	38.28			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Managed Care Inc	Managed Care Inc	231.34	90			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Corrections	Corrections	205.63	80			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Three Rivers	Three Rivers	244.19	95			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Multiplan	Multiplan	205.63	80			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Horizon	Medicare Blue	77.11	30			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE CST	L3929	HCPCS				outpatient			257.04	99.11	Qualcare	Qualcare	192.78	75			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	First Trenton	First Trenton	231.34	90			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Amerihealth	HMO/PPO	167.08	65			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Horizon	Indemnity	98.39	38.28			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Aetna	Medicare	86.18				77.11	244.19	fee schedule	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Horizon	MGD	98.39	38.28			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Aetna	Better Health	78.24	30.44			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Americare	Americare	192.78	75			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Aetna	Commercial	97.68	38			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Horizon	PPO	98.39	38.28			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Amerihealth	Medicare	84.82	33			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Wellcare	Medicare	86.18				77.11	244.19	fee schedule	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Consumer	Consumer	244.19	95			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Managed Care Inc	Managed Care Inc	231.34	90			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	First Health	First Health	178.93	70			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	UHC	Medicaid	78.24	30.44			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Corrections	Corrections	205.63	80			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	WellPoint	WellPoint	79.79	31.04			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Multiplan	Multiplan	205.63	80			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Horizon	Medicare Blue	77.11	30			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Qualcare	Qualcare	192.78	75			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Three Rivers	Three Rivers	244.19	95			77.11	244.19	percent of total billed charges	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	UHC	Medicare	86.18				77.11	244.19	fee schedule	
HFO NONTORSION JOINT S PRE OTS	L3930	HCPCS				outpatient			257.04	99.11	Wellcare	Medicaid	78.24	30.44			77.11	244.19	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Americare	Americare	511.79	75			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Horizon	MGD	261.22	38.28			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Corrections	Corrections	545.9	80			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	First Health	First Health	477.67	70			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Aetna	Better Health	207.72	30.44			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	UHC	Medicare	228.32				204.71	648.26	fee schedule	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Aetna	Commercial	259.3	38			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Aetna	Medicare	228.32				204.71	648.26	fee schedule	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Consumer	Consumer	648.26	95			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	WellPoint	WellPoint	211.81	31.04			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Amerihealth	HMO/PPO	443.55	65			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	First Trenton	First Trenton	614.14	90			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Horizon	Medicare Blue	204.71	30			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Wellcare	Medicare	228.32				204.71	648.26	fee schedule	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Amerihealth	Medicare	225.19	33			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	UHC	Medicaid	207.72	30.44			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Wellcare	Medicaid	207.72	30.44			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Horizon	PPO	261.22	38.28			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Horizon	Indemnity	261.22	38.28			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Managed Care Inc	Managed Care Inc	614.14	90			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Multiplan	Multiplan	545.9	80			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Three Rivers	Three Rivers	648.26	95			204.71	648.26	percent of total billed charges	
FO W/O JOINTS CF	L3933	HCPCS				outpatient			682.38	262.57	Qualcare	Qualcare	511.79	75			204.71	648.26	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Amerihealth	Medicare	233.26	33			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Aetna	Medicare	236.42				212.06	671.52	fee schedule	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Aetna	Commercial	268.61	38			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Aetna	Better Health	215.17	30.44			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Americare	Americare	530.15	75			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Amerihealth	HMO/PPO	459.46	65			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Corrections	Corrections	565.49	80			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	First Health	First Health	494.8	70			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Consumer	Consumer	671.52	95			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	First Trenton	First Trenton	636.17	90			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Horizon	MGD	270.59	38.28			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Horizon	PPO	270.59	38.28			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Multiplan	Multiplan	565.49	80			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	UHC	Medicaid	215.17	30.44			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Wellcare	Medicare	236.42				212.06	671.52	fee schedule	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	UHC	Medicare	236.42				212.06	671.52	fee schedule	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Horizon	Indemnity	270.59	38.28			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Managed Care Inc	Managed Care Inc	636.17	90			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	WellPoint	WellPoint	219.41	31.04			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Wellcare	Medicaid	215.17	30.44			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Qualcare	Qualcare	530.15	75			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Horizon	Medicare Blue	212.06	30			212.06	671.52	percent of total billed charges	
FO NONTORSION JOINT CF	L3935	HCPCS				outpatient			706.86	271.88	Three Rivers	Three Rivers	671.52	95			212.06	671.52	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Amerihealth	HMO/PPO	3492.68	65			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Aetna	Commercial	2041.88	38			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	First Health	First Health	3761.35	70			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Aetna	Better Health	1635.65	30.44			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Horizon	Indemnity	2056.92	38.28			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Horizon	MGD	2056.92	38.28			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	First Trenton	First Trenton	4836.02	90			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Aetna	Medicare	1798.13				1612.01	5104.69	fee schedule	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Multiplan	Multiplan	4298.69	80			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	UHC	Medicare	1798.13				1612.01	5104.69	fee schedule	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Horizon	Medicare Blue	1612.01	30			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Americare	Americare	4030.02	75			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Qualcare	Qualcare	4030.02	75			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Consumer	Consumer	5104.69	95			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Horizon	PPO	2056.92	38.28			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Amerihealth	Medicare	1773.21	33			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Wellcare	Medicaid	1635.65	30.44			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Corrections	Corrections	4298.69	80			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Managed Care Inc	Managed Care Inc	4836.02	90			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Three Rivers	Three Rivers	5104.69	95			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	Wellcare	Medicare	1798.13				1612.01	5104.69	fee schedule	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	UHC	Medicaid	1635.65	30.44			1612.01	5104.69	percent of total billed charges	
SEWHO CAP DESIGN W/O JOINT S CF	L3961	HCPCS				outpatient			5373.36	2067.85	WellPoint	WellPoint	1667.89	31.04			1612.01	5104.69	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Americare	Americare	873.41	75			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Aetna	Medicare	389.7				349.36	1106.31	fee schedule	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Amerihealth	HMO/PPO	756.95	65			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Aetna	Commercial	442.63	38			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	First Health	First Health	815.18	70			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Aetna	Better Health	354.49	30.44		342.85	349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Corrections	Corrections	931.63	80			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	UHC	Medicare	389.7				349.36	1106.31	fee schedule	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Consumer	Consumer	1106.31	95			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	First Trenton	First Trenton	1048.09	90			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Amerihealth	Medicare	384.3	33			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Horizon	MGD	445.79	38.28			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Horizon	Medicare Blue	349.36	30			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Horizon	PPO	445.79	38.28			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Horizon	Indemnity	445.79	38.28			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Wellcare	Medicare	389.7				349.36	1106.31	fee schedule	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	UHC	Medicaid	354.49	30.44			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Managed Care Inc	Managed Care Inc	1048.09	90			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Multiplan	Multiplan	931.63	80			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	WellPoint	WellPoint	361.47	31.04			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Wellcare	Medicaid	354.49	30.44			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Three Rivers	Three Rivers	1106.31	95			349.36	1106.31	percent of total billed charges	
UPPER EXT FX ORTHOS HUMERAL NOS	L3980	HCPCS				both			1164.54	448.16	Qualcare	Qualcare	465.82	40			349.36	1106.31	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Aetna	Medicare	28.6	30.8			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Aetna	Commercial	35.29	38			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Amerihealth	HMO/PPO	60.37	65			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Amerihealth	Medicare	30.65	33			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		First Trenton	First Trenton	83.58	90			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Horizon	MGD	35.55	38.28			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Aetna	Better Health	28.27	30.44			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Americare	Americare	69.65	75			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		First Health	First Health	65.01	70			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Consumer	Consumer	88.23	95			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Multiplan	Multiplan	74.3	80			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Horizon	Indemnity	35.55	38.28			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Horizon	PPO	35.55	38.28			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		WellPoint	WellPoint	28.83	31.04		2.07	27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Corrections	Corrections	74.3	80			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Wellcare	Medicaid	28.27	30.44			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Qualcare	Qualcare	37.15	40			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Managed Care Inc	Managed Care Inc	83.58	90			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Horizon	Medicare Blue	27.86	30			27.86	88.23	percent of total billed charges	
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		Three Rivers	Three Rivers	88.23	95			27.86	88.23	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UPPER LIMB ORTHOSIS NOS	L3999	HCPCS				both			92.87		UHC	Medicaid	28.27	30.44			27.86	88.23	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Aetna	Commercial	15.93	38			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	First Trenton	First Trenton	37.74	90			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Aetna	Medicare	100.7				12.58	135.72	fee schedule	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Qualcare	Qualcare	16.77	40			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Amerihealth	HMO/PPO	27.25	65			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	First Health	First Health	29.35	70			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Aetna	Better Health	12.76	30.44			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Horizon	MGD	16.05	38.28			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Multiplan	Multiplan	33.54	80			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Horizon	Medicare Blue	12.58	30			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Consumer	Consumer	39.83	95			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	WellPoint	WellPoint	13.02	31.04			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	UHC	Medicare	100.7				12.58	135.72	fee schedule	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Wellcare	Medicaid	12.76	30.44			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Americare	Americare	31.45	75			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Wellcare	Medicare	100.7				12.58	135.72	fee schedule	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Corrections	Corrections	33.54	80			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Amerihealth	Medicare	13.84	33			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Horizon	NJ Health	135.72				12.58	135.72	fee schedule	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Horizon	Indemnity	16.05	38.28			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Managed Care Inc	Managed Care Inc	37.74	90			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Horizon	PPO	16.05	38.28			12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	UHC	Medicaid	12.76	30.44		12.81	12.58	135.72	percent of total billed charges	
ANKLE CONTROL ORTHO PRE OTS	L4350	HCPCS				outpatient			41.93	115.81	Three Rivers	Three Rivers	39.83	95			12.58	135.72	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Americare	Americare	115.21	75			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Aetna	Medicare	323.62				22.89	417.6	fee schedule	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Amerihealth	HMO/PPO	99.85	65			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	UHC	Medicare	323.62				22.89	417.6	fee schedule	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Horizon	MGD	58.8	38.28			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Aetna	Better Health	46.76	30.44			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	First Trenton	First Trenton	138.25	90			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Aetna	Commercial	58.37	38			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Wellcare	Medicare	323.62				22.89	417.6	fee schedule	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Consumer	Consumer	145.93	95			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Amerihealth	Medicare	50.69	33			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	First Health	First Health	107.53	70			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Horizon	PPO	58.8	38.28			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Corrections	Corrections	122.89	80			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Managed Care Inc	Managed Care Inc	138.25	90			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Horizon	Medicare Blue	46.08	30			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Horizon	Indemnity	58.8	38.28			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Horizon	NJ Health	417.6				22.89	417.6	fee schedule	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	UHC	Medicaid	46.76	30.44		45.23	22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Three Rivers	Three Rivers	145.93	95			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Multiplan	Multiplan	122.89	80			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	WellPoint	WellPoint	47.68	31.04			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Qualcare	Qualcare	61.44	40			22.89	417.6	percent of total billed charges	
PNEUMAT WALKING BOOT PRE CST	L4360	HCPCS				outpatient			153.61	372.16	Wellcare	Medicaid	46.76	30.44			22.89	417.6	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Aetna	Commercial	53.88	38			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Aetna	Medicare	186.43				17.54	186.43	fee schedule	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	First Health	First Health	99.26	70			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Aetna	Better Health	43.16	30.44			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Amerihealth	HMO/PPO	92.17	65			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Consumer	Consumer	134.71	95			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Horizon	MGD	54.28	38.28			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Americare	Americare	106.35	75			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Multiplan	Multiplan	113.44	80			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Corrections	Corrections	113.44	80			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Horizon	Medicare Blue	42.54	30			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Amerihealth	Medicare	46.79	33			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Qualcare	Qualcare	106.35	75			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	First Trenton	First Trenton	127.62	90			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	UHC	Medicaid	43.16	30.44			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Horizon	Indemnity	54.28	38.28			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	UHC	Medicare	186.43				17.54	186.43	fee schedule	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Horizon	PPO	54.28	38.28			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Wellcare	Medicaid	43.16	30.44			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Managed Care Inc	Managed Care Inc	127.62	90			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	WellPoint	WellPoint	44.01	31.04			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Three Rivers	Three Rivers	134.71	95			17.54	186.43	percent of total billed charges	
NON-PNEUM WALK BOOT PRE OTS	L4387	HCPCS				outpatient			141.8	214.39	Wellcare	Medicare	186.43				17.54	186.43	fee schedule	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Amerihealth	HMO/PPO	63.49	65			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Americare	Americare	73.26	75			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	First Trenton	First Trenton	87.91	90			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Aetna	Better Health	29.73	30.44			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Corrections	Corrections	78.14	80			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Aetna	Commercial	37.12	38			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Aetna	Medicare	144.99				29.3	144.99	fee schedule	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Consumer	Consumer	92.8	95			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	First Health	First Health	68.38	70			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Horizon	MGD	37.39	38.28			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Horizon	PPO	37.39	38.28			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Wellcare	Medicare	144.99				29.3	144.99	fee schedule	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	UHC	Medicaid	29.73	30.44			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Amerihealth	Medicare	32.23	33			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Multiplan	Multiplan	78.14	80			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Managed Care Inc	Managed Care Inc	87.91	90			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	WellPoint	WellPoint	30.32	31.04			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Horizon	Indemnity	37.39	38.28			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Qualcare	Qualcare	39.07	40			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Three Rivers	Three Rivers	92.8	95			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	UHC	Medicare	144.99				29.3	144.99	fee schedule	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Horizon	Medicare Blue	29.3	30			29.3	144.99	percent of total billed charges	
TRACHEOSTOMY SPEAKING VALVE	L8501	HCPCS				both			97.68	166.74	Wellcare	Medicaid	29.73	30.44			29.3	144.99	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Aetna	Medicare	832.06			19.51	45.67	1303.31	fee schedule	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Aetna	Better Health	417.61	30.44			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Horizon	MGD	525.16	38.28		358.03	45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Aetna	Commercial	521.32	38		265.72	45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Horizon	Indemnity	525.16	38.28			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Amerihealth	HMO/PPO	891.74	65			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	UHC	Medicare	832.06			104.53	45.67	1303.31	fee schedule	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Corrections	Corrections	1097.52	80			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Horizon	Medicare Blue	411.57	30		207.63	45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Consumer	Consumer	1303.31	95			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Americare	Americare	1028.93	75			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Amerihealth	Medicare	452.73	33			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Horizon	PPO	525.16	38.28		382.44	45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Wellcare	Medicaid	417.61	30.44			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	First Trenton	First Trenton	1234.71	90			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	First Health	First Health	960.33	70			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	UHC	Medicaid	417.61	30.44		97.36	45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Multiplan	Multiplan	1097.52	80			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Managed Care Inc	Managed Care Inc	1234.71	90			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Qualcare	Qualcare	548.76	40			45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	WellPoint	WellPoint	425.84	31.04		29.34	45.67	1303.31	percent of total billed charges	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Wellcare	Medicare	832.06			1126.96	45.67	1303.31	fee schedule	
OCULAR IMPLANT	L8610	HCPCS				both			1371.9	956.87	Three Rivers	Three Rivers	1303.31	95			45.67	1303.31	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Aetna	Medicare	318.23	30.8		267.42	41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Aetna	Commercial	392.62	38		1.02	41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Amerihealth	HMO/PPO	671.59	65			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Americare	Americare	774.91	75			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Amerihealth	Medicare	340.96	33			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Aetna	Better Health	314.51	30.44		666.94	41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Corrections	Corrections	826.57	80			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		First Trenton	First Trenton	929.89	90			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Consumer	Consumer	981.55	95			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Horizon	MGD	395.51	38.28		264.09	41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Multiplan	Multiplan	826.57	80			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Horizon	PPO	395.51	38.28			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		First Health	First Health	723.25	70			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		UHC	Medicaid	314.51	30.44		321.22	41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Horizon	Medicare Blue	309.96	30			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Managed Care Inc	Managed Care Inc	929.89	90			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Horizon	Indemnity	395.51	38.28			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Wellcare	Medicaid	314.51	30.44			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Qualcare	Qualcare	413.28	40			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		Three Rivers	Three Rivers	981.55	95			41.48	981.55	percent of total billed charges	
PROSTHETIC IMPLANT NOS	L8699	HCPCS				both			1033.21		WellPoint	WellPoint	320.71	31.04		0.7	41.48	981.55	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Americare	Americare	1041.93	75			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Aetna	Commercial	527.91	38			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Aetna	Better Health	422.88	30.44			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Aetna	Medicare	427.89	30.8			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Horizon	Indemnity	531.8	38.28			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		First Trenton	First Trenton	1250.32	90			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Amerihealth	HMO/PPO	903.01	65			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Horizon	MGD	531.8	38.28			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Consumer	Consumer	1319.78	95			416.77	1319.78	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Horizon	PPO	531.8	38.28			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Corrections	Corrections	1111.39	80			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		UHC	Medicaid	422.88	30.44			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		First Health	First Health	972.47	70			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Managed Care Inc	Managed Care Inc	1250.32	90			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Horizon	Medicare Blue	416.77	30			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Wellcare	Medicaid	422.88	30.44			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Multiplan	Multiplan	1111.39	80			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Three Rivers	Three Rivers	1319.78	95			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		WellPoint	WellPoint	431.22	31.04			416.77	1319.78	percent of total billed charges	
BEBTELOVIMAB INJECTION	M0222	HCPCS				outpatient			1389.24		Qualcare	Qualcare	1041.93	75			416.77	1319.78	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Aetna	Better Health	556.08	30.44			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 UHC	Medicare	261.21				67.44	1735.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Aetna	Medicare	261.21				67.44	1735.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Aetna	Commercial	426.29				67.44	1735.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Amerihealth	Medicare	261.21				67.44	1735.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 First Trenton	First Trenton	1644.14	90			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 WellPoint	WellPoint	567.04	31.04			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Americare	Americare	1370.12	75			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Consumer	Consumer	1735.48	95			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Managed Care Inc	Managed Care Inc	1644.14	90			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Corrections	Corrections	1461.46	80			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Amerihealth	HMO/PPO	164.99				67.44	1735.48	fee schedule	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 First Health	First Health	1278.77	70			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Wellcare	Medicare	261.21				67.44	1735.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Horizon	MGD	505.44				67.44	1735.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Horizon	Indemnity	505.44				67.44	1735.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Horizon	NJ Health	67.44				67.44	1735.48	fee schedule	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Horizon	PPO	505.44				67.44	1735.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Horizon	Medicare Blue	261.21				67.44	1735.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Multiplan	Multiplan	1461.46	80			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Qualcare	Qualcare	1370.12	75			67.44	1735.48	percent of total billed charges	
WHOLE BLOOD FOR TRANSFUSION	P9010	HCPCS				inpatient			1826.82		300.39 Three Rivers	Three Rivers	1735.48	95			67.44	1735.48	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Multiplan	Multiplan	390.86	80			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Horizon	MGD	318.37				17.08	464.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Amerihealth	Medicare	164.53				17.08	464.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Consumer	Consumer	464.15	95			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Aetna	Better Health	148.72	30.44			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Horizon	Medicare Blue	164.53				17.08	464.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Aetna	Commercial	268.51				17.08	464.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 First Health	First Health	342.01	70			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Aetna	Medicare	164.53				17.08	464.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 UHC	Medicare	164.53				17.08	464.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Americare	Americare	366.44	75			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Corrections	Corrections	390.86	80			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Qualcare	Qualcare	366.44	75			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Wellcare	Medicare	164.53				17.08	464.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Amerihealth	HMO/PPO	140.04				17.08	464.15	fee schedule	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Three Rivers	Three Rivers	464.15	95			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 First Trenton	First Trenton	439.72	90			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Horizon	Indemnity	318.37				17.08	464.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Horizon	NJ Health	96.41				17.08	464.15	fee schedule	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Horizon	PPO	318.37				17.08	464.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 Managed Care Inc	Managed Care Inc	439.72	90			17.08	464.15	percent of total billed charges	
BLOOD SPLT UNIT	P9011	HCPCS				both			488.58		189.21 WellPoint	WellPoint	151.66	31.04			17.08	464.15	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Amerihealth	Medicare	73.76				56.26	1162.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 First Trenton	First Trenton	1101.6	90			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 First Health	First Health	856.8	70			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Amerihealth	HMO/PPO	56.26				56.26	1162.8	fee schedule	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Aetna	Better Health	372.59	30.44			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 UHC	Medicare	73.76				56.26	1162.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Consumer	Consumer	1162.8	95			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Aetna	Commercial	120.38				56.26	1162.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Corrections	Corrections	979.2	80			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Managed Care Inc	Managed Care Inc	1101.6	90			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Multiplan	Multiplan	979.2	80			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Aetna	Medicare	73.76				56.26	1162.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Horizon	PPO	142.73				56.26	1162.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Three Rivers	Three Rivers	1162.8	95			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Horizon	Indemnity	142.73				56.26	1162.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Americare	Americare	918	75			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Horizon	Medicare Blue	73.76				56.26	1162.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Horizon	MGD	142.73				56.26	1162.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Qualcare	Qualcare	918	75			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 WellPoint	WellPoint	379.93	31.04			56.26	1162.8	percent of total billed charges	
CRYOPRECIPITATE EACH UNIT	P9012	HCPCS				both			1224		84.82 Wellcare	Medicare	73.76				56.26	1162.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Aetna	Better Health	312.97	30.44			197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Aetna	Commercial	344.65			343.51	197.16	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Horizon	Medicare Blue	211.18			105.16	197.16	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Consumer	Consumer	976.75	95			197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 First Health	First Health	719.71	70			197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Amerihealth	Medicare	211.18				197.16	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Amerihealth	HMO/PPO	197.16			103.45	197.16	976.75	fee schedule	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Aetna	Medicare	211.18			113.48	197.16	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Multiplan	Multiplan	822.53	80			197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Americare	Americare	771.12	75			197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Horizon	PPO	408.63			289.46	197.16	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 First Trenton	First Trenton	925.34	90			197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Corrections	Corrections	822.53	80		80.59	197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Horizon	Indemnity	408.63			72.21	197.16	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 UHC	Medicare	211.18			120.76	197.16	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Qualcare	Qualcare	771.12	75			197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Three Rivers	Three Rivers	976.75	95			197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Managed Care Inc	Managed Care Inc	925.34	90			197.16	976.75	percent of total billed charges	
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Horizon	MGD	408.63			252.8	197.16	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 Wellcare	Medicare	211.18			117.15	197.16	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTES REDUCED	P9016	HCPCS				both			1028.16		242.86 WellPoint	WellPoint	319.14	31.04		267.25	197.16	976.75	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Aetna	Commercial	159.61				78.23	259.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Aetna	Medicare	97.8				78.23	259.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Amerihealth	Medicare	97.8				78.23	259.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 First Health	First Health	191.35	70			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Horizon	Medicare Blue	97.8				78.23	259.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Aetna	Better Health	83.21	30.44			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Americare	Americare	205.02	75			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Consumer	Consumer	259.69	95			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Amerihealth	HMO/PPO	78.23				78.23	259.69	fee schedule	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Multiplan	Multiplan	218.69	80			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 UHC	Medicare	97.8				78.23	259.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 First Trenton	First Trenton	246.02	90			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Horizon	MGD	189.24				78.23	259.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Qualcare	Qualcare	205.02	75			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Wellcare	Medicare	97.8				78.23	259.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Corrections	Corrections	218.69	80			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Managed Care Inc	Managed Care Inc	246.02	90			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Horizon	Indemnity	189.24				78.23	259.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Three Rivers	Three Rivers	259.69	95			78.23	259.69	percent of total billed charges	
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 Horizon	PPO	189.24				78.23	259.69	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA 1 DONOR FRZ WITH 8 HR	P9017	HCPCS				both			273.36		112.47 WellPoint	WellPoint	84.85	31.04			78.23	259.69	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Corrections	Corrections	3191.38	80			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Aetna	Medicare	88.14				88.14	3789.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Aetna	Better Health	1214.32	30.44			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Aetna	Commercial	143.84				88.14	3789.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Multiplan	Multiplan	3191.38	80			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Americare	Americare	2991.92	75			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Consumer	Consumer	3789.76	95			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Amerihealth	Medicare	88.14				88.14	3789.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Horizon	Indemnity	170.55				88.14	3789.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Amerihealth	HMO/PPO	102.38				88.14	3789.76	fee schedule	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 First Health	First Health	2792.45	70			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Horizon	Medicare Blue	88.14				88.14	3789.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Qualcare	Qualcare	2991.92	75			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 First Trenton	First Trenton	3590.3	90			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Horizon	MGD	170.55				88.14	3789.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 UHC	Medicare	88.14				88.14	3789.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Horizon	PPO	170.55				88.14	3789.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Wellcare	Medicare	88.14				88.14	3789.76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 WellPoint	WellPoint	1238.25	31.04			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Managed Care Inc	Managed Care Inc	3590.3	90			88.14	3789.76	percent of total billed charges	
PLATELETS, EACH UNIT	P9019	HCPCS				outpatient			3989.22		101.36 Three Rivers	Three Rivers	3789.76	95			88.14	3789.76	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42		743.67 Aetna	Commercial	1055.37				139.72	2055.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42		743.67 First Trenton	First Trenton	1947.08	90			139.72	2055.25	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42		743.67 Amerihealth	Medicare	646.67				139.72	2055.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42		743.67 Aetna	Medicare	646.67				139.72	2055.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42		743.67 Corrections	Corrections	1730.74	80			139.72	2055.25	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42		743.67 Americare	Americare	1622.57	75			139.72	2055.25	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42		743.67 Horizon	Medicare Blue	646.67				139.72	2055.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42		743.67 Aetna	Better Health	658.55	30.44			139.72	2055.25	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42		743.67 Multiplan	Multiplan	1730.74	80			139.72	2055.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	Managed Care Inc	Managed Care Inc	1947.08	90			139.72	2055.25	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	Consumer	Consumer	2055.25	95			139.72	2055.25	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	First Health	First Health	1514.39	70			139.72	2055.25	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	Horizon	MGD	1251.31			517.2	139.72	2055.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	Amerihealth	HMO/PPO	1139.72				139.72	2055.25	fee schedule	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	Qualcare	Qualcare	1622.57	75			139.72	2055.25	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	Horizon	PPO	1251.31				139.72	2055.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	Wellcare	Medicare	646.67				139.72	2055.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	Three Rivers	Three Rivers	2055.25	95			139.72	2055.25	percent of total billed charges	
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	UHC	Medicare	646.67				139.72	2055.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	Horizon	Indemnity	1251.31				139.72	2055.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLAELET RICH PLASMA UNIT	P9020	HCPCS				both			2163.42	743.67	WellPoint	WellPoint	671.53	31.04			139.72	2055.25	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Americare	Americare	771.12	75			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Aetna	Better Health	312.97	30.44			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Aetna	Commercial	273.29				151.04	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Amerihealth	Medicare	167.46				151.04	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Aetna	Medicare	167.46				151.04	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Corrections	Corrections	822.53	80			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	UHC	Medicare	167.46				151.04	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	First Health	First Health	719.71	70			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Amerihealth	HMO/PPO	151.04				151.04	976.75	fee schedule	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Consumer	Consumer	976.75	95			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Multiplan	Multiplan	822.53	80			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Horizon	Indemnity	324.04				151.04	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	First Trenton	First Trenton	925.34	90			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Wellcare	Medicare	167.46				151.04	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Qualcare	Qualcare	771.12	75			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Horizon	Medicare Blue	167.46				151.04	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Horizon	MGD	324.04				151.04	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Horizon	PPO	324.04				151.04	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Managed Care Inc	Managed Care Inc	925.34	90			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	WellPoint	WellPoint	319.14	31.04			151.04	976.75	percent of total billed charges	
RED BLOOD CELLS UNIT	P9021	HCPCS				outpatient			1028.16	192.58	Three Rivers	Three Rivers	976.75	95			151.04	976.75	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	First Health	First Health	888.93	70			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Corrections	Corrections	1015.92	80			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	UHC	Medicare	460.5				365.37	1206.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Aetna	Commercial	751.54				365.37	1206.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Consumer	Consumer	1206.41	95			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Aetna	Better Health	386.56	30.44			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	First Trenton	First Trenton	1142.91	90			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Americare	Americare	952.43	75			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Multiplan	Multiplan	1015.92	80			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Horizon	Medicare Blue	460.5				365.37	1206.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Managed Care Inc	Managed Care Inc	1142.91	90			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Aetna	Medicare	460.5				365.37	1206.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Horizon	Indemnity	891.07				365.37	1206.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Horizon	PPO	891.07				365.37	1206.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Qualcare	Qualcare	952.43	75			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Amerihealth	HMO/PPO	365.37				365.37	1206.41	fee schedule	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Three Rivers	Three Rivers	1206.41	95			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	WellPoint	WellPoint	394.18	31.04			365.37	1206.41	percent of total billed charges	
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Wellcare	Medicare	460.5				365.37	1206.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Horizon	MGD	891.07				365.37	1206.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RED BLOOD CELLS UNIT	P9022	HCPCS				outpatient			1269.9	529.58	Amerihealth	Medicare	460.5				365.37	1206.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Qualcare	Qualcare	1559.07	75			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Amerihealth	Medicare	72.3				70.9	1974.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Aetna	Commercial	117.99				70.9	1974.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	First Health	First Health	1455.13	70			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	First Trenton	First Trenton	1870.88	90			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Aetna	Better Health	632.77	30.44			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Aetna	Medicare	72.3				70.9	1974.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Consumer	Consumer	1974.82	95			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	UHC	Medicare	72.3				70.9	1974.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Horizon	Indemnity	139.9				70.9	1974.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Americare	Americare	1559.07	75			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Multiplan	Multiplan	1663.01	80			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Managed Care Inc	Managed Care Inc	1870.88	90			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Horizon	Medicare Blue	72.3				70.9	1974.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Amerihealth	HMO/PPO	70.9				70.9	1974.82	fee schedule	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Corrections	Corrections	1663.01	80			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Horizon	MGD	139.9				70.9	1974.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Horizon	PPO	139.9				70.9	1974.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Three Rivers	Three Rivers	1974.82	95			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	WellPoint	WellPoint	645.25	31.04			70.9	1974.82	percent of total billed charges	
FROZEN PLASMA, POOLED, SD	P9023	HCPCS				outpatient			2078.76	83.15	Wellcare	Medicare	72.3				70.9	1974.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Horizon	Medicare Blue	145.93				81.97	463.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Wellcare	Medicare	145.93				81.97	463.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Aetna	Medicare	145.93				81.97	463.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	First Trenton	First Trenton	438.8	90			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Aetna	Better Health	148.41	30.44			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Aetna	Commercial	238.16				81.97	463.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Amerihealth	Medicare	145.93				81.97	463.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Corrections	Corrections	390.05	80			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	UHC	Medicare	145.93				81.97	463.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Multiplan	Multiplan	390.05	80			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Americare	Americare	365.67	75			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Managed Care Inc	Managed Care Inc	438.8	90			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Amerihealth	HMO/PPO	133.4				81.97	463.18	fee schedule	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Qualcare	Qualcare	365.67	75			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Consumer	Consumer	463.18	95			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Horizon	Indemnity	282.37				81.97	463.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	First Health	First Health	341.29	70			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Three Rivers	Three Rivers	463.18	95			81.97	463.18	percent of total billed charges	
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Horizon	MGD	282.37				81.97	463.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	Horizon	PPO	282.37				81.97	463.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOCYTES REDUCED	P9031	HCPCS				outpatient			487.56	167.82	WellPoint	WellPoint	151.34	31.04			81.97	463.18	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Americare	Americare	496.49	75			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	First Health	First Health	463.39	70			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Corrections	Corrections	529.58	80			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Horizon	Medicare Blue	157.55				157.55	628.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Aetna	Commercial	257.12				157.55	628.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Horizon	MGD	304.86				157.55	628.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Aetna	Better Health	201.51	30.44			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Amerihealth	Medicare	157.55				157.55	628.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Consumer	Consumer	628.88	95			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Wellcare	Medicare	157.55				157.55	628.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Horizon	Indemnity	304.86				157.55	628.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	UHC	Medicare	157.55				157.55	628.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Aetna	Medicare	157.55				157.55	628.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Multiplan	Multiplan	529.58	80			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	First Trenton	First Trenton	595.78	90			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Horizon	PPO	304.86				157.55	628.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Amerihealth	HMO/PPO	177.62				157.55	628.88	fee schedule	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Qualcare	Qualcare	496.49	75			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Managed Care Inc	Managed Care Inc	595.78	90			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	WellPoint	WellPoint	205.48	31.04			157.55	628.88	percent of total billed charges	
PLATELETS, IRRADIATED	P9032	HCPCS				outpatient			661.98	181.18	Three Rivers	Three Rivers	628.88	95			157.55	628.88	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Managed Care Inc	Managed Care Inc	1959.01	90			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Americare	Americare	1632.51	75			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Multiplan	Multiplan	1741.34	80			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Consumer	Consumer	2067.85	95			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	First Trenton	First Trenton	1959.01	90			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Aetna	Commercial	388.94				171.97	2067.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	First Health	First Health	1523.68	70			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Aetna	Better Health	662.58	30.44			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	UHC	Medicare	238.32				171.97	2067.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Amerihealth	HMO/PPO	171.97				171.97	2067.85	fee schedule	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Qualcare	Qualcare	1632.51	75			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Corrections	Corrections	1741.34	80			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Wellcare	Medicare	238.32				171.97	2067.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Aetna	Medicare	238.32				171.97	2067.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Horizon	Indemnity	461.15				171.97	2067.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Horizon	MGD	461.15				171.97	2067.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Three Rivers	Three Rivers	2067.85	95			171.97	2067.85	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Amerihealth	Medicare	238.32				171.97	2067.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Horizon	Medicare Blue	238.32				171.97	2067.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	Horizon	PPO	461.15				171.97	2067.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS				outpatient			2176.68	274.07	WellPoint	WellPoint	675.64	31.04			171.97	2067.85	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Consumer	Consumer	2395.37	95			437.23	2395.37	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Multiplan	Multiplan	2017.15	80			437.23	2395.37	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Aetna	Commercial	752.03				437.23	2395.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	First Trenton	First Trenton	2269.3	90			437.23	2395.37	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Aetna	Better Health	767.53	30.44			437.23	2395.37	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	First Health	First Health	1765.01	70			437.23	2395.37	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Americare	Americare	1891.08	75			437.23	2395.37	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Managed Care Inc	Managed Care Inc	2269.3	90			437.23	2395.37	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Amerihealth	HMO/PPO	437.23				437.23	2395.37	fee schedule	
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	UHC	Medicare	460.8				437.23	2395.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Aetna	Medicare	460.8				437.23	2395.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Horizon	Indemnity	891.65				437.23	2395.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Amerihealth	Medicare	460.8				437.23	2395.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Wellcare	Medicare	460.8				437.23	2395.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Horizon	Medicare Blue	460.8				437.23	2395.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Three Rivers	Three Rivers	2395.37	95			437.23	2395.37	percent of total billed charges	
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Horizon	MGD	891.65				437.23	2395.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	Horizon	PPO	891.65				437.23	2395.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHERESIS	P9034	HCPCS				outpatient			2521.44	529.92	WellPoint	WellPoint	782.65	31.04			437.23	2395.37	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Aetna	Better Health	751.07	30.44			45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Amerihealth	Medicare	565.19				45.02	2344.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Horizon	Indemnity	1093.64				45.02	2344.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Americare	Americare	1850.54	75			45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Horizon	Medicare Blue	565.19				45.02	2344.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Aetna	Medicare	565.19				45.02	2344.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	First Trenton	First Trenton	2220.64	90			45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Aetna	Commercial	922.39				45.02	2344.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Amerihealth	HMO/PPO	530.44				45.02	2344.01	fee schedule	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	WellPoint	WellPoint	765.87	31.04		225.3	45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Horizon	PPO	1093.64				45.02	2344.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Three Rivers	Three Rivers	2344.01	95			45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	First Health	First Health	1727.17	70			45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Consumer	Consumer	2344.01	95			45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Managed Care Inc	Managed Care Inc	2220.64	90			45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Multiplan	Multiplan	1973.9	80			45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Horizon	MGD	1093.64				45.02	2344.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Corrections	Corrections	1973.9	80			45.02	2344.01	percent of total billed charges	
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	UHC	Medicare	565.19				45.02	2344.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Wellcare	Medicare	565.19				45.02	2344.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERES LEUKOREDUCED	P9035	HCPCS				both			2467.38	649.97	Qualcare	Qualcare	1850.54	75			45.02	2344.01	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Americare	Americare	1803.87	75			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Corrections	Corrections	1924.13	80			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Aetna	Better Health	732.13	30.44			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Aetna	Commercial	1112.8				590.53	2284.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Amerihealth	HMO/PPO	590.53				590.53	2284.9	fee schedule	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Qualcare	Qualcare	1803.87	75			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Amerihealth	Medicare	681.86				590.53	2284.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Consumer	Consumer	2284.9	95			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Three Rivers	Three Rivers	2284.9	95			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	First Trenton	First Trenton	2164.64	90			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Aetna	Medicare	681.86				590.53	2284.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Horizon	MGD	1319.4				590.53	2284.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Horizon	Medicare Blue	681.86				590.53	2284.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Wellcare	Medicare	681.86				590.53	2284.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	UHC	Medicare	681.86				590.53	2284.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	First Health	First Health	1683.61	70			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Horizon	Indemnity	1319.4				590.53	2284.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Multiplan	Multiplan	1924.13	80			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Horizon	PPO	1319.4				590.53	2284.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	Managed Care Inc	Managed Care Inc	2164.64	90			590.53	2284.9	percent of total billed charges	
PLATELET PHERESIS IRRADIATED	P9036	HCPCS				outpatient			2405.16	784.14	WellPoint	WellPoint	746.56	31.04			590.53	2284.9	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Americare	Americare	3048.53	75			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Aetna	Commercial	1279.46				478.77	3861.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	UHC	Medicare	783.98				478.77	3861.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Aetna	Better Health	1237.29	30.44			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Amerihealth	HMO/PPO	686.88				478.77	3861.47	fee schedule	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Aetna	Medicare	783.98				478.77	3861.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Horizon	MGD	1517				478.77	3861.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Multiplan	Multiplan	3251.76	80			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Horizon	Medicare Blue	783.98				478.77	3861.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Consumer	Consumer	3861.47	95			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Amerihealth	Medicare	783.98				478.77	3861.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Corrections	Corrections	3251.76	80			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Three Rivers	Three Rivers	3861.47	95			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	First Health	First Health	2845.29	70			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Horizon	Indemnity	1517				478.77	3861.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Qualcare	Qualcare	3048.53	75			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Wellcare	Medicare	783.98				478.77	3861.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	First Trenton	First Trenton	3658.23	90			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Horizon	PPO	1517				478.77	3861.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	Managed Care Inc	Managed Care Inc	3658.23	90			478.77	3861.47	percent of total billed charges	
PLATE PHERES LEUKOREDU IRRAD	P9037	HCPCS				both			4064.7	901.58	WellPoint	WellPoint	1261.68	31.04			478.77	3861.47	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Aetna	Better Health	312.97	30.44			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Consumer	Consumer	976.75	95			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Horizon	PPO	335.03				173.14	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Aetna	Commercial	282.56				173.14	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Horizon	Indemnity	335.03				173.14	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Corrections	Corrections	822.53	80			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	First Trenton	First Trenton	925.34	90			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Amerihealth	Medicare	173.14				173.14	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	First Health	First Health	719.71	70			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Managed Care Inc	Managed Care Inc	925.34	90			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	WellPoint	WellPoint	319.14	31.04			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Aetna	Medicare	173.14				173.14	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Horizon	Medicare Blue	173.14				173.14	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Americare	Americare	771.12	75			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	UHC	Medicare	173.14				173.14	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Amerihealth	HMO/PPO	232.3				173.14	976.75	fee schedule	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Three Rivers	Three Rivers	976.75	95			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Horizon	MGD	335.03				173.14	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Multiplan	Multiplan	822.53	80			173.14	976.75	percent of total billed charges	
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Wellcare	Medicare	173.14				173.14	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRADIATED	P9038	HCPCS				outpatient			1028.16	199.11	Qualcare	Qualcare	771.12	75			173.14	976.75	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Aetna	Commercial	1237.95				406.98	1913.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Aetna	Better Health	613.21	30.44			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Consumer	Consumer	1913.78	95			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Amerihealth	Medicare	758.55				406.98	1913.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	UHC	Medicare	758.55				406.98	1913.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Aetna	Medicare	758.55				406.98	1913.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Corrections	Corrections	1611.6	80			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Americare	Americare	1510.88	75			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Wellcare	Medicare	758.55				406.98	1913.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Multiplan	Multiplan	1611.6	80			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Managed Care Inc	Managed Care Inc	1813.05	90			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	First Trenton	First Trenton	1813.05	90			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Horizon	Indemnity	1467.79				406.98	1913.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	First Health	First Health	1410.15	70			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Three Rivers	Three Rivers	1913.78	95			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Amerihealth	HMO/PPO	406.98				406.98	1913.78	fee schedule	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Horizon	Medicare Blue	758.55				406.98	1913.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Qualcare	Qualcare	1510.88	75			406.98	1913.78	percent of total billed charges	
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Horizon	PPO	1467.79				406.98	1913.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	Horizon	MGD	1467.79				406.98	1913.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC DEGLYCEROLIZED	P9039	HCPCS				inpatient			2014.5	872.33	WellPoint	WellPoint	625.3	31.04			406.98	1913.78	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Amerihealth	Medicare	296.81				282.52	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Aetna	Commercial	484.39				282.52	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Aetna	Better Health	312.97	30.44			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	First Trenton	First Trenton	925.34	90			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Aetna	Medicare	296.81				282.52	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Americare	Americare	771.12	75			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Amerihealth	HMO/PPO	282.52				282.52	976.75	fee schedule	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Horizon	Indemnity	574.33				282.52	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Consumer	Consumer	976.75	95			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Multiplan	Multiplan	822.53	80			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	First Health	First Health	719.71	70			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Managed Care Inc	Managed Care Inc	925.34	90			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Corrections	Corrections	822.53	80			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Three Rivers	Three Rivers	976.75	95			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Horizon	MGD	574.33				282.52	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Horizon	Medicare Blue	296.81			124.66	282.52	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Qualcare	Qualcare	771.12	75			282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	WellPoint	WellPoint	319.14	31.04		299.26	282.52	976.75	percent of total billed charges	
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Wellcare	Medicare	296.81				282.52	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	Horizon	PPO	574.33				282.52	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOREDUCED IRRADIATED	P9040	HCPCS				both			1028.16	341.33	UHC	Medicare	296.81				282.52	976.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Aetna	Commercial	278.94				67.15	330.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	First Health	First Health	164.93	70			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Aetna	Medicare	170.92				67.15	330.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	First Trenton	First Trenton	212.06	90			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Americare	Americare	176.72	75			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Aetna	Better Health	71.72	30.44			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Corrections	Corrections	188.5	80			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Horizon	Indemnity	330.73				67.15	330.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Amerihealth	Medicare	170.92				67.15	330.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Horizon	Medicare Blue

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Managed Care Inc	Managed Care Inc	212.06	90			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Consumer	Consumer	223.84	95			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Amerihealth	HMO/PPO	67.15				67.15	330.73	fee schedule	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Horizon	PPO	330.73				67.15	330.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	UHC	Medicare	170.92				67.15	330.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Multiplan	Multiplan	188.5	80			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Wellcare	Medicare	170.92				67.15	330.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	WellPoint	WellPoint	73.14	31.04			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Three Rivers	Three Rivers	223.84	95			67.15	330.73	percent of total billed charges	
CRYOPRECIPITATEREDUCEDPLASMA	P9044	HCPCS				outpatient			235.62	196.56	Qualcare	Qualcare	176.72	75			67.15	330.73	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Aetna	Better Health	1694.64	30.44			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Amerihealth	HMO/PPO	3618.65	65			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		First Trenton	First Trenton	5010.44	90			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Americare	Americare	4175.37	75			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		First Health	First Health	3897.01	70			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Aetna	Medicare	1714.69	30.8			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		UHC	Medicaid	1694.64	30.44			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Horizon	Medicare Blue	1670.15	30			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Aetna	Commercial	2115.52	38			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Corrections	Corrections	4453.73	80			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Horizon	Indemnity	2131.11	38.28			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Horizon	PPO	2131.11	38.28			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Multiplan	Multiplan	4453.73	80			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Consumer	Consumer	5288.8	95			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Wellcare	Medicaid	1694.64	30.44			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Three Rivers	Three Rivers	5288.8	95			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Qualcare	Qualcare	4175.37	75			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		WellPoint	WellPoint	1728.05	31.04			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Horizon	MGD	2131.11	38.28			1670.15	5288.8	percent of total billed charges	
GRANULOCYTES, PHERESIS UNIT	P9050	HCPCS				outpatient			5567.16		Managed Care Inc	Managed Care Inc	5010.44	90			1670.15	5288.8	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Aetna	Commercial	326.09				199.81	1750.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Consumer	Consumer	1750.01	95			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Horizon	PPO	386.63				199.81	1750.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	First Health	First Health	1289.48	70			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Amerihealth	Medicare	199.81				199.81	1750.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Corrections	Corrections	1473.7	80			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Amerihealth	HMO/PPO	219.07				199.81	1750.01	fee schedule	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Aetna	Better Health	560.74	30.44			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Aetna	Medicare	199.81				199.81	1750.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	First Trenton	First Trenton	1657.91	90			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	WellPoint	WellPoint	571.79	31.04			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Wellcare	Medicare	199.81				199.81	1750.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Horizon	Medicare Blue	199.81				199.81	1750.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Horizon	Indemnity	386.63				199.81	1750.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Horizon	MGD	386.63				199.81	1750.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	UHC	Medicare	199.81				199.81	1750.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Americare	Americare	1381.59	75			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Managed Care Inc	Managed Care Inc	1657.91	90			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Multiplan	Multiplan	1473.7	80			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Three Rivers	Three Rivers	1750.01	95			199.81	1750.01	percent of total billed charges	
BLOOD, L/R, CMV-NEG	P9051	HCPCS				both			1842.12	229.78	Qualcare	Qualcare	1381.59	75			199.81	1750.01	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Amerihealth	Medicare	902.14				783.16	3215.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Aetna	Commercial	1472.29				783.16	3215.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Amerihealth	HMO/PPO	783.16				783.16	3215.14	fee schedule	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	First Trenton	First Trenton	3045.92	90			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Aetna	Better Health	1030.2	30.44			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Consumer	Consumer	3215.14	95			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	First Health	First Health	2369.05	70			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	UHC	Medicare	902.14				783.16	3215.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Corrections	Corrections	2707.49	80			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Aetna	Medicare	902.14				783.16	3215.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Wellcare	Medicare	902.14				783.16	3215.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Horizon	Indemnity	1745.64				783.16	3215.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Horizon	Medicare Blue	902.14				783.16	3215.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Americare	Americare	2538.27	75			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	WellPoint	WellPoint	1050.51	31.04			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Horizon	MGD	1745.64				783.16	3215.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Horizon	PPO	1745.64				783.16	3215.14	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Multiplan	Multiplan	2707.49	80			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Managed Care Inc	Managed Care Inc	3045.92	90			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Qualcare	Qualcare	2538.27	75			783.16	3215.14	percent of total billed charges	
PLATELETS, HLA-M, L/R, UNIT	P9052	HCPCS				outpatient			3384.36	1037.46	Three Rivers	Three Rivers	3215.14	95			783.16	3215.14	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Aetna	Medicare	532.85				532.85	3352.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Aetna	Commercial	869.61				532.85	3352.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Horizon	Indemnity	1031.06				532.85	3352.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	First Trenton	First Trenton	3176.28	90			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Consumer	Consumer	3352.74	95			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Americare	Americare	2646.9	75			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Aetna	Better Health	1074.29	30.44			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	UHC	Medicare	532.85				532.85	3352.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Corrections	Corrections	2823.36	80			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Amerihealth	Medicare	532.85				532.85	3352.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Horizon	Medicare Blue	532.85				532.85	3352.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Horizon	PPO	1031.06				532.85	3352.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	First Health	First Health	2470.44	70			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Amerihealth	HMO/PPO	656.64				532.85	3352.74	fee schedule	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Multiplan	Multiplan	2823.36	80			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	WellPoint	WellPoint	1095.46	31.04			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Managed Care Inc	Managed Care Inc	3176.28	90			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Horizon	MGD	1031.06				532.85	3352.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Qualcare	Qualcare	2646.9	75			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Three Rivers	Three Rivers	3352.74	95			532.85	3352.74	percent of total billed charges	
PLATELETS, PHER, L/R CMV-NEG, IRR	P9053	HCPCS				both			3529.2	612.78	Wellcare	Medicare	532.85				532.85	3352.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Amerihealth	Medicare	281.31				281.31	2563.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Aetna	Better Health	821.24	30.44			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Aetna	Commercial	459.1				281.31	2563.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	First Health	First Health	1868.53	70			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	First Trenton	First Trenton	2428.11	90			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Aetna	Medicare	281.31				281.31	2563.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Americare	Americare	2023.43	75			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	UHC	Medicaid	821.24	30.44			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Horizon	PPO	544.33				281.31	2563.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Consumer	Consumer	2563.01	95			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Amerihealth	HMO/PPO	292.38				281.31	2563.01	fee schedule	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Horizon	Indemnity	544.33				281.31	2563.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Managed Care Inc	Managed Care Inc	2428.11	90			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Corrections	Corrections	2158.32	80			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Horizon	Medicare Blue	281.31				281.31	2563.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	UHC	Medicare	281.31				281.31	2563.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Wellcare	Medicare	281.31				281.31	2563.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Three Rivers	Three Rivers	2563.01	95			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	WellPoint	WellPoint	837.43	31.04			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Multiplan	Multiplan	2158.32	80			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Horizon	MGD	544.33				281.31	2563.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Qualcare	Qualcare	2023.43	75			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, FROZEN/DEGLY/WASH	P9054	HCPCS				outpatient			2697.9	323.51	Wellcare	Medicaid	821.24	30.44			281.31	2563.01	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Aetna	Commercial	159.38				97.66	1021.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Consumer	Consumer	1021.33	95			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Americare	Americare	806.31	75			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Multiplan	Multiplan	860.06	80			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Amerihealth	HMO/PPO	131.96				97.66	1021.33	fee schedule	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Aetna	Better Health	327.25	30.44			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Aetna	Medicare	97.66				97.66	1021.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	First Health	First Health	752.66	70			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Horizon	MGD	188.97				97.66	1021.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Horizon	Medicare Blue	97.66				97.66	1021.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	First Trenton	First Trenton	967.57	90			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Qualcare	Qualcare	806.31	75			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Amerihealth	Medicare	97.66				97.66	1021.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Horizon	PPO	188.97				97.66	1021.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Corrections	Corrections	860.06	80			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Horizon	Indemnity	188.97				97.66	1021.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	UHC	Medicare	97.66				97.66	1021.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	WellPoint	WellPoint	333.7	31.04			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Managed Care Inc	Managed Care Inc	967.57	90			97.66	1021.33	percent of total billed charges	
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Wellcare	Medicare	97.66				97.66	1021.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD, L/R, IRRADIATED	P9056	HCPCS				outpatient			1075.08	112.31	Three Rivers	Three Rivers	1021.33	95			97.66	1021.33	percent of total billed charges	
RBC, FRZ/DEG/WSH, L/R, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	UHC	Medicare	563.18				220.11	2066.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC, FRZ/DEG/WSH, L/R, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Aetna	Commercial	919.11				220.11	2066.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC, FRZ/DEG/WSH, L/R, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	First Health	First Health	1478.69	70			220.11	2066.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, L/R, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Aetna	Medicare	563.18				220.11	2066.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC, FRZ/DEG/WSH, L/R, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Amerihealth	HMO/PPO	220.11				220.11	2066.8	fee schedule	
RBC, FRZ/DEG/WSH, L/R, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Consumer	Consumer	2006.8	95			220.11	2006.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Horizon	PPO	1089.75				220.11	2006.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Qualcare	Qualcare	1584.32	75			220.11	2006.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Wellcare	Medicare	563.18				220.11	2006.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Americare	Americare	1584.32	75			220.11	2006.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	UHC	Medicaid	643.02	30.44			220.11	2006.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Wellcare	Medicaid	643.02	30.44			220.11	2006.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	WellPoint	WellPoint	655.7	31.04			220.11	2006.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Corrections	Corrections	1689.94	80			220.11	2006.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	First Trenton	First Trenton	1901.18	90			220.11	2006.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Managed Care Inc	Managed Care Inc	1901.18	90			220.11	2006.8	percent of total billed charges	
RBC, FRZ/DEG/WSH, LIR, IRRAD	P9057	HCPCS				inpatient			2112.42	647.66	Three Rivers	Three Rivers	2006.8	95			220.11	2006.8	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Aetna	Better Health	88.8	30.44			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Amerihealth	HMO/PPO	78.51				78.51	277.13	fee schedule	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Horizon	PPO	159.62				78.51	277.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Americare	Americare	218.79	75			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	First Health	First Health	204.2	70			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Aetna	Commercial	134.62				78.51	277.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Aetna	Medicare	82.49				78.51	277.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Amerihealth	Medicare	82.49				78.51	277.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Wellcare	Medicaid	88.8	30.44			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	UHC	Medicare	82.49				78.51	277.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	WellPoint	WellPoint	90.55	31.04			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	First Trenton	First Trenton	262.55	90			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Horizon	Medicare Blue	82.49				78.51	277.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Corrections	Corrections	233.38	80			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Consumer	Consumer	277.13	95			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Managed Care Inc	Managed Care Inc	262.55	90			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Wellcare	Medicare	82.49				78.51	277.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Horizon	Indemnity	159.62				78.51	277.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Horizon	MGD	159.62				78.51	277.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Three Rivers	Three Rivers	277.13	95			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Multiplan	Multiplan	233.38	80			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	UHC	Medicaid	88.8	30.44			78.51	277.13	percent of total billed charges	
PLASMA, FRZ BETWEEN 8-24HOUR	P9059	HCPCS				outpatient			291.72	94.86	Qualcare	Qualcare	218.79	75			78.51	277.13	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Amerihealth	HMO/PPO	1053.51	65			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Amerihealth	Medicare	681.43				405.81	1539.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	First Trenton	First Trenton	1458.7	90			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Aetna	Commercial	1112.09				405.81	1539.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Aetna	Better Health	493.37	30.44			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Americare	Americare	1215.59	75			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Horizon	Medicare Blue	681.43				405.81	1539.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Aetna	Medicare	681.43				405.81	1539.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	First Health	First Health	1134.55	70			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Corrections	Corrections	1296.62	80			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Horizon	PPO	1318.57				405.81	1539.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Horizon	MGD	1318.57				405.81	1539.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Horizon	Indemnity	1318.57			905.41	405.81	1539.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Consumer	Consumer	1539.74	95			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Managed Care Inc	Managed Care Inc	1458.7	90			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Three Rivers	Three Rivers	1539.74	95			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Multiplan	Multiplan	1296.62	80			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	WellPoint	WellPoint	503.09	31.04			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	UHC	Medicare	681.43				405.81	1539.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Qualcare	Qualcare	1215.59	75			405.81	1539.74	percent of total billed charges	
PLATELETS PHERESIS PATH REDU	P9073	HCPCS				both			1620.78	783.64	Wellcare	Medicare	681.43				405.81	1539.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD COMPONENT/PRODUCT NOC	P9099	HCPCS				outpatient				65.29	Horizon	Indemnity	109.85				56.77	109.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD COMPONENT/PRODUCT NOC	P9099	HCPCS				outpatient				65.29	Wellcare	Medicare	56.77				56.77	109.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD COMPONENT/PRODUCT NOC	P9099	HCPCS				outpatient				65.29	Horizon	Medicare Blue	56.77				56.77	109.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD COMPONENT/PRODUCT NOC	P9099	HCPCS				outpatient				65.29	Amerihealth	Medicare	56.77				56.77	109.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD COMPONENT/PRODUCT NOC	P9099	HCPCS				outpatient				65.29	Horizon	PPO	109.85				56.77	109.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD COMPONENT/PRODUCT NOC	P9099	HCPCS				outpatient				65.29	Aetna	Commercial	92.65				56.77	109.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD COMPONENT/PRODUCT NOC	P9099	HCPCS				outpatient				65.29	Aetna	Medicare	56.77				56.77	109.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD COMPONENT/PRODUCT NOC	P9099	HCPCS				outpatient				65.29	Horizon	MGD	109.85				56.77	109.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD COMPONENT/PRODUCT NOC	P9099	HCPCS				outpatient				65.29	UHC	Medicare	56.77				56.77	109.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WET MOUNTS/ WITH PREPARATIONS	Q0111	HCPCS				outpatient				20.92	Amerihealth	Medicare	18.19				2.4	18.19	fee schedule	
WET MOUNTS/ WITH PREPARATIONS	Q0111	HCPCS				outpatient				20.92	Amerihealth	HMO/PPO	6.1				2.4	18.19	fee schedule	
WET MOUNTS/ WITH PREPARATIONS	Q0111	HCPCS				outpatient				20.92	Aetna	Medicare	18.19				2.4	18.19	fee schedule	
WET MOUNTS/ WITH PREPARATIONS	Q0111	HCPCS				outpatient				20.92	UHC	Medicare	18.19				2.4	18.19	fee schedule	
WET MOUNTS/ WITH PREPARATIONS	Q0111	HCPCS				outpatient				20.92	Wellcare	Medicaid	2.4				2.4	18.19	fee schedule	
WET MOUNTS/ WITH PREPARATIONS	Q0111	HCPCS				outpatient				20.92	Wellcare	Medicare	18.19				2.4	18.19	fee schedule	
WET MOUNTS/ WITH PREPARATIONS	Q0111	HCPCS				outpatient				20.92	UHC	Medicaid	2.4				2.4	18.19	fee schedule	
WET MOUNTS/ WITH PREPARATIONS	Q0111	HCPCS				outpatient				20.92	Horizon	NJ Health	4.7				2.4	18.19	fee schedule	
FERN TEST	Q0114	HCPCS				outpatient				11.2	UHC	Medicaid	9.6				9.6	18.82	fee schedule	
FERN TEST	Q0114	HCPCS				outpatient				11.2	Amerihealth	HMO/PPO	10.2				9.6	18.82	fee schedule	
FERN TEST	Q0114	HCPCS				outpatient				11.2	Horizon	NJ Health	18.82				9.6	18.82	fee schedule	
FERN TEST	Q0114	HCPCS				outpatient				11.2	Aetna	Medicare	9.74				9.6	18.82	fee schedule	
FERN TEST	Q0114	HCPCS				outpatient				11.2	UHC	Medicare	9.74				9.6	18.82	fee schedule	
FERN TEST	Q0114	HCPCS				outpatient				11.2	Amerihealth	Medicare	9.74				9.6	18.82	fee schedule	
FERN TEST	Q0114	HCPCS				outpatient				11.2	Wellcare	Medicare	9.74				9.6	18.82	fee schedule	
FERN TEST	Q0114	HCPCS				outpatient				11.2	Wellcare	Medicaid	9.6				9.6	18.82	fee schedule	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Aetna	Medicare	28.59	30.8		19.93	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Horizon	MGD	35.53	38.28		15.55	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Consumer	Consumer	88.18	95			27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Horizon	Medicare Blue	27.85	30		20.72	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Horizon	Indemnity	35.53	38.28		32.54	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Aetna	Better Health	28.25	30.44		4.08	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Corrections	Corrections	74.26	80			27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Aetna	Commercial	35.27	38		45.31	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Americare	Americare	69.62	75			27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Horizon	PPO	35.53	38.28		30.8	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		First Health	First Health	64.97	70		63.7	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Three Rivers	Three Rivers	88.18	95			27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		WellPoint	WellPoint	28.81	31.04		26.12	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		First Trenton	First Trenton	83.54	90			27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Wellcare	Medicaid	28.25	30.44		24.99	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Managed Care Inc	Managed Care Inc	83.54	90			27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Amerihealth	HMO/PPO	60.33	65		29.52	27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Multiplan	Multiplan	74.26	80			27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		Qualcare	Qualcare	69.62	75			27.85	88.18	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS				both			92.82		UHC	Medicaid	28.25	30.44		26.03	27.85	88.18	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Consumer	Consumer	31.98	95			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Horizon	PPO	12.89	38.28		508.2	0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Aetna	Medicare	0.15				0.15	31.98	fee schedule	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	First Trenton	First Trenton	30.29	90			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Aetna	Better Health	10.25	30.44			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Americare	Americare	25.25	75			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Amerihealth	Medicare	0.15				0.15	31.98	fee schedule	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Horizon	Medicare Blue	10.1	30			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Corrections	Corrections	26.93	80			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Horizon	Indemnity	12.89	38.28			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Amerihealth	HMO/PPO	21.88	65			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Horizon	MGD	12.89	38.28		462.85	0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Aetna	Commercial	12.79	38			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Managed Care Inc	Managed Care Inc	30.29	90			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	First Health	First Health	23.56	70			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Wellcare	Medicare	0.15				0.15	31.98	fee schedule	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	WellPoint	WellPoint	10.45	31.04		624.57	0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Multiplan	Multiplan	26.93	80			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Horizon	NJ Health	1.1			6.98	0.15	31.98	fee schedule	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Three Rivers	Three Rivers	31.98	95			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Qualcare	Qualcare	25.25	75			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	Wellcare	Medicaid	10.25	30.44			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	UHC	Medicaid	10.25	30.44			0.15	31.98	percent of total billed charges	
LOCM 300-399 MG/ML IODINE, 1 ML	Q9967	HCPCS				both			33.66	0.17	UHC	Medicare	0.15				0.15	31.98	fee schedule	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Aetna	Medicare	35.92				28.74	117.25	fee schedule	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	First Trenton	First Trenton	111.08	90			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Consumer	Consumer	117.25	95			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Americare	Americare	92.57	75			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Amerihealth	Medicare	35.92				28.74	117.25	fee schedule	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Horizon	Medicare Blue	37.03	30			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Aetna	Better Health	37.57	30.44			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Horizon	MGD	47.25	38.28			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Amerihealth	HMO/PPO	80.22	65			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Horizon	Indemnity	47.25	38.28			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Corrections	Corrections	98.74	80			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Wellcare	Medicare	35.92				28.74	117.25	fee schedule	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	First Health	First Health	86.39	70			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Horizon	PPO	47.25	38.28			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Aetna	Commercial	46.9	38			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Managed Care Inc	Managed Care Inc	111.08	90			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Multiplan	Multiplan	98.74	80			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	WellPoint	WellPoint	38.31	31.04			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Horizon	NJ Health	70.4				28.74	117.25	fee schedule	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Three Rivers	Three Rivers	117.25	95			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	UHC	Medicaid	28.74				28.74	117.25	fee schedule	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Qualcare	Qualcare	92.57	75			28.74	117.25	percent of total billed charges	
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	Wellcare	Medicaid	28.74				28.74	117.25	fee schedule	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
2019-NCOVERED DIAGNOSTIC P	U0001	HCPCS				outpatient			123.42	41.31	UHC	Medicare	35.92				28.74		117.25 fee schedule	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Americare	Americare	121.64	75			35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Aetna	Commercial	61.63	38		41.27	35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Aetna	Better Health	49.37	30.44		16.67	35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Consumer	Consumer	154.07	95			35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Aetna	Medicare	51.31			50.28	35.8		154.07 fee schedule	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	First Health	First Health	113.53	70			35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Horizon	PPO	62.08	38.28		29.33	35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	WellPoint	WellPoint	50.34	31.04		24.18	35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Amerihealth	Medicare	51.31				35.8		154.07 fee schedule	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	UHC	Medicare	51.31			20.11	35.8		154.07 fee schedule	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Amerihealth	HMO/PPO	105.42	65		21.16	35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Wellcare	Medicare	51.31			9.98	35.8		154.07 fee schedule	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	First Trenton	First Trenton	145.96	90			35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Multiplan	Multiplan	129.74	80			35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Horizon	MCD	62.08	38.28		34.13	35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Corrections	Corrections	129.74	80			35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Horizon	Indemnity	62.08	38.28		23.07	35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Qualcare	Qualcare	121.64	75			35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Horizon	Medicare Blue	48.65	30		11.86	35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Horizon	NJ Health	100.61			11.35	35.8		154.07 fee schedule	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Managed Care Inc	Managed Care Inc	145.96	90			35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Three Rivers	Three Rivers	154.07	95			35.8		154.07 percent of total billed charges	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	UHC	Medicaid	41.05			33.76	35.8		154.07 fee schedule	
COVID-19 LAB TEST NON-CDC	U0002	HCPCS				both			162.18	59.01	Wellcare	Medicaid	41.05			36.37	35.8		154.07 fee schedule	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Consumer	Consumer	218.03	95			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Americare	Americare	172.13	75			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Horizon	MCD	87.85	38.28			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Wellcare	Medicaid	69.86	30.44			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Aetna	Better Health	69.86	30.44			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Corrections	Corrections	183.6	80			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		First Health	First Health	160.65	70			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Aetna	Medicare	70.69	30.8			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Aetna	Commercial	87.21	38			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		First Trenton	First Trenton	206.55	90			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		WellPoint	WellPoint	71.24	31.04			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Amerihealth	HMO/PPO	149.18	65			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Horizon	Medicare Blue	68.85	30			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Multiplan	Multiplan	183.6	80			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Horizon	Indemnity	87.85	38.28			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Qualcare	Qualcare	172.13	75			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Horizon	NJ Health	147				68.85		218.03 fee schedule	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		UHC	Medicaid	69.86	30.44			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Horizon	PPO	87.85	38.28			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Managed Care Inc	Managed Care Inc	206.55	90			68.85		218.03 percent of total billed charges	
COV-19 AMP PRB HGH THRUPUT	U0003	HCPCS				outpatient			229.5		Three Rivers	Three Rivers	218.03	95			68.85		218.03 percent of total billed charges	
LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	43770	CPT				outpatient					United	Commercial/PPO	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	43770	CPT				outpatient					United	Oxford	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	43771	CPT				outpatient					United	Commercial/PPO	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	43771	CPT				outpatient					United	Oxford	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	43772	CPT				outpatient					United	Commercial/PPO	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	43772	CPT				outpatient					United	Oxford	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GASTRIC RESTRICTIVE PX REMOVE&REPLCMT DEVICE	43773	CPT				outpatient					United	Commercial/PPO	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GASTRIC RESTRICTIVE PX REMOVE&REPLCMT DEVICE	43773	CPT				outpatient					United	Oxford	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	43774	CPT				outpatient					United	Commercial/PPO	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	43774	CPT				outpatient					United	Oxford	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GNSTRECTOMY	43775	CPT				outpatient					United	Commercial/PPO	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	43775	CPT				outpatient					United	Oxford	8716				8716		8716 case rate	Must have one of the following Revenue Codes: 360-361,369,481,490,499,750,
STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	61796	CPT				outpatient					United	Commercial/PPO	33752				33752		33752 case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	61796	CPT				outpatient					United	Oxford	33752				33752		33752 case rate	Must have Revenue Code 333
STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	61797	CPT				outpatient					United	Commercial/PPO	33752				33752		33752 case rate	Must have Revenue Code 333
STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	61797	CPT				outpatient					United	Oxford	33752				33752		33752 case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	61798	CPT				outpatient					United	Commercial/PPO	33752				33752		33752 case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	61798	CPT				outpatient					United	Oxford	33752				33752		33752 case rate	Must have Revenue Code 333
STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	61799	CPT				outpatient					United	Commercial/PPO	33752				33752		33752 case rate	Must have Revenue Code 333
STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	61799	CPT				outpatient					United	Oxford	33752				33752		33752 case rate	Must have Revenue Code 333
APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	61800	CPT				outpatient					United	Commercial/PPO	33752				33752		33752 case rate	Must have Revenue Code 333
APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	61800	CPT				outpatient					United	Oxford	33752				33752		33752 case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	63620	CPT				outpatient					United	Commercial/PPO	33752				33752		33752 case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	63620	CPT				outpatient					United	Oxford	33752				33752		33752 case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	63621	CPT				outpatient					United	Commercial/PPO	33752				33752		33752 case rate	Must have Revenue Code 333
STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	63621	CPT				outpatient					United	Oxford	33752				33752		33752 case rate	Must have Revenue Code 333
RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	77371	CPT				outpatient					United	Commercial/PPO	33752				33752		33752 case rate	Must have Revenue Code 333
RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	77371	CPT				outpatient					United	Oxford	33752				33752		33752 case rate	Must have Revenue Code 333
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				outpatient					United	Commercial/PPO	33752				33752		33752 case rate	Must have Revenue Code 333
RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	77372	CPT				outpatient					United	Oxford	33752				33752		33752 case rate	Must have Revenue Code 333
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				outpatient					United	Commercial/PPO	8716				8716		8716 case rate	Must have Revenue Code 333
STEREOTACTIC BODY RADIATION TREATMENT DELIVERY	77373	CPT				outpatient					United	Oxford	8716				8716		8716 case rate	Must have Revenue Code 333
POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	95782	CPT				outpatient					United	Commercial/PPO	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	95782	CPT				outpatient					United	Oxford	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	95783	CPT				outpatient					United	Commercial/PPO	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	95783	CPT				outpatient					United	Oxford	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	95800	CPT				outpatient					United	Commercial/PPO	1993				1868		1993 case rate	Must have Revenue Code 740, 920, 929
SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	95800	CPT				outpatient					United	Oxford	1868				1868		1993 case rate	Must have Revenue Code 740, 920, 929
SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	95801	CPT				outpatient					United	Commercial/PPO	1993				1868		1993 case rate	Must have Revenue Code 740, 920, 929
SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	95801	CPT				outpatient					United	Oxford	1868				1868		1993 case rate	Must have Revenue Code 740, 920, 929
MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	95805	CPT				outpatient					United	Commercial/PPO	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	95805	CPT				outpatient					United	Oxford	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient					United	Commercial/PPO	1993				1868		1993 case rate	Must have Revenue Code 740, 920, 929
SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	95806	CPT				outpatient					United	Oxford	1868				1868		1993 case rate	Must have Revenue Code 740, 920, 929
SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	95807	CPT				outpatient					United	Commercial/PPO	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	95807	CPT				outpatient					United	Oxford	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	95808	CPT				outpatient					United	Commercial/PPO	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	95808	CPT				outpatient					United	Oxford	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	95810	CPT				outpatient					United	Commercial/PPO	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	95810	CPT				outpatient					United	Oxford	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	95811	CPT				outpatient					United	Commercial/PPO	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	95811	CPT				outpatient					United	Oxford	2740				2740		2740 case rate	Must have Revenue Code 740, 920, 929
ROBOTIC LIN-RADSURG FRACTX 2-5	G0340	HCPCS				outpatient					Horizon	NJ Health	186				186		1993 case rate	Must have Revenue Code 740, 920, 929
ROBOTIC LIN-RADSURG FRACTX 2-5	G0340	HCPCS				outpatient					United	Commercial/PPO	1993				186		1993 case rate	Must have Revenue Code 740, 920, 929
ROBOTIC LIN-RADSURG FRACTX 2-5	G0340	HCPCS				outpatient					United	Oxford	1868				186		1993 case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 2 PORTA	G0398	HCPCS				outpatient					Horizon	NJ Health	186				186		1993 case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 2 PORTA	G0398	HCPCS				outpatient					United	Commercial/PPO	1993				186		1993 case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 2 PORTA	G0398	HCPCS				outpatient					United	Oxford	1868				186		1993 case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 3 PORTA	G0399	HCPCS				outpatient					Horizon	NJ Health	186				186		1993 case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 3 PORTA	G0399	HCPCS				outpatient					United	Commercial/PPO	1993				186		1993 case rate	Must have Revenue Code 740, 920, 929
HOME SLEEP TEST/TYPE 3 PORTA	G0399	HCPCS				outpatient					United	Oxford	1868				186		1993 case rate	Must have Revenue Code 740, 920, 929
INPATIENT SKILLED NURSING SERVICES	211	LOCAL				inpatient					United	Commercial/PPO	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	211	LOCAL				inpatient					United	Oxford	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	212	LOCAL				inpatient					United	Commercial/PPO	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	212	LOCAL				inpatient					United	Oxford	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	213	LOCAL				inpatient					United	Commercial/PPO	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	213	LOCAL				inpatient					United	Oxford	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	214	LOCAL				inpatient					United	Commercial/PPO	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	214	LOCAL				inpatient					United	Oxford	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	215	LOCAL				inpatient					United	Commercial/PPO	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	215	LOCAL				inpatient					United	Oxford	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	216	LOCAL				inpatient					United	Commercial/PPO	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	216	LOCAL				inpatient					United	Oxford	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	217	LOCAL				inpatient					United	Commercial/PPO	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	217	LOCAL				inpatient					United	Oxford	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	218	LOCAL				inpatient					United	Commercial/PPO	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	218	LOCAL				inpatient					United	Oxford	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	219	LOCAL				inpatient					United	Commercial/PPO	1261				1261		1261 per diem	LOCAL Code = Bill Type
INPATIENT SKILLED NURSING SERVICES	219	LOCAL				inpatient					United	Oxford	1261				1261		1261 per diem	LOCAL Code = Bill Type
ALL-INCLUSIVE ROOM AND BOARD	100	RC				inpatient					Qualcare	Qualcare	3131				1352		3131 per diem	
ALL-INCLUSIVE ROOM AND BOARD	100	RC				inpatient					United	Commercial/PPO	1492				1352		3131 per diem	
ALL-INCLUSIVE ROOM AND BOARD	100	RC				inpatient					United	Oxford	1352				1352		3131 per diem	
ALL-INCLUSIVE ROOM AND BOARD	101	RC				inpatient					Qualcare	Qualcare	3131				1352		3131 per diem	
ALL-INCLUSIVE ROOM AND BOARD	101	RC				inpatient					United	Commercial/PPO	1492				1352		3131 per diem	
ALL-INCLUSIVE ROOM AND BOARD	101	RC				inpatient					United	Oxford	1352				1352		3131 per diem	
ROOM AND BOARD PRIVATE - GENERAL	110	RC				inpatient					Qualcare	Qualcare	3131				1352		3131 per diem	
ROOM AND BOARD PRIVATE - GENERAL	110	RC				inpatient					United	Commercial/PPO	1492				1352		3131 per diem	
ROOM AND BOARD PRIVATE - GENERAL	110	RC				inpatient					United	Oxford	1352				1352		3131 per diem	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		Americare	Americare	7470.99	0.75			1352		9463.254 percent of total billed charges	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		Consumer	Consumer	7969.056	0.8			1352		9463.254 percent of total billed charges	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		Corrections	Corrections	7969.056	0.8			1352		9463.254 percent of total billed charges	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		First Health	First Health	6972.924	0.7			1352		9463.254 percent of total billed charges	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		First Trenton	First Trenton	8965.188	0.9			1352		9463.254 percent of total billed charges	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		Managed Care Inc	Managed Care Inc	8965.188	0.9			1352		9463.254 percent of total billed charges	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		Multiplan	Multiplan	7969.056	0.8			1352		9463.254 percent of total billed charges	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		Qualcare	Qualcare	3131				1352		9463.254 per diem	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		Three Rivers	Three Rivers	9463.254	0.95			1352		9463.254 percent of total billed charges	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		United	Commercial/PPO	1492				1352		9463.254 per diem	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	111	RC				inpatient			9961.32		United	Oxford	1352				1352		9463.254 per diem	
ROOM AND BOARD PRIVATE - OBSTETRICS	112	RC				inpatient					Qualcare	Qualcare	3131				1352		3131 per diem	
ROOM AND BOARD PRIVATE - OBSTETRICS	112	RC				inpatient					United	Commercial/PPO	1492				1352		3131 per diem	
ROOM AND BOARD PRIVATE - OBSTETRICS	112	RC				inpatient					United	Oxford	1352				1352		3131 per diem	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ROOM AND BOARD PRIVATE - PEDIATRIC	113	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD PRIVATE - PEDIATRIC	113	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD PRIVATE - PEDIATRIC	113	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD PRIVATE - PSYCHIATRIC	114	RC				inpatient					Qualcare	Qualcare	1423				1423	1423	per diem	
ROOM AND BOARD PRIVATE - DETOX	116	RC				inpatient					Qualcare	Qualcare	1423				1423	1423	per diem	
ROOM AND BOARD PRIVATE - ONCOLOGY	117	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD PRIVATE - ONCOLOGY	117	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD PRIVATE - ONCOLOGY	117	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD PRIVATE - OTHER	119	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD PRIVATE - OTHER	119	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD PRIVATE - OTHER	119	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - GENERAL	120	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - GENERAL	120	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - GENERAL	120	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		Americare	Americare	7470.99	0.75			1352	9463.254	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		Consumer	Consumer	7969.056	0.8			1352	9463.254	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		Corrections	Corrections	7969.056	0.8			1352	9463.254	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		First Health	First Health	6972.924	0.7			1352	9463.254	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		First Trenton	First Trenton	8965.188	0.9			1352	9463.254	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		Managed Care Inc	Managed Care Inc	8965.188	0.9			1352	9463.254	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		Multiplan	Multiplan	7969.056	0.8			1352	9463.254	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		Qualcare	Qualcare	3131				1352	9463.254	per diem	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		Three Rivers	Three Rivers	9463.254	0.95			1352	9463.254	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		United	Commercial|PPO	1492				1352	9463.254	per diem	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	121	RC				inpatient			9961.32		United	Oxford	1352				1352	9463.254	per diem	
ROOM AND BOARD SEMI-PRIVATE - OBSTETRICS	122	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OBSTETRICS	122	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OBSTETRICS	122	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - PEDIATRIC	123	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - PEDIATRIC	123	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - PEDIATRIC	123	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	124	RC				inpatient			9173.88		Americare	Americare	6880.41	0.75			1423	8715.186	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	124	RC				inpatient			9173.88		Consumer	Consumer	7339.104	0.8			1423	8715.186	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	124	RC				inpatient			9173.88		Corrections	Corrections	7339.104	0.8			1423	8715.186	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	124	RC				inpatient			9173.88		First Health	First Health	6421.716	0.7			1423	8715.186	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	124	RC				inpatient			9173.88		First Trenton	First Trenton	8256.492	0.9			1423	8715.186	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	124	RC				inpatient			9173.88		Managed Care Inc	Managed Care Inc	8256.492	0.9			1423	8715.186	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	124	RC				inpatient			9173.88		Multiplan	Multiplan	7339.104	0.8			1423	8715.186	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	124	RC				inpatient			9173.88		Qualcare	Qualcare	1423				1423	8715.186	per diem	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	124	RC				inpatient			9173.88		Three Rivers	Three Rivers	8715.186	0.95			1423	8715.186	percent of total billed charges	
ROOM AND BOARD SEMI-PRIVATE - DETOX	126	RC				inpatient					Qualcare	Qualcare	1423				1423	1423	per diem	
ROOM AND BOARD SEMI-PRIVATE - ONCOLOGY	127	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - ONCOLOGY	127	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - ONCOLOGY	127	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OTHER	129	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OTHER	129	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OTHER	129	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - GENERAL	130	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - GENERAL	130	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - GENERAL	130	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	131	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	131	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - MEDICAL/SURGICAL/GENERAL	131	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OBSTETRICS	132	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OBSTETRICS	132	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OBSTETRICS	132	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - PEDIATRIC	133	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - PEDIATRIC	133	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - PEDIATRIC	133	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - PSYCHIATRIC	134	RC				inpatient					Qualcare	Qualcare	1423				1423	1423	per diem	
ROOM AND BOARD SEMI-PRIVATE - DETOX	136	RC				inpatient					Qualcare	Qualcare	1423				1423	1423	per diem	
ROOM AND BOARD SEMI-PRIVATE - ONCOLOGY	137	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - ONCOLOGY	137	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - ONCOLOGY	137	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OTHER	139	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OTHER	139	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD SEMI-PRIVATE - OTHER	139	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD PRIVATE - GENERAL	140	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD PRIVATE - GENERAL	140	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD PRIVATE - GENERAL	140	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	141	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	141	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD PRIVATE - MEDICAL/SURGICAL/GENERAL	141	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD PRIVATE - OBSTETRICS	142	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD PRIVATE - OBSTETRICS	142	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD PRIVATE - OBSTETRICS	142	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD PRIVATE - PEDIATRIC	143	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD PRIVATE - PEDIATRIC	143	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD PRIVATE - PEDIATRIC	143	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD PRIVATE - PSYCHIATRIC	144	RC				inpatient					Qualcare	Qualcare	1423				1423	1423	per diem	
ROOM AND BOARD PRIVATE - DETOX	146	RC				inpatient					Qualcare	Qualcare	1423				1423	1423	per diem	
ROOM AND BOARD PRIVATE - ONCOLOGY	147	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD PRIVATE - ONCOLOGY	147	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD PRIVATE - ONCOLOGY	147	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD PRIVATE - OTHER	149	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD PRIVATE - OTHER	149	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD PRIVATE - OTHER	149	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD WARD - GENERAL	150	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD WARD - GENERAL	150	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD WARD - GENERAL	150	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD WARD - MEDICAL/SURGICAL/GENERAL	151	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD WARD - MEDICAL/SURGICAL/GENERAL	151	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD WARD - MEDICAL/SURGICAL/GENERAL	151	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD WARD - OBSTETRICS	152	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD WARD - OBSTETRICS	152	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD WARD - OBSTETRICS	152	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD WARD - PEDIATRIC	153	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD WARD - PEDIATRIC	153	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD WARD - PEDIATRIC	153	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD WARD - PSYCHIATRIC	154	RC				inpatient					Qualcare	Qualcare	1423				1423	1423	per diem	
ROOM AND BOARD WARD - DETOX	156	RC				inpatient					Qualcare	Qualcare	1423				1423	1423	per diem	
ROOM AND BOARD WARD - ONCOLOGY	157	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD WARD - ONCOLOGY	157	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD WARD - ONCOLOGY	157	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD WARD - OTHER	159	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD WARD - OTHER	159	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD WARD - OTHER	159	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD OTHER - GENERAL	160	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD OTHER - GENERAL	160	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD OTHER - GENERAL	160	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD OTHER - HOSPITAL AT HOME	161	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD OTHER - HOSPITAL AT HOME	161	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD OTHER - HOSPITAL AT HOME	161	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD OTHER - STERILE ENVIRONMENT	164	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD OTHER - STERILE ENVIRONMENT	164	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD OTHER - STERILE ENVIRONMENT	164	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
ROOM AND BOARD OTHER - OTHER	169	RC				inpatient					Qualcare	Qualcare	3131				1352	3131	per diem	
ROOM AND BOARD OTHER - OTHER	169	RC				inpatient					United	Commercial|PPO	1492				1352	3131	per diem	
ROOM AND BOARD OTHER - OTHER	169	RC				inpatient					United	Oxford	1352				1352	3131	per diem	
NURSERY - NORMAL NEWBORN	170	RC				inpatient					United	Commercial|PPO	1492				1352	1492	per diem	
NURSERY - NORMAL NEWBORN	170	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
NURSERY - NEWBORN LEVEL I - NEWBORN NURSERY	171	RC				inpatient					Amerihealth	HMO|PPO	637				637	5010	case rate	
NURSERY - NEWBORN LEVEL I - NEWBORN NURSERY	171	RC				inpatient					Qualcare	Qualcare	2277				637	5010	per diem	
NURSERY - NEWBORN LEVEL I - NEWBORN NURSERY	171	RC				inpatient					United	Commercial|PPO	5010				637	5010	per diem	
NURSERY - NEWBORN LEVEL I - NEWBORN NURSERY	171	RC				inpatient					United	Oxford	4450				637	5010	per diem	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		Americare	Americare	2677.5	0.75			637	5010	percent of total billed charges	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		Amerihealth	HMO|PPO	637				637	5010	case rate	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		Consumer	Consumer	2856	0.8			637	5010	percent of total billed charges	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		Corrections	Corrections	2856	0.8			637	5010	percent of total billed charges	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		First Health	First Health	2499	0.7			637	5010	percent of total billed charges	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		First Trenton	First Trenton	3213	0.9			637	5010	percent of total billed charges	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		Managed Care Inc	Managed Care Inc	3213	0.9			637	5010	percent of total billed charges	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		Multiplan	Multiplan	2856	0.8			637	5010	percent of total billed charges	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		Qualcare	Qualcare	2277				637	5010	per diem	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		Three Rivers	Three Rivers	3391.5	0.95			637	5010	percent of total billed charges	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		United	Commercial|PPO	5010				637	5010	per diem	
NURSERY - NEWBORN LEVEL II - CONTINUING CARE	172	RC				inpatient			3570		United	Oxford	4450				637	5010	per diem	
NURSERY - NEWBORN LEVEL III - INTERMEDIATE CARE	173	RC				inpatient					Amerihealth	HMO|PPO	1591				1591	5119	case rate	
NURSERY - NEWBORN LEVEL III - INTERMEDIATE CARE	173	RC				inpatient					Qualcare	Qualcare	3986				1591	5119	per diem	
NURSERY - NEWBORN LEVEL III - INTERMEDIATE CARE	173	RC				inpatient					United	Commercial|PPO	5119				1591	5119	per diem	
NURSERY - NEWBORN LEVEL III - INTERMEDIATE CARE	173	RC				inpatient					United	Oxford	4555				1591	5119	per diem	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		Americare	Americare	13884.75	0.75			3183	17587.35	percent of total billed charges	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		Amerihealth	HMO|PPO	3183				3183	17587.35	case rate	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		Consumer	Consumer	14810.4	0.8			3183	17587.35	percent of total billed charges	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		Corrections	Corrections	14810.4	0.8			3183	17587.35	percent of total billed charges	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		First Health	First Health	12959.1	0.7			3183	17587.35	percent of total billed charges	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		First Trenton	First Trenton	16661.7	0.9			3183	17587.35	percent of total billed charges	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		Managed Care Inc	Managed Care Inc	16661.7	0.9			3183	17587.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		Multiplan	Multiplan	14810.4	0.8			3183	17587.35	percent of total billed charges	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		Qualcare	Qualcare	3986				3183	17587.35	per diem	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		Three Rivers	Three Rivers	17587.35	0.95			3183	17587.35	percent of total billed charges	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		United	Commercial/PPO	5119				3183	17587.35	per diem	
NURSERY - NEWBORN LEVEL IV - INTENSIVE CARE	174	RC				inpatient			18513		United	Oxford	4555				3183	17587.35	per diem	
NURSERY - NEONATAL ICU	175	RC				inpatient					Amerihealth	HMO/PPO	3183				3183	3183	case rate	
NURSERY - NORMAL NEWBORN	179	RC				inpatient					Amerihealth	HMO/PPO	637				637	1492	case rate	
NURSERY - NORMAL NEWBORN	179	RC				inpatient					United	Commercial/PPO	1492				637	1492	per diem	
NURSERY - NORMAL NEWBORN	179	RC				inpatient					United	Oxford	1352				637	1492	per diem	
SUBACUTE - GENERAL	190	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
SUBACUTE - GENERAL	190	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
SUBACUTE - SUBACUTE - LEVEL I	191	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
SUBACUTE - SUBACUTE - LEVEL I	191	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
SUBACUTE - SUBACUTE - LEVEL II	192	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
SUBACUTE - SUBACUTE - LEVEL II	192	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
SUBACUTE - SUBACUTE - LEVEL III	193	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
SUBACUTE - SUBACUTE - LEVEL III	193	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
SUBACUTE - SUBACUTE - LEVEL IV	194	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
SUBACUTE - SUBACUTE - LEVEL IV	194	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
SUBACUTE - OTHER SUBACUTE	199	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
SUBACUTE - OTHER SUBACUTE	199	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
INTENSIVE CARE UNIT (ICU) - GENERAL	200	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
INTENSIVE CARE UNIT (ICU) - GENERAL	200	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		Americare	Americare	18332.46	0.75			1352	23221.116	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		Consumer	Consumer	19554.624	0.8			1352	23221.116	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		Corrections	Corrections	19554.624	0.8			1352	23221.116	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		First Health	First Health	17110.296	0.7			1352	23221.116	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		First Trenton	First Trenton	21998.952	0.9			1352	23221.116	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		Managed Care Inc	Managed Care Inc	21998.952	0.9			1352	23221.116	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		Multiplan	Multiplan	19554.624	0.8			1352	23221.116	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		Qualcare	Qualcare	3986				1352	23221.116	per diem	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		Three Rivers	Three Rivers	23221.116	0.95			1352	23221.116	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		United	Commercial/PPO	1492				1352	23221.116	per diem	
INTENSIVE CARE UNIT (ICU) - SURGICAL	201	RC				inpatient			24443.28		United	Oxford	1352				1352	23221.116	per diem	
INTENSIVE CARE UNIT (ICU) - MEDICAL	202	RC				inpatient					Qualcare	Qualcare	3986				1352	3986	per diem	
INTENSIVE CARE UNIT (ICU) - MEDICAL	202	RC				inpatient					United	Commercial/PPO	1492				1352	3986	per diem	
INTENSIVE CARE UNIT (ICU) - MEDICAL	202	RC				inpatient					United	Oxford	1352				1352	3986	per diem	
INTENSIVE CARE UNIT (ICU) - PEDIATRIC	203	RC				inpatient					Qualcare	Qualcare	3986				1352	3986	per diem	
INTENSIVE CARE UNIT (ICU) - PEDIATRIC	203	RC				inpatient					United	Commercial/PPO	1492				1352	3986	per diem	
INTENSIVE CARE UNIT (ICU) - PEDIATRIC	203	RC				inpatient					United	Oxford	1352				1352	3986	per diem	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		Americare	Americare	10339.74	0.75			1352	13097.004	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		Consumer	Consumer	11029.056	0.8			1352	13097.004	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		Corrections	Corrections	11029.056	0.8			1352	13097.004	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		First Health	First Health	9650.424	0.7			1352	13097.004	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		First Trenton	First Trenton	12407.688	0.9			1352	13097.004	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		Managed Care Inc	Managed Care Inc	12407.688	0.9			1352	13097.004	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		Multiplan	Multiplan	11029.056	0.8			1352	13097.004	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		Qualcare	Qualcare	3487				1352	13097.004	per diem	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		Three Rivers	Three Rivers	13097.004	0.95			1352	13097.004	percent of total billed charges	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		United	Commercial/PPO	1492				1352	13097.004	per diem	
INTENSIVE CARE UNIT (ICU) - POST INTENSIVE CARE UNIT	206	RC				inpatient			13786.32		United	Oxford	1352				1352	13097.004	per diem	
INTENSIVE CARE UNIT (ICU) - BURN CARE	207	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
INTENSIVE CARE UNIT (ICU) - BURN CARE	207	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
INTENSIVE CARE UNIT (ICU) - TRAUMA	208	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
INTENSIVE CARE UNIT (ICU) - TRAUMA	208	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
INTENSIVE CARE UNIT (ICU) - OTHER	209	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
INTENSIVE CARE UNIT (ICU) - OTHER	209	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - GENERAL	210	RC				inpatient			18513		United	Commercial/PPO	1492				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - GENERAL	210	RC				inpatient			18513		United	Oxford	1352				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - MYOCARDIAL INFARCTION	211	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - MYOCARDIAL INFARCTION	211	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - PULMONARY CARE	212	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - PULMONARY CARE	212	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - HEART TRANSPALANT	213	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - HEART TRANSPALANT	213	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - POST - CRITICAL CARE UNIT	214	RC				inpatient					United	Commercial/PPO	1492				1352	1492	per diem	
CRITICAL CARE UNIT (CCU) - POST - CRITICAL CARE UNIT	214	RC				inpatient					United	Oxford	1352				1352	1492	per diem	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		Americare	Americare	14730.84	0.75			1352	18659.064	percent of total billed charges	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		Consumer	Consumer	15712.896	0.8			1352	18659.064	percent of total billed charges	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		Corrections	Corrections	15712.896	0.8			1352	18659.064	percent of total billed charges	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		First Health	First Health	13748.784	0.7			1352	18659.064	percent of total billed charges	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		First Trenton	First Trenton	17677.008	0.9			1352	18659.064	percent of total billed charges	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		Managed Care Inc	Managed Care Inc	17677.008	0.9			1352	18659.064	percent of total billed charges	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		Multiplan	Multiplan	15712.896	0.8			1352	18659.064	percent of total billed charges	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		Three Rivers	Three Rivers	18659.064	0.95			1352	18659.064	percent of total billed charges	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		United	Commercial/PPO	1492				1352	18659.064	per diem	
CRITICAL CARE UNIT - OTHER CORONARY CARE	219	RC				inpatient			19641.12		United	Oxford	1352				1352	18659.064	per diem	
IV THERAPY - GENERAL	260	RC				outpatient			829.26		United	Commercial/PPO	314				281	314	case rate	
IV THERAPY - GENERAL	260	RC				outpatient			829.26		United	Oxford	281				281	314	case rate	
IV THERAPY - OTHER IV THERAPY	269	RC				outpatient					United	Commercial/PPO	314				281	314	case rate	
IV THERAPY - OTHER IV THERAPY	269	RC				outpatient					United	Oxford	281				281	314	case rate	
M/S SUPPS - PROSTHETIC/ORTHOTIC DEVICES	274	RC				outpatient			97.68		Amerihealth	HMO/PPO	24750	0.33			24750	30000	percent of total billed charges	
M/S SUPPS - PROSTHETIC/ORTHOTIC DEVICES	274	RC				inpatient			97.68		Qualcare	Qualcare	30000	0.4			24750	30000	percent of total billed charges	
M/S SUPPS - PACEMAKER	275	RC				outpatient					Amerihealth	HMO/PPO	28470.42	0.33			28470.42	34509.6	percent of total billed charges	
M/S SUPPS - PACEMAKER	275	RC				inpatient					Qualcare	Qualcare	34509.6	0.4			28470.42	34509.6	percent of total billed charges	
M/S SUPPS - INTRAOCULAR LENS	276	RC				outpatient					Amerihealth	HMO/PPO	2587.32	0.33			2587.32	3136.14	percent of total billed charges	
M/S SUPPS - INTRAOCULAR LENS	276	RC				inpatient					Qualcare	Qualcare	3136.14	0.4			2587.32	3136.14	percent of total billed charges	
M/S SUPPS - OTHER IMPLANTS	278	RC				outpatient			9990.9		Amerihealth	HMO/PPO	2791169.37	0.33			2791169.37	3383235.6	percent of total billed charges	
M/S SUPPS - OTHER IMPLANTS	278	RC				inpatient			9990.9		Qualcare	Qualcare	3383235.6	0.4			2791169.37	3383235.6	percent of total billed charges	
ONCOLOGY - GENERAL	280	RC				outpatient					United	Commercial/PPO	362				345	362	case rate	
ONCOLOGY - GENERAL	280	RC				outpatient					United	Oxford	345				345	362	case rate	
ONCOLOGY - OTHER ONCOLOGY	289	RC				outpatient					United	Commercial/PPO	362				345	362	case rate	
ONCOLOGY - OTHER ONCOLOGY	289	RC				outpatient					United	Oxford	345				345	362	case rate	
LABORATORY - GENERAL	300	RC				outpatient			965.94		United	Commercial/PPO	69				67	69	case rate	
LABORATORY - GENERAL	300	RC				outpatient			965.94		United	Oxford	67				67	69	case rate	
LABORATORY - CHEMISTRY	301	RC				outpatient			997.56		United	Commercial/PPO	69				67	69	case rate	
LABORATORY - CHEMISTRY	301	RC				outpatient			997.56		United	Oxford	67				67	69	case rate	
LABORATORY - IMMUNOLOGY	302	RC				outpatient			998.58		United	Commercial/PPO	69				67	69	case rate	
LABORATORY - IMMUNOLOGY	302	RC				outpatient			998.58		United	Oxford	67				67	69	case rate	
LABORATORY - RENAL PATIENT (HOME)	303	RC				outpatient					United	Commercial/PPO	69				67	69	case rate	
LABORATORY - RENAL PATIENT (HOME)	303	RC				outpatient					United	Oxford	67				67	69	case rate	
LABORATORY - NON-ROUTINE DIALYSIS	304	RC				outpatient					United	Commercial/PPO	69				67	69	case rate	
LABORATORY - NON-ROUTINE DIALYSIS	304	RC				outpatient					United	Oxford	67				67	69	case rate	
LABORATORY - HEMATOLOGY	305	RC				outpatient			98.94		United	Commercial/PPO	69				67	69	case rate	
LABORATORY - HEMATOLOGY	305	RC				outpatient			98.94		United	Oxford	67				67	69	case rate	
LABORATORY - BACTERIOLOGY/MICROBIOLOGY	306	RC				outpatient			997.56		United	Commercial/PPO	69				67	69	case rate	
LABORATORY - BACTERIOLOGY/MICROBIOLOGY	306	RC				outpatient			997.56		United	Oxford	67				67	69	case rate	
LABORATORY - UROLOGY	307	RC				outpatient			9.18		United	Commercial/PPO	69				67	69	case rate	
LABORATORY - UROLOGY	307	RC				outpatient			9.18		United	Oxford	67				67	69	case rate	
LABORATORY - OTHER LABORATORY	309	RC				outpatient			980.22		United	Commercial/PPO	69				67	69	case rate	
LABORATORY - OTHER LABORATORY	309	RC				outpatient			980.22		United	Oxford	67				67	69	case rate	
LABORATORY PATHOLOGY - GENERAL	310	RC				outpatient			995.52		United	Commercial/PPO	69				67	69	case rate	
LABORATORY PATHOLOGY - GENERAL	310	RC				outpatient			995.52		United	Oxford	67				67	69	case rate	
LABORATORY PATHOLOGY - CYTOLOGY	311	RC				outpatient			965.94		United	Commercial/PPO	69				67	69	case rate	
LABORATORY PATHOLOGY - CYTOLOGY	311	RC				outpatient			965.94		United	Oxford	67				67	69	case rate	
LABORATORY PATHOLOGY - HISTOLOGY	312	RC				outpatient			646.68		United	Commercial/PPO	69				67	69	case rate	
LABORATORY PATHOLOGY - HISTOLOGY	312	RC				outpatient			646.68		United	Oxford	67				67	69	case rate	
LABORATORY PATHOLOGY - BIOPSY	314	RC				outpatient					United	Commercial/PPO	69				67	69	case rate	
LABORATORY PATHOLOGY - BIOPSY	314	RC				outpatient					United	Oxford	67				67	69	case rate	
LABORATORY PATHOLOGY - OTHER	319	RC				outpatient			408		United	Commercial/PPO	69				67	69	case rate	
LABORATORY PATHOLOGY - OTHER	319	RC				outpatient			408		United	Oxford	67				67	69	case rate	
RADIOLOGY DIAGNOSTIC - GENERAL	320	RC				outpatient			964.92		United	Commercial/PPO	345				291	345	case rate	
RADIOLOGY DIAGNOSTIC - GENERAL	320	RC				outpatient			964.92		United	Oxford	291				291	345	case rate	
RADIOLOGY DIAGNOSTIC - ANGIOCARDIOGRAPHY	321	RC				outpatient					United	Commercial/PPO	345				291	345	case rate	
RADIOLOGY DIAGNOSTIC - ANGIOCARDIOGRAPHY	321	RC				outpatient					United	Oxford	291				291	345	case rate	
RADIOLOGY DIAGNOSTIC - ARTHROGRAPHY	322	RC				outpatient			1982.88		United	Commercial/PPO	345				291	345	case rate	
RADIOLOGY DIAGNOSTIC - ARTHROGRAPHY	322	RC				outpatient			1982.88		United	Oxford	291				291	345	case rate	
RADIOLOGY DIAGNOSTIC - ARTERIOGRAPHY	323	RC				outpatient					United	Commercial/PPO	345				291	345	case rate	
RADIOLOGY DIAGNOSTIC - ARTERIOGRAPHY	323	RC				outpatient					United	Oxford	291				291	345	case rate	
RADIOLOGY DIAGNOSTIC - CHEST X-RAY	324	RC				outpatient			511.02		United	Commercial/PPO	345				291	345	case rate	
RADIOLOGY DIAGNOSTIC - CHEST X-RAY	324	RC				outpatient			511.02		United	Oxford	291				291	345	case rate	
RADIOLOGY DIAGNOSTIC - OTHER	329	RC				outpatient			41573.17		United	Commercial/PPO	345				291	345	case rate	
RADIOLOGY DIAGNOSTIC - OTHER	329	RC				outpatient			41573.17		United	Oxford	291				291	345	case rate	
RADIOLOGY THERAPY - CHEMOTHERAPY - INJECTED	331	RC				outpatient			96.91		United	Commercial/PPO	1088				949	1088	case rate	
RADIOLOGY THERAPY - CHEMOTHERAPY - INJECTED	331	RC				outpatient			96.91		United	Oxford	949				949	1088	case rate	
RADIOLOGY THERAPY - CHEMOTHERAPY - ORAL	332	RC				outpatient					United	Commercial/PPO	1088				949	1088	case rate	
RADIOLOGY THERAPY - CHEMOTHERAPY - ORAL	332	RC				outpatient					United	Oxford	949				949	1088	case rate	
RADIOLOGY THERAPY - RADIATION THERAPY	333	RC				outpatient			9878.7		United	Commercial/PPO	3013				2533	3013	case rate	Excluding CPT Codes 61796-61800, 63620-63621, 77371, 77372, 77373, Reve
RADIOLOGY THERAPY - RADIATION THERAPY	333	RC				outpatient			9878.7		United	Oxford	2533				2533	3013	case rate	Excluding CPT Codes 61796-61800, 63620-63621, 77371, 77372, 77373, Reve
RADIOLOGY THERAPY - CHEMOTHERAPY - IV	335	RC				outpatient			803.76		United	Commercial/PPO	1088				949	1088	case rate	
RADIOLOGY THERAPY - CHEMOTHERAPY - IV	335	RC				outpatient			803.76		United	Oxford	949				949	1088	case rate	
NUCLEAR MEDICAL - GENERAL	340	RC				outpatient			4959.68		United	Commercial/PPO	779				662	779	case rate	
NUCLEAR MEDICAL - GENERAL	340	RC				outpatient			4959.68		United	Oxford	662				662	779	case rate	
NUCLEAR MEDICAL - DIAGNOSTIC	341	RC				outpatient			945.54		United	Commercial/PPO	779				662	779	case rate	
NUCLEAR MEDICAL - DIAGNOSTIC	341	RC				outpatient			945.54		United	Oxford	662				662	779	case rate	
NUCLEAR MEDICAL - THERAPEUTIC	342	RC				outpatient			3721.98		United	Commercial/PPO	779				662	779	case rate	
NUCLEAR MEDICAL - THERAPEUTIC	342	RC				outpatient			3721.98		United	Oxford	662				662	779	case rate	
NUCLEAR MEDICAL - OTHER	349	RC				outpatient			62.61		United	Commercial/PPO	779				662	779	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																			
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																			
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes				
NUCLEAR MEDICAL - OTHER	349	RC				outpatient			62.61		United	Oxford	662				662	779	case rate						
CT SCAN - GENERAL	350	RC				outpatient					United	Commercial|PPO	766				658	766	case rate						
CT SCAN - GENERAL	350	RC				outpatient					United	Oxford	658				658	766	case rate						
CT SCAN - HEAD SCAN	351	RC				outpatient			523.26		United	Commercial|PPO	766				658	766	case rate						
CT SCAN - HEAD SCAN	351	RC				outpatient			523.26		United	Oxford	658				658	766	case rate						
CT SCAN - BODY SCAN	352	RC				outpatient			997.56		United	Commercial|PPO	766				658	766	case rate						
CT SCAN - BODY SCAN	352	RC				outpatient			997.56		United	Oxford	658				658	766	case rate						
CT SCAN - OTHER CT SCAN	359	RC				outpatient					United	Commercial|PPO	766				658	766	case rate						
CT SCAN - OTHER CT SCAN	359	RC				outpatient					United	Oxford	658				658	766	case rate						
OPERATING ROOM - GENERAL	360	RC				outpatient			9924.82		Amerihealth	HMO|PPO	3183				3183	3183	case rate						
OPERATING ROOM - MINOR SURGERY	361	RC				outpatient			9975.6		Amerihealth	HMO|PPO	3183				3183	3183	case rate						
OPERATING ROOM - ORGAN TRANSPLANT - OTHER THAN KIDNEY	362	RC				outpatient					Amerihealth	HMO|PPO	3183				3183	3183	case rate						
OPERATING ROOM - KIDNEY TRANSPLANT	367	RC				outpatient					Amerihealth	HMO|PPO	3183				3183	3183	case rate						
BLOOD - GENERAL	380	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - GENERAL	380	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - PACKED RED CELLS	381	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - PACKED RED CELLS	381	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - WHOLE BLOOD	382	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - WHOLE BLOOD	382	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - PLASMA	383	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - PLASMA	383	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - PLATELETS	384	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - PLATELETS	384	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - LEUKOCYTES	385	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - LEUKOCYTES	385	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - OTHER COMPONENTS	386	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - OTHER COMPONENTS	386	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - OTHER DERIVATIVES (CRYOPRECIPITATES)	387	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - OTHER DERIVATIVES (CRYOPRECIPITATES)	387	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - OTHER BLOOD	389	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - OTHER BLOOD	389	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - GENERAL	390	RC				outpatient			997.56		United	Commercial|PPO	234				234	234	case rate						
BLOOD - GENERAL	390	RC				outpatient			997.56		United	Oxford	234				234	234	case rate						
BLOOD - BLOOD ADMINISTRATION	391	RC				outpatient			1160.76		United	Commercial|PPO	234				234	234	case rate						
BLOOD - BLOOD ADMINISTRATION	391	RC				outpatient			1160.76		United	Oxford	234				234	234	case rate						
BLOOD - BLOOD PROCESSING AND STORAGE	392	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - BLOOD PROCESSING AND STORAGE	392	RC				outpatient					United	Oxford	234				234	234	case rate						
BLOOD - OTHER BLOOD AND STORAGE PROCESSING	399	RC				outpatient					United	Commercial|PPO	234				234	234	case rate						
BLOOD - OTHER BLOOD AND STORAGE PROCESSING	399	RC				outpatient					United	Oxford	234				234	234	case rate						
IMAGING - GENERAL	400	RC				outpatient					United	Commercial|PPO	387				387	387	case rate						
IMAGING - GENERAL	400	RC				outpatient					United	Oxford	387				387	387	case rate						
IMAGING - DIAGNOSTIC MAMMOGRAPHY	401	RC				outpatient			541.62		United	Commercial|PPO	441				441	452	case rate						
IMAGING - DIAGNOSTIC MAMMOGRAPHY	401	RC				outpatient			541.62		United	Oxford	452				441	452	case rate						
IMAGING - ULTRASOUND	402	RC				outpatient			94.7		United	Commercial|PPO	393				334	393	case rate						
IMAGING - ULTRASOUND	402	RC				outpatient			94.7		United	Oxford	334				334	393	case rate						
IMAGING - SCREENING MAMMOGRAPHY	403	RC				outpatient			541.62		United	Commercial|PPO	441				441	452	case rate						
IMAGING - SCREENING MAMMOGRAPHY	403	RC				outpatient			541.62		United	Oxford	452				441	452	case rate						
IMAGING - POSITRON EMMISSION TOMOGRAPHY	404	RC				outpatient			7662.24		United	Commercial|PPO	6476				6213	6476	case rate						
IMAGING - POSITRON EMMISSION TOMOGRAPHY	404	RC				outpatient			7662.24		United	Oxford	6213				6213	6476	case rate						
IMAGING - OTHER IMAGING SERVICES	409	RC				outpatient					United	Commercial|PPO	387				387	387	case rate						
IMAGING - OTHER IMAGING SERVICES	409	RC				outpatient					United	Oxford	387				387	387	case rate						
RESPIRATORY THERAPY - GENERAL	410	RC				outpatient			89.78		United	Commercial|PPO	300				250	300	case rate						
RESPIRATORY THERAPY - GENERAL	410	RC				outpatient			89.78		United	Oxford	250				250	300	case rate						
RESPIRATORY THERAPY - INHALATION SERVICES	412	RC				outpatient					United	Commercial|PPO	300				250	300	case rate						
RESPIRATORY THERAPY - INHALATION SERVICES	412	RC				outpatient					United	Oxford	250				250	300	case rate						
RESPIRATORY THERAPY - HYPERBARIC OXYGEN THERAPY	413	RC				outpatient					United	Commercial|PPO	3327				2658	3327	case rate						
RESPIRATORY THERAPY - HYPERBARIC OXYGEN THERAPY	413	RC				outpatient					United	Oxford	2658				2658	3327	case rate						
RESPIRATORY THERAPY - OTHER RESPIRATORY SERVICES	419	RC				outpatient					United	Commercial|PPO	300				250	300	case rate						
RESPIRATORY THERAPY - OTHER RESPIRATORY SERVICES	419	RC				outpatient					United	Oxford	250				250	300	case rate						
PHYSICAL THERAPY - GENERAL	420	RC				outpatient					United	Commercial|PPO	300				60	300	case rate						
PHYSICAL THERAPY - GENERAL	420	RC				outpatient			739.5		United	Oxford	250				60	300	case rate						
PHYSICAL THERAPY - GENERAL	420	RC				outpatient			739.5		Horizon	NJ Health	60				60	300	case rate						
PHYSICAL THERAPY - VISIT CHARGE	421	RC				outpatient					United	Commercial|PPO	300				60	300	case rate						
PHYSICAL THERAPY - VISIT CHARGE	421	RC				outpatient					United	Oxford	250				60	300	case rate						
PHYSICAL THERAPY - VISIT CHARGE	421	RC				outpatient					Horizon	NJ Health	60				60	300	case rate						
PHYSICAL THERAPY - HOURLY CHARGE	422	RC				outpatient					United	Commercial|PPO	300				60	300	case rate						
PHYSICAL THERAPY - HOURLY CHARGE	422	RC				outpatient					United	Oxford	250				60	300	case rate						
PHYSICAL THERAPY - HOURLY CHARGE	422	RC				outpatient					Horizon	NJ Health	60				60	300	case rate						
PHYSICAL THERAPY - GROUP RATE	423	RC				outpatient					United	Commercial|PPO	300				60	300	case rate						
PHYSICAL THERAPY - GROUP RATE	423	RC				outpatient					United	Oxford	250				60	300	case rate						
PHYSICAL THERAPY - GROUP RATE	423	RC				outpatient					Horizon	NJ Health	60				60	300	case rate						
PHYSICAL THERAPY - EVALUATION OR RE-EVALUATION	424	RC				outpatient			765		United	Commercial|PPO	300				60	300	case rate						
PHYSICAL THERAPY - EVALUATION OR RE-EVALUATION	424	RC				outpatient			765		United	Oxford	250				60	300	case rate						
PHYSICAL THERAPY - EVALUATION OR RE-EVALUATION	424	RC				outpatient			765		Horizon	NJ Health	60				60	300	case rate						
PHYSICAL THERAPY - OTHER PHYSICAL THERAPY	429	RC				outpatient			290.7		United	Commercial|PPO	300				60	300	case rate						
PHYSICAL THERAPY - OTHER PHYSICAL THERAPY	429	RC				outpatient			290.7		United	Oxford	250				60	300	case rate						
PHYSICAL THERAPY - OTHER PHYSICAL THERAPY	429	RC				outpatient			290.7		Horizon	NJ Health	60				60	300	case rate						
OCCUPATIONAL THERAPY - GENERAL	430	RC				outpatient			726.24		United	Commercial|PPO	299				60	299	case rate						
OCCUPATIONAL THERAPY - GENERAL	430	RC				outpatient			726.24		United	Oxford	250				60	299	case rate						
OCCUPATIONAL THERAPY - GENERAL	430	RC				outpatient			726.24		Horizon	NJ Health	60				60	299	case rate						
OCCUPATIONAL THERAPY - VISIT CHARGE	431	RC				outpatient					United	Commercial|PPO	299				60	299	case rate						
OCCUPATIONAL THERAPY - VISIT CHARGE	431	RC				outpatient					United	Oxford	250				60	299	case rate						
OCCUPATIONAL THERAPY - VISIT CHARGE	431	RC				outpatient					Horizon	NJ Health	60				60	299	case rate						
OCCUPATIONAL THERAPY - HOURLY CHARGE	432	RC				outpatient					United	Commercial|PPO	299				60	299	case rate						
OCCUPATIONAL THERAPY - HOURLY CHARGE	432	RC				outpatient					United	Oxford	250				60	299	case rate						
OCCUPATIONAL THERAPY - HOURLY CHARGE	432	RC				outpatient					Horizon	NJ Health	60				60	299	case rate						
OCCUPATIONAL THERAPY - GROUP RATE	433	RC				outpatient					United	Commercial|PPO	299				60	299	case rate						
OCCUPATIONAL THERAPY - GROUP RATE	433	RC				outpatient					United	Oxford	250				60	299	case rate						
OCCUPATIONAL THERAPY - GROUP RATE	433	RC				outpatient					Horizon	NJ Health	60				60	299	case rate						
OCCUPATIONAL THERAPY - EVALUATION OR RE-EVALUATION	434	RC				outpatient			765		United	Commercial|PPO	299				60	299	case rate						
OCCUPATIONAL THERAPY - EVALUATION OR RE-EVALUATION	434	RC				outpatient			765		United	Oxford	250				60	299	case rate						
OCCUPATIONAL THERAPY - EVALUATION OR RE-EVALUATION	434	RC				outpatient			765		Horizon	NJ Health	60				60	299	case rate						
OCCUPATIONAL THERAPY - OTHER OCCUPATIONAL THERAPY	439	RC				outpatient			135.66		United	Commercial|PPO	299				60	299	case rate						
OCCUPATIONAL THERAPY - OTHER OCCUPATIONAL THERAPY	439	RC				outpatient			135.66		United	Oxford	250				60	299	case rate						
OCCUPATIONAL THERAPY - OTHER OCCUPATIONAL THERAPY	439	RC				outpatient			135.66		Horizon	NJ Health	60				60	299	case rate						
SPEECH THERAPY - GENERAL	440	RC				outpatient			977.16		United	Commercial|PPO	300				60	300	case rate						
SPEECH THERAPY - GENERAL	440	RC				outpatient			977.16		United	Oxford	250				60	300	case rate						
SPEECH THERAPY - GENERAL	440	RC				outpatient			977.16		Horizon	NJ Health	60				60	300	case rate						
SPEECH THERAPY - VISIT CHARGE	441	RC				outpatient					United	Commercial|PPO	300				60	300	case rate						
SPEECH THERAPY - VISIT CHARGE	441	RC				outpatient					United	Oxford	250				60	300	case rate						
SPEECH THERAPY - VISIT CHARGE	441	RC				outpatient					Horizon	NJ Health	60				60	300	case rate						
SPEECH THERAPY - HOURLY CHARGE	442	RC				outpatient					United	Commercial|PPO	300				60	300	case rate						
SPEECH THERAPY - HOURLY CHARGE	442	RC				outpatient					United	Oxford	250				60	300	case rate						
SPEECH THERAPY - HOURLY CHARGE	442	RC				outpatient					Horizon	NJ Health	60				60	300	case rate						
SPEECH THERAPY - GROUP RATE	443	RC				outpatient					United	Commercial|PPO	300				60	300	case rate						
SPEECH THERAPY - GROUP RATE	443	RC				outpatient					United	Oxford	250				60	300	case rate						
SPEECH THERAPY - GROUP RATE	443	RC				outpatient					Horizon	NJ Health	60				60	300	case rate						
SPEECH THERAPY - EVALUATION OR REEVALUATION	444	RC				outpatient					United	Commercial|PPO	300				60	300	case rate						
SPEECH THERAPY - EVALUATION OR REEVALUATION	444	RC				outpatient					United	Oxford	250				60	300	case rate						
SPEECH THERAPY - EVALUATION OR REEVALUATION	444	RC				outpatient					Horizon	NJ Health	60				60	300	case rate						
SPEECH THERAPY - OTHER SPEECH-LANGUAGE PATHOLOGY	449	RC				outpatient					United	Commercial|PPO	300				60	300	case rate						
SPEECH THERAPY - OTHER SPEECH-LANGUAGE PATHOLOGY	449	RC				outpatient					United	Oxford	250				60	300	case rate						
SPEECH THERAPY - OTHER SPEECH-LANGUAGE PATHOLOGY	449	RC				outpatient					Horizon	NJ Health	60				60	300	case rate						
EMERGENCY ROOM - GENERAL	450	RC				outpatient			9852.18		United	Commercial|PPO	1022				946	1022	case rate						
EMERGENCY ROOM - GENERAL	450	RC				outpatient			9852.18		United	Oxford	946				946	1022	case rate						
EMERGENCY ROOM - EMTALA EMERGENCY MED SCREENING SERVICES	451	RC				outpatient					United	Commercial|PPO	1022				946	1022	case rate						
EMERGENCY ROOM - EMTALA EMERGENCY MED SCREENING SERVICES	451	RC				outpatient					United	Oxford	946				946	1022	case rate						
EMERGENCY ROOM - EMERGENCY ROOM BEYOND EMTALA SCREENING	452	RC				outpatient					United	Commercial|PPO	1022				946	1022	case rate						
EMERGENCY ROOM - EMERGENCY ROOM BEYOND EMTALA SCREENING	452	RC				outpatient					United	Oxford	946				946	1022	case rate						
EMERGENCY ROOM - URGENT CARE	456	RC				outpatient					United	Commercial|PPO	314				314	314	case rate						
EMERGENCY ROOM - URGENT CARE	456	RC				outpatient					United	Oxford	314				314	314	case rate						
EMERGENCY ROOM - OTHER EMERGENCY ROOM	459	RC				outpatient			255		United	Commercial|PPO	1022				946	1022	case rate						
EMERGENCY ROOM - OTHER EMERGENCY ROOM	459	RC				outpatient			255		United	Oxford	946				946	1022	case rate						
PULMONARY THERAPY - GENERAL	460	RC				outpatient			978.18		United	Commercial|PPO	145				141	145	case rate						
PULMONARY THERAPY - GENERAL	460	RC				outpatient			978.18		United	Oxford	141				141	145	case rate						
PULMONARY THERAPY - OTHER PULMONARY FUNCTION	469	RC				outpatient					United	Commercial|PPO	145				141	145	case rate						
PULMONARY THERAPY - OTHER PULMONARY FUNCTION	469	RC				outpatient					United	Oxford	141				141	145	case rate						
AUDIO THERAPY - GENERAL	470	RC				outpatient			235.62		United	Commercial|PPO	195				191	195	case rate						
AUDIO THERAPY - GENERAL	470	RC				outpatient			235.62		United	Oxford	191				191	195	case rate						
AUDIO THERAPY - DIAGNOSTIC	471	RC				outpatient			998.58		United	Commercial|PPO	195				191	195	case rate						
AUDIO THERAPY - DIAGNOSTIC	471	RC				outpatient			998.58		United	Oxford	191				191	195	case rate						
AUDIO THERAPY - TREATMENT	472	RC				outpatient					United	Commercial|PPO	195				191	195	case rate						
AUDIO THERAPY - TREATMENT	472	RC				outpatient					United	Oxford	191				191	195	case rate						
AUDIO THERAPY - OTHER AUDIOLOGY	479	RC				outpatient					United	Commercial|PPO	195				191	195	case rate						
AUDIO THERAPY - OTHER AUDIOLOGY	479	RC				outpatient					United	Oxford	191				191	195	case rate						
CARDIOLOGY - GENERAL	480	RC				outpatient			765		United	Commercial|PPO	490				433	490	case rate						
CARDIOLOGY - GENERAL	480	RC				outpatient			765		United	Oxford	433				433	490	case rate						
CARDIOLOGY - CARDIAC CATH. LABORATORY	481	RC				outpatient			994.5		Amerihealth	HMO|PPO	3183				3183	4928	case rate						
CARDIOLOGY - CARDIAC CATH. LABORATORY	481	RC				outpatient			994.5		Horizon	NJ Health	4928				3183	4928	case rate						
CARDIOLOGY - STRESS TEST	482	RC				outpatient					United	Commercial|PPO	340				298	340	case rate						
CARDIOLOGY - STRESS TEST	482	RC				outpatient					United	Oxford	298				298	340	case rate						
CARDIOLOGY - ECHOCARDIOLOGY	483	RC				outpatient			891.48		United	Commercial|PPO	496				408	496	case rate						
CARDIOLOGY - ECHOCARDIOLOGY	483	RC				outpatient			891.48		United	Oxford	408				408	496	case rate						
CARDIOLOGY - OTHER CARDIOLOGY	489	RC				outpatient					United	Commercial|PPO	490				433	490	case rate						
CARDIOLOGY - OTHER CARDIOLOGY	489	RC				outpatient					United	Oxford	433				433	490	case rate						
AMBULATORY SURGICAL - GENERAL	490	RC				outpatient			4407.6		Amerihealth	HMO|PPO	3183				3183	3681	case rate						
AMBULATORY SURGICAL - GENERAL	490	RC				outpatient			4407.6		Horizon	NJ Health	3681				3183	3681	case rate						
AMBULATORY SURGICAL - OTHER AMBULATORY SURGICAL CARE	499	RC				outpatient					Amerihealth	HMO|PPO	3183				3183	3681	case rate						

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMBULATORY SURGICAL - OTHER AMBULATORY SURGICAL CARE	499	RC				outpatient					Horizon	NJ Health	3681				3183	3681	case rate	
CLINIC - GENERAL	510	RC				outpatient			879.37		Amerihealth	HMO/PPO	170				170	170	case rate	
CLINIC - OBSTETRICS-GYNECOLOGY CLINIC	514	RC				outpatient			6705.74		Amerihealth	HMO/PPO	170				170	170	case rate	
CLINIC - OTHER CLINIC	519	RC				outpatient			8039.37		Amerihealth	HMO/PPO	170				170	170	case rate	
AMBULANCE - GENERAL	540	RC				outpatient			3902.52		UHC	Medicare	350				350	813	case rate	
AMBULANCE - GENERAL	540	RC				outpatient			3902.52		United	Commercial/PPO	813				350	813	case rate	
AMBULANCE - GENERAL	540	RC				outpatient			3902.52		United	Oxford	813				350	813	case rate	
AMBULANCE - MEDICAL TRANSPORT	542	RC				outpatient					UHC	Medicare	350				350	813	case rate	
AMBULANCE - MEDICAL TRANSPORT	542	RC				outpatient					United	Commercial/PPO	813				350	813	case rate	
AMBULANCE - MEDICAL TRANSPORT	542	RC				outpatient					United	Oxford	813				350	813	case rate	
AMBULANCE - HEART MOBILE	543	RC				outpatient					UHC	Medicare	350				350	813	case rate	
AMBULANCE - HEART MOBILE	543	RC				outpatient					United	Commercial/PPO	813				350	813	case rate	
AMBULANCE - HEART MOBILE	543	RC				outpatient					United	Oxford	813				350	813	case rate	
AMBULANCE - AIR AMBULANCE	545	RC				outpatient					UHC	Medicare	2300				2300	4358	case rate	
AMBULANCE - AIR AMBULANCE	545	RC				outpatient					United	Commercial/PPO	4358				2300	4358	case rate	
AMBULANCE - AIR AMBULANCE	545	RC				outpatient					United	Oxford	4358				2300	4358	case rate	
AMBULANCE - NEONATAL AMBULANCE SERVICES	546	RC				outpatient					UHC	Medicare	350				350	813	case rate	
AMBULANCE - NEONATAL AMBULANCE SERVICES	546	RC				outpatient					United	Commercial/PPO	813				350	813	case rate	
AMBULANCE - NEONATAL AMBULANCE SERVICES	546	RC				outpatient					United	Oxford	813				350	813	case rate	
AMBULANCE - PHARMACY	547	RC				outpatient					UHC	Medicare	350				350	813	case rate	
AMBULANCE - PHARMACY	547	RC				outpatient					United	Commercial/PPO	813				350	813	case rate	
AMBULANCE - PHARMACY	547	RC				outpatient					United	Oxford	813				350	813	case rate	
AMBULANCE - TELEPHONE TRANSMISSION EKG	548	RC				outpatient					UHC	Medicare	350				350	813	case rate	
AMBULANCE - TELEPHONE TRANSMISSION EKG	548	RC				outpatient					United	Commercial/PPO	813				350	813	case rate	
AMBULANCE - TELEPHONE TRANSMISSION EKG	548	RC				outpatient					United	Oxford	813				350	813	case rate	
AMBULANCE - OTHER AMBULANCE	549	RC				outpatient					UHC	Medicare	350				350	813	case rate	
AMBULANCE - OTHER AMBULANCE	549	RC				outpatient					United	Commercial/PPO	813				350	813	case rate	
AMBULANCE - OTHER AMBULANCE	549	RC				outpatient					United	Oxford	813				350	813	case rate	
MRI - GENERAL	610	RC				outpatient			964.92		United	Commercial/PPO	2117				2004	2117	case rate	
MRI - GENERAL	610	RC				outpatient			964.92		United	Oxford	2004				2004	2117	case rate	
MRI - BRAIN MRI - INCLUDING BRAINSTEM	611	RC				outpatient			822.44		United	Commercial/PPO	2117				2004	2117	case rate	
MRI - BRAIN MRI - INCLUDING BRAINSTEM	611	RC				outpatient			822.44		United	Oxford	2004				2004	2117	case rate	
MRI - SPINAL CORD MRI - INCLUDING SPINE	612	RC				outpatient			7434.78		United	Commercial/PPO	2117				2004	2117	case rate	
MRI - SPINAL CORD MRI - INCLUDING SPINE	612	RC				outpatient			7434.78		United	Oxford	2004				2004	2117	case rate	
MRI - MRI - OTHER	614	RC				outpatient					United	Commercial/PPO	2117				2004	2117	case rate	
MRI - MRI - OTHER	614	RC				outpatient					United	Oxford	2004				2004	2117	case rate	
MRI - MRA - HEAD & NECK	615	RC				outpatient			5024.52		United	Commercial/PPO	2117				2004	2117	case rate	
MRI - MRA - HEAD & NECK	615	RC				outpatient			5024.52		United	Oxford	2004				2004	2117	case rate	
MRI - MRA - LOWER EXTREMITIES	616	RC				outpatient			5035.74		United	Commercial/PPO	2117				2004	2117	case rate	
MRI - MRA - LOWER EXTREMITIES	616	RC				outpatient			5035.74		United	Oxford	2004				2004	2117	case rate	
MRI - MRA - OTHER	618	RC				outpatient			5035.74		United	Commercial/PPO	2117				2004	2117	case rate	
MRI - MRA - OTHER	618	RC				outpatient			5035.74		United	Oxford	2004				2004	2117	case rate	
MRI - OTHER MRI	619	RC				outpatient					United	Commercial/PPO	2117				2004	2117	case rate	
MRI - OTHER MRI	619	RC				outpatient					United	Oxford	2004				2004	2117	case rate	
TRAUMA - LEVEL I	681	RC				inpatient					Qualcare	Qualcare	4982				4982	4982	per diem	
LABOR ROOM/DELIVERY - GENERAL CLASSIFICATION	720	RC				outpatient			609.96		United	Commercial/PPO	442				442	442	case rate	
LABOR ROOM/DELIVERY - GENERAL CLASSIFICATION	720	RC				outpatient			609.96		United	Oxford	442				442	442	case rate	
LABOR ROOM/DELIVERY - LABOR	721	RC				outpatient					United	Commercial/PPO	442				442	442	case rate	
LABOR ROOM/DELIVERY - LABOR	721	RC				outpatient					United	Oxford	442				442	442	case rate	
LABOR ROOM/DELIVERY - DELIVERY	722	RC				outpatient			9263.64		United	Commercial/PPO	442				442	442	case rate	
LABOR ROOM/DELIVERY - DELIVERY	722	RC				outpatient			9263.64		United	Oxford	442				442	442	case rate	
LABOR ROOM/DELIVERY - BIRTHING CENTER	724	RC				outpatient					United	Commercial/PPO	442				442	442	case rate	
LABOR ROOM/DELIVERY - BIRTHING CENTER	724	RC				outpatient					United	Oxford	442				442	442	case rate	
LABOR ROOM/DELIVERY - OTHER	729	RC				outpatient					United	Commercial/PPO	442				442	442	case rate	
LABOR ROOM/DELIVERY - OTHER	729	RC				outpatient					United	Oxford	442				442	442	case rate	
EKG/ECG (ELECTROCARDIOGRAM) - GENERAL	730	RC				outpatient			221.34		United	Commercial/PPO	193				193	197	case rate	
EKG/ECG (ELECTROCARDIOGRAM) - GENERAL	730	RC				outpatient			221.34		United	Oxford	197				193	197	case rate	
EKG/ECG (ELECTROCARDIOGRAM) - HOLTER MONITOR	731	RC				outpatient			719.1		United	Commercial/PPO	264				250	264	case rate	
EKG/ECG (ELECTROCARDIOGRAM) - HOLTER MONITOR	731	RC				outpatient			719.1		United	Oxford	250				250	264	case rate	
EKG/ECG (ELECTROCARDIOGRAM) - TELEMETRY	732	RC				outpatient					United	Commercial/PPO	264				250	264	case rate	
EKG/ECG (ELECTROCARDIOGRAM) - TELEMETRY	732	RC				outpatient					United	Oxford	250				250	264	case rate	
EKG/ECG (ELECTROCARDIOGRAM) - OTHER EKG/ECG	739	RC				outpatient					United	Commercial/PPO	193				193	197	case rate	
EKG/ECG (ELECTROCARDIOGRAM) - OTHER EKG/ECG	739	RC				outpatient					United	Oxford	197				193	197	case rate	
EEG - GENERAL	740	RC				outpatient			835.38		Amerihealth	HMO/PPO	1591				680	1591	case rate	
EEG - GENERAL	740	RC				outpatient			835.38		United	Commercial/PPO	839				680	1591	case rate	Excluding CPT/HCPCS Codes 95782-95783, 95800-95801, 95805-95811, G03
EEG - GENERAL	740	RC				outpatient			835.38		United	Oxford	680				680	1591	case rate	Excluding CPT/HCPCS Codes 95782-95783, 95800-95801, 95805-95811, G03
OBSERVATION - OBSERVATION ROOM	762	RC				outpatient			701.76		Amerihealth	HMO/PPO	106				106	3090	other	Per Unit methodology; Max amount of $2,440
OBSERVATION - OBSERVATION ROOM	762	RC				outpatient			701.76		United	Commercial/PPO	3090				106	3090	case rate	
OBSERVATION - OBSERVATION ROOM	762	RC				outpatient			701.76		United	Oxford	2730				106	3090	case rate	
OBSERVATION - OBSERVATION ROOM	762	RC				outpatient			701.76		Horizon	NJ Health	1154				106	3090	case rate	
PREVENTIVE - VACCINE ADMINISTRATION	771	RC				outpatient			67.32		United	Commercial/PPO	31				31	31	case rate	
PREVENTIVE - VACCINE ADMINISTRATION	771	RC				outpatient			67.32		United	Oxford	31				31	31	case rate	
ESWT (EXTRA CORPOREAL SHOCK WAVE THERAPY)	790	RC				outpatient			14150.46		Amerihealth	HMO/PPO	3183				3183	3183	case rate	
HEMODIALYSIS - OP/HOME - GENERAL	820	RC				outpatient					Amerihealth	HMO/PPO	584				584	824	case rate	
HEMODIALYSIS - OP/HOME - GENERAL	820	RC				outpatient					United	Commercial/PPO	824				584	824	case rate	
HEMODIALYSIS - OP/HOME - GENERAL	820	RC				outpatient					United	Oxford	824				584	824	case rate	
HEMODIALYSIS - OP/HOME - HEMODIALYSIS/COMPOSITE OR OTHER	821	RC				outpatient			2565.09		Amerihealth	HMO/PPO	584				584	824	case rate	
HEMODIALYSIS - OP/HOME - HEMODIALYSIS/COMPOSITE OR OTHER	821	RC				outpatient			2565.09		United	Commercial/PPO	824				584	824	case rate	
HEMODIALYSIS - OP/HOME - HEMODIALYSIS/COMPOSITE OR OTHER	821	RC				outpatient			2565.09		United	Oxford	824				584	824	case rate	
HEMODIALYSIS - OP/HOME - HOME SUPPLIES	822	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
HEMODIALYSIS - OP/HOME - HOME SUPPLIES	822	RC				outpatient					United	Oxford	824				824	824	case rate	
HEMODIALYSIS - OP/HOME - HOME EQUIPMENT	823	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
HEMODIALYSIS - OP/HOME - HOME EQUIPMENT	823	RC				outpatient					United	Oxford	824				824	824	case rate	
HEMODIALYSIS - OP/HOME - MAINTENANCE/100%	824	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
HEMODIALYSIS - OP/HOME - MAINTENANCE/100%	824	RC				outpatient					United	Oxford	824				824	824	case rate	
HEMODIALYSIS - OP/HOME - SUPPORT SERVICES	825	RC				outpatient					Amerihealth	HMO/PPO	584				584	824	case rate	
HEMODIALYSIS - OP/HOME - SUPPORT SERVICES	825	RC				outpatient					United	Commercial/PPO	824				584	824	case rate	
HEMODIALYSIS - OP/HOME - SUPPORT SERVICES	825	RC				outpatient					United	Oxford	824				584	824	case rate	
HEMODIALYSIS - OP/HOME - OTHER OUTPATIENT HEMODIALYSIS	829	RC				outpatient					Amerihealth	HMO/PPO	584				584	824	case rate	
HEMODIALYSIS - OP/HOME - OTHER OUTPATIENT HEMODIALYSIS	829	RC				outpatient					United	Commercial/PPO	824				584	824	case rate	
HEMODIALYSIS - OP/HOME - OTHER OUTPATIENT HEMODIALYSIS	829	RC				outpatient					United	Oxford	824				584	824	case rate	
PERITONEAL - OP/HOME - GENERAL	830	RC				outpatient					Amerihealth	HMO/PPO	584				584	824	case rate	
PERITONEAL - OP/HOME - GENERAL	830	RC				outpatient					United	Commercial/PPO	824				584	824	case rate	
PERITONEAL - OP/HOME - GENERAL	830	RC				outpatient					United	Oxford	824				584	824	case rate	
PERITONEAL - OP/HOME - PERITONEAL/COMPOSITE OR OTHER	831	RC				outpatient					Amerihealth	HMO/PPO	584				584	824	case rate	
PERITONEAL - OP/HOME - PERITONEAL/COMPOSITE OR OTHER	831	RC				outpatient					United	Commercial/PPO	824				584	824	case rate	
PERITONEAL - OP/HOME - PERITONEAL/COMPOSITE OR OTHER	831	RC				outpatient					United	Oxford	824				584	824	case rate	
PERITONEAL - OP/HOME - HOME SUPPLIES	832	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
PERITONEAL - OP/HOME - HOME SUPPLIES	832	RC				outpatient					United	Oxford	824				824	824	case rate	
PERITONEAL - OP/HOME - HOME EQUIPMENT	833	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
PERITONEAL - OP/HOME - HOME EQUIPMENT	833	RC				outpatient					United	Oxford	824				824	824	case rate	
PERITONEAL - OP/HOME - MAINTENANCE/100%	834	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
PERITONEAL - OP/HOME - MAINTENANCE/100%	834	RC				outpatient					United	Oxford	824				824	824	case rate	
PERITONEAL - OP/HOME - SUPPORT SERVICES	835	RC				outpatient					Amerihealth	HMO/PPO	584				584	824	case rate	
PERITONEAL - OP/HOME - SUPPORT SERVICES	835	RC				outpatient					United	Commercial/PPO	824				584	824	case rate	
PERITONEAL - OP/HOME - SUPPORT SERVICES	835	RC				outpatient					United	Oxford	824				584	824	case rate	
PERITONEAL - OP/HOME - OTHER OUTPATIENT PERITONEAL	839	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
PERITONEAL - OP/HOME - OTHER OUTPATIENT PERITONEAL	839	RC				outpatient					United	Oxford	824				824	824	case rate	
CAPD - OP/HOME - GENERAL	840	RC				outpatient					Amerihealth	HMO/PPO	584				584	824	case rate	
CAPD - OP/HOME - GENERAL	840	RC				outpatient					United	Commercial/PPO	824				584	824	case rate	
CAPD - OP/HOME - GENERAL	840	RC				outpatient					United	Oxford	824				584	824	case rate	
CAPD - OP/HOME - CAPD/COMPOSITE OR OTHER RATE	841	RC				outpatient					Amerihealth	HMO/PPO	584				584	824	case rate	
CAPD - OP/HOME - CAPD/COMPOSITE OR OTHER RATE	841	RC				outpatient					United	Commercial/PPO	824				584	824	case rate	
CAPD - OP/HOME - CAPD/COMPOSITE OR OTHER RATE	841	RC				outpatient					United	Oxford	824				584	824	case rate	
CAPD - OP/HOME - HOME SUPPLIES	842	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CAPD - OP/HOME - HOME SUPPLIES	842	RC				outpatient					United	Oxford	824				824	824	case rate	
CAPD - OP/HOME - HOME EQUIPMENT	843	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CAPD - OP/HOME - HOME EQUIPMENT	843	RC				outpatient					United	Oxford	824				824	824	case rate	
CAPD - OP/HOME - MAINTENANCE/100%	844	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CAPD - OP/HOME - MAINTENANCE/100%	844	RC				outpatient					United	Oxford	824				824	824	case rate	
CAPD - OP/HOME - SUPPORT SERVICES	845	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CAPD - OP/HOME - SUPPORT SERVICES	845	RC				outpatient					United	Oxford	824				824	824	case rate	
CAPD - OP/HOME - OTHER OUTPATIENT CAPD	849	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CAPD - OP/HOME - OTHER OUTPATIENT CAPD	849	RC				outpatient					United	Oxford	824				824	824	case rate	
CCPD - OP/HOME - GENERAL	850	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CCPD - OP/HOME - GENERAL	850	RC				outpatient					United	Oxford	824				824	824	case rate	
CCPD - OP/HOME - CCPD/COMPOSITE OR OTHER RATE	851	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CCPD - OP/HOME - CCPD/COMPOSITE OR OTHER RATE	851	RC				outpatient					United	Oxford	824				824	824	case rate	
CCPD - OP/HOME - HOME SUPPLIES	852	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CCPD - OP/HOME - HOME SUPPLIES	852	RC				outpatient					United	Oxford	824				824	824	case rate	
CCPD - OP/HOME - HOME EQUIPMENT	853	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CCPD - OP/HOME - HOME EQUIPMENT	853	RC				outpatient					United	Oxford	824				824	824	case rate	
CCPD - OP/HOME - MAINTENANCE/100%	854	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CCPD - OP/HOME - MAINTENANCE/100%	854	RC				outpatient					United	Oxford	824				824	824	case rate	
CCPD - OP/HOME - SUPPORT SERVICES	855	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CCPD - OP/HOME - SUPPORT SERVICES	855	RC				outpatient					United	Oxford	824				824	824	case rate	
CCPD - OP/HOME - OTHER OUTPATIENT CCPD	859	RC				outpatient					United	Commercial/PPO	824				824	824	case rate	
CCPD - OP/HOME - OTHER OUTPATIENT CCPD	859	RC				outpatient					United	Oxford	824				824	824	case rate	
MAGNETOENCEPHALOGRAPHY (MEG) - GENERAL	860	RC				outpatient					United	Commercial/PPO	623				623	623	case rate	
MAGNETOENCEPHALOGRAPHY (MEG) - GENERAL	860	RC				outpatient					United	Oxford	623				623	623	case rate	
MAGNETOENCEPHALOGRAPHY (MEG)	861	RC				outpatient					United	Commercial/PPO	623				623	623	case rate	
MAGNETOENCEPHALOGRAPHY (MEG)	861	RC				outpatient					United	Oxford	623				623	623	case rate	
BH (BEHAVIORAL HEALTH TREATMENTS/SERVICES)	900	RC				outpatient					United	Commercial/PPO	760				760	760	case rate	
BH (BEHAVIORAL HEALTH TREATMENTS/SERVICES)	900	RC				outpatient					United	Oxford	760				760	760	case rate	
BEHAVIORAL HEALTH - BIOFEEDBACK	917	RC				outpatient					United	Commercial/PPO	760				760	760	case rate	
BEHAVIORAL HEALTH - BIOFEEDBACK	917	RC				outpatient					United	Oxford	760				760	760	case rate	
BEHAVIORAL HEALTH - TESTING	918	RC				outpatient			956.76		United	Commercial/PPO	760				760	760	case rate	
BEHAVIORAL HEALTH - TESTING	918	RC				outpatient			956.76		United	Oxford	760				760	760	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER DIAGNOSTIC - GENERAL	920	RC				outpatient			730.32		United	Commercial/PPO	538				537	538	case rate	Excluding CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G040
OTHER DIAGNOSTIC - GENERAL	920	RC				outpatient			730.32		United	Oxford	537				537	538	case rate	Excluding CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G040
OTHER DIAGNOSTIC - PERIPHERAL VASCULAR LABORATORY	921	RC				outpatient			945.54		United	Commercial/PPO	1350				1350	1370	case rate	
OTHER DIAGNOSTIC - PERIPHERAL VASCULAR LABORATORY	921	RC				outpatient			945.54		United	Oxford	1370				1350	1370	case rate	
OTHER DIAGNOSTIC - ELECTROMYELOGRAM	922	RC				outpatient			930.37		Amerihealth	HMO/PPO	1591				192	1591	case rate	
OTHER DIAGNOSTIC - ELECTROMYELOGRAM	922	RC				outpatient			930.37		United	Commercial/PPO	192				192	1591	case rate	
OTHER DIAGNOSTIC - ELECTROMYELOGRAM	922	RC				outpatient			930.37		United	Oxford	192				192	1591	case rate	
OTHER DIAGNOSTIC - PAP SMEAR	923	RC				outpatient					United	Commercial/PPO	72				70	72	case rate	
OTHER DIAGNOSTIC - PAP SMEAR	923	RC				outpatient					United	Oxford	70				70	72	case rate	
OTHER DIAGNOSTIC - ALLERGY TEST	924	RC				outpatient			500		United	Commercial/PPO	219				219	219	case rate	
OTHER DIAGNOSTIC - ALLERGY TEST	924	RC				outpatient			500		United	Oxford	219				219	219	case rate	
OTHER DIAGNOSTIC - PREGNANCY TEST	925	RC				outpatient					United	Commercial/PPO	72				70	72	case rate	
OTHER DIAGNOSTIC - PREGNANCY TEST	925	RC				outpatient					United	Oxford	70				70	72	case rate	
OTHER DIAGNOSTIC - OTHER DIAGNOSTIC SERVICE	929	RC				outpatient					United	Commercial/PPO	538				537	538	case rate	Excluding CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G040
OTHER DIAGNOSTIC - OTHER DIAGNOSTIC SERVICE	929	RC				outpatient					United	Oxford	537				537	538	case rate	Excluding CPT Codes 95782-95783, 95800-95801, 95805-95811, G0398-G040
OTHER THERAPY - GENERAL	940	RC				outpatient			432.48		United	Commercial/PPO	806				758	806	case rate	
OTHER THERAPY - GENERAL	940	RC				outpatient			432.48		United	Oxford	758				758	806	case rate	
OTHER THERAPY - EDUCATION/TRAINING	942	RC				outpatient			510		United	Commercial/PPO	225				225	225	case rate	
OTHER THERAPY - EDUCATION/TRAINING	942	RC				outpatient			510		United	Oxford	225				225	225	case rate	
OTHER ROOM - CARDIAC REHABILITATION	943	RC				outpatient			416.16		United	Commercial/PPO	314				314	314	case rate	
OTHER ROOM - CARDIAC REHABILITATION	943	RC				outpatient			416.16		United	Oxford	314				314	314	case rate	
PULMONARY REHABILITATION	948	RC				outpatient					United	Commercial/PPO	314				314	314	case rate	
PULMONARY REHABILITATION	948	RC				outpatient					United	Oxford	314				314	314	case rate	
OTHER THERAPY - OTHER THERAPEUTIC SERVICES	949	RC				outpatient					United	Commercial/PPO	806				758	806	case rate	
OTHER THERAPY - OTHER THERAPEUTIC SERVICES	949	RC				outpatient					United	Oxford	758				758	806	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG				inpatient					Aetna	Better Health	110522.94				63733.78	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG				inpatient					Aetna	Better Health	117004.96				48470.93	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG				inpatient					Aetna	Better Health	137527.14				31300.53	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG				inpatient					Aetna	Better Health	243996.45				154752.17	466145.35	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG				inpatient					Aetna	Better Health	133511.38				63084.15	308373.74	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG				inpatient					Aetna	Better Health	172105.3				32623.42	201178.6	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG				inpatient					Aetna	Better Health	209816.2				67385.9	213020.69	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG				inpatient					Aetna	Better Health	326074.3				44903.86	335856.53	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG				inpatient					Aetna	Better Health	86659.93				49497.36	163162.38	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG				inpatient					Aetna	Better Health	107098.25				25224.68	110311.2	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG				inpatient					Aetna	Better Health	176129.9				18845.28	181413.8	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG				inpatient					Aetna	Better Health	290227.03				45931.46	298933.84	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG				inpatient					Aetna	Better Health	78262.64				26672.77	91994.11	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG				inpatient					Aetna	Better Health	106478.05				20759.93	109672.39	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG				inpatient					Aetna	Better Health	154460.69				137952	159094.51	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG				inpatient					Aetna	Better Health	222231.1				198478	228898.03	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG				inpatient					Aetna	Better Health	75173.09				67138	77428.28	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG				inpatient					Aetna	Better Health	83525.71				23770.68	86031.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG				inpatient					Aetna	Better Health	102220.92				10883.13	105287.55	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG				inpatient					Aetna	Better Health	149302.31				17706.65	153781.38	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG				inpatient					Aetna	Better Health	90002.28				31931.26	111080.23	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG				inpatient					Aetna	Better Health	126545.34				21035.14	130341.7	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG				inpatient					Aetna	Better Health	141491.22				16592.82	145735.96	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG				inpatient					Aetna	Better Health	223883.45				23495.48	230599.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG				inpatient					Aetna	Better Health	29000.33				7997.58	29870.34	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG				inpatient					Aetna	Better Health	40233.31				11418.2	41440.31	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG				inpatient					Aetna	Better Health	52793.21				8227.9	54377.01	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG				inpatient					Aetna	Better Health	100575.48				9579.14	103592.74	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG				inpatient					Aetna	Better Health	32013.14				28591	32973.53	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG				inpatient					Aetna	Better Health	41940.31				37458	194695.78	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG				inpatient					Aetna	Better Health	64273.7				57404	66201.91	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG				inpatient					Aetna	Better Health	112372.27				100382	115743.44	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG				inpatient					Aetna	Better Health	19257				17199	179720.85	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG				inpatient					Aetna	Better Health	24474.64				21859	25208.88	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG				inpatient					Aetna	Better Health	41501.36				37066	42746.4	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG				inpatient					Aetna	Better Health	98413.97				87895	101366.39	case rate	
SPINAL PROCEDURES	0231	APR-DRG				inpatient					Aetna	Better Health	21748.16				19424	327615.89	case rate	
SPINAL PROCEDURES	0232	APR-DRG				inpatient					Aetna	Better Health	31160.6				27830	240298.72	case rate	
SPINAL PROCEDURES	0233	APR-DRG				inpatient					Aetna	Better Health	60204.25				53769	297923.76	case rate	
SPINAL PROCEDURES	0234	APR-DRG				inpatient					Aetna	Better Health	107527.21				62839.65	200776.83	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG				inpatient					Aetna	Better Health	17420.91				15559	62255.17	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG				inpatient					Aetna	Better Health	22984.23				20528	145765.26	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG				inpatient					Aetna	Better Health	44969.35				19748	99635.58	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG				inpatient					Aetna	Better Health	95454.47				19748	98318.1	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG				inpatient					Aetna	Better Health	19950.2				12982	77694.14	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG				inpatient					Aetna	Better Health	26336.19				12982	63616.52	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG				inpatient					Aetna	Better Health	37742.15				31679.68	83312.55	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG				inpatient					Aetna	Better Health	79483.34				41282.44	123207.51	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG				inpatient					Aetna	Better Health	15186.21				13563	15641.8	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG				inpatient					Aetna	Better Health	17230.44				15389	17747.35	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG				inpatient					Aetna	Better Health	34592.88				21964	25330.67	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG				inpatient					Aetna	Better Health	63593.96				56797	65501.78	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG				inpatient					Aetna	Better Health	11736.76				10482	159953.89	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG				inpatient					Aetna	Better Health	13040.83				11647	92910.77	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG				inpatient					Aetna	Better Health	17812.31				15908	65773.6	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG				inpatient					Aetna	Better Health	31652.85				28270	139535.84	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG				inpatient					Aetna	Better Health	9240.8				8253	69397.35	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG				inpatient					Aetna	Better Health	11921.34				10272	58806.95	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG				inpatient					Aetna	Better Health	17934.01				16017	153921.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG				inpatient					Aetna	Better Health	48228.81				26969.24	85468.24	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG				inpatient					Aetna	Better Health	12138.63				10841	12502.79	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG				inpatient					Aetna	Better Health	15555.33				13893	71226.78	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG				inpatient					Aetna	Better Health	34863.16				12635.96	40095.3	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG				inpatient					Aetna	Better Health	55481.27				8226.72	57145.71	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG				inpatient					Aetna	Better Health	13187.98				11778	72443.8	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG				inpatient					Aetna	Better Health	16981.38				11412.29	36623.67	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG				inpatient					Aetna	Better Health	25076.49				8299.96	27141.07	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG				inpatient					Aetna	Better Health	52124.8				19895.32	62836.38	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG				inpatient					Aetna	Better Health	11334.79				10123	11674.83	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG				inpatient					Aetna	Better Health	13757.46				12287	14170.18	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG				inpatient					Aetna	Better Health	19836.76				17717	370445.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG				inpatient					Aetna	Better Health	41292.45				36879	247179.56	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG				inpatient					Aetna	Better Health	11103.3				9917	174848.88	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG				inpatient					Aetna	Better Health	12669.5				11315	124592.26	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG				inpatient					Aetna	Better Health	17641.54				15756	200180.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG				inpatient					Aetna	Better Health	43812.42				34827.45	114936.61	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG				inpatient					Aetna	Better Health	9273.36				8282	195452.37	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG				inpatient					Aetna	Better Health	10066.73				8991	114945.83	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG				inpatient					Aetna	Better Health	12573.06				11229	92559.71	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG				inpatient					Aetna	Better Health	24992.54				22321	148035.47	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG				inpatient					Aetna	Better Health	9360.28				8360	80444.14	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG				inpatient					Aetna	Better Health	10508.47				9385	64927.15	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG				inpatient					Aetna	Better Health	14660.33				13093	92973.18	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG				inpatient					Aetna	Better Health	36336.26				32453	37426.35	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG				inpatient					Aetna	Better Health	14152.9				12640	14577.49	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG				inpatient					Aetna	Better Health	30939.59				27633	132253.23	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG				inpatient					Aetna	Better Health	36368.88				28359.46	87613.62	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG				inpatient					Aetna	Better Health	70587.85				22269.44	72705.49	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG				inpatient					Aetna	Better Health	9966.93				8902	65820.41	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG				inpatient					Aetna	Better Health	18598.29				16503.06	50361.94	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG				inpatient					Aetna	Better Health	30698.98				27418	99943.74	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG				inpatient					Aetna	Better Health	63464.58				20729.22	67462.61	case rate	
VIRAL MENINGITIS	0511	APR-DRG				inpatient					Aetna	Better Health	8571.61				7655	72057.63	case rate	
VIRAL MENINGITIS	0512	APR-DRG				inpatient					Aetna	Better Health	11828.29				10564	59372.55	case rate	
VIRAL MENINGITIS	0513	APR-DRG				inpatient					Aetna	Better Health	20731.57				17783.42	63955.88	case rate	
VIRAL MENINGITIS	0514	APR-DRG				inpatient					Aetna	Better Health	42276.1				12043.03	43544.38	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG				inpatient					Aetna	Better Health	8612.63				7692	52091.52	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG				inpatient					Aetna	Better Health	10080.75				9003	37675.96	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG				inpatient					Aetna	Better Health	13984.95				12133	13992.5	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG				inpatient					Aetna	Better Health	34788.41				31070	35832.06	case rate	
SEIZURE	0531	APR-DRG				inpatient					Aetna	Better Health	8060.91				7199	8302.74	case rate	
SEIZURE	0532	APR-DRG				inpatient					Aetna	Better Health	9569.09				8546	9856.16	case rate	
SEIZURE	0533	APR-DRG				inpatient					Aetna	Better Health	14319.04				12781	59700.21	case rate	
SEIZURE	0534	APR-DRG				inpatient					Aetna	Better Health	36016.8				9614.58	37097.3	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG				inpatient					Aetna	Better Health	8647.69				7723	34431.48	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG				inpatient					Aetna	Better Health	9967.99				8903	71199.48	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG				inpatient					Aetna	Better Health	12192.03				10889	41835.01	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG				inpatient					Aetna	Better Health	23038.02				8925.97	31143.19	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG				inpatient					Aetna	Better Health	10261.62				9165	62083.54	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG				inpatient					Aetna	Better Health	13684.27				11383.94	35145.31	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG				inpatient					Aetna	Better Health	21880.04				15425.85	48275.06	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG				inpatient					Aetna	Better Health	49250.69				9857.89	50728.21	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG				inpatient					Aetna	Better Health	10313.87				9211	29453.19	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG				inpatient					Aetna	Better Health	14003.92				12507	54925.76	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG				inpatient					Aetna	Better Health	23171.24				10557.14	32691.77	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG				inpatient					Aetna	Better Health	56489.8				18534.64	61326.81	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG				inpatient					Aetna	Better Health	10164.51				9078	66425.02	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG				inpatient					Aetna	Better Health	12765.36				11401	45973.65	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG				inpatient					Aetna	Better Health	18016.71				16091	204845.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG				inpatient					Aetna	Better Health	41275.16				36864	118811.42	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG				inpatient					Aetna	Better Health	9639.69				8609	48228.25	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG				inpatient					Aetna	Better Health	11959.02				10681	61221.49	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG				inpatient					Aetna	Better Health	16460.6				14701	53755.55	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG				inpatient					Aetna	Better Health	37984.87				24182.91	72997.7	case rate	
ORBITAL PROCEDURES	0701	APR-DRG				inpatient					Aetna	Better Health	14889.7				13298	15336.39	case rate	
ORBITAL PROCEDURES	0702	APR-DRG				inpatient					Aetna	Better Health	20577.5				18378	21194.83	case rate	
ORBITAL PROCEDURES	0703	APR-DRG				inpatient					Aetna	Better Health	33750.01				30143	34762.51	case rate	
ORBITAL PROCEDURES	0704	APR-DRG				inpatient					Aetna	Better Health	83685.06				74741	86195.61	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG				inpatient					Aetna	Better Health	12877.74				11501	13264.07	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG				inpatient					Aetna	Better Health	15221.94				13595	15678.6	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG				inpatient					Aetna	Better Health	25440.71				22722	26203.93	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG				inpatient					Aetna	Better Health	55011.39				24537.26	85946.24	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG				inpatient					Aetna	Better Health	6692.39				5977	60706.59	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG				inpatient					Aetna	Better Health	9180.19				8199	130564.23	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG				inpatient					Aetna	Better Health	14979.89				13379	67173.95	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG				inpatient					Aetna	Better Health	25679.34				13058.82	47998.11	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG				inpatient					Aetna	Better Health	7802.73				6969	93394.46	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG				inpatient					Aetna	Better Health	9765.23				8721	47190.67	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG				inpatient					Aetna	Better Health	14048.01				12547	76491.07	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG				inpatient					Aetna	Better Health	25362.53				22652	85596.96	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG				inpatient					Aetna	Better Health	25360.22				22650	26121.03	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG				inpatient					Aetna	Better Health	32980.94				29456	33970.37	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG				inpatient					Aetna	Better Health	55121.27				49230	56774.91	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG				inpatient					Aetna	Better Health	98380.54				2090	101331.96	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG				inpatient					Aetna	Better Health	14694.52				13124	174162.35	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG				inpatient					Aetna	Better Health	38308.56				22413.54	74909.04	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG				inpatient					Aetna	Better Health	58671.87				14399.42	60432.03	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG				inpatient					Aetna	Better Health	113639.75				45605.46	125836.58	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG				inpatient					Aetna	Better Health	21484.98				19189	22129.53	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG				inpatient					Aetna	Better Health	32553.9				29074	33530.52	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG				inpatient					Aetna	Better Health	55828.68				19114.58	57923.54	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG				inpatient					Aetna	Better Health	88130.84				10824.08	90774.77	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG				inpatient					Aetna	Better Health	17742.68				8122.76	27562.35	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG				inpatient					Aetna	Better Health	24733.11				19954.38	60788.51	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG				inpatient					Aetna	Better Health	39075.9				12046.57	40248.18	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG				inpatient					Aetna	Better Health	77653.49				69354	79983.09	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG				inpatient					Aetna	Better Health	17631.07				15747	18160	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG				inpatient					Aetna	Better Health	21725.2				19403	22376.96	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG				inpatient					Aetna	Better Health	37304.93				33318	111571.72	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG				inpatient					Aetna	Better Health	60544.08				25345.16	71519.33	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG				inpatient					Aetna	Better Health	11932.6				6697.13	31143.19	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG				inpatient					Aetna	Better Health	13857.83				12377	14273.56	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG				inpatient					Aetna	Better Health	21239.38				18969	21876.56	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG				inpatient					Aetna	Better Health	43833.94				39149	45148.96	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG				inpatient					Aetna	Better Health	7219.13				6448	7436.7	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG				inpatient					Aetna	Better Health	11081.98				9898	11414.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG				inpatient					Aetna	Better Health	21534.45				19233	22180.48	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG				inpatient					Aetna	Better Health	72753.21				35271.56	106216.06	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG				inpatient					Aetna	Better Health	12654.42				11302	170480.09	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG				inpatient					Aetna	Better Health	16683.92				14901	95680.27	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG				inpatient					Aetna	Better Health	26850.73				19703.98	61205.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG				inpatient					Aetna	Better Health	56004.07				50018	57684.19	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG				inpatient					Aetna	Better Health	9910.55				8851	10207.87	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG				inpatient					Aetna	Better Health	12724.44				11364	13106.17	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG				inpatient					Aetna	Better Health	20574.14				18375	21191.36	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG				inpatient					Aetna	Better Health	37645.71				33622	38775.08	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG				inpatient					Aetna	Better Health	8081.85				7218	8324.31	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG				inpatient					Aetna	Better Health	8961.19				8003	9230.03	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG				inpatient					Aetna	Better Health	11231.72				10031	11568.67	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG				inpatient					Aetna	Better Health	23922.78				21009	24228.46	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG				inpatient					Aetna	Better Health	4870.32				4350	5016.43	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG				inpatient					Aetna	Better Health	7095.99				6338	7308.87	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG				inpatient					Aetna	Better Health	11041.35				9861	11372.59	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG				inpatient					Aetna	Better Health	23278.14				20790	23976.48	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG				inpatient					Aetna	Better Health	7036.44				6284	7247.53	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG				inpatient					Aetna	Better Health	9861.38				8807	10157.22	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG				inpatient					Aetna	Better Health	16554.15				14785	17050.77	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG				inpatient					Aetna	Better Health	34522.93				30833	35558.62	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG				inpatient					Aetna	Better Health	7229.12				6456	7445.99	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG				inpatient					Aetna	Better Health	9624.04				8595	9912.76	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG				inpatient					Aetna	Better Health	14378.13				12841	14809.47	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG				inpatient					Aetna	Better Health	29508.25				26354	30393.5	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG				inpatient					Aetna	Better Health	27461.8				24527	28285.65	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG				inpatient					Aetna	Better Health	33263.52				29708	34261.43	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG				inpatient					Aetna	Better Health	48437.62				43260	49890.75	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG				inpatient					Aetna	Better Health	83526.48				74599	86032.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG				inpatient					Aetna	Better Health	18595.41				16608	19153.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG				inpatient					Aetna	Better Health	24087.08				21513	24809.69	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG				inpatient					Aetna	Better Health	37861.93				33806	38987.49	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG				inpatient					Aetna	Better Health	72344.22				64612	74514.55	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG				inpatient					Aetna	Better Health	41881.05				37405	43137.48	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG				inpatient					Aetna	Better Health	46468.5				41502	47862.56	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG				inpatient					Aetna	Better Health	57557.01				51405	59283.72	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG				inpatient					Aetna	Better Health	79048.62				70600	81420.08	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG				inpatient					Aetna	Better Health	21118.84				18862	21752.41	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG				inpatient					Aetna	Better Health	26061.29				23276	26843.13	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG				inpatient					Aetna	Better Health	33817.35				30203	34831.87	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG				inpatient					Aetna	Better Health	43496.61				38848	44801.51	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG				inpatient					Aetna	Better Health	8357.71				7464	8608.44	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG				inpatient					Aetna	Better Health	9335.31				8338	9615.37	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG				inpatient					Aetna	Better Health	14429.43				12887	14862.31	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG				inpatient					Aetna	Better Health	24023.21				21456	24743.91	case rate	
RESPIRATORY FAILURE	1331	APR-DRG				inpatient					Aetna	Better Health	6212.33				5548	6398.7	case rate	
RESPIRATORY FAILURE	1332	APR-DRG				inpatient					Aetna	Better Health	10865.77				9704	11191.74	case rate	
RESPIRATORY FAILURE	1333	APR-DRG				inpatient					Aetna	Better Health	16507.86				14743	17003.1	case rate	
RESPIRATORY FAILURE	1334	APR-DRG				inpatient					Aetna	Better Health	30070.14				26856	30972.24	case rate	
PULMONARY EMBOLISM	1341	APR-DRG				inpatient					Aetna	Better Health	9874.15				8819	10170.37	case rate	
PULMONARY EMBOLISM	1342	APR-DRG				inpatient					Aetna	Better Health	12811.17				11442	13195.51	case rate	
PULMONARY EMBOLISM	1343	APR-DRG				inpatient					Aetna	Better Health	18700.78				16702	19261.8	case rate	
PULMONARY EMBOLISM	1344	APR-DRG				inpatient					Aetna	Better Health	32450.94				28982	33424.47	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG				inpatient					Aetna	Better Health	10347.29				9241	10657.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG				inpatient					Aetna	Better Health	12973.59				11587	13362.8	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG				inpatient					Aetna	Better Health	18934.66				16911	19502.7	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG				inpatient					Aetna	Better Health	35714.05				31897	36785.47	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG				inpatient					Aetna	Better Health	10394.81				9462	10912.65	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG				inpatient					Aetna	Better Health	13460.18				12022	13863.99	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG				inpatient					Aetna	Better Health	20358.6				18183	20969.36	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG				inpatient					Aetna	Better Health	33009.56				29481	33999.85	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG				inpatient					Aetna	Better Health	9686.76				8651	9977.36	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG				inpatient					Aetna	Better Health	12516.59				11179	12892.09	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG				inpatient					Aetna	Better Health	18591.57				16604	19149.32	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG				inpatient					Aetna	Better Health	31475.45				28111	32419.71	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG				inpatient					Aetna	Better Health	4501.39				4020	4636.43	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG				inpatient					Aetna	Better Health	6813.42				6085	7017.82	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG				inpatient					Aetna	Better Health	16308.65				14566	16797.91	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG				inpatient					Aetna	Better Health	40547.1				36213	41763.51	case rate	
OTHER PNEUMONIA	1391	APR-DRG				inpatient					Aetna	Better Health	6615.65				5909	6814.12	case rate	
OTHER PNEUMONIA	1392	APR-DRG				inpatient					Aetna	Better Health	9292.09				8299	9570.85	case rate	
OTHER PNEUMONIA	1393	APR-DRG				inpatient					Aetna	Better Health	14600.2				13040	15038.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG				inpatient					Aetna	Better Health	28086.9				25085	28929.51	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG				inpatient					Aetna	Better Health	7666.53				6847	7896.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG				inpatient					Aetna	Better Health	9572.07				8549	9859.23	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG				inpatient					Aetna	Better Health	13065.03				11669	13456.98	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG				inpatient					Aetna	Better Health	25383.76				22671	26145.27	case rate	
ASTHMA	1411	APR-DRG				inpatient					Aetna	Better Health	5872.99				5245	6049.18	case rate	
ASTHMA	1412	APR-DRG				inpatient					Aetna	Better Health	8417.45				7518	8669.97	case rate	
ASTHMA	1413	APR-DRG				inpatient					Aetna	Better Health	12063.61				10774	12425.52	case rate	
ASTHMA	1414	APR-DRG				inpatient					Aetna	Better Health	22808.55				20371	23492.81	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG				inpatient					Aetna	Better Health	9838.13				8787	10133.27	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG				inpatient					Aetna	Better Health	11964.97				10686	12323.92	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG				inpatient					Aetna	Better Health	17313.04				15463	17832.43	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG				inpatient					Aetna	Better Health	30639.33				27365	31558.51	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG				inpatient					Aetna	Better Health	7313.45				6532	7532.85	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG				inpatient					Aetna	Better Health	10735.72				9588	11057.79	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG				inpatient					Aetna	Better Health	16523.42				14757	17019.12	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG				inpatient					Aetna	Better Health	28157.97				25148	29002.71	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG				inpatient					Aetna	Better Health	7163.61				6398	7378.52	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG				inpatient					Aetna	Better Health	8675.44				7748	8935.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG				inpatient					Aetna	Better Health	12262.34				10952	12630.21	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG				inpatient					Aetna	Better Health	21507.84				19209	22153.08	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG				inpatient					Aetna	Better Health	45962.79				41050	47341.67	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG				inpatient					Aetna	Better Health	53621.84				47891	55230.5	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG				inpatient					Aetna	Better Health	81191.12				72513	83626.85	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG				inpatient					Aetna	Better Health	180815.22				161489	186239.68	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG				inpatient					Aetna	Better Health	62225.91				55575	64092.69	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG				inpatient					Aetna	Better Health	80333.48				71747	82743.48	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG				inpatient					Aetna	Better Health	129197.28				115388	133073.2	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG				inpatient					Aetna	Better Health	310009.62				276875	319309.91	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG				inpatient					Aetna	Better Health	66670.64				59545	68670.76	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG				inpatient					Aetna	Better Health	73996.38				66087	76216.27	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG				inpatient					Aetna	Better Health	97929.11				87462	100866.98	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG				inpatient					Aetna	Better Health	154027.69				137585	158648.52	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG				inpatient					Aetna	Better Health	55013.31				49133	56663.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG				inpatient					Aetna	Better Health	63210.52				56454	65106.84	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG				inpatient					Aetna	Better Health	81062.51				72398	83494.39	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG				inpatient					Aetna	Better Health	130612.68				116652	134531.06	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG				inpatient					Aetna	Better Health	57603.6				51447	59331.71	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG				inpatient					Aetna	Better Health	61950.63				55329	63809.15	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG				inpatient					Aetna	Better Health	78761.62				70343	81124.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG				inpatient					Aetna	Better Health	117247.78				104716	120765.21	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG				inpatient					Aetna	Better Health	47624.85				42535	49053.6	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG				inpatient					Aetna	Better Health	53971.84				48203	55591	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG				inpatient					Aetna	Better Health	67414.93				60209	69437.38	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG				inpatient					Aetna	Better Health	102591.86				91627	105699.62	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG				inpatient					Aetna	Better Health	44734.02				39953	46076.04	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG				inpatient					Aetna	Better Health	49862.34				44533	51358.21	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG				inpatient					Aetna	Better Health	67946.76				60684	69985.16	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG				inpatient					Aetna	Better Health	119092.23				106363	122665	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG				inpatient					Aetna	Better Health	25629.84				22890	26398.74	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG				inpatient					Aetna	Better Health	33866.06				30248	34884.1	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG				inpatient					Aetna	Better Health	54877.79				49012	56524.12	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG				inpatient					Aetna	Better Health	99738.31				89078	102730.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG				inpatient					Aetna	Better Health	35073.2				31324	36125.4	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG				inpatient					Aetna	Better Health	37413.27				33414	38535.67	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG				inpatient					Aetna	Better Health	45946.08				41035	47324.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG				inpatient					Aetna	Better Health	73449.95				65599	75653.45	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG				inpatient					Aetna	Better Health	24233.36				21643	24960.36	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG				inpatient					Aetna	Better Health	27691.55				24732	28522.3	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG				inpatient					Aetna	Better Health	35229.38				31464	36286.26	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG				inpatient					Aetna	Better Health	58675.9				52404	60436.18	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG				inpatient					Aetna	Better Health	28986.79				25889	29856.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG				inpatient					Aetna	Better Health	31221.4				27884	32158.04	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG				inpatient					Aetna	Better Health	39460.87				35243	40644.7	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG				inpatient					Aetna	Better Health	64252.96				57385	66180.55	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG				inpatient					Aetna	Better Health	28818.7				25738	29683.26	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG				inpatient					Aetna	Better Health	31765.04				28370	32717.99	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG				inpatient					Aetna	Better Health	40319.85				36010	41529.45	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG				inpatient					Aetna	Better Health	75727.59				67634	77999.42	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG				inpatient					Aetna	Better Health	22763.89				20331	23446.81	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG				inpatient					Aetna	Better Health	43523.89				38872	44829.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG				inpatient					Aetna	Better Health	45351.24				40504	46711.78	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG				inpatient					Aetna	Better Health	72011.79				64315	74172.14	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG				inpatient					Aetna	Better Health	18749.86				16746	19312.36	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG				inpatient					Aetna	Better Health	24270.82				21677	24998.94	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG				inpatient					Aetna	Better Health	34417.66				30739	35450.19	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG				inpatient					Aetna	Better Health	69596.32				62158	71684.21	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG				inpatient					Aetna	Better Health	18133.79				16196	18677.8	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG				inpatient					Aetna	Better Health	22913.15				20464	23600.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG				inpatient					Aetna	Better Health	35114.12				31361	36167.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG				inpatient					Aetna	Better Health	61586.8				55004	63434.4	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG				inpatient					Aetna	Better Health	22525.69				20118	23201.46	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG				inpatient					Aetna	Better Health	30514.37				27253	31429.8	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG				inpatient					Aetna	Better Health	50654.56				45240	52174.2	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG				inpatient					Aetna	Better Health	90262.19				80615	92970.06	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG				inpatient					Aetna	Better Health	28851.74				25768	29717.29	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG				inpatient					Aetna	Better Health	33939.71				30312	34957.9	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG				inpatient					Aetna	Better Health	46063.55				41140	47445.46	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG				inpatient					Aetna	Better Health	82357.17				73555	84827.89	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG				inpatient					Aetna	Better Health	12232.28				10925	12595.25	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG				inpatient					Aetna	Better Health	13487.65				12046	13892.28	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG				inpatient					Aetna	Better Health	18376.42				16412	18927.71	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG				inpatient					Aetna	Better Health	34035.19				30387	35056.25	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG				inpatient					Aetna	Better Health	13551.91				12103	13958.47	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG				inpatient					Aetna	Better Health	15585.01				13919	16052.56	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG				inpatient					Aetna	Better Health	20637.24				18431	21256.36	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG				inpatient					Aetna	Better Health	40401.97				36084	41614.03	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG				inpatient					Aetna	Better Health	14000.75				12504	14420.77	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG				inpatient					Aetna	Better Health	17293.07				15445	17811.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG				inpatient					Aetna	Better Health	25458.58				22738	26222.34	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG				inpatient					Aetna	Better Health	46386.43				43215	49838.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG				inpatient					Aetna	Better Health	14350.95				12817	14781.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG				inpatient					Aetna	Better Health	18643.53				16651	19202.84	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG				inpatient					Aetna	Better Health	27858.78				24881	28694.54	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG				inpatient					Aetna	Better Health	45892.77				40988	47269.55	case rate	
HEART FAILURE	1941	APR-DRG				inpatient					Aetna	Better Health	7771.23				6941	8004.37	case rate	
HEART FAILURE	1942	APR-DRG				inpatient					Aetna	Better Health	9979.04				8912	10278.41	case rate	
HEART FAILURE	1943	APR-DRG				inpatient					Aetna	Better Health	14883.17				13292	15329.67	case rate	
HEART FAILURE	1944	APR-DRG				inpatient					Aetna	Better Health	28109.08				25105	28952.35	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG				inpatient					Aetna	Better Health	8092.42				7227	8335.19	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG				inpatient					Aetna	Better Health	8582.56				7665	8840.04	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG				inpatient					Aetna	Better Health	16288.76				14548	16777.42	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG				inpatient					Aetna	Better Health	41575.51				37132	42822.78	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG				inpatient					Aetna	Better Health	7745.29				6917	7977.65	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG				inpatient					Aetna	Better Health	10341.24				9236	10651.48	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG				inpatient					Aetna	Better Health	15358.33				13717	15819.08	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG				inpatient					Aetna	Better Health	33169.49				29624	34164.57	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG				inpatient					Aetna	Better Health	7153.72				6389	7368.33	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG				inpatient					Aetna	Better Health	8263.48				7380	8511.38	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG				inpatient					Aetna	Better Health	11273.22				10068	11611.42	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG				inpatient					Aetna	Better Health	27093.74				24198	27906.55	case rate	
HYPERTENSION	1991	APR-DRG				inpatient					Aetna	Better Health	7360.42				6574	7581.23	case rate	
HYPERTENSION	1992	APR-DRG				inpatient					Aetna	Better Health	8643.46				7720	8902.76	case rate	
HYPERTENSION	1993	APR-DRG				inpatient					Aetna	Better Health	12117.21				10822	12480.73	case rate	
HYPERTENSION	1994	APR-DRG				inpatient					Aetna	Better Health	27623.84				24671	28452.56	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG				inpatient					Aetna	Better Health	8833.35				7889	9098.35	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG				inpatient					Aetna	Better Health	10450.74				9334	10764.26	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG				inpatient					Aetna	Better Health	15930.69				14228	16408.61	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG				inpatient					Aetna	Better Health	33938.46				30311	34956.61	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG				inpatient					Aetna	Better Health	6601.62				5896	6799.67	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG				inpatient					Aetna	Better Health	8551.44				7637	8807.98	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG				inpatient					Aetna	Better Health	13134.09				11730	13528.11	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG				inpatient					Aetna	Better Health	27251.55				24339	28069.1	case rate	
CHEST PAIN	2031	APR-DRG				inpatient					Aetna	Better Health	7362.9				6594	7604.39	case rate	
CHEST PAIN	2032	APR-DRG				inpatient					Aetna	Better Health	8586.31				7669	8843.9	case rate	
CHEST PAIN	2033	APR-DRG				inpatient					Aetna	Better Health	10718.24				9573	11039.79	case rate	
CHEST PAIN	2034	APR-DRG				inpatient					Aetna	Better Health	19461.49				17381	20045.33	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG				inpatient					Aetna	Better Health	8208.54				7331	8454.8	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG				inpatient					Aetna	Better Health	9268.84				8278	9546.91	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG				inpatient					Aetna	Better Health	11694.49				10445	12045.32	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG				inpatient					Aetna	Better Health	23974.6				21412	24693.84	case rate	
CARDIOMYOPATHY	2051	APR-DRG				inpatient					Aetna	Better Health	7959.77				7109	8198.56	case rate	
CARDIOMYOPATHY	2052	APR-DRG				inpatient					Aetna	Better Health	10133.58				9050	10437.59	case rate	
CARDIOMYOPATHY	2053	APR-DRG				inpatient					Aetna	Better Health	14628.83				13065	15067.69	case rate	
CARDIOMYOPATHY	2054	APR-DRG				inpatient					Aetna	Better Health	35895.58				32059	36972.45	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG				inpatient					Aetna	Better Health	9078.37				8108	9350.72	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG				inpatient					Aetna	Better Health	10677.32				9536	10997.64	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG				inpatient					Aetna	Better Health	17817.12				15913	18361.63	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG				inpatient					Aetna	Better Health	33332.77				29770	34332.75	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG				inpatient					Aetna	Better Health	7897.44				7053	8134.36	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG				inpatient					Aetna	Better Health	10476.86				9357	10791.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG				inpatient					Aetna	Better Health	15215.69				13589	15672.16	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG				inpatient					Aetna	Better Health	29672.49				26501	30562.66	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG				inpatient					Aetna	Better Health	20222.88				18061	20829.57	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG				inpatient					Aetna	Better Health	30048.43				26837	30949.88	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG				inpatient					Aetna	Better Health	48724.52				43517	50186.26	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG				inpatient					Aetna	Better Health	96679.98				86347	99580.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG				inpatient					Aetna	Better Health	20636.38				18431	21255.47	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG				inpatient					Aetna	Better Health	26756.79				23897	27559.49	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG				inpatient					Aetna	Better Health	43457.13				38812	44760.84	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG				inpatient					Aetna	Better Health	86018.12				76824	88598.66	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG				inpatient					Aetna	Better Health	15354.29				13713	15814.92	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG				inpatient					Aetna	Better Health	19651.29				17551	20240.83	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG				inpatient					Aetna	Better Health	31846.68				28443	32802.08	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG				inpatient					Aetna	Better Health	77697.1				69393	80028.01	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG				inpatient					Aetna	Better Health	16442.25				14685	16935.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG				inpatient					Aetna	Better Health	21796.78				19469	22452.74	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG				inpatient					Aetna	Better Health	36613.85				32700	37712.27	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG				inpatient					Aetna	Better Health	75605.99				67525	77874.17	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG				inpatient					Aetna	Better Health	18523.95				16544	19079.67	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG				inpatient					Aetna	Better Health	24255.93				21663	24983.61	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG				inpatient					Aetna	Better Health	36721.42				32797	37823.06	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG				inpatient					Aetna	Better Health	66655.94				59532	68655.62	case rate	
APPENDECTOMY	2251	APR-DRG				inpatient					Aetna	Better Health	12666.82				11304	13036.52	case rate	
APPENDECTOMY	2252	APR-DRG				inpatient					Aetna	Better Health	16832.99				15034	17337.98	case rate	
APPENDECTOMY	2253	APR-DRG				inpatient					Aetna	Better Health	28913.22				25823	29780.62	case rate	
APPENDECTOMY	2254	APR-DRG				inpatient					Aetna	Better Health	55033.87				49152	56684.89	case rate	
ANAL PROCEDURES	2261	APR-DRG				inpatient					Aetna	Better Health	10264.21				9167	10572.14	case rate	
ANAL PROCEDURES	2262	APR-DRG				inpatient					Aetna	Better Health	13897.88				12412	14314.82	case rate	
ANAL PROCEDURES	2263	APR-DRG				inpatient					Aetna	Better Health	22654.97				20234	23334.62	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANAL PROCEDURES	2264	APR-DRG				inpatient					Aetna	Better Health	46364.38				41429	47755.31	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG				inpatient					Aetna	Better Health	15953.93				14249	16432.55	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG				inpatient					Aetna	Better Health	20266.2				18100	20874.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG				inpatient					Aetna	Better Health	32885.85				29371	33872.43	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG				inpatient					Aetna	Better Health	67700.68				60465	69731.7	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG				inpatient					Aetna	Better Health	12000.99				10718	12361.02	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG				inpatient					Aetna	Better Health	15673.95				13999	16144.17	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG				inpatient					Aetna	Better Health	24076.8				21503	24799.1	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG				inpatient					Aetna	Better Health	53655.07				47920	55264.72	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG				inpatient					Aetna	Better Health	16590.17				14817	17087.88	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG				inpatient					Aetna	Better Health	22885.78				20440	23572.35	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG				inpatient					Aetna	Better Health	37282.84				33298	38401.33	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG				inpatient					Aetna	Better Health	77380.71				69110	79702.13	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG				inpatient					Aetna	Better Health	10366.02				9258	10677	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG				inpatient					Aetna	Better Health	13285.56				11866	13684.13	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG				inpatient					Aetna	Better Health	19570.99				17479	20158.12	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG				inpatient					Aetna	Better Health	35847.37				32016	36922.79	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG				inpatient					Aetna	Better Health	8818.08				7876	9082.62	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG				inpatient					Aetna	Better Health	10936.85				9768	11264.96	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG				inpatient					Aetna	Better Health	16435.43				14679	16928.49	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG				inpatient					Aetna	Better Health	38404.41				34300	39556.54	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG				inpatient					Aetna	Better Health	8698.4				7769	8959.35	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG				inpatient					Aetna	Better Health	10728.8				9582	11050.66	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG				inpatient					Aetna	Better Health	15956.34				14251	16435.03	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG				inpatient					Aetna	Better Health	37355.45				33363	38476.11	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG				inpatient					Aetna	Better Health	8092.52				7228	8335.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG				inpatient					Aetna	Better Health	9885.77				8829	10182.34	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG				inpatient					Aetna	Better Health	14268.25				12743	14696.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG				inpatient					Aetna	Better Health	31407.93				28051	32350.17	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG				inpatient					Aetna	Better Health	7559.53				6752	7786.32	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG				inpatient					Aetna	Better Health	9862.21				8805	10188.98	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG				inpatient					Aetna	Better Health	15014.56				13410	15465	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG				inpatient					Aetna	Better Health	34079.66				30437	35102.05	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG				inpatient					Aetna	Better Health	9026.32				8062	9297.11	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG				inpatient					Aetna	Better Health	10834.65				9677	11159.69	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG				inpatient					Aetna	Better Health	16309.42				14566	16798.7	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG				inpatient					Aetna	Better Health	31007.59				27693	31937.82	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG				inpatient					Aetna	Better Health	9494.66				8480	9779.5	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG				inpatient					Aetna	Better Health	11402.6				10184	11744.68	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG				inpatient					Aetna	Better Health	17235.82				15394	17752.89	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG				inpatient					Aetna	Better Health	34860.83				31135	35906.65	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG				inpatient					Aetna	Better Health	7327.96				6545	7547.8	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG				inpatient					Aetna	Better Health	9424.73				8417	9707.47	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG				inpatient					Aetna	Better Health	14942.43				13345	15390.7	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG				inpatient					Aetna	Better Health	34146.41				30497	35170.8	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG				inpatient					Aetna	Better Health	7991.28				7137	8231.02	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG				inpatient					Aetna	Better Health	10993.71				9819	11323.52	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG				inpatient					Aetna	Better Health	16526.2				14760	17021.99	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG				inpatient					Aetna	Better Health	35163.95				31423	36239.47	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG				inpatient					Aetna	Better Health	6601.34				5896	6799.38	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG				inpatient					Aetna	Better Health	8023.36				7166	8264.06	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG				inpatient					Aetna	Better Health	11385.4				10169	11726.96	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG				inpatient					Aetna	Better Health	26026.52				23245	26807.32	case rate	
ABDOMINAL PAIN	2511	APR-DRG				inpatient					Aetna	Better Health	7485.47				6684	7720.33	case rate	
ABDOMINAL PAIN	2512	APR-DRG				inpatient					Aetna	Better Health	9292.47				8299	9571.24	case rate	
ABDOMINAL PAIN	2513	APR-DRG				inpatient					Aetna	Better Health	12556.64				11215	12933.34	case rate	
ABDOMINAL PAIN	2514	APR-DRG				inpatient					Aetna	Better Health	24050.58				21480	24772.1	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG				inpatient					Aetna	Better Health	8161.1				7289	8405.93	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG				inpatient					Aetna	Better Health	10961.82				9790	11290.67	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG				inpatient					Aetna	Better Health	16807.34				15011	17311.56	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG				inpatient					Aetna	Better Health	37513.26				33504	38638.66	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG				inpatient					Aetna	Better Health	8241.97				7361	8489.23	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG				inpatient					Aetna	Better Health	10805.19				9472	10923.35	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG				inpatient					Aetna	Better Health	15837.62				14145	16312.75	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG				inpatient					Aetna	Better Health	32807.76				29301	33791.99	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG				inpatient					Aetna	Better Health	7731.27				6905	7963.21	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG				inpatient					Aetna	Better Health	10320.98				9218	10630.61	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG				inpatient					Aetna	Better Health	15000.35				13397	15460.36	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG				inpatient					Aetna	Better Health	32167.3				28729	33132.32	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG				inpatient					Aetna	Better Health	24125.79				21547	24849.56	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG				inpatient					Aetna	Better Health	31881.36				28474	32837.8	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG				inpatient					Aetna	Better Health	50038.01				44690	51539.15	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG				inpatient					Aetna	Better Health	101359.44				90526	104400.22	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG				inpatient					Aetna	Better Health	20065.17				17921	20667.13	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG				inpatient					Aetna	Better Health	27918.81				24935	28756.37	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG				inpatient					Aetna	Better Health	42220.3				37708	43486.91	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG				inpatient					Aetna	Better Health	77565.8				69275	79892.77	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG				inpatient					Aetna	Better Health	17489.78				15620	18014.47	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG				inpatient					Aetna	Better Health	23066.45				20601	23758.44	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG				inpatient					Aetna	Better Health	34526.39				30836	35562.18	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG				inpatient					Aetna	Better Health	70608.98				63062	72727.25	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG				inpatient					Aetna	Better Health	14942.14				13345	15390.4	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG				inpatient					Aetna	Better Health	18908.73				16888	19475.99	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG				inpatient					Aetna	Better Health	25758.93				23006	26531.7	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG				inpatient					Aetna	Better Health	54590.02				48755	56227.72	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG				inpatient					Aetna	Better Health	19897.56				17771	20494.49	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG				inpatient					Aetna	Better Health	24371.2				21766	25102.34	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG				inpatient					Aetna	Better Health	37705.36				33675	38836.52	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG				inpatient					Aetna	Better Health	81892.28				73139	84349.05	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG				inpatient					Aetna	Better Health	7728.29				6902	7960.14	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG				inpatient					Aetna	Better Health	9780.02				8735	10073.42	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG				inpatient					Aetna	Better Health	16216.34				14483	16702.83	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG				inpatient					Aetna	Better Health	40896.15				36525	42123.03	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG				inpatient					Aetna	Better Health	7898.11				7054	8135.05	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG				inpatient					Aetna	Better Health	9896.43				8839	10193.32	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG				inpatient					Aetna	Better Health	15768.85				14083	16241.92	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG				inpatient					Aetna	Better Health	35583.13				31780	36650.62	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG				inpatient					Aetna	Better Health	11637.54				10394	11986.67	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG				inpatient					Aetna	Better Health	13804.62				12329	14218.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG				inpatient					Aetna	Better Health	19102.94				17061	19676.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG				inpatient					Aetna	Better Health	31134.57				27807	32068.61	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG				inpatient					Aetna	Better Health	8050.25				7190	8291.76	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG				inpatient					Aetna	Better Health	10403.19				9291	10715.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG				inpatient					Aetna	Better Health	17378.07				15521	17899.41	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG				inpatient					Aetna	Better Health	48360.69				43192	49811.51	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG				inpatient					Aetna	Better Health	8625.4				7703	8884.16	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG				inpatient					Aetna	Better Health	10215.42				9124	10521.88	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG				inpatient					Aetna	Better Health	15397.71				13752	15859.64	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG				inpatient					Aetna	Better Health	31473.15				28109	32417.34	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG				inpatient					Aetna	Better Health	9301.31				8307	9580.35	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG				inpatient					Aetna	Better Health	12406.61				11081	12778.81	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG				inpatient					Aetna	Better Health	17878.68				15968	18415.04	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG				inpatient					Aetna	Better Health	35398.04				31615	36459.98	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG				inpatient					Aetna	Better Health	23608.84				21085	24317.11	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG				inpatient					Aetna	Better Health	25779.87				23024	26553.27	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG				inpatient					Aetna	Better Health	35275.96				31506	36334.24	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG				inpatient					Aetna	Better Health	58458.35				52210	60212.1	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG				inpatient					Aetna	Better Health	22531.64				20123	23207.59	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG				inpatient					Aetna	Better Health	25053.82				22376	25805.43	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG				inpatient					Aetna	Better Health	32219.26				28776	33185.84	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG				inpatient					Aetna	Better Health	59240.19				52908	61017.4	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG				inpatient					Aetna	Better Health	69604.01				62165	71692.13	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG				inpatient					Aetna	Better Health	83756.91				74805	86269.62	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG				inpatient					Aetna	Better Health	122712.36				109597	126393.73	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG				inpatient					Aetna	Better Health	166695.27				148878	171696.13	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG				inpatient					Aetna	Better Health	42307.7				37786	43576.93	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG				inpatient					Aetna	Better Health	50672.52				45257	52192.7	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG				inpatient					Aetna	Better Health	76315.42				68159	78604.88	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG				inpatient					Aetna	Better Health	127103.48				113518	130916.58	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG				inpatient					Aetna	Better Health	15864.8				14169	16340.74	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG				inpatient					Aetna	Better Health	21721.07				19399	22372.7	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG				inpatient					Aetna	Better Health	35544.23				31745	36610.56	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG				inpatient					Aetna	Better Health	75179.53				67144	77434.92	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG				inpatient					Aetna	Better Health	19231.65				17176	19808.6	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG				inpatient					Aetna	Better Health	22658.14				20236	23337.88	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG				inpatient					Aetna	Better Health	30246.2				27013	31153.59	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG				inpatient					Aetna	Better Health	52872.74				47222	54458.92	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG				inpatient					Aetna	Better Health	19406.17				17332	19988.36	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG				inpatient					Aetna	Better Health	27586.86				24638	28414.47	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG				inpatient					Aetna	Better Health	40275.57				35971	41483.84	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG				inpatient					Aetna	Better Health	78751.06				70334	81113.59	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG				inpatient					Aetna	Better Health	14460.93				12915	14894.76	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG				inpatient					Aetna	Better Health	19196.4				17145	19772.29	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG				inpatient					Aetna	Better Health	27776.94				24808	28610.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG				inpatient					Aetna	Better Health	59721.12				53338	61512.75	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG				inpatient					Aetna	Better Health	23841.67				21293	24566.92	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG				inpatient					Aetna	Better Health	33930.97				30304	34948.9	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG				inpatient					Aetna	Better Health	61184.63				54645	63020.17	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG				inpatient					Aetna	Better Health	126441.89				112927	139235.15	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG				inpatient					Aetna	Better Health	16981.09				15166	17490.52	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG				inpatient					Aetna	Better Health	23241.84				20758	23939.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG				inpatient					Aetna	Better Health	35575.06				31773	36642.31	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG				inpatient					Aetna	Better Health	72385.62				64649	74557.19	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG				inpatient					Aetna	Better Health	15530.74				13871	15996.66	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG				inpatient					Aetna	Better Health	17627.7				15744	18156.53	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG				inpatient					Aetna	Better Health	24582.79				21955	25320.27	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG				inpatient					Aetna	Better Health	52985.5				47322	54575.07	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG				inpatient					Aetna	Better Health	14005.56				12509	14425.73	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG				inpatient					Aetna	Better Health	23691.74				21160	24402.49	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG				inpatient					Aetna	Better Health	34083.6				30441	35106.11	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG				inpatient					Aetna	Better Health	68956.53				61586	71025.23	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG				inpatient					Aetna	Better Health	12195.01				10892	12560.86	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG				inpatient					Aetna	Better Health	17345.22				15491	17865.58	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG				inpatient					Aetna	Better Health	27826.62				24854	28663.48	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG				inpatient					Aetna	Better Health	53261.55				47569	54859.4	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG				inpatient					Aetna	Better Health	13467.68				12028	13871.71	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG				inpatient					Aetna	Better Health	18893.74				16874	19460.55	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG				inpatient					Aetna	Better Health	32447.57				28979	33421	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG				inpatient					Aetna	Better Health	76474.86				68301	78769.11	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG				inpatient					Aetna	Better Health	15367.36				13725	15828.38	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG				inpatient					Aetna	Better Health	23622.96				21098	24331.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG				inpatient					Aetna	Better Health	33636.77				30042	34645.87	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG				inpatient					Aetna	Better Health	63494.06				56708	65398.88	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG				inpatient					Aetna	Better Health	25260.14				22560	26017.94	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG				inpatient					Aetna	Better Health	32741.01				29242	33723.24	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG				inpatient					Aetna	Better Health	54701.15				48855	56342.18	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG				inpatient					Aetna	Better Health	102626.73				91658	105705.53	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG				inpatient					Aetna	Better Health	23053.77				20590	23745.38	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG				inpatient					Aetna	Better Health	25128.65				22443	25882.51	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG				inpatient					Aetna	Better Health	35504.85				31710	36570	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG				inpatient					Aetna	Better Health	59544.1				53180	61330.42	case rate	
FRACTURE OF FEMUR	3401	APR-DRG				inpatient					Aetna	Better Health	7200.88				6431	7416.91	case rate	
FRACTURE OF FEMUR	3402	APR-DRG				inpatient					Aetna	Better Health	8529.74				7618	8785.63	case rate	
FRACTURE OF FEMUR	3403	APR-DRG				inpatient					Aetna	Better Health	12793.79				11426	13177.6	case rate	
FRACTURE OF FEMUR	3404	APR-DRG				inpatient					Aetna	Better Health	29401.73				26259	30283.78	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG				inpatient					Aetna	Better Health	7300.39				6520	7519.4	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG				inpatient					Aetna	Better Health	8855.44				7909	9121.1	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG				inpatient					Aetna	Better Health	11850.29				10584	12205.8	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG				inpatient					Aetna	Better Health	28093.33				25091	28936.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG				inpatient					Aetna	Better Health	7623.6				6809	7852.31	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG				inpatient					Aetna	Better Health	9855.8				8802	10151.47	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG				inpatient					Aetna	Better Health	13460.47				12022	13864.28	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG				inpatient					Aetna	Better Health	31043.7				27726	31975.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG				inpatient					Aetna	Better Health	11839.82				10574	12195.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG				inpatient					Aetna	Better Health	14164.81				12651	14589.75	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG				inpatient					Aetna	Better Health	22591.48				20177	23269.22	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG				inpatient					Aetna	Better Health	38022.52				33959	39163.2	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG				inpatient					Aetna	Better Health	10874.7				9712	11200.94	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG				inpatient					Aetna	Better Health	13730.66				12263	14142.58	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG				inpatient					Aetna	Better Health	20517.76				18325	21133.29	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG				inpatient					Aetna	Better Health	37816.49				33775	38950.98	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG				inpatient					Aetna	Better Health	9832.46				8782	10127.43	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG				inpatient					Aetna	Better Health	13091.25				11692	13483.99	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG				inpatient					Aetna	Better Health	22005.67				19654	22665.84	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG				inpatient					Aetna	Better Health	53801.06				48051	55415.09	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG				inpatient					Aetna	Better Health	9247.33				8259	9524.75	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG				inpatient					Aetna	Better Health	11414.89				10195	11757.34	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG				inpatient					Aetna	Better Health	15659.64				13986	16129.43	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG				inpatient					Aetna	Better Health	37124.64				33157	38238.38	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG				inpatient					Aetna	Better Health	7782.85				6951	8016.34	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG				inpatient					Aetna	Better Health	11132.89				9943	11466.88	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG				inpatient					Aetna	Better Health	16972.35				15158	17481.52	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG				inpatient					Aetna	Better Health	34807.33				31087	35851.55	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG				inpatient					Aetna	Better Health	7871.5				7030	8107.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG				inpatient					Aetna	Better Health	9121.02				8146	9394.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG				inpatient					Aetna	Better Health	14800.85				13219	15244.88	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG				inpatient					Aetna	Better Health	32768				29266	33751.04	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG				inpatient					Aetna	Better Health	20472.71				18285	21086.89	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG				inpatient					Aetna	Better Health	27466.89				24531	28290.9	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG				inpatient					Aetna	Better Health	39456.36				35239	40640.05	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG				inpatient					Aetna	Better Health	86655.85				77395	89256.56	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG				inpatient					Aetna	Better Health	19782.11				17668	20375.57	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG				inpatient					Aetna	Better Health	24175.73				21592	24901	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG				inpatient					Aetna	Better Health	29751.64				26572	30644.19	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG				inpatient					Aetna	Better Health	62662.76				55956	64532.34	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG				inpatient					Aetna	Better Health	15435.17				13785	15898.23	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG				inpatient					Aetna	Better Health	26044.2				23261	26825.53	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG				inpatient					Aetna	Better Health	33293.46				29897	34247.97	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG				inpatient					Aetna	Better Health	64042.32				57197	65963.59	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG				inpatient					Aetna	Better Health	12466.16				11134	12840.14	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG				inpatient					Aetna	Better Health	17229.19				15388	17746.07	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG				inpatient					Aetna	Better Health	26780.13				23918	27583.53	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG				inpatient					Aetna	Better Health	52472.98				46865	54047.17	case rate	
SKIN ULCERS	3801	APR-DRG				inpatient					Aetna	Better Health	8542.89				7630	8799.18	case rate	
SKIN ULCERS	3802	APR-DRG				inpatient					Aetna	Better Health	10241.54				9147	10548.79	case rate	
SKIN ULCERS	3803	APR-DRG				inpatient					Aetna	Better Health	14803.83				13222	15247.94	case rate	
SKIN ULCERS	3804	APR-DRG				inpatient					Aetna	Better Health	29059.6				25954	29931.39	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG				inpatient					Aetna	Better Health	6872.97				6138	7079.16	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG				inpatient					Aetna	Better Health	12112.6				10818	12475.98	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG				inpatient					Aetna	Better Health	21861.6				19525	22517.45	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG				inpatient					Aetna	Better Health	59112.64				52795	60886.02	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG				inpatient					Aetna	Better Health	9323.4				8327	9603.1	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG				inpatient					Aetna	Better Health	11059.31				9877	11391.09	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG				inpatient					Aetna	Better Health	17526.95				15654	18052.76	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG				inpatient					Aetna	Better Health	29480.1				26329	30364.5	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG				inpatient					Aetna	Better Health	6744.26				6023	6946.59	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG				inpatient					Aetna	Better Health	8976.08				8017	9245.36	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG				inpatient					Aetna	Better Health	13781.18				12308	14194.62	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG				inpatient					Aetna	Better Health	32603.37				29119	33581.47	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG				inpatient					Aetna	Better Health	8639.23				7716	8898.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG				inpatient					Aetna	Better Health	10240.97				9146	10548.2	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG				inpatient					Aetna	Better Health	15005.25				13401	15455.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG				inpatient					Aetna	Better Health	37963.45				33906	39102.35	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG				inpatient					Aetna	Better Health	6430.94				5744	6623.87	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG				inpatient					Aetna	Better Health	8519.27				7609	8774.85	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG				inpatient					Aetna	Better Health	13613				12158	14021.39	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG				inpatient					Aetna	Better Health	27949.08				24962	28787.53	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG				inpatient					Aetna	Better Health	22297.57				19914	22966.5	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG				inpatient					Aetna	Better Health	29977.45				26773	30876.77	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG				inpatient					Aetna	Better Health	50458.42				45065	51972.17	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG				inpatient					Aetna	Better Health	109175.34				97506	112450.6	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG				inpatient					Aetna	Better Health	19460.34				17380	20044.15	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG				inpatient					Aetna	Better Health	21612.06				19302	22260.42	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG				inpatient					Aetna	Better Health	32844.55				29334	33829.89	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG				inpatient					Aetna	Better Health	92472.5				82589	95246.68	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG				inpatient					Aetna	Better Health	12422.94				11095	12795.63	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG				inpatient					Aetna	Better Health	16645.02				14866	17144.37	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG				inpatient					Aetna	Better Health	31674.18				28289	32624.41	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG				inpatient					Aetna	Better Health	75911.24				67798	78188.58	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG				inpatient					Aetna	Better Health	19319.92				17255	19899.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG				inpatient					Aetna	Better Health	23949.44				21390	24667.92	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG				inpatient					Aetna	Better Health	35584				31781	36651.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG				inpatient					Aetna	Better Health	81143.67				72471	83577.98	case rate	
DIABETES	4201	APR-DRG				inpatient					Aetna	Better Health	6270.64				5600	6458.76	case rate	
DIABETES	4202	APR-DRG				inpatient					Aetna	Better Health	8103.37				7237	8346.47	case rate	
DIABETES	4203	APR-DRG				inpatient					Aetna	Better Health	12159.95				10860	12524.75	case rate	
DIABETES	4204	APR-DRG				inpatient					Aetna	Better Health	29649.73				26481	30539.22	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG				inpatient					Aetna	Better Health	8438.01				7536	8691.15	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG				inpatient					Aetna	Better Health	9375.55				8373	9656.82	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG				inpatient					Aetna	Better Health	14377.75				12841	14809.08	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG				inpatient					Aetna	Better Health	30485.27				27227	31399.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG				inpatient					Aetna	Better Health	5050.32				4511	5201.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG				inpatient					Aetna	Better Health	7245.06				6471	7462.41	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG				inpatient					Aetna	Better Health	10597.5				9465	10915.43	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG				inpatient					Aetna	Better Health	22952.15				20499	23640.71	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG				inpatient					Aetna	Better Health	9215.15				8230	9491.6	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG				inpatient					Aetna	Better Health	12011.84				10728	12372.2	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG				inpatient					Aetna	Better Health	18966.56				16930	19525.26	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG				inpatient					Aetna	Better Health	36731.03				32805	37832.96	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG				inpatient					Aetna	Better Health	7705.91				6882	7937.09	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG				inpatient					Aetna	Better Health	10472.45				9353	10786.62	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG				inpatient					Aetna	Better Health	15875.37				14179	16351.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG				inpatient					Aetna	Better Health	33644.74				30049	34654.08	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG				inpatient					Aetna	Better Health	6267.95				5598	6455.99	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG				inpatient					Aetna	Better Health	8075.61				7212	8317.88	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG				inpatient					Aetna	Better Health	12110.39				10816	12473.7	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG				inpatient					Aetna	Better Health	27167.89				24264	27982.93	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG				inpatient					Aetna	Better Health	74797.54				66803	77041.47	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG				inpatient					Aetna	Better Health	78265.04				69900	80612.99	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG				inpatient					Aetna	Better Health	88499.86				79041	91154.86	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG				inpatient					Aetna	Better Health	140107.72				125133	144310.95	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG				inpatient					Aetna	Better Health	22056				19699	22717.68	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG				inpatient					Aetna	Better Health	34187.81				30534	35213.44	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG				inpatient					Aetna	Better Health	46500.1				41530	47895.1	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG				inpatient					Aetna	Better Health	93589.66				83587	96387.35	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG				inpatient					Aetna	Better Health	20326.04				18154	20935.82	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG				inpatient					Aetna	Better Health	23548.91				21032	24255.38	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG				inpatient					Aetna	Better Health	36363.06				32476	37453.95	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG				inpatient					Aetna	Better Health	72349.41				64617	74519.89	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG				inpatient					Aetna	Better Health	17795.6				15894	18329.47	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG				inpatient					Aetna	Better Health	20905.42				18671	21532.58	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG				inpatient					Aetna	Better Health	30556.44				27290	31473.13	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG				inpatient					Aetna	Better Health	63523.65				56734	65429.36	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG				inpatient					Aetna	Better Health	16209.52				14477	16695.81	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG				inpatient					Aetna	Better Health	21871.87				19534	22528.03	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG				inpatient					Aetna	Better Health	35153.6				31396	36208.21	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG				inpatient					Aetna	Better Health	66497.36				59390	68492.28	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG				inpatient					Aetna	Better Health	14053.01				12551	14474.6	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG				inpatient					Aetna	Better Health	19205.33				17153	19781.49	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG				inpatient					Aetna	Better Health	25003.88				22331	25754	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG				inpatient					Aetna	Better Health	51887.75				46342	53444.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG				inpatient					Aetna	Better Health	10759.73				9610	11082.52	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG				inpatient					Aetna	Better Health	13306.89				11885	13706.1	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG				inpatient					Aetna	Better Health	21759.59				19434	22412.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG				inpatient					Aetna	Better Health	47085.81				42053	48498.38	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG				inpatient					Aetna	Better Health	18260.29				16309	18808.1	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG				inpatient					Aetna	Better Health	23117.07				20646	23810.68	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG				inpatient					Aetna	Better Health	33036.46				29505	34027.55	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG				inpatient					Aetna	Better Health	75495.34				67426	77760.2	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG				inpatient					Aetna	Better Health	8485.07				7578	8739.62	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG				inpatient					Aetna	Better Health	11094.47				9909	11427.3	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG				inpatient					Aetna	Better Health	17162.16				15319	17666.72	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG				inpatient					Aetna	Better Health	31225.62				27888	32162.39	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG				inpatient					Aetna	Better Health	6990.44				6243	7200.15	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG				inpatient					Aetna	Better Health	9862.43				8808	10158.3	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG				inpatient					Aetna	Better Health	18221.58				16274	18768.23	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG				inpatient					Aetna	Better Health	36827.17				32891	37931.99	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG				inpatient					Aetna	Better Health	6795.4				6033	6958.06	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG				inpatient					Aetna	Better Health	8511.39				7602	8766.73	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG				inpatient					Aetna	Better Health	11821.76				10558	12176.41	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG				inpatient					Aetna	Better Health	23124.94				20653	23818.69	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG				inpatient					Aetna	Better Health	7431.5				6637	7654.45	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG				inpatient					Aetna	Better Health	8899.34				7948	9166.32	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG				inpatient					Aetna	Better Health	13638.64				12181	14047.8	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG				inpatient					Aetna	Better Health	29737.42				26559	30629.54	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG				inpatient					Aetna	Better Health	7074.19				6318	7286.42	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG				inpatient					Aetna	Better Health	9852.73				8800	10148.31	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG				inpatient					Aetna	Better Health	15008.61				13404	15458.87	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG				inpatient					Aetna	Better Health	26672.56				23822	27472.74	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG				inpatient					Aetna	Better Health	7394.9				6605	7616.75	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG				inpatient					Aetna	Better Health	10040.7				8968	10341.92	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG				inpatient					Aetna	Better Health	14638.53				13074	15077.69	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG				inpatient					Aetna	Better Health	29486.35				26335	30370.94	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG				inpatient					Aetna	Better Health	7002.25				6254	7212.32	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG				inpatient					Aetna	Better Health	9357.02				8357	9637.73	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG				inpatient					Aetna	Better Health	15152.3				13533	15606.87	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG				inpatient					Aetna	Better Health	34376.55				30702	35407.85	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG				inpatient					Aetna	Better Health	7442.45				6647	7665.72	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG				inpatient					Aetna	Better Health	9475.35				8463	9759.61	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG				inpatient					Aetna	Better Health	13951				12460	14369.53	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG				inpatient					Aetna	Better Health	29906.95				26710	30804.16	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG				inpatient					Aetna	Better Health	18850.9				16836	19416.43	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG				inpatient					Aetna	Better Health	20775.08				18555	21398.33	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG				inpatient					Aetna	Better Health	33910.99				30287	34928.32	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG				inpatient					Aetna	Better Health	75869.77				67582	77939.86	case rate	
PENIS PROCEDURES	4811	APR-DRG				inpatient					Aetna	Better Health	12060.83				10772	12422.65	case rate	
PENIS PROCEDURES	4812	APR-DRG				inpatient					Aetna	Better Health	19654.07				17553	20243.69	case rate	
PENIS PROCEDURES	4813	APR-DRG				inpatient					Aetna	Better Health	27364.69				24440	28185.63	case rate	
PENIS PROCEDURES	4814	APR-DRG				inpatient					Aetna	Better Health	63155.97				56406	65050.65	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG				inpatient					Aetna	Better Health	10144.24				9060	10448.57	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG				inpatient					Aetna	Better Health	13238.02				11823	13635.16	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG				inpatient					Aetna	Better Health	24097.45				21522	24820.37	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG				inpatient					Aetna	Better Health	48097.61				42957	49540.54	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG				inpatient					Aetna	Better Health	10736.2				9589	11058.29	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG				inpatient					Aetna	Better Health	19420.48				17345	20003.09	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG				inpatient					Aetna	Better Health	32800.87				29116	33578.9	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG				inpatient					Aetna	Better Health	91556.08				81770	94302.76	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG				inpatient					Aetna	Better Health	13943.7				12453	14362.01	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG				inpatient					Aetna	Better Health	19898.04				17771	20494.98	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG				inpatient					Aetna	Better Health	25482.98				22759	26247.47	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG				inpatient					Aetna	Better Health	64554.55				57655	66491.19	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG				inpatient					Aetna	Better Health	8627.61				7705	8886.44	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG				inpatient					Aetna	Better Health	10973.06				9800	11302.25	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG				inpatient					Aetna	Better Health	17354.83				15500	17875.47	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG				inpatient					Aetna	Better Health	28473.4				25430	29327.6	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG				inpatient					Aetna	Better Health	6876.04				6141	7082.32	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG				inpatient					Aetna	Better Health	9449.8				8440	9733.29	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG				inpatient					Aetna	Better Health	14281.99				12755	14710.45	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG				inpatient					Aetna	Better Health	36081.54				32225	37163.99	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG				inpatient					Aetna	Better Health	19071.63				17033	19643.78	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG				inpatient					Aetna	Better Health	23661.48				21132	24371.32	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG				inpatient					Aetna	Better Health	42317.59				37795	43587.12	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG				inpatient					Aetna	Better Health	98038.8				87560	100979.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG				inpatient					Aetna	Better Health	16240.39				17184	19817.6	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG				inpatient					Aetna	Better Health	24127.9				21549	24851.74	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG				inpatient					Aetna	Better Health	36220.71				32349	37307.33	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG				inpatient					Aetna	Better Health	77322.7				69058	79642.38	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG				inpatient					Aetna	Better Health	17195.1				15277	17618.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG				inpatient					Aetna	Better Health	20127.99				17977	20731.83	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG				inpatient					Aetna	Better Health	31626.54				28246	32575.34	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG				inpatient					Aetna	Better Health	64611.61				57706	66549.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG				inpatient					Aetna	Better Health	13076.56				11679	13468.86	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG				inpatient					Aetna	Better Health	15351.6				13711	15812.15	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG				inpatient					Aetna	Better Health	25183.4				22492	25938.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG				inpatient					Aetna	Better Health	60889.57				54382	62716.26	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG				inpatient					Aetna	Better Health	10770.3				9619	11093.41	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG				inpatient					Aetna	Better Health	15640.91				13969	16110.14	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG				inpatient					Aetna	Better Health	27089.03				24194	27901.7	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG				inpatient					Aetna	Better Health	75078.2				67054	77330.55	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG				inpatient					Aetna	Better Health	10363.33				9256	10674.23	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG				inpatient					Aetna	Better Health	13038.72				11645	13429.88	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG				inpatient					Aetna	Better Health	23920.34				21364	24637.95	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG				inpatient					Aetna	Better Health	56264.54				50269	57973.08	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG				inpatient					Aetna	Better Health	12331.21				11013	12701.15	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG				inpatient					Aetna	Better Health	16995.21				15179	17505.07	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG				inpatient					Aetna	Better Health	31026.42				27710	31957.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG				inpatient					Aetna	Better Health	70638.37				63088	72757.52	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG				inpatient					Aetna	Better Health	13669.38				12208	14079.46	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG				inpatient					Aetna	Better Health	16394.32				14642	16886.15	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG				inpatient					Aetna	Better Health	26693.92				26431	30481.74	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG				inpatient					Aetna	Better Health	73503.19				65644	75705.2	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG				inpatient					Aetna	Better Health	8265.98				7382	8513.96	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG				inpatient					Aetna	Better Health	10626.13				9490	10944.91	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG				inpatient					Aetna	Better Health	17943.81				16026	18482.12	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG				inpatient					Aetna	Better Health	33042.12				29510	34033.38	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG				inpatient					Aetna	Better Health	7518.23				6715	7743.78	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG				inpatient					Aetna	Better Health	10122.06				9040	10425.72	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG				inpatient					Aetna	Better Health	15959.12				14253	16437.89	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG				inpatient					Aetna	Better Health	31002.11				27689	31932.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG				inpatient					Aetna	Better Health	6534.01				5836	6730.03	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG				inpatient					Aetna	Better Health	8066.87				7205	8308.88	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG				inpatient					Aetna	Better Health	13260.88				11844	13658.71	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG				inpatient					Aetna	Better Health	27154.15				24252	27968.77	case rate	
CESAREAN DELIVERY	5401	APR-DRG				inpatient					Aetna	Better Health	8328.32				7438	8578.17	case rate	
CESAREAN DELIVERY	5402	APR-DRG				inpatient					Aetna	Better Health	9953.79				8862	10254.46	case rate	
CESAREAN DELIVERY	5403	APR-DRG				inpatient					Aetna	Better Health	14272.58				12747	14700.76	case rate	
CESAREAN DELIVERY	5404	APR-DRG				inpatient					Aetna	Better Health	40377.48				36062	41588.8	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG				inpatient					Aetna	Better Health	7934.13				7086	8172.15	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG				inpatient					Aetna	Better Health	8633.97				7711	8892.37	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG				inpatient					Aetna	Better Health	12853.82				11480	13239.43	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG				inpatient					Aetna	Better Health	45246.07				40410	46603.45	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG				inpatient					Aetna	Better Health	5882.4				5254	6058.87	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG				inpatient					Aetna	Better Health	7340.73				6556	7560.55	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG				inpatient					Aetna	Better Health	15806.5				14117	16280.7	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG				inpatient					Aetna	Better Health	52813.48				47169	54397.88	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG				inpatient					Aetna	Better Health	8309.11				7421	8558.38	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG				inpatient					Aetna	Better Health	9835.83				8785	10130.9	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG				inpatient					Aetna	Better Health	16300.58				14558	16788.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG				inpatient					Aetna	Better Health	4587.4.91				40972	47251.16	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG				inpatient					Aetna	Better Health	11895.72				10624	12252.59	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG				inpatient					Aetna	Better Health	13055.62				11660	13447.29	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG				inpatient					Aetna	Better Health	15754.15				14070	16226.77	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG				inpatient					Aetna	Better Health	28753.2				25680	29615.8	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG				inpatient					Aetna	Better Health	9074.63				8105	9346.87	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG				inpatient					Aetna	Better Health	12825				11454	13209.75	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG				inpatient					Aetna	Better Health	24575.59				21949	25312.86	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG				inpatient					Aetna	Better Health	66957.15				59801	68965.86	case rate	
VAGINAL DELIVERY	5601	APR-DRG				inpatient					Aetna	Better Health	4913.35				4388	5060.75	case rate	
VAGINAL DELIVERY	5602	APR-DRG				inpatient					Aetna	Better Health	5540.27				4948	5706.48	case rate	
VAGINAL DELIVERY	5603	APR-DRG				inpatient					Aetna	Better Health	8055.44				7194	8297.1	case rate	
VAGINAL DELIVERY	5604	APR-DRG				inpatient					Aetna	Better Health	24020.52				21453	24741.14	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG				inpatient					Aetna	Better Health	3853.44				3442	3969.04	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG				inpatient					Aetna	Better Health	6200.62				5538	6386.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG				inpatient					Aetna	Better Health	9963.38				8898	10262.28	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG				inpatient					Aetna	Better Health	26220.93				23418	27007.56	case rate	
PRETERM LABOR	5631	APR-DRG				inpatient					Aetna	Better Health	4413.6				3942	4546.01	case rate	
PRETERM LABOR	5632	APR-DRG				inpatient					Aetna	Better Health	5845.71				5221	6021.08	case rate	
PRETERM LABOR	5633	APR-DRG				inpatient					Aetna	Better Health	10008.72				8939	10308.98	case rate	
PRETERM LABOR	5634	APR-DRG				inpatient					Aetna	Better Health	18452.87				16481	19006.46	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG				inpatient					Aetna	Better Health	4673.32				4174	4813.52	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG				inpatient					Aetna	Better Health	5455.46				4872	5619.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG				inpatient					Aetna	Better Health	7747.22				6919	7979.64	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG				inpatient					Aetna	Better Health	32970.57				29447	33959.69	case rate	
FALSE LABOR	5651	APR-DRG				inpatient					Aetna	Better Health	2168.62				1937	2233.68	case rate	
FALSE LABOR	5652	APR-DRG				inpatient					Aetna	Better Health	3084.08				2754	3176.6	case rate	
FALSE LABOR	5653	APR-DRG				inpatient					Aetna	Better Health	4903.07				4379	5052.16	case rate	
FALSE LABOR	5654	APR-DRG				inpatient					Aetna	Better Health	5394.85				4818	5556.7	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG				inpatient					Aetna	Better Health	4328.98				3866	4458.85	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG				inpatient					Aetna	Better Health	5815.74				5194	5990.21	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG				inpatient					Aetna	Better Health	8922.48				7969	9190.15	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG				inpatient					Aetna	Better Health	25364.83				22654	26125.77	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG				inpatient					Aetna	Better Health	3669.6				3277	3779.69	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG				inpatient					Aetna	Better Health	4723.65				4219	4865.36	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG				inpatient					Aetna	Better Health	7643.58				6827	7872.89	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG				inpatient					Aetna	Better Health	14430.96				12889	14863.89	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG				inpatient					Aetna	Better Health	1462.75				1306	1506.63	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG				inpatient					Aetna	Better Health	2323.17				2075	2392.87	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG				inpatient					Aetna	Better Health	4008.75				3580	4129.01	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG				inpatient					Aetna	Better Health	8049.2				7189	8290.68	case rate	
NEONATE W ECMO	5831	APR-DRG				inpatient					Aetna	Better Health	126925.98				113360	130733.76	case rate	
NEONATE W ECMO	5832	APR-DRG				inpatient					Aetna	Better Health	141028.94				125955	145259.81	case rate	
NEONATE W ECMO	5833	APR-DRG				inpatient					Aetna	Better Health	264400.58				236141	272332.6	case rate	
NEONATE W ECMO	5834	APR-DRG				inpatient					Aetna	Better Health	395366.92				353109	407227.93	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG				inpatient					Aetna	Better Health	124565.26				111251	128302.22	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG				inpatient					Aetna	Better Health	138405.9				123613	142558.08	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG				inpatient					Aetna	Better Health	282611.79				252406	291090.14	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG				inpatient					Aetna	Better Health	378269.89				337839	389617.99	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG				inpatient					Aetna	Better Health	218715.85				195339	225277.33	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG				inpatient					Aetna	Better Health	153418.35				137021	158020.9	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG				inpatient					Aetna	Better Health	109745.39				98016	113037.75	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG				inpatient					Aetna	Better Health	3730.2				3332	3842.11	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG				inpatient					Aetna	Better Health	130817.48				116857	134536	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG				inpatient					Aetna	Better Health	181216.81				161848	186653.31	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG				inpatient					Aetna	Better Health	225029.14				200977	231780.01	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG				inpatient					Aetna	Better Health	317673.85				283720	327204.07	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG				inpatient					Aetna	Better Health	40498.88				36170	41713.85	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG				inpatient					Aetna	Better Health	137206.23				122541	141322.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG				inpatient					Aetna	Better Health	182735.75				163204	188217.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG				inpatient					Aetna	Better Health	260975.34				233082	268804.6	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG				inpatient					Aetna	Better Health	59559.85				53194	61346.65	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG				inpatient					Aetna	Better Health	109361.19				97672	112642.03	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG				inpatient					Aetna	Better Health	145178.78				129662	149534.14	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG				inpatient					Aetna	Better Health	200984.51				179503	207014.05	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG				inpatient					Aetna	Better Health	34781.79				31064	35825.24	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG				inpatient					Aetna	Better Health	79893.48				71354	82290.28	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG				inpatient					Aetna	Better Health	118718.3				106029	122279.85	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG				inpatient					Aetna	Better Health	206704.68				184612	212905.82	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG				inpatient					Aetna	Better Health	54294.19				48491	55923.02	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG				inpatient					Aetna	Better Health	84769.27				75709	87312.35	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG				inpatient					Aetna	Better Health	114803.78				102533	118247.89	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG				inpatient					Aetna	Better Health	160499.36				143345	165314.34	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG				inpatient					Aetna	Better Health	36741.02				32814	37843.25	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG				inpatient					Aetna	Better Health	69138.93				61749	71213.1	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG				inpatient					Aetna	Better Health	102141.58				91224	105205.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG				inpatient					Aetna	Better Health	149738.96				133734	154231.13	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG				inpatient					Aetna	Better Health	57095.3				50993	58808.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG				inpatient					Aetna	Better Health	74153.14				66227	76377.73	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG				inpatient					Aetna	Better Health	118299.91				105656	121848.91	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG				inpatient					Aetna	Better Health	219363.42				195917	225944.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG				inpatient					Aetna	Better Health	31635.76				28254	32584.83	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG				inpatient					Aetna	Better Health	50872.59				45435	52398.77	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG				inpatient					Aetna	Better Health	82365.23				73562	84836.19	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG				inpatient					Aetna	Better Health	129400.14				115570	133282.14	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG				inpatient					Aetna	Better Health	38454.65				34345	39608.29	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG				inpatient					Aetna	Better Health	58617.89				52353	60376.43	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG				inpatient					Aetna	Better Health	81056.74				72393	83488.44	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG				inpatient					Aetna	Better Health	124336.66				111047	128086.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG				inpatient					Aetna	Better Health	32190.06				28750	33155.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG				inpatient					Aetna	Better Health	49856.19				44527	51351.88	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG				inpatient					Aetna	Better Health	82892.17				74032	85378.94	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG				inpatient					Aetna	Better Health	110516.77				98704	113832.27	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG				inpatient					Aetna	Better Health	21130.94				18872	21764.87	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG				inpatient					Aetna	Better Health	42198.78				37688	43464.74	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG				inpatient					Aetna	Better Health	69211.35				61814	71287.69	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG				inpatient					Aetna	Better Health	74032.4				66120	76253.37	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG				inpatient					Aetna	Better Health	14790.77				13210	15234.49	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG				inpatient					Aetna	Better Health	32009.97				28589	32970.27	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG				inpatient					Aetna	Better Health	53914.12				48152	55531.54	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG				inpatient					Aetna	Better Health	106602.92				95209	109801.01	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG				inpatient					Aetna	Better Health	23914.28				21358	24631.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG				inpatient					Aetna	Better Health	35446.84				31658	36510.25	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG				inpatient					Aetna	Better Health	51679.7				46156	53230.09	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG				inpatient					Aetna	Better Health	82665.01				73830	85144.96	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG				inpatient					Aetna	Better Health	18956.56				16930	19525.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG				inpatient					Aetna	Better Health	32973.16				29449	33962.35	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG				inpatient					Aetna	Better Health	53624.52				47893	55233.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG				inpatient					Aetna	Better Health	81556.11				72839	84002.79	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG				inpatient					Aetna	Better Health	22554.41				20144	23231.04	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG				inpatient					Aetna	Better Health	35244.94				31478	36302.29	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG				inpatient					Aetna	Better Health	43992.42				39290	45312.19	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG				inpatient					Aetna	Better Health	65022.32				58073	66972.99	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG				inpatient					Aetna	Better Health	2242				2002	2309.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG				inpatient					Aetna	Better Health	5545.94				4953	5712.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG				inpatient					Aetna	Better Health	16187.24				14457	16672.86	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG				inpatient					Aetna	Better Health	36425.2				32532	37517.96	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG				inpatient					Aetna	Better Health	34325.16				30656	35354.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG				inpatient					Aetna	Better Health	46664.63				41677	48064.57	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG				inpatient					Aetna	Better Health	73428.44				65580	75631.29	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG				inpatient					Aetna	Better Health	168389.6				150392	173441.29	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG				inpatient					Aetna	Better Health	19272.56				17213	19850.74	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG				inpatient					Aetna	Better Health	23872.21				21321	24588.38	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG				inpatient					Aetna	Better Health	53854.49				47920	55264.12	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG				inpatient					Aetna	Better Health	149491.24				133513	153975.98	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG				inpatient					Aetna	Better Health	4209.11				3759	4335.38	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG				inpatient					Aetna	Better Health	11980.34				10700	12339.75	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG				inpatient					Aetna	Better Health	25442.83				22723	26206.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG				inpatient					Aetna	Better Health	76410.89				68244	78703.22	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG				inpatient					Aetna	Better Health	8036.04				7177	8277.12	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG				inpatient					Aetna	Better Health	14635.45				13071	15074.51	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG				inpatient					Aetna	Better Health	32470.53				29000	33444.65	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG				inpatient					Aetna	Better Health	80760.52				72129	83183.34	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG				inpatient					Aetna	Better Health	10876.34				9714	11202.63	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG				inpatient					Aetna	Better Health	16223.35				14489	16710.05	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG				inpatient					Aetna	Better Health	30544.34				27280	31460.67	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG				inpatient					Aetna	Better Health	63662.54				56858	65572.42	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG				inpatient					Aetna	Better Health	6268.69				5617	6477.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG				inpatient					Aetna	Better Health	9868.86				8803	10267.93	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG				inpatient					Aetna	Better Health	19344.22				17277	19924.55	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG				inpatient					Aetna	Better Health	52425.72				46822	53998.49	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG				inpatient					Aetna	Better Health	1592.22				1422	1639.99	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG				inpatient					Aetna	Better Health	2355.15				2103	2426.8	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG				inpatient					Aetna	Better Health	5725.74				5114	5897.51	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG				inpatient					Aetna	Better Health	27962.38				24920	29739.45	case rate	
SPLENECTOMY	6501	APR-DRG				inpatient					Aetna	Better Health	19599.61				17505	20187.6	case rate	
SPLENECTOMY	6502	APR-DRG				inpatient					Aetna	Better Health	28054.91				25056	28896.56	case rate	
SPLENECTOMY	6503	APR-DRG				inpatient					Aetna	Better Health	37828.98				33786	38963.85	case rate	
SPLENECTOMY	6504	APR-DRG				inpatient					Aetna	Better Health	75738.35				67643	78010.5	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG				inpatient					Aetna	Better Health	15764.91				14080	16237.86	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG				inpatient					Aetna	Better Health	22137.26				19771	22801.38	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG				inpatient					Aetna	Better Health	39068.22				34893	40240.27	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG				inpatient					Aetna	Better Health	81986.22				73223	84445.81	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG				inpatient					Aetna	Better Health	11534.95				10302	11881	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG				inpatient					Aetna	Better Health	12313.82				10998	12683.23	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG				inpatient					Aetna	Better Health	19797.48				17681	20391.4	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG				inpatient					Aetna	Better Health	51438.71				45941	52981.87	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG				inpatient					Aetna	Better Health	14179.6				12664	14604.99	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG				inpatient					Aetna	Better Health	16681.71				14899	17182.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG				inpatient					Aetna	Better Health	31771.57				28376	32724.72	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG				inpatient					Aetna	Better Health	60599.02				54122	62416.99	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG				inpatient					Aetna	Better Health	8799.83				7859	9063.82	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG				inpatient					Aetna	Better Health	12054.1				10766	12415.72	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG				inpatient					Aetna	Better Health	18677.72				16681	19238.05	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG				inpatient					Aetna	Better Health	43884.08				39194	45200.6	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG				inpatient					Aetna	Better Health	7388.08				6598	7609.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG				inpatient					Aetna	Better Health	9327.24				8330	9607.06	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG				inpatient					Aetna	Better Health	13346.27				11920	13746.66	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG				inpatient					Aetna	Better Health	24928.57				22264	25676.43	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG				inpatient					Aetna	Better Health	23058.38				20594	23750.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG				inpatient					Aetna	Better Health	31711.64				28322	32662.99	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG				inpatient					Aetna	Better Health	54774.53				48920	56417.77	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG				inpatient					Aetna	Better Health	109559.73				97850	112846.52	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG				inpatient					Aetna	Better Health	16801				15005	17305.03	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG				inpatient					Aetna	Better Health	23125.33				20654	23819.09	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG				inpatient					Aetna	Better Health	42500.38				37958	43775.39	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG				inpatient					Aetna	Better Health	103559.76				92491	106666.55	case rate	
ACUTE LEUKEMIA	6901	APR-DRG				inpatient					Aetna	Better Health	19529.5				17442	20115.39	case rate	
ACUTE LEUKEMIA	6902	APR-DRG				inpatient					Aetna	Better Health	32244.14				28798	33211.46	case rate	
ACUTE LEUKEMIA	6903	APR-DRG				inpatient					Aetna	Better Health	61985.4				55360	63844.96	case rate	
ACUTE LEUKEMIA	6904	APR-DRG				inpatient					Aetna	Better Health	118179.46				105548	121724.84	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG				inpatient					Aetna	Better Health	16543.01				14775	17039.3	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG				inpatient					Aetna	Better Health	19102.07				17060	19675.13	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG				inpatient					Aetna	Better Health	29570.58				26410	30457.7	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG				inpatient					Aetna	Better Health	62194.89				55547	64060.74	case rate	
RADIOTHERAPY	6921	APR-DRG				inpatient					Aetna	Better Health	11180.43				9985	11515.84	case rate	
RADIOTHERAPY	6922	APR-DRG				inpatient					Aetna	Better Health	23373.23				20875	24074.43	case rate	
RADIOTHERAPY	6923	APR-DRG				inpatient					Aetna	Better Health	34219.12				30562	35245.69	case rate	
RADIOTHERAPY	6924	APR-DRG				inpatient					Aetna	Better Health	63301.1				56535	65200.13	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG				inpatient					Aetna	Better Health	10278.71				9180	10587.07	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG				inpatient					Aetna	Better Health	12112.12				10818	12475.48	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG				inpatient					Aetna	Better Health	19489.44				17406	20074.12	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG				inpatient					Aetna	Better Health	37725.05				33693	38856.8	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG				inpatient					Aetna	Better Health	9355.48				8356	9636.14	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG				inpatient					Aetna	Better Health	13641.33				12183	14050.57	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG				inpatient					Aetna	Better Health	35571.13				31769	36638.26	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG				inpatient					Aetna	Better Health	98112.37				87626	101055.74	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG				inpatient					Aetna	Better Health	12318.24				11002	12687.79	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG				inpatient					Aetna	Better Health	14652.65				13087	15092.23	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG				inpatient					Aetna	Better Health	22992.2				20535	23681.97	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG				inpatient					Aetna	Better Health	54250.48				48452	55877.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG				inpatient					Aetna	Better Health	16413.34				14659	16905.74	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG				inpatient					Aetna	Better Health	23114.57				20644	23808.01	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG				inpatient					Aetna	Better Health	39691.97				35450	40882.73	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG				inpatient					Aetna	Better Health	81111.3				72442	83544.64	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG				inpatient					Aetna	Better Health	15759.24				14075	16232.02	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG				inpatient					Aetna	Better Health	21805.31				19475	22459.47	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG				inpatient					Aetna	Better Health	39473.07				35254	40657.26	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG				inpatient					Aetna	Better Health	81241.93				72559	83676.19	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG				inpatient					Aetna	Better Health	8254.65				7372	8502.29	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG				inpatient					Aetna	Better Health	11079.48				9895	11411.86	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG				inpatient					Aetna	Better Health	18121.21				16184	18664.85	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG				inpatient					Aetna	Better Health	39941.7				35673	41139.55	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG				inpatient					Aetna	Better Health	8674.39				7747	8934.62	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG				inpatient					Aetna	Better Health	11511.81				10281	11857.16	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG				inpatient					Aetna	Better Health	19270.35				17211	19848.46	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG				inpatient					Aetna	Better Health	37623.33				33602	38752.03	case rate	
FEVER	7221	APR-DRG				inpatient					Aetna	Better Health	6672.32				5959	6872.49	case rate	
FEVER	7222	APR-DRG				inpatient					Aetna	Better Health	8948.32				7992	9216.77	case rate	
FEVER	7223	APR-DRG				inpatient					Aetna	Better Health	12182.33				10880	12547.8	case rate	
FEVER	7224	APR-DRG				inpatient					Aetna	Better Health	23130.32				20658	23824.23	case rate	
VIRAL ILLNESS	7231	APR-DRG				inpatient					Aetna	Better Health	5885.47				5256	6062.03	case rate	
VIRAL ILLNESS	7232	APR-DRG				inpatient					Aetna	Better Health	7971.3				7119	8210.44	case rate	
VIRAL ILLNESS	7233	APR-DRG				inpatient					Aetna	Better Health	12885.52				11508	13272.09	case rate	
VIRAL ILLNESS	7234	APR-DRG				inpatient					Aetna	Better Health	43081.1				38476	44373.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG				inpatient					Aetna	Better Health	10267.96				9170	10576	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG				inpatient					Aetna	Better Health	12113.66				10819	12477.07	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG				inpatient					Aetna	Better Health	19093.05				17052	19665.84	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG				inpatient					Aetna	Better Health	44175.59				39454	45500.86	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG				inpatient					Aetna	Better Health	20108.49				17959	20711.74	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG				inpatient					Aetna	Better Health	24200.23				21614	24926.24	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG				inpatient					Aetna	Better Health	40565.06				36229	41782.01	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG				inpatient					Aetna	Better Health	81523.93				72810	83969.65	case rate	
SCHIZOPHRENIA	7501	APR-DRG				inpatient					Aetna	Better Health	9399.18				8395	9681.16	case rate	
SCHIZOPHRENIA	7502	APR-DRG				inpatient					Aetna	Better Health	11263.8				10060	11601.71	case rate	
SCHIZOPHRENIA	7503	APR-DRG				inpatient					Aetna	Better Health	16432.46				14676	16925.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG				inpatient					Aetna	Better Health	33028.1				29498	34018.94	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG				inpatient					Aetna	Better Health	5626.04				5025	5794.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG				inpatient					Aetna	Better Health	7800.04				6966	8034.04	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG				inpatient					Aetna	Better Health	13584.47				12133	13992	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG				inpatient					Aetna	Better Health	26372.11				23553	27163.27	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG				inpatient					Aetna	Better Health	4819.32				4304	4963.9	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG				inpatient					Aetna	Better Health	6842.04				6111	7047.3	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG				inpatient					Aetna	Better Health	12072.16				10782	12434.32	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG				inpatient					Aetna	Better Health	12953.33				11569	13341.93	case rate	
BIPOLAR DISORDERS	7531	APR-DRG				inpatient					Aetna	Better Health	6119.93				5466	6303.53	case rate	
BIPOLAR DISORDERS	7532	APR-DRG				inpatient					Aetna	Better Health	8284.14				7399	8532.66	case rate	
BIPOLAR DISORDERS	7533	APR-DRG				inpatient					Aetna	Better Health	13469.69				12030	13873.78	case rate	
BIPOLAR DISORDERS	7534	APR-DRG				inpatient					Aetna	Better Health	27048.11				24157	27859.55	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG				inpatient					Aetna	Better Health	4920.14				4019	4635.14	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG				inpatient					Aetna	Better Health	6027.53				5383	6208.36	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG				inpatient					Aetna	Better Health	9386.22				8383	9667.81	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG				inpatient					Aetna	Better Health	19616.62				17520	20205.12	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG				inpatient					Aetna	Better Health	4052.07				3619	4173.63	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG				inpatient					Aetna	Better Health	6643.12				5933	6842.41	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG				inpatient					Aetna	Better Health	9541.34				8522	9827.58	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG				inpatient					Aetna	Better Health	14396.96				12858	14828.87	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG				inpatient					Aetna	Better Health	6575.21				5872	6772.47	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG				inpatient					Aetna	Better Health	8290.86				7405	8539.59	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG				inpatient					Aetna	Better Health	10122.44				9041	10426.11	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG				inpatient					Aetna	Better Health	26575.64				23735	27372.91	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG				inpatient					Aetna	Better Health	9715.86				8677	10007.34	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG				inpatient					Aetna	Better Health	11190.52				9994	11526.24	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG				inpatient					Aetna	Better Health	14403.41				12866	14837.57	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG				inpatient					Aetna	Better Health	30929.38				27248	31424.66	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG				inpatient					Aetna	Better Health	6417.21				5731	6609.73	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG				inpatient					Aetna	Better Health	7626.96				6812	7855.77	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG				inpatient					Aetna	Better Health	12786.78				11420	13170.38	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG				inpatient					Aetna	Better Health	16898.78				15093	17405.74	case rate	
EATING DISORDERS	7591	APR-DRG				inpatient					Aetna	Better Health	20444.28				18259	21057.61	case rate	
EATING DISORDERS	7592	APR-DRG				inpatient					Aetna	Better Health	21471.25				19176	22115.39	case rate	
EATING DISORDERS	7593	APR-DRG				inpatient					Aetna	Better Health	24060.09				21488	24781.89	case rate	
EATING DISORDERS	7594	APR-DRG				inpatient					Aetna	Better Health	41692.69				37236	42943.47	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG				inpatient					Aetna	Better Health	8003.48				7148	8243.58	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG				inpatient					Aetna	Better Health	10394.55				9284	10706.39	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG				inpatient					Aetna	Better Health	15678.65				14003	16149.01	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG				inpatient					Aetna	Better Health	30225.93				26995	31132.71	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG				inpatient					Aetna	Better Health	3582.19				3199	3689.66	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG				inpatient					Aetna	Better Health	4696.66				4195	4837.56	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG				inpatient					Aetna	Better Health	9696.65				8660	9987.55	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG				inpatient					Aetna	Better Health	28971.52				25875	29840.67	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG				inpatient					Aetna	Better Health	8990.68				8030	9260.4	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG				inpatient					Aetna	Better Health	10555.72				9427	10872.39	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG				inpatient					Aetna	Better Health	12407.67				11082	12779.9	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG				inpatient					Aetna	Better Health	38490.19				34376	39644.9	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG				inpatient					Aetna	Better Health	4251.76				3797	4379.31	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG				inpatient					Aetna	Better Health	5437.02				4856	5600.13	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG				inpatient					Aetna	Better Health	11017.72				9840	11348.25	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG				inpatient					Aetna	Better Health	34868.61				31142	35914.67	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG				inpatient					Aetna	Better Health	5382.27				4807	5543.74	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG				inpatient					Aetna	Better Health	5590.41				4993	5758.12	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG				inpatient					Aetna	Better Health	10766.07				9615	11089.05	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG				inpatient					Aetna	Better Health	39395.56				35185	43577.43	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG				inpatient					Aetna	Better Health	5221.48				4663	5378.12	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG				inpatient					Aetna	Better Health	7444.37				6649	7667.7	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG				inpatient					Aetna	Better Health	14173.84				12659	14599.06	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG				inpatient					Aetna	Better Health	40609.25				36269	41827.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG				inpatient					Aetna	Better Health	4960.32				4430	5109.13	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG				inpatient					Aetna	Better Health	6875.46				6141	7081.72	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG				inpatient					Aetna	Better Health	12115.58				10821	12479.05	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG				inpatient					Aetna	Better Health	27944.45				24958	28782.78	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG				inpatient					Aetna	Better Health	14621.62				13059	15060.27	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG				inpatient					Aetna	Better Health	21465.97				19172	22109.95	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG				inpatient					Aetna	Better Health	34627.43				30926	35666.25	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG				inpatient					Aetna	Better Health	75660.26				67573	77930.07	case rate	
ALLERGIC REACTIONS	8111	APR-DRG				inpatient					Aetna	Better Health	4604.74				4113	4742.88	case rate	
ALLERGIC REACTIONS	8112	APR-DRG				inpatient					Aetna	Better Health	6649.17				5938	6848.65	case rate	
ALLERGIC REACTIONS	8113	APR-DRG				inpatient					Aetna	Better Health	14558.13				13002	14994.87	case rate	
ALLERGIC REACTIONS	8114	APR-DRG				inpatient					Aetna	Better Health	34882.06				31154	35928.52	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG				inpatient					Aetna	Better Health	5275.46				4712	5433.72	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG				inpatient					Aetna	Better Health	6719.57				6001	6921.16	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG				inpatient					Aetna	Better Health	11925.78				10651	12283.55	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG				inpatient					Aetna	Better Health	27963.47				24975	28802.37	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG				inpatient					Aetna	Better Health	7662.5				6844	7892.38	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG				inpatient					Aetna	Better Health	10099.1				9020	10402.07	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG				inpatient					Aetna	Better Health	15552.25				13890	16018.82	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG				inpatient					Aetna	Better Health	34208.65				30552	35234.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG				inpatient					Aetna	Better Health	7506.99				6705	7732.2	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG				inpatient					Aetna	Better Health	7973.13				7121	8212.32	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG				inpatient					Aetna	Better Health	13576.31				12125	13983.6	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG				inpatient					Aetna	Better Health	43352.63				38719	44653.21	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG				inpatient					Aetna	Better Health	7674.1				7032	8110.32	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG				inpatient					Aetna	Better Health	8749.02				7814	9011.49	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG				inpatient					Aetna	Better Health	12667.77				11314	13047.8	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG				inpatient					Aetna	Better Health	29032.22				25929	29903.19	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG				inpatient					Aetna	Better Health	74270.89				66333	76499.02	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG				inpatient					Aetna	Better Health	75554.03				67479	77820.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG				inpatient					Aetna	Better Health	116265.66				103839	119753.63	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG				inpatient					Aetna	Better Health	300803.12				268653	309827.21	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG				inpatient					Aetna	Better Health	23099.97				20631	23792.97	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG				inpatient					Aetna	Better Health	34637.04				30935	35676.15	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG				inpatient					Aetna	Better Health	66275.49				59192	68263.75	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG				inpatient					Aetna	Better Health	157638.03				140789	162367.17	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG				inpatient					Aetna	Better Health	11351.88				10139	11692.44	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG				inpatient					Aetna	Better Health	15661.08				13987	16130.91	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG				inpatient					Aetna	Better Health	28601.05				25544	29459.08	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG				inpatient					Aetna	Better Health	77159.99				68913	79474.79	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG				inpatient					Aetna	Better Health	7387.77				6777	7815.4	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG				inpatient					Aetna	Better Health	11443.32				10220	11786.62	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG				inpatient					Aetna	Better Health	23296.49				20807	23995.38	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG				inpatient					Aetna	Better Health	65927.11				58881	67904.92	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG				inpatient					Aetna	Better Health	23419.82				20917	24122.41	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG				inpatient					Aetna	Better Health	29413.16				26269	30295.55	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG				inpatient					Aetna	Better Health	40410.23				36091	41622.54	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG				inpatient					Aetna	Better Health	73861.24				65967	76077.08	case rate	
REHABILITATION	8601	APR-DRG				inpatient					Aetna	Better Health	12833.55				11462	13218.56	case rate	
REHABILITATION	8602	APR-DRG				inpatient					Aetna	Better Health	17384.31				15526	17905.84	case rate	
REHABILITATION	8603	APR-DRG				inpatient					Aetna	Better Health	23939.64				21381	24657.83	case rate	
REHABILITATION	8604	APR-DRG				inpatient					Aetna	Better Health	32249.71				28803	33217.2	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG				inpatient					Aetna	Better Health	6589.23				5885	6786.91	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG				inpatient					Aetna	Better Health	8618.01				7697	8876.55	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG				inpatient					Aetna	Better Health	12320.16				11003	12689.76	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG				inpatient					Aetna	Better Health	25932.78				23161	26710.76	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG				inpatient					Aetna	Better Health	6373.31				5692	6564.51	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG				inpatient					Aetna	Better Health	9904.31				8846	10201.44	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG				inpatient					Aetna	Better Health	14443.83				12900	14877.14	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG				inpatient					Aetna	Better Health	23669.16				21139	24379.23	case rate	
NEONATAL AFTERCARE	8631	APR-DRG				inpatient					Aetna	Better Health	11843.85				10578	12199.17	case rate	
NEONATAL AFTERCARE	8632	APR-DRG				inpatient					Aetna	Better Health	33477.71				29900	34482.04	case rate	
NEONATAL AFTERCARE	8633	APR-DRG				inpatient					Aetna	Better Health	59931.08				53525	61729.01	case rate	
NEONATAL AFTERCARE	8634	APR-DRG				inpatient					Aetna	Better Health	143181.52				127878	147476.97	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG				inpatient					Aetna	Better Health	14117.84				12609	14541.38	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG				inpatient					Aetna	Better Health	16442.16				14685	16935.42	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG				inpatient					Aetna	Better Health	26149.85				23355	26934.35	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG				inpatient					Aetna	Better Health	52660.18				47032	54239.99	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG				inpatient					Aetna	Better Health	10993.42				9818	11323.22	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG				inpatient					Aetna	Better Health	14539.69				12986	14975.88	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG				inpatient					Aetna	Better Health	19051.55				17015	19623.1	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG				inpatient					Aetna	Better Health	36975.96				33024	38085.24	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG				inpatient					Aetna	Better Health	13083.28				11685	13475.78	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG				inpatient					Aetna	Better Health	14876.06				13286	15322.34	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG				inpatient					Aetna	Better Health	22882.05				20357	23372.81	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG				inpatient					Aetna	Better Health	45534.6				40668	46900.64	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG				inpatient					Aetna	Better Health	10082.87				9005	10385.36	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG				inpatient					Aetna	Better Health	12120.76				10825	12484.38	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG				inpatient					Aetna	Better Health	17323.61				15472	17843.32	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG				inpatient					Aetna	Better Health	24808.42				22157	25552.67	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG				inpatient					Aetna	Better Health	47265.43				42214	48683.39	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG				inpatient					Aetna	Better Health	56057.57				50066	57739.3	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG				inpatient					Aetna	Better Health	73117.14				65302	75310.65	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG				inpatient					Aetna	Better Health	151039.76				134896	155570.95	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG				inpatient					Aetna	Better Health	26005.78				23226	26785.95	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG				inpatient					Aetna	Better Health	34181.95				30528	35207.41	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG				inpatient					Aetna	Better Health	46455.44				41490	47849.1	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG				inpatient					Aetna	Better Health	110621.08				98798	113939.71	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG				inpatient					Aetna	Better Health	31442.31				28082	32385.58	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG				inpatient					Aetna	Better Health	34619.36				30919	35657.94	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG				inpatient					Aetna	Better Health	57077.24				50977	58789.56	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG				inpatient					Aetna	Better Health	110011.36				98253	113311.7	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG				inpatient					Aetna	Better Health	11969.98				10982	12318.78	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG				inpatient					Aetna	Better Health	16090.13				14370	16572.83	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG				inpatient					Aetna	Better Health	25350.04				22641	26110.54	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG				inpatient					Aetna	Better Health	67110.55				59938	69123.87	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG				inpatient					Aetna	Better Health	29844.98				26225	23324.33	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG				inpatient					Aetna	Better Health	33251.51				29698	34249.06	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG				inpatient					Aetna	Better Health	51691.42				46167	53242.16	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG				inpatient					Aetna	Better Health	98479.28				87954	101433.66	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG				inpatient					Aetna	Better Health	16080.72				14362	16563.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG				inpatient					Aetna	Better Health	22969.63				20515	23658.72	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG				inpatient					Aetna	Better Health	37725.92				33694	38857.7	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG				inpatient					Aetna	Better Health	72109.86				64403	74273.16	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG				inpatient					Aetna	Better Health	12796				11428	13179.88	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG				inpatient					Aetna	Better Health	19041.47				17006	19612.71	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG				inpatient					Aetna	Better Health	32323.19				28868	33292.89	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG				inpatient					Aetna	Better Health	61312.67				54759	63162.05	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG				inpatient					WellPoint	WellPoint	112713				63733.78	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG				inpatient					WellPoint	WellPoint	119345.06				48470.93	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG				inpatient					WellPoint	WellPoint	140277.68				31300.53	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG				inpatient					WellPoint	WellPoint	248876.38				154752.17	466145.35	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG				inpatient					WellPoint	WellPoint	136181.61				63084.15	308373.74	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG				inpatient					WellPoint	WellPoint	175547.41				32623.42	201178.6	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG				inpatient					WellPoint	WellPoint	210952.52				67385.9	213020.69	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG				inpatient					WellPoint	WellPoint	332586.79				44903.86	335856.53	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG				inpatient					WellPoint	WellPoint	88393.13				49497.36	163162.38	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG				inpatient					WellPoint	WellPoint	109240.22				25224.68	110311.2	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG				inpatient					WellPoint	WellPoint	179692.5				18845.28	181413.8	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG				inpatient					WellPoint	WellPoint	296031.57				45931.46	298933.84	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG				inpatient					WellPoint	WellPoint	79827.89				26672.77	91994.11	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG				inpatient					WellPoint	WellPoint	108607.61				20759.93	109672.39	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG				inpatient					WellPoint	WellPoint	157549.9				137952	159094.51	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG				inpatient					WellPoint	WellPoint	228675.72				196478	228898.03	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG				inpatient					WellPoint	WellPoint	76676.55				67138	77428.28	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG				inpatient					WellPoint	WellPoint	85196.22				23770.68	86031.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG				inpatient					WellPoint	WellPoint	104265.34				10883.13	105287.55	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG				inpatient					WellPoint	WellPoint	152288.36				17706.65	153781.38	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG				inpatient					WellPoint	WellPoint	91802.33				31931.26	111080.23	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG				inpatient					WellPoint	WellPoint	129076.25				21035.14	130341.7	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG				inpatient					WellPoint	WellPoint	144321.04				16592.82	145735.96	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG				inpatient					WellPoint	WellPoint	228361.12				23495.48	230599.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG				inpatient					WellPoint	WellPoint	29580.34				7997.58	29970.34	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG				inpatient					WellPoint	WellPoint	41037.98				11418.2	41440.31	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG				inpatient					WellPoint	WellPoint	53849.07				8227.9	54377.01	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG				inpatient					WellPoint	WellPoint	102586.99				9579.14	103592.74	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG				inpatient					WellPoint	WellPoint	32653.4				28591	32973.53	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG				inpatient					WellPoint	WellPoint	42779.12				37458	194695.78	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG				inpatient					WellPoint	WellPoint	65559.17				57404	66201.91	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG				inpatient					WellPoint	WellPoint	114619.72				100362	115743.44	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG				inpatient					WellPoint	WellPoint	19642.14				17199	179720.85	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG				inpatient					WellPoint	WellPoint	24964.13				21859	25208.88	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG				inpatient					WellPoint	WellPoint	42331.39				37066	42746.4	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG				inpatient					WellPoint	WellPoint	100382.25				87895	101366.39	case rate	
SPINAL PROCEDURES	0231	APR-DRG				inpatient					WellPoint	WellPoint	22183.12				19424	327615.89	case rate	
SPINAL PROCEDURES	0232	APR-DRG				inpatient					WellPoint	WellPoint	31783.81				27830	240298.72	case rate	
SPINAL PROCEDURES	0233	APR-DRG				inpatient					WellPoint	WellPoint	61408.34				53769	257923.76	case rate	
SPINAL PROCEDURES	0234	APR-DRG				inpatient					WellPoint	WellPoint	109677.75				62839.65	200776.83	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG				inpatient					WellPoint	WellPoint	17769.33				15559	62255.17	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG				inpatient					WellPoint	WellPoint	23443.91				20528	145765.26	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG				inpatient					WellPoint	WellPoint	45868.74				19748	99635.58	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG				inpatient					WellPoint	WellPoint	97363.56				19748	98318.1	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG				inpatient					WellPoint	WellPoint	20349.2				12982	77694.14	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG				inpatient					WellPoint	WellPoint	26862.91				12982	63616.52	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG				inpatient					WellPoint	WellPoint	38496.99				31679.68	93312.55	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG				inpatient					WellPoint	WellPoint	81073.01				41282.44	123207.51	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG				inpatient					WellPoint	WellPoint	15489.93				13563	15641.8	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG				inpatient					WellPoint	WellPoint	17575.05				15389	17747.35	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG				inpatient					WellPoint	WellPoint	25084.74				21964	25330.67	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG				inpatient					WellPoint	WellPoint	64865.84				56797	65501.78	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG				inpatient					WellPoint	WellPoint	11971.5				10482	155953.89	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG				inpatient					WellPoint	WellPoint	13301.65				11647	92910.77	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG				inpatient					WellPoint	WellPoint	18168.56				15908	65773.6	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG				inpatient					WellPoint	WellPoint	32285.91				28270	139535.84	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG				inpatient					WellPoint	WellPoint	9425.62				8253	69397.35	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG				inpatient					WellPoint	WellPoint	11731.37				10272	59806.95	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG				inpatient					WellPoint	WellPoint	18292.69				16017	153921.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG				inpatient					WellPoint	WellPoint	49193.39				26969.24	85468.24	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG				inpatient					WellPoint	WellPoint	12381.4				10841	12502.79	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG				inpatient					WellPoint	WellPoint	15866.44				13893	71226.78	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG				inpatient					WellPoint	WellPoint	25360.42				12635.96	40095.3	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG				inpatient					WellPoint	WellPoint	56590.9				8226.72	57145.71	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG				inpatient					WellPoint	WellPoint	13451.74				11778	72443.8	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG				inpatient					WellPoint	WellPoint	17321.01				11412.29	36623.67	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG				inpatient					WellPoint	WellPoint	25578.02				8299.96	27141.07	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG				inpatient					WellPoint	WellPoint	53167.3				19895.32	62836.38	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG				inpatient					WellPoint	WellPoint	11561.49				10123	11674.83	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG				inpatient					WellPoint	WellPoint	14032.61				12287	14170.18	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG				inpatient					WellPoint	WellPoint	20233.5				17717	370445.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG				inpatient					WellPoint	WellPoint	42118.3				36879	247179.56	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG				inpatient					WellPoint	WellPoint	11325.37				9917	174848.88	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG				inpatient					WellPoint	WellPoint	12922.89				11315	124592.26	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG				inpatient					WellPoint	WellPoint	17994.37				15756	200180.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG				inpatient					WellPoint	WellPoint	44688.67				34827.45	114836.61	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG				inpatient					WellPoint	WellPoint	9458.83				8282	195452.37	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG				inpatient					WellPoint	WellPoint	10268.06				8991	114945.83	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG				inpatient					WellPoint	WellPoint	12824.52				11229	92559.71	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG				inpatient					WellPoint	WellPoint	25492.39				22321	148035.47	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG				inpatient					WellPoint	WellPoint	9547.49				8360	80444.14	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG				inpatient					WellPoint	WellPoint	10718.64				9385	64927.15	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG				inpatient					WellPoint	WellPoint	14953.54				13093	92973.18	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG				inpatient					WellPoint	WellPoint	37062.99				32453	37426.35	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG				inpatient					WellPoint	WellPoint	14435.96				12640	14577.49	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG				inpatient					WellPoint	WellPoint	31558.38				27633	132253.23	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG				inpatient					WellPoint	WellPoint	39136.26				28359.46	87613.62	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG				inpatient					WellPoint	WellPoint	71999.61				22269.44	72705.49	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG				inpatient					WellPoint	WellPoint	10166.27				8902	69820.41	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG				inpatient					WellPoint	WellPoint	18970.26				16503.06	50361.94	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG				inpatient					WellPoint	WellPoint	31312.96				27418	99943.74	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG				inpatient					WellPoint	WellPoint	64733.87				20729.22	67462.61	case rate	
VIRAL MENINGITIS	0511	APR-DRG				inpatient					WellPoint	WellPoint	8743.04				7655	72057.63	case rate	
VIRAL MENINGITIS	0512	APR-DRG				inpatient					WellPoint	WellPoint	12064.86				10564	59372.55	case rate	
VIRAL MENINGITIS	0513	APR-DRG				inpatient					WellPoint	WellPoint	21146.2				17783.42	63955.88	case rate	
VIRAL MENINGITIS	0514	APR-DRG				inpatient					WellPoint	WellPoint	43121.62				12043.03	43544.38	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG				inpatient					WellPoint	WellPoint	8784.88				7692	52091.52	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG				inpatient					WellPoint	WellPoint	10282.37				9003	37675.96	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG				inpatient					WellPoint	WellPoint	13856.65				12133	13992.5	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG				inpatient					WellPoint	WellPoint	36484.18				31070	35832.06	case rate	
SEIZURE	0531	APR-DRG				inpatient					WellPoint	WellPoint	8222.13				7199	8302.74	case rate	
SEIZURE	0532	APR-DRG				inpatient					WellPoint	WellPoint	9760.47				8546	9856.16	case rate	
SEIZURE	0533	APR-DRG				inpatient					WellPoint	WellPoint	14596.24				12781	59700.21	case rate	
SEIZURE	0534	APR-DRG				inpatient					WellPoint	WellPoint	36737.14				9614.58	37097.3	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG				inpatient					WellPoint	WellPoint	8820.64				7723	34431.48	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG				inpatient					WellPoint	WellPoint	10167.35				8903	71199.48	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG				inpatient					WellPoint	WellPoint	12435.87				10889	41835.01	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG				inpatient					WellPoint	WellPoint	23498.78				8925.97	31143.19	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG				inpatient					WellPoint	WellPoint	10466.85				9165	62083.54	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG				inpatient					WellPoint	WellPoint	13957.96				11383.94	35145.31	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG				inpatient					WellPoint	WellPoint	22317.64				15425.85	48275.06	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG				inpatient					WellPoint	WellPoint	50235.7				9857.89	50728.21	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG				inpatient					WellPoint	WellPoint	10520.15				9211	29493.19	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG				inpatient					WellPoint	WellPoint	14284				12507	54525.76	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG				inpatient					WellPoint	WellPoint	23834.66				10557.14	32691.77	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG				inpatient					WellPoint	WellPoint	57619.6				18534.64	61326.81	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG				inpatient					WellPoint	WellPoint	10367.8				9078	66425.02	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG				inpatient					WellPoint	WellPoint	13020.67				11401	45973.65	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG				inpatient					WellPoint	WellPoint	18377.04				16091	204845.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG				inpatient					WellPoint	WellPoint	42100.66				36864	118811.42	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG				inpatient					WellPoint	WellPoint	9832.48				8609	48228.25	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG				inpatient					WellPoint	WellPoint	12198.2				10681	61221.49	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG				inpatient					WellPoint	WellPoint	16789.81				14701	53755.55	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG				inpatient					WellPoint	WellPoint	38744.57				24182.91	72997.7	case rate	
ORBITAL PROCEDURES	0701	APR-DRG				inpatient					WellPoint	WellPoint	15187.49				13298	15336.39	case rate	
ORBITAL PROCEDURES	0702	APR-DRG				inpatient					WellPoint	WellPoint	20989.05				18378	21194.83	case rate	
ORBITAL PROCEDURES	0703	APR-DRG				inpatient					WellPoint	WellPoint	34425.01				30143	34762.51	case rate	
ORBITAL PROCEDURES	0704	APR-DRG				inpatient					WellPoint	WellPoint	85358.76				74741	86195.61	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG				inpatient					WellPoint	WellPoint	13135.29				11501	13264.07	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG				inpatient					WellPoint	WellPoint	15526.38				13595	15678.6	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG				inpatient					WellPoint	WellPoint	25949.52				22722	26203.93	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG				inpatient					WellPoint	WellPoint	56111.62				24837.26	86946.24	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG				inpatient					WellPoint	WellPoint	6826.24				5977	60706.59	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG				inpatient					WellPoint	WellPoint	9363.79				8199	130564.23	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG				inpatient					WellPoint	WellPoint	15279.49				13379	67173.95	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG				inpatient					WellPoint	WellPoint	26191.91				13058.82	47998.11	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG				inpatient					WellPoint	WellPoint	7958.78				6969	93394.46	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG				inpatient					WellPoint	WellPoint	9960.53				8721	47190.67	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG				inpatient					WellPoint	WellPoint	14328.97				12547	176491.07	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG				inpatient					WellPoint	WellPoint	25869.78				22652	85596.96	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG				inpatient					WellPoint	WellPoint	25867.42				22650	28121.03	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG				inpatient					WellPoint	WellPoint	33640.56				29456	33970.37	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG				inpatient					WellPoint	WellPoint	56223.7				49230	56774.91	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG				inpatient					WellPoint	WellPoint	100348.15				2090	101331.96	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG				inpatient					WellPoint	WellPoint	14988.41				13124	174162.35	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG				inpatient					WellPoint	WellPoint	3907.4.73				22413.54	74909.04	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG				inpatient					WellPoint	WellPoint	59845.31				14399.42	60432.03	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG				inpatient					WellPoint	WellPoint	115912.55				45605.46	125836.58	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG				inpatient					WellPoint	WellPoint	21914.68				19189	22129.53	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG				inpatient					WellPoint	WellPoint	33204.98				29074	33530.52	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG				inpatient					WellPoint	WellPoint	56945.25				19114.58	57503.54	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG				inpatient					WellPoint	WellPoint	89893.46				10824.08	90774.77	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG				inpatient					WellPoint	WellPoint	18097.53				8122.78	27562.35	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG				inpatient					WellPoint	WellPoint	25227.77				19954.38	60788.51	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG				inpatient					WellPoint	WellPoint	39857.42				12046.57	40248.18	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG				inpatient					WellPoint	WellPoint	79206.56				69354	79983.09	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG				inpatient					WellPoint	WellPoint	17983.69				15747	18160	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG				inpatient					WellPoint	WellPoint	22159.7				19403	22376.96	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG				inpatient					WellPoint	WellPoint	38051.03				33318	111571.72	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG				inpatient					WellPoint	WellPoint	61754.96				25345.16	71519.33	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG				inpatient					WellPoint	WellPoint	12171.25				6697.13	31143.19	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG				inpatient					WellPoint	WellPoint	14134.99				12377	14273.56	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG				inpatient					WellPoint	WellPoint	21664.17				18969	21876.56	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG				inpatient					WellPoint	WellPoint	44710.62				39149	45148.96	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG				inpatient					WellPoint	WellPoint	7363.51				6448	7435.7	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG				inpatient					WellPoint	WellPoint	11303.62				9898	11414.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG				inpatient					WellPoint	WellPoint	21965.14				19233	22180.48	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG				inpatient					WellPoint	WellPoint	74208.27				35271.56	106216.06	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG				inpatient					WellPoint	WellPoint	12907.51				11302	170480.09	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG				inpatient					WellPoint	WellPoint	17017.6				14901	95680.27	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG				inpatient					WellPoint	WellPoint	27387.74				19703.98	61205.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG				inpatient					WellPoint	WellPoint	57124.15				50018	57684.19	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG				inpatient					WellPoint	WellPoint	10108.76				8851	10207.87	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG				inpatient					WellPoint	WellPoint	12978.93				11364	13106.17	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG				inpatient					WellPoint	WellPoint	20985.62				18375	21191.36	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG				inpatient					WellPoint	WellPoint	38398.62				33622	38775.08	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG				inpatient					WellPoint	WellPoint	8243.49				7218	8324.31	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG				inpatient					WellPoint	WellPoint	9140.41				8003	9230.03	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG				inpatient					WellPoint	WellPoint	11456.35				10031	11568.67	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG				inpatient					WellPoint	WellPoint	23993.24				21009	24228.46	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG				inpatient					WellPoint	WellPoint	4967.73				4350	5016.43	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG				inpatient					WellPoint	WellPoint	7237.91				6338	7308.87	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG				inpatient					WellPoint	WellPoint	11262.18				9861	11372.59	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG				inpatient					WellPoint	WellPoint	23743.7				20790	25976.48	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG				inpatient					WellPoint	WellPoint	7177.17				6284	7247.53	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG				inpatient					WellPoint	WellPoint	10058.61				8807	10157.22	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG				inpatient					WellPoint	WellPoint	16885.23				14785	17050.77	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG				inpatient					WellPoint	WellPoint	35213.39				30833	35558.62	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG				inpatient					WellPoint	WellPoint	7373.7				6456	7445.99	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG				inpatient					WellPoint	WellPoint	9816.52				8595	9912.76	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG				inpatient					WellPoint	WellPoint	14665.69				12841	14809.47	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG				inpatient					WellPoint	WellPoint	30098.42				26354	30393.5	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG				inpatient					WellPoint	WellPoint	28011.04				24527	28285.65	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG				inpatient					WellPoint	WellPoint	33928.79				29708	34261.43	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG				inpatient					WellPoint	WellPoint	49406.37				43260	49880.75	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG				inpatient					WellPoint	WellPoint	85197.01				74599	86032.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG				inpatient					WellPoint	WellPoint	18967.32				16608	19153.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG				inpatient					WellPoint	WellPoint	24568.82				21513	24809.69	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG				inpatient					WellPoint	WellPoint	38608.97				33806	38987.49	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG				inpatient					WellPoint	WellPoint	73791.1				64612	74514.55	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG				inpatient					WellPoint	WellPoint	42718.67				37405	43137.48	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG				inpatient					WellPoint	WellPoint	47397.87				41502	47862.56	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG				inpatient					WellPoint	WellPoint	59708.15				51405	59283.72	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG				inpatient					WellPoint	WellPoint	80629.59				70800	81420.08	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG				inpatient					WellPoint	WellPoint	21541.22				18862	21752.41	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG				inpatient					WellPoint	WellPoint	26582.52				23276	26843.13	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG				inpatient					WellPoint	WellPoint	34493.7				30203	34831.87	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG				inpatient					WellPoint	WellPoint	44366.54				38848	44801.51	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG				inpatient					WellPoint	WellPoint	8524.86				7464	8608.44	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG				inpatient					WellPoint	WellPoint	9522.02				8338	9615.37	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG				inpatient					WellPoint	WellPoint	14718.02				12887	14862.31	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG				inpatient					WellPoint	WellPoint	24503.67				21456	24743.91	case rate	
RESPIRATORY FAILURE	1331	APR-DRG				inpatient					WellPoint	WellPoint	6336.58				5548	6398.7	case rate	
RESPIRATORY FAILURE	1332	APR-DRG				inpatient					WellPoint	WellPoint	11083.09				9704	11191.74	case rate	
RESPIRATORY FAILURE	1333	APR-DRG				inpatient					WellPoint	WellPoint	16838.02				14743	17003.1	case rate	
RESPIRATORY FAILURE	1334	APR-DRG				inpatient					WellPoint	WellPoint	30671.54				26856	30972.24	case rate	
PULMONARY EMBOLISM	1341	APR-DRG				inpatient					WellPoint	WellPoint	10071.63				8819	10170.37	case rate	
PULMONARY EMBOLISM	1342	APR-DRG				inpatient					WellPoint	WellPoint	13067.39				11442	13195.51	case rate	
PULMONARY EMBOLISM	1343	APR-DRG				inpatient					WellPoint	WellPoint	19074.8				16702	19261.8	case rate	
PULMONARY EMBOLISM	1344	APR-DRG				inpatient					WellPoint	WellPoint	33099.96				28982	33424.47	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG				inpatient					WellPoint	WellPoint	10554.24				9241	10657.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG				inpatient					WellPoint	WellPoint	13233.06				11587	13362.8	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG				inpatient					WellPoint	WellPoint	19313.35				16911	19502.7	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG				inpatient					WellPoint	WellPoint	36428.33				31897	36785.47	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG				inpatient					WellPoint	WellPoint	10806.71				9462	10912.65	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG				inpatient					WellPoint	WellPoint	13729.38				12022	13863.99	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG				inpatient					WellPoint	WellPoint	20765.77				18183	20969.36	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG				inpatient					WellPoint	WellPoint	33669.75				29481	33999.85	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG				inpatient					WellPoint	WellPoint	9880.5				8651	9977.36	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG				inpatient					WellPoint	WellPoint	12766.92				11179	12892.09	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG				inpatient					WellPoint	WellPoint	18963.4				16604	19149.32	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG				inpatient					WellPoint	WellPoint	32104.96				28111	32419.71	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG				inpatient					WellPoint	WellPoint	4591.42				4020	4636.43	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG				inpatient					WellPoint	WellPoint	6949.69				6085	7017.82	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG				inpatient					WellPoint	WellPoint	16634.82				14566	16797.91	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG				inpatient					WellPoint	WellPoint	41358.04				36213	41763.51	case rate	
OTHER PNEUMONIA	1391	APR-DRG				inpatient					WellPoint	WellPoint	6747.96				5909	6814.12	case rate	
OTHER PNEUMONIA	1392	APR-DRG				inpatient					WellPoint	WellPoint	9477.93				8299	9570.85	case rate	
OTHER PNEUMONIA	1393	APR-DRG				inpatient					WellPoint	WellPoint	14892.2				13040	15038.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG				inpatient					WellPoint	WellPoint	28648.64				25085	28929.51	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG				inpatient					WellPoint	WellPoint	7819.86				6847	7896.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG				inpatient					WellPoint	WellPoint	9763.51				8549	9859.23	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG				inpatient					WellPoint	WellPoint	13326.33				11669	13456.98	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG				inpatient					WellPoint	WellPoint	25891.44				22671	26145.27	case rate	
ASTHMA	1411	APR-DRG				inpatient					WellPoint	WellPoint	5990.45				5245	6049.18	case rate	
ASTHMA	1412	APR-DRG				inpatient					WellPoint	WellPoint	8585.8				7518	8669.97	case rate	
ASTHMA	1413	APR-DRG				inpatient					WellPoint	WellPoint	12304.88				10774	12425.52	case rate	
ASTHMA	1414	APR-DRG				inpatient					WellPoint	WellPoint	23264.72				20371	23492.81	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG				inpatient					WellPoint	WellPoint	10034.89				8787	10133.27	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG				inpatient					WellPoint	WellPoint	12204.27				10686	12323.92	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG				inpatient					WellPoint	WellPoint	17659.3				15463	17832.43	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG				inpatient					WellPoint	WellPoint	31252.12				27365	31558.51	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG				inpatient					WellPoint	WellPoint	7459.72				6532	7532.85	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG				inpatient					WellPoint	WellPoint	10950.43				9588	11057.79	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG				inpatient					WellPoint	WellPoint	16853.89				14757	17019.12	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG				inpatient					WellPoint	WellPoint	28721.13				25148	29002.71	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG				inpatient					WellPoint	WellPoint	7306.88				6398	7378.52	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG				inpatient					WellPoint	WellPoint	8848.95				7748	8935.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG				inpatient					WellPoint	WellPoint	12507.59				10952	12630.21	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG				inpatient					WellPoint	WellPoint	21938				19209	22153.08	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG				inpatient					WellPoint	WellPoint	46882.05				41050	47341.67	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG				inpatient					WellPoint	WellPoint	54694.28				47891	55230.5	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG				inpatient					WellPoint	WellPoint	82814.94				72513	83626.85	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG				inpatient					WellPoint	WellPoint	184431.52				161489	186239.68	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG				inpatient					WellPoint	WellPoint	63470.43				55575	64092.69	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG				inpatient					WellPoint	WellPoint	81940.15				71747	82743.48	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG				inpatient					WellPoint	WellPoint	131781.23				115388	133073.2	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG				inpatient					WellPoint	WellPoint	316209.81				276875	319309.91	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG				inpatient					WellPoint	WellPoint	68004.05				59545	68670.76	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG				inpatient					WellPoint	WellPoint	75476.31				66087	76216.27	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG				inpatient					WellPoint	WellPoint	99887.69				87462	100866.98	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG				inpatient					WellPoint	WellPoint	157108.24				137565	158648.52	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG				inpatient					WellPoint	WellPoint	56113.58				49133	56663.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG				inpatient					WellPoint	WellPoint	64474.73				56454	65106.84	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG				inpatient					WellPoint	WellPoint	82683.76				72398	83494.39	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG				inpatient					WellPoint	WellPoint	133224.93				116652	134531.06	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG				inpatient					WellPoint	WellPoint	58755.67				51447	59331.71	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG				inpatient					WellPoint	WellPoint	63189.64				55329	63809.15	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG				inpatient					WellPoint	WellPoint	80336.85				70343	81124.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG				inpatient					WellPoint	WellPoint	119592.74				104716	120765.21	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG				inpatient					WellPoint	WellPoint	48577.35				42535	49053.6	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG				inpatient					WellPoint	WellPoint	55051.28				48203	55591	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG				inpatient					WellPoint	WellPoint	68763.23				60209	69437.38	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG				inpatient					WellPoint	WellPoint	104643.7				91627	105669.62	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG				inpatient					WellPoint	WellPoint	45828.7				39953	46076.04	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG				inpatient					WellPoint	WellPoint	50859.59				44533	51358.21	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG				inpatient					WellPoint	WellPoint	69305.7				60084	69985.16	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG				inpatient					WellPoint	WellPoint	121474.07				106363	122865	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG				inpatient					WellPoint	WellPoint	26142.44				22890	26398.74	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG				inpatient					WellPoint	WellPoint	34545.42				30248	34884.1	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG				inpatient					WellPoint	WellPoint	55975.35				49012	56524.12	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG				inpatient					WellPoint	WellPoint	101733.08				89078	102730.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG				inpatient					WellPoint	WellPoint	35774.66				31324	36125.4	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG				inpatient					WellPoint	WellPoint	38161.54				33414	38535.67	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG				inpatient					WellPoint	WellPoint	46865				41035	47324.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG				inpatient					WellPoint	WellPoint	74918.95				65599	75663.45	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG				inpatient					WellPoint	WellPoint	24718.03				21643	24960.36	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG				inpatient					WellPoint	WellPoint	28245.38				24732	28522.3	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG				inpatient					WellPoint	WellPoint	35933.97				31464	36286.26	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG				inpatient					WellPoint	WellPoint	59849.42				52404	60436.18	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG				inpatient					WellPoint	WellPoint	29566.53				25889	29856.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG				inpatient					WellPoint	WellPoint	31845.83				27884	32158.04	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG				inpatient					WellPoint	WellPoint	40250.09				35243	40644.7	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG				inpatient					WellPoint	WellPoint	65538.02				57385	66180.55	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG				inpatient					WellPoint	WellPoint	29395.07				25738	29683.26	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG				inpatient					WellPoint	WellPoint	32400.34				28370	32717.99	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG				inpatient					WellPoint	WellPoint	41126.25				36010	41529.45	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG				inpatient					WellPoint	WellPoint	77242.14				67634	77999.42	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG				inpatient					WellPoint	WellPoint	23219.17				20331	23446.81	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG				inpatient					WellPoint	WellPoint	44394.37				38872	44829.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG				inpatient					WellPoint	WellPoint	46258.26				40504	46711.78	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG				inpatient					WellPoint	WellPoint	73452.03				64315	74172.14	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG				inpatient					WellPoint	WellPoint	19124.86				16746	19312.36	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG				inpatient					WellPoint	WellPoint	24756.24				21677	24998.94	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG				inpatient					WellPoint	WellPoint	35106.01				30739	35450.19	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG				inpatient					WellPoint	WellPoint	70988.25				62158	71684.21	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG				inpatient					WellPoint	WellPoint	18496.47				16196	18677.8	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG				inpatient					WellPoint	WellPoint	23371.41				20464	23600.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG				inpatient					WellPoint	WellPoint	35816.4				31361	36167.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG				inpatient					WellPoint	WellPoint	62818.54				55004	63434.4	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG				inpatient					WellPoint	WellPoint	22976.2				20118	23201.46	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG				inpatient					WellPoint	WellPoint	31124.66				27253	31429.8	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG				inpatient					WellPoint	WellPoint	51667.65				45240	52174.2	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG				inpatient					WellPoint	WellPoint	92067.43				80615	92970.06	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG				inpatient					WellPoint	WellPoint	29428.77				25768	29717.29	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG				inpatient					WellPoint	WellPoint	346.18.5				30312	34957.9	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG				inpatient					WellPoint	WellPoint	46984.82				41140	47445.46	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG				inpatient					WellPoint	WellPoint	84004.31				73555	84827.89	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG				inpatient					WellPoint	WellPoint	12476.93				10925	12599.25	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG				inpatient					WellPoint	WellPoint	13757.4				12046	13892.28	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG				inpatient					WellPoint	WellPoint	18743.95				16412	18927.71	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG				inpatient					WellPoint	WellPoint	34715.89				30357	35056.25	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG				inpatient					WellPoint	WellPoint	13822.95				12103	13958.47	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG				inpatient					WellPoint	WellPoint	15896.71				13919	16052.56	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG				inpatient					WellPoint	WellPoint	21049.98				18431	21256.36	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG				inpatient					WellPoint	WellPoint	41210.01				36084	41614.03	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG				inpatient					WellPoint	WellPoint	14280.77				12504	14420.77	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG				inpatient					WellPoint	WellPoint	17638.93				15445	17811.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG				inpatient					WellPoint	WellPoint	25967.75				22738	26222.34	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG				inpatient					WellPoint	WellPoint	49354.16				43215	49838.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG				inpatient					WellPoint	WellPoint	14637.97				12817	14781.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG				inpatient					WellPoint	WellPoint	19016.4				16651	19202.84	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG				inpatient					WellPoint	WellPoint	28415.96				24881	28694.54	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG				inpatient					WellPoint	WellPoint	46810.63				40988	47269.55	case rate	
HEART FAILURE	1941	APR-DRG				inpatient					WellPoint	WellPoint	7926.65				6941	8004.37	case rate	
HEART FAILURE	1942	APR-DRG				inpatient					WellPoint	WellPoint	10178.62				8912	10278.41	case rate	
HEART FAILURE	1943	APR-DRG				inpatient					WellPoint	WellPoint	15180.83				13292	15329.67	case rate	
HEART FAILURE	1944	APR-DRG				inpatient					WellPoint	WellPoint	28671.26				25105	28952.35	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG				inpatient					WellPoint	WellPoint	8254.27				7227	8335.19	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG				inpatient					WellPoint	WellPoint	8754.21				7665	8840.04	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG				inpatient					WellPoint	WellPoint	16614.54				14548	16777.42	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG				inpatient					WellPoint	WellPoint	42407.02				37132	42822.78	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG				inpatient					WellPoint	WellPoint	7900.2				6917	7977.65	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG				inpatient					WellPoint	WellPoint	10548.06				9236	10651.48	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG				inpatient					WellPoint	WellPoint	15865.5				13717	15819.08	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG				inpatient					WellPoint	WellPoint	33832.88				29624	34164.57	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG				inpatient					WellPoint	WellPoint	7296.79				6389	7368.33	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG				inpatient					WellPoint	WellPoint	8428.75				7380	8511.38	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG				inpatient					WellPoint	WellPoint	11488.68				10068	11611.42	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG				inpatient					WellPoint	WellPoint	27635.61				24198	27906.55	case rate	
HYPERTENSION	1991	APR-DRG				inpatient					WellPoint	WellPoint	7507.63				6574	7581.23	case rate	
HYPERTENSION	1992	APR-DRG				inpatient					WellPoint	WellPoint	8816.33				7720	8902.76	case rate	
HYPERTENSION	1993	APR-DRG				inpatient					WellPoint	WellPoint	12359.55				10822	12480.73	case rate	
HYPERTENSION	1994	APR-DRG				inpatient					WellPoint	WellPoint	28176.32				24671	28452.56	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG				inpatient					WellPoint	WellPoint	9010.02				7889	9098.35	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG				inpatient					WellPoint	WellPoint	10659.75				9334	10764.26	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG				inpatient					WellPoint	WellPoint	16249.3				14228	16408.61	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG				inpatient					WellPoint	WellPoint	34617.23				30311	34956.61	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG				inpatient					WellPoint	WellPoint	6733.65				5896	6799.67	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG				inpatient					WellPoint	WellPoint	8722.47				7637	8807.98	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG				inpatient					WellPoint	WellPoint	13396.77				11730	13528.11	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG				inpatient					WellPoint	WellPoint	27796.58				24339	28069.1	case rate	
CHEST PAIN	2031	APR-DRG				inpatient					WellPoint	WellPoint	7530.98				6594	7604.39	case rate	
CHEST PAIN	2032	APR-DRG				inpatient					WellPoint	WellPoint	8758.04				7669	8843.9	case rate	
CHEST PAIN	2033	APR-DRG				inpatient					WellPoint	WellPoint	10932.6				9573	11039.79	case rate	
CHEST PAIN	2034	APR-DRG				inpatient					WellPoint	WellPoint	19850.72				17381	20045.33	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG				inpatient					WellPoint	WellPoint	8372.71				7331	8454.8	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG				inpatient					WellPoint	WellPoint	9454.22				8278	9546.91	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG				inpatient					WellPoint	WellPoint	11928.38				10445	12045.32	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG				inpatient					WellPoint	WellPoint	24454.09				21412	24693.84	case rate	
CARDIOMYOPATHY	2051	APR-DRG				inpatient					WellPoint	WellPoint	8118.97				7109	8198.56	case rate	
CARDIOMYOPATHY	2052	APR-DRG				inpatient					WellPoint	WellPoint	10336.25				9050	10437.59	case rate	
CARDIOMYOPATHY	2053	APR-DRG				inpatient					WellPoint	WellPoint	14921.41				13065	15067.69	case rate	
CARDIOMYOPATHY	2054	APR-DRG				inpatient					WellPoint	WellPoint	36613.49				32059	36972.45	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG				inpatient					WellPoint	WellPoint	9259.94				8108	9350.72	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG				inpatient					WellPoint	WellPoint	10890.87				9536	10997.64	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG				inpatient					WellPoint	WellPoint	18173.46				15913	18351.63	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG				inpatient					WellPoint	WellPoint	33999.43				29770	34332.75	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG				inpatient					WellPoint	WellPoint	8055.39				7053	8134.36	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG				inpatient					WellPoint	WellPoint	10686.4				9357	10791.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG				inpatient					WellPoint	WellPoint	15520				13589	15672.16	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG				inpatient					WellPoint	WellPoint	30265.94				26501	30562.66	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG				inpatient					WellPoint	WellPoint	20627.34				18061	20829.57	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG				inpatient					WellPoint	WellPoint	30649.4				26837	30949.88	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG				inpatient					WellPoint	WellPoint	49699.01				43517	50186.26	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG				inpatient					WellPoint	WellPoint	98613.58				86347	99580.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG				inpatient					WellPoint	WellPoint	21049.11				18431	21255.47	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG				inpatient					WellPoint	WellPoint	27291.93				23897	27559.49	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG				inpatient					WellPoint	WellPoint	44326.27				38812	44760.84	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG				inpatient					WellPoint	WellPoint	87738.48				76824	88598.66	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG				inpatient					WellPoint	WellPoint	15661.38				13713	15814.92	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG				inpatient					WellPoint	WellPoint	20044.32				17551	20240.83	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG				inpatient					WellPoint	WellPoint	32483.61				28443	32802.08	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG				inpatient					WellPoint	WellPoint	79251.04				69393	80028.01	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG				inpatient					WellPoint	WellPoint	16771.1				14685	16935.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG				inpatient					WellPoint	WellPoint	22234.76				19469	22452.74	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG				inpatient					WellPoint	WellPoint	37346.13				32700	37712.27	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG				inpatient					WellPoint	WellPoint	77118.11				67525	77874.17	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG				inpatient					WellPoint	WellPoint	18894.43				16544	19079.67	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG				inpatient					WellPoint	WellPoint	24741.05				21663	24983.61	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG				inpatient					WellPoint	WellPoint	37455.85				32797	37823.06	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG				inpatient					WellPoint	WellPoint	67989.06				59532	68655.62	case rate	
APPENDECTOMY	2251	APR-DRG				inpatient					WellPoint	WellPoint	12909.96				11304	13036.52	case rate	
APPENDECTOMY	2252	APR-DRG				inpatient					WellPoint	WellPoint	17169.65				15034	17337.98	case rate	
APPENDECTOMY	2253	APR-DRG				inpatient					WellPoint	WellPoint	29491.48				25823	29780.62	case rate	
APPENDECTOMY	2254	APR-DRG				inpatient					WellPoint	WellPoint	56134.55				49152	56684.89	case rate	
ANAL PROCEDURES	2261	APR-DRG				inpatient					WellPoint	WellPoint	10469.49				9167	10572.14	case rate	
ANAL PROCEDURES	2262	APR-DRG				inpatient					WellPoint	WellPoint	14175.84				12412	14314.82	case rate	
ANAL PROCEDURES	2263	APR-DRG				inpatient					WellPoint	WellPoint	23108.07				20234	23334.62	case rate	
ANAL PROCEDURES	2264	APR-DRG				inpatient					WellPoint	WellPoint	47291.67				41409	47755.31	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG				inpatient					WellPoint	WellPoint	16273.01				14249	16432.55	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG				inpatient					WellPoint	WellPoint	20671.52				18100	20874.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG				inpatient					WellPoint	WellPoint	33543.57				29371	33872.43	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG				inpatient					WellPoint	WellPoint	69054.69				60465	69731.7	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG				inpatient					WellPoint	WellPoint	12241.01				10718	12361.02	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG				inpatient					WellPoint	WellPoint	15967.43				13999	16144.17	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG				inpatient					WellPoint	WellPoint	24558.34				21503	24799.1	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG				inpatient					WellPoint	WellPoint	54728.17				47920	55264.72	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG				inpatient					WellPoint	WellPoint	16921.97				14817	17087.88	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG				inpatient					WellPoint	WellPoint	23343.5				20440	23572.35	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG				inpatient					WellPoint	WellPoint	38028.5				33298	38401.33	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG				inpatient					WellPoint	WellPoint	78928.32				69110	79702.13	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG				inpatient					WellPoint	WellPoint	10573.34				9258	10677	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG				inpatient					WellPoint	WellPoint	13551.27				11866	13684.13	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG				inpatient					WellPoint	WellPoint	19962.41				17479	20158.12	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG				inpatient					WellPoint	WellPoint	36564.32				32016	36922.79	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG				inpatient					WellPoint	WellPoint	8994.44				7876	9082.62	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG				inpatient					WellPoint	WellPoint	11155.59				9768	11264.96	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG				inpatient					WellPoint	WellPoint	16764.14				14679	16928.49	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG				inpatient					WellPoint	WellPoint	39172.5				34300	39558.54	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG				inpatient					WellPoint	WellPoint	8872.37				7769	8959.35	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG				inpatient					WellPoint	WellPoint	10943.38				9582	11050.66	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG				inpatient					WellPoint	WellPoint	16275.47				14251	16435.03	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG				inpatient					WellPoint	WellPoint	36102.56				33063	36476.11	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG				inpatient					WellPoint	WellPoint	8254.37				7228	8335.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG				inpatient					WellPoint	WellPoint	10083.49				8829	10182.34	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG				inpatient					WellPoint	WellPoint	14553.62				12743	14696.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG				inpatient					WellPoint	WellPoint	32036.09				28051	32350.17	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG				inpatient					WellPoint	WellPoint	7710.72				6752	7786.32	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG				inpatient					WellPoint	WellPoint	10090.05				8835	10188.98	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG				inpatient					WellPoint	WellPoint	15314.85				13410	15465	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG				inpatient					WellPoint	WellPoint	34761.25				30437	35102.55	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG				inpatient					WellPoint	WellPoint	9206.85				8062	9297.11	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG				inpatient					WellPoint	WellPoint	11051.34				9677	11159.69	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG				inpatient					WellPoint	WellPoint	16835.61				14996	16798.7	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG				inpatient					WellPoint	WellPoint	31627.74				27693	31937.82	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG				inpatient					WellPoint	WellPoint	9684.55				8480	9779.5	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG				inpatient					WellPoint	WellPoint	11630.65				10184	11744.68	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG				inpatient					WellPoint	WellPoint	17380.54				15364	17752.89	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG				inpatient					WellPoint	WellPoint	35558.05				31135	35906.65	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG				inpatient					WellPoint	WellPoint	7474.52				6545	7547.8	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG				inpatient					WellPoint	WellPoint	9613.22				8417	9707.47	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG				inpatient					WellPoint	WellPoint	15241.28				13345	15390.7	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG				inpatient					WellPoint	WellPoint	34829.34				30497	35170.8	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG				inpatient					WellPoint	WellPoint	8151.11				7137	8231.02	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG				inpatient					WellPoint	WellPoint	11213.58				9819	11323.52	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG				inpatient					WellPoint	WellPoint	16856.72				14760	17021.99	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG				inpatient					WellPoint	WellPoint	35887.63				31423	36239.47	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG				inpatient					WellPoint	WellPoint	6733.37				5896	6799.38	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG				inpatient					WellPoint	WellPoint	8183.83				7166	8264.06	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG				inpatient					WellPoint	WellPoint	11613.11				10169	11726.96	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG				inpatient					WellPoint	WellPoint	26547.05				23245	26807.32	case rate	
ABDOMINAL PAIN	2511	APR-DRG				inpatient					WellPoint	WellPoint	7645.36				6694	7720.33	case rate	
ABDOMINAL PAIN	2512	APR-DRG				inpatient					WellPoint	WellPoint	9478.32				8299	9571.24	case rate	
ABDOMINAL PAIN	2513	APR-DRG				inpatient					WellPoint	WellPoint	12807.77				11215	12933.34	case rate	
ABDOMINAL PAIN	2514	APR-DRG				inpatient					WellPoint	WellPoint	24531.59				21480	24772.1	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG				inpatient					WellPoint	WellPoint	8324.32				7289	8405.93	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG				inpatient					WellPoint	WellPoint	11181.06				9790	11290.67	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG				inpatient					WellPoint	WellPoint	17143.49				15011	17311.56	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG				inpatient					WellPoint	WellPoint	38263.63				33934	39638.66	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG				inpatient					WellPoint	WellPoint	8406.81				7361	8489.23	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG				inpatient					WellPoint	WellPoint	10817.29				9472	10923.35	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG				inpatient					WellPoint	WellPoint	16154.37				14145	16312.75	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG				inpatient					WellPoint	WellPoint	33463.92				29301	33791.99	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG				inpatient					WellPoint	WellPoint	7885.9				6905	7963.21	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG				inpatient					WellPoint	WellPoint	10527.4				9218	10630.61	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG				inpatient					WellPoint	WellPoint	15300.36				13397	15450.36	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG				inpatient					WellPoint	WellPoint	32810.65				28729	33132.32	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG				inpatient					WellPoint	WellPoint	24608.31				21547	24849.56	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG				inpatient					WellPoint	WellPoint	32518.99				28474	32837.8	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG				inpatient					WellPoint	WellPoint	51038.77				44690	51539.15	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG				inpatient					WellPoint	WellPoint	103366.63				90526	104400.22	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG				inpatient					WellPoint	WellPoint	20466.47				17921	20667.13	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG				inpatient					WellPoint	WellPoint	28477.19				24935	28756.37	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG				inpatient					WellPoint	WellPoint	43064.71				37708	43486.91	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG				inpatient					WellPoint	WellPoint	79117.12				69275	79892.77	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG				inpatient					WellPoint	WellPoint	17839.58				15620	18014.47	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG				inpatient					WellPoint	WellPoint	23527.78				20601	23758.44	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG				inpatient					WellPoint	WellPoint	35216.92				30836	35562.18	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG				inpatient					WellPoint	WellPoint	72021.16				63062	72727.25	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG				inpatient					WellPoint	WellPoint	15240.98				13345	15390.4	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG				inpatient					WellPoint	WellPoint	19286.9				16888	19475.99	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG				inpatient					WellPoint	WellPoint	26274.11				23006	26531.7	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG				inpatient					WellPoint	WellPoint	55681.82				48755	56227.72	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG				inpatient					WellPoint	WellPoint	20295.51				17771	20494.49	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG				inpatient					WellPoint	WellPoint	24858.62				21766	25102.34	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG				inpatient					WellPoint	WellPoint	38459.47				33675	38836.52	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG				inpatient					WellPoint	WellPoint	83530.13				73139	84349.05	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG				inpatient					WellPoint	WellPoint	7882.86				6902	7960.14	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG				inpatient					WellPoint	WellPoint	9975.62				8735	10073.42	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG				inpatient					WellPoint	WellPoint	16540.67				14483	16702.83	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG				inpatient					WellPoint	WellPoint	41714.07				36525	42123.03	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG				inpatient					WellPoint	WellPoint	8056.07				7054	8135.05	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG				inpatient					WellPoint	WellPoint	10394.36				8839	10193.32	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG				inpatient					WellPoint	WellPoint	16084.23				14083	16241.92	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG				inpatient					WellPoint	WellPoint	36294.79				31780	36650.62	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG				inpatient					WellPoint	WellPoint	11870.29				10394	11986.67	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG				inpatient					WellPoint	WellPoint	14080.71				12329	14218.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG				inpatient					WellPoint	WellPoint	19485				17061	19676.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG				inpatient					WellPoint	WellPoint	31757.26				27807	32068.61	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG				inpatient					WellPoint	WellPoint	8211.26				7190	8291.76	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG				inpatient					WellPoint	WellPoint	10611.25				9291	10715.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG				inpatient					WellPoint	WellPoint	17725.63				15521	17899.41	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG				inpatient					WellPoint	WellPoint	49327.9				43192	49811.51	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG				inpatient					WellPoint	WellPoint	8797.91				7703	8884.16	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG				inpatient					WellPoint	WellPoint	10419.73				9124	10521.88	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG				inpatient					WellPoint	WellPoint	15705.66				13752	15859.64	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG				inpatient					WellPoint	WellPoint	32102.61				28109	32417.34	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG				inpatient					WellPoint	WellPoint	9487.34				8307	9580.35	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG				inpatient					WellPoint	WellPoint	12654.74				11081	12778.81	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG				inpatient					WellPoint	WellPoint	18236.25				15968	18415.04	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG				inpatient					WellPoint	WellPoint	36106				31615	36459.98	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG				inpatient					WellPoint	WellPoint	24081.02				21085	24317.11	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG				inpatient					WellPoint	WellPoint	26295.47				23024	26553.27	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG				inpatient					WellPoint	WellPoint	35981.48				31506	36334.24	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG				inpatient					WellPoint	WellPoint	59927.52				52210	60212.1	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG				inpatient					WellPoint	WellPoint	22982.27				20123	23207.59	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG				inpatient					WellPoint	WellPoint	25554.9				22376	25805.43	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG				inpatient					WellPoint	WellPoint	32863.65				28776	33185.84	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG				inpatient					WellPoint	WellPoint	60404.99				52908	61017.4	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG				inpatient					WellPoint	WellPoint	70996.09				62165	71692.13	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG				inpatient					WellPoint	WellPoint	85432.05				74805	86269.62	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG				inpatient					WellPoint	WellPoint	125166.61				109597	126393.73	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG				inpatient					WellPoint	WellPoint	170029.18				148878	171696.13	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG				inpatient					WellPoint	WellPoint	43153.85				37786	43576.93	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG				inpatient					WellPoint	WellPoint	51685.97				45257	52192.7	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG				inpatient					WellPoint	WellPoint	77841.73				68159	78604.88	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG				inpatient					WellPoint	WellPoint	129645.55				113518	130916.58	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG				inpatient					WellPoint	WellPoint	16182.1				14169	16340.74	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG				inpatient					WellPoint	WellPoint	22155.49				19399	22372.7	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG				inpatient					WellPoint	WellPoint	36255.11				31745	36610.56	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG				inpatient					WellPoint	WellPoint	76683.12				67144	77434.92	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG				inpatient					WellPoint	WellPoint	19616.28				17176	19808.6	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG				inpatient					WellPoint	WellPoint	23111.3				20236	23337.88	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG				inpatient					WellPoint	WellPoint	30861.12				27013	31153.59	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG				inpatient					WellPoint	WellPoint	53930.19				47222	54458.92	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG				inpatient					WellPoint	WellPoint	19794.29				17332	19988.36	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG				inpatient					WellPoint	WellPoint	28138.6				24638	28414.47	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG				inpatient					WellPoint	WellPoint	41081.08				35971	41483.84	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG				inpatient					WellPoint	WellPoint	80326.08				70334	81113.59	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG				inpatient					WellPoint	WellPoint	14750.15				12915	14894.76	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG				inpatient					WellPoint	WellPoint	19380.33				17145	19772.29	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG				inpatient					WellPoint	WellPoint	28332.48				24808	28610.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG				inpatient					WellPoint	WellPoint	60915.54				53338	61512.75	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG				inpatient					WellPoint	WellPoint	24318.5				21293	24556.92	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG				inpatient					WellPoint	WellPoint	34609.59				30304	34948.9	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG				inpatient					WellPoint	WellPoint	62408.32				54645	63020.17	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG				inpatient					WellPoint	WellPoint	128970.73				112927	130235.15	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG				inpatient					WellPoint	WellPoint	17320.71				15166	17490.52	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG				inpatient					WellPoint	WellPoint	23706.68				20758	23938.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG				inpatient					WellPoint	WellPoint	36286.56				31773	36642.31	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG				inpatient					WellPoint	WellPoint	73833.33				64649	74557.19	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG				inpatient					WellPoint	WellPoint	15841.35				13871	15996.66	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG				inpatient					WellPoint	WellPoint	17980.25				15744	18156.53	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG				inpatient					WellPoint	WellPoint	25074.45				21955	25320.27	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG				inpatient					WellPoint	WellPoint	54045.21				47322	54575.07	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG				inpatient					WellPoint	WellPoint	14285.67				12509	14425.73	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG				inpatient					WellPoint	WellPoint	24165.57				21160	24402.49	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG				inpatient					WellPoint	WellPoint	34765.27				30441	35106.11	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG				inpatient					WellPoint	WellPoint	70335.66				61586	71025.23	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG				inpatient					WellPoint	WellPoint	12438.91				10892	12560.86	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG				inpatient					WellPoint	WellPoint	17692.12				15491	17865.58	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG				inpatient					WellPoint	WellPoint	28385.19				24854	28663.48	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG				inpatient					WellPoint	WellPoint	54326.78				47569	54859.4	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG				inpatient					WellPoint	WellPoint	13737.03				12028	13871.71	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG				inpatient					WellPoint	WellPoint	19271.61				16874	19460.55	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG				inpatient					WellPoint	WellPoint	33096.52				28979	33421	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG				inpatient					WellPoint	WellPoint	78004.36				68301	78769.11	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG				inpatient					WellPoint	WellPoint	15674.71				13725	15828.38	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG				inpatient					WellPoint	WellPoint	24095.42				21098	24331.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG				inpatient					WellPoint	WellPoint	34309.51				30042	34645.87	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG				inpatient					WellPoint	WellPoint	64763.94				56708	65398.88	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG				inpatient					WellPoint	WellPoint	25765.34				22560	26017.94	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG				inpatient					WellPoint	WellPoint	33395.83				29242	33723.24	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG				inpatient					WellPoint	WellPoint	55795.17				48855	56342.18	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG				inpatient					WellPoint	WellPoint	104679.26				91658	105705.53	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG				inpatient					WellPoint	WellPoint	23514.85				20590	23745.38	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG				inpatient					WellPoint	WellPoint	25631.22				22443	25882.51	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG				inpatient					WellPoint	WellPoint	36214.95				31710	36570	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG				inpatient					WellPoint	WellPoint	60734.98				53180	61330.42	case rate	
FRACTURE OF FEMUR	3401	APR-DRG				inpatient					WellPoint	WellPoint	7344.9				6431	7416.91	case rate	
FRACTURE OF FEMUR	3402	APR-DRG				inpatient					WellPoint	WellPoint	8700.33				7618	8785.63	case rate	
FRACTURE OF FEMUR	3403	APR-DRG				inpatient					WellPoint	WellPoint	13049.67				11426	13177.6	case rate	
FRACTURE OF FEMUR	3404	APR-DRG				inpatient					WellPoint	WellPoint	29989.76				26259	30283.78	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG				inpatient					WellPoint	WellPoint	7446.4				6520	7519.4	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG				inpatient					WellPoint	WellPoint	9032.55				7909	9121.1	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG				inpatient					WellPoint	WellPoint	12087.3				10584	12205.8	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG				inpatient					WellPoint	WellPoint	28655.2				25091	28936.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG				inpatient					WellPoint	WellPoint	7776.07				6809	7852.31	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG				inpatient					WellPoint	WellPoint	10052.92				8802	10151.47	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG				inpatient					WellPoint	WellPoint	13729.68				12022	13864.28	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG				inpatient					WellPoint	WellPoint	31664.57				27726	31975.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG				inpatient					WellPoint	WellPoint	12076.62				10574	12195.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG				inpatient					WellPoint	WellPoint	14448.11				12651	14589.75	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG				inpatient					WellPoint	WellPoint	23043.31				20177	23269.22	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG				inpatient					WellPoint	WellPoint	38782.97				33959	39163.2	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG				inpatient					WellPoint	WellPoint	11092.19				9712	11200.94	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG				inpatient					WellPoint	WellPoint	14005.27				12263	14142.58	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG				inpatient					WellPoint	WellPoint	20928.12				18325	21133.29	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG				inpatient					WellPoint	WellPoint	38572.82				33775	38950.98	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG				inpatient					WellPoint	WellPoint	10029.11				8782	10127.43	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG				inpatient					WellPoint	WellPoint	13353.08				11692	13483.59	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG				inpatient					WellPoint	WellPoint	22445.78				19654	22665.84	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG				inpatient					WellPoint	WellPoint	54877.08				48051	55415.09	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG				inpatient					WellPoint	WellPoint	9432.28				8259	9524.75	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG				inpatient					WellPoint	WellPoint	11643.19				10195	11757.34	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG				inpatient					WellPoint	WellPoint	15972.83				13986	16129.43	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG				inpatient					WellPoint	WellPoint	37867.13				33157	39238.38	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG				inpatient					WellPoint	WellPoint	7938.51				6951	8016.34	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG				inpatient					WellPoint	WellPoint	11355.55				9943	11466.88	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG				inpatient					WellPoint	WellPoint	17311.8				15158	17481.52	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG				inpatient					WellPoint	WellPoint	35903.48				31087	39851.55	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG				inpatient					WellPoint	WellPoint	8028.93				7030	8107.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG				inpatient					WellPoint	WellPoint	9303.44				8146	9394.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG				inpatient					WellPoint	WellPoint	15096.87				13219	15244.88	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG				inpatient					WellPoint	WellPoint	33423.36				29266	33751.04	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG				inpatient					WellPoint	WellPoint	20882.16				18285	21086.89	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG				inpatient					WellPoint	WellPoint	28016.23				24531	28290.9	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG				inpatient					WellPoint	WellPoint	40245.49				35239	40640.05	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG				inpatient					WellPoint	WellPoint	88389.99				77395	89256.56	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG				inpatient					WellPoint	WellPoint	20177.75				17668	20375.57	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG				inpatient					WellPoint	WellPoint	24659.24				21592	24901	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG				inpatient					WellPoint	WellPoint	30346.67				26572	30644.19	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG				inpatient					WellPoint	WellPoint	63905.82				55956	64532.34	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG				inpatient					WellPoint	WellPoint	15743.87				13785	15898.23	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG				inpatient					WellPoint	WellPoint	26565.08				23261	26825.53	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG				inpatient					WellPoint	WellPoint	33915.47				29697	34247.97	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG				inpatient					WellPoint	WellPoint	65323.17				57197	65963.59	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG				inpatient					WellPoint	WellPoint	12715.48				11134	12840.14	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG				inpatient					WellPoint	WellPoint	17573.77				15388	17746.07	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG				inpatient					WellPoint	WellPoint	27315.73				23918	27583.53	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG				inpatient					WellPoint	WellPoint	53522.44				46865	54047.17	case rate	
SKIN ULCERS	3801	APR-DRG				inpatient					WellPoint	WellPoint	8713.75				7630	8799.18	case rate	
SKIN ULCERS	3802	APR-DRG				inpatient					WellPoint	WellPoint	10446.37				9147	10548.79	case rate	
SKIN ULCERS	3803	APR-DRG				inpatient					WellPoint	WellPoint	15099.91				13222	15247.94	case rate	
SKIN ULCERS	3804	APR-DRG				inpatient					WellPoint	WellPoint	29640.79				25954	29931.39	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG				inpatient					WellPoint	WellPoint	7010.43				6138	7079.16	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG				inpatient					WellPoint	WellPoint	12354.85				10818	12475.98	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG				inpatient					WellPoint	WellPoint	22298.83				19525	22517.45	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG				inpatient					WellPoint	WellPoint	60294.89				52795	60886.02	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG				inpatient					WellPoint	WellPoint	9509.87				8327	9603.1	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG				inpatient					WellPoint	WellPoint	11280.5				9877	11391.09	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG				inpatient					WellPoint	WellPoint	17877.49				15654	18052.76	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG				inpatient					WellPoint	WellPoint	30069.7				26329	30364.5	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG				inpatient					WellPoint	WellPoint	6879.15				6023	6946.59	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG				inpatient					WellPoint	WellPoint	9155.6				8017	9245.36	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG				inpatient					WellPoint	WellPoint	14056.8				12308	14194.62	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG				inpatient					WellPoint	WellPoint	33255.44				29119	33581.47	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG				inpatient					WellPoint	WellPoint	8812.01				7716	8898.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG				inpatient					WellPoint	WellPoint	10445.79				9146	10548.2	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG				inpatient					WellPoint	WellPoint	15305.36				13401	15455.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG				inpatient					WellPoint	WellPoint	38722.72				33906	39102.35	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG				inpatient					WellPoint	WellPoint	6559.58				5744	6623.87	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG				inpatient					WellPoint	WellPoint	8689.66				7609	8774.85	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG				inpatient					WellPoint	WellPoint	13885.26				12158	14021.39	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG				inpatient					WellPoint	WellPoint	28508.04				24962	28787.53	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG				inpatient					WellPoint	WellPoint	22743.52				19914	22966.5	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG				inpatient					WellPoint	WellPoint	30577				26773	30876.77	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG				inpatient					WellPoint	WellPoint	51467.59				45065	51972.17	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG				inpatient					WellPoint	WellPoint	111358.85				97506	112450.6	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG				inpatient					WellPoint	WellPoint	19849.55				17380	20044.15	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG				inpatient					WellPoint	WellPoint	22044.3				19302	22260.42	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG				inpatient					WellPoint	WellPoint	33501.44				29334	33829.89	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG				inpatient					WellPoint	WellPoint	94321.95				82589	95246.68	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG				inpatient					WellPoint	WellPoint	12671.4				11095	12795.63	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG				inpatient					WellPoint	WellPoint	16977.92				14866	17144.37	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG				inpatient					WellPoint	WellPoint	32307.66				28289	32624.41	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG				inpatient					WellPoint	WellPoint	77429.46				67798	78188.58	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG				inpatient					WellPoint	WellPoint	19706.32				17255	19899.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG				inpatient					WellPoint	WellPoint	24428.43				21390	24667.92	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG				inpatient					WellPoint	WellPoint	36295.68				31781	36651.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG				inpatient					WellPoint	WellPoint	82786.54				72471	83577.98	case rate	
DIABETES	4201	APR-DRG				inpatient					WellPoint	WellPoint	6396.05				5600	6458.76	case rate	
DIABETES	4202	APR-DRG				inpatient					WellPoint	WellPoint	8265.44				7237	8346.47	case rate	
DIABETES	4203	APR-DRG				inpatient					WellPoint	WellPoint	12463.15				10860	12524.75	case rate	
DIABETES	4204	APR-DRG				inpatient					WellPoint	WellPoint	30242.72				26481	30539.22	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG				inpatient					WellPoint	WellPoint	8606.77				7536	8691.15	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG				inpatient					WellPoint	WellPoint	9563.06				8373	9656.82	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG				inpatient					WellPoint	WellPoint	14665.31				12841	14809.08	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG				inpatient					WellPoint	WellPoint	31094.98				27227	31399.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG				inpatient					WellPoint	WellPoint	5151.33				4511	5201.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG				inpatient					WellPoint	WellPoint	7389.96				6471	7462.41	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG				inpatient					WellPoint	WellPoint	10809.45				9465	10915.43	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG				inpatient					WellPoint	WellPoint	23411.19				20499	23640.71	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG				inpatient					WellPoint	WellPoint	9399.45				8230	9491.6	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG				inpatient					WellPoint	WellPoint	12252.08				10728	12372.2	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG				inpatient					WellPoint	WellPoint	19335.69				16930	19525.26	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG				inpatient					WellPoint	WellPoint	37465.65				32805	37832.96	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG				inpatient					WellPoint	WellPoint	7860.03				6882	7937.09	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG				inpatient					WellPoint	WellPoint	10681.9				9353	10786.62	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG				inpatient					WellPoint	WellPoint	16192.88				14179	16351.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG				inpatient					WellPoint	WellPoint	34317.63				30049	34654.08	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG				inpatient					WellPoint	WellPoint	6393.31				5598	6455.99	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG				inpatient					WellPoint	WellPoint	8237.12				7212	8317.88	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG				inpatient					WellPoint	WellPoint	12352.6				10816	12473.7	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG				inpatient					WellPoint	WellPoint	27711.25				24264	27982.93	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG				inpatient					WellPoint	WellPoint	76293.49				66803	77041.47	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG				inpatient					WellPoint	WellPoint	79830.34				69900	80612.99	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG				inpatient					WellPoint	WellPoint	90269.86				79041	91154.86	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG				inpatient					WellPoint	WellPoint	142909.87				125133	144310.95	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG				inpatient					WellPoint	WellPoint	22497.12				19699	22717.68	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG				inpatient					WellPoint	WellPoint	34871.57				30534	35213.44	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG				inpatient					WellPoint	WellPoint	47430.1				41530	47895.1	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG				inpatient					WellPoint	WellPoint	95461.45				83587	96397.35	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG				inpatient					WellPoint	WellPoint	20732.56				18154	20935.82	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG				inpatient					WellPoint	WellPoint	24019.89				21032	24255.38	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG				inpatient					WellPoint	WellPoint	37090.32				32476	37453.95	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG				inpatient					WellPoint	WellPoint	73796.4				64617	74519.89	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG				inpatient					WellPoint	WellPoint	18151.51				15894	18329.47	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG				inpatient					WellPoint	WellPoint	21323.53				18671	21532.58	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG				inpatient					WellPoint	WellPoint	31167.57				27290	31473.13	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG				inpatient					WellPoint	WellPoint	64794.12				56734	65429.36	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG				inpatient					WellPoint	WellPoint	16533.71				14477	16695.81	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG				inpatient					WellPoint	WellPoint	22309.31				19534	22528.03	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG				inpatient					WellPoint	WellPoint	35856.67				31396	36208.21	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG				inpatient					WellPoint	WellPoint	67827.31				59390	68492.28	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG				inpatient					WellPoint	WellPoint	14334.07				12551	14474.6	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG				inpatient					WellPoint	WellPoint	19589.44				17153	19781.49	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG				inpatient					WellPoint	WellPoint	25503.96				22331	25754	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG				inpatient					WellPoint	WellPoint	52925.51				46342	53444.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG				inpatient					WellPoint	WellPoint	10974.92				9610	11082.52	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG				inpatient					WellPoint	WellPoint	13573.03				11885	13706.1	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG				inpatient					WellPoint	WellPoint	22194.78				19434	22412.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG				inpatient					WellPoint	WellPoint	48027.53				42053	48498.38	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG				inpatient					WellPoint	WellPoint	18625.5				16309	18808.1	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG				inpatient					WellPoint	WellPoint	23579.41				20646	23810.58	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG				inpatient					WellPoint	WellPoint	33697.19				29505	34027.55	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG				inpatient					WellPoint	WellPoint	77055.25				67426	77780.2	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG				inpatient					WellPoint	WellPoint	8654.77				7578	8739.62	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG				inpatient					WellPoint	WellPoint	11316.36				9909	11427.3	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG				inpatient					WellPoint	WellPoint	17496.2				15319	17666.72	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG				inpatient					WellPoint	WellPoint	31850.13				27888	32162.39	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG				inpatient					WellPoint	WellPoint	7130.25				6243	7200.15	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG				inpatient					WellPoint	WellPoint	10059.68				8808	10158.3	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG				inpatient					WellPoint	WellPoint	18586.01				16274	18768.23	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG				inpatient					WellPoint	WellPoint	37563.71				32891	37931.99	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG				inpatient					WellPoint	WellPoint	6890.51				6033	6958.06	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG				inpatient					WellPoint	WellPoint	8681.62				7602	8766.73	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG				inpatient					WellPoint	WellPoint	12039.2				10598	12176.41	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG				inpatient					WellPoint	WellPoint	23587.44				20653	23818.69	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG				inpatient					WellPoint	WellPoint	7580.13				6637	7654.45	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG				inpatient					WellPoint	WellPoint	9077.33				7948	9166.32	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG				inpatient					WellPoint	WellPoint	13911.41				12181	14047.8	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG				inpatient					WellPoint	WellPoint	30332.17				26559	30629.54	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG				inpatient					WellPoint	WellPoint	7215.67				6318	7286.42	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG				inpatient					WellPoint	WellPoint	10049.78				8800	10148.31	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG				inpatient					WellPoint	WellPoint	15308.78				13404	15458.87	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG				inpatient					WellPoint	WellPoint	27206.01				23822	27472.74	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG				inpatient					WellPoint	WellPoint	7542.8				6605	7616.75	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG				inpatient					WellPoint	WellPoint	10241.51				8968	10341.92	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG				inpatient					WellPoint	WellPoint	14931.3				13074	15077.69	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG				inpatient					WellPoint	WellPoint	30076.08				26335	30370.94	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG				inpatient					WellPoint	WellPoint	7142.3				6254	7212.32	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG				inpatient					WellPoint	WellPoint	9544.16				8357	9637.73	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG				inpatient					WellPoint	WellPoint	15455.35				13533	15606.87	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE KIDNEY INJURY	4694	APR-DRG				inpatient					WellPoint	WellPoint	35064.08				30702	35407.85	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG				inpatient					WellPoint	WellPoint	7591.3				6647	7665.72	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG				inpatient					WellPoint	WellPoint	9664.86				8463	9759.61	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG				inpatient					WellPoint	WellPoint	14230.02				12460	14369.53	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG				inpatient					WellPoint	WellPoint	30505.09				26710	30804.16	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG				inpatient					WellPoint	WellPoint	19227.92				16836	19416.43	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG				inpatient					WellPoint	WellPoint	21190.58				18555	21398.33	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG				inpatient					WellPoint	WellPoint	34589.21				30287	34928.32	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG				inpatient					WellPoint	WellPoint	77183.17				67582	77939.86	case rate	
PENIS PROCEDURES	4811	APR-DRG				inpatient					WellPoint	WellPoint	12302.05				10772	12422.65	case rate	
PENIS PROCEDURES	4812	APR-DRG				inpatient					WellPoint	WellPoint	20047.15				17553	20243.69	case rate	
PENIS PROCEDURES	4813	APR-DRG				inpatient					WellPoint	WellPoint	27911.98				24440	28185.63	case rate	
PENIS PROCEDURES	4814	APR-DRG				inpatient					WellPoint	WellPoint	64419.09				56406	65050.65	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG				inpatient					WellPoint	WellPoint	10347.12				9060	10448.57	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG				inpatient					WellPoint	WellPoint	13922.78				11823	13635.16	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG				inpatient					WellPoint	WellPoint	24579.4				21522	24820.37	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG				inpatient					WellPoint	WellPoint	49059.56				42957	49540.54	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG				inpatient					WellPoint	WellPoint	10950.92				9589	11058.29	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG				inpatient					WellPoint	WellPoint	19808.89				17345	20003.09	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG				inpatient					WellPoint	WellPoint	33252.89				29116	33578.9	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG				inpatient					WellPoint	WellPoint	93387.2				81770	94302.76	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG				inpatient					WellPoint	WellPoint	14222.57				12453	14362.01	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG				inpatient					WellPoint	WellPoint	20296				17771	20494.98	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG				inpatient					WellPoint	WellPoint	25962.64				22759	26247.47	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG				inpatient					WellPoint	WellPoint	65845.64				57655	66491.19	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG				inpatient					WellPoint	WellPoint	8800.16				7705	8886.44	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG				inpatient					WellPoint	WellPoint	11192.52				9800	11302.25	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG				inpatient					WellPoint	WellPoint	17701.93				15500	17875.47	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG				inpatient					WellPoint	WellPoint	29042.87				25430	29327.6	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG				inpatient					WellPoint	WellPoint	7013.56				6141	7082.32	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG				inpatient					WellPoint	WellPoint	9638.8				8440	9733.29	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG				inpatient					WellPoint	WellPoint	14567.63				12755	14710.45	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG				inpatient					WellPoint	WellPoint	36803.17				32225	37163.99	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG				inpatient					WellPoint	WellPoint	19453.06				17033	19643.78	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG				inpatient					WellPoint	WellPoint	24134.71				21132	24371.32	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG				inpatient					WellPoint	WellPoint	43163.94				37795	43587.12	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG				inpatient					WellPoint	WellPoint	99999.58				87560	100979.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG				inpatient					WellPoint	WellPoint	19025.2				17184	19817.6	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG				inpatient					WellPoint	WellPoint	24619.46				21549	24851.74	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG				inpatient					WellPoint	WellPoint	36945.12				32349	37307.33	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG				inpatient					WellPoint	WellPoint	78869.15				69058	79642.38	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG				inpatient					WellPoint	WellPoint	17447.2				15277	17618.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG				inpatient					WellPoint	WellPoint	20530.55				17977	20731.83	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG				inpatient					WellPoint	WellPoint	32259.07				28246	32575.34	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG				inpatient					WellPoint	WellPoint	65903.84				57706	66549.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG				inpatient					WellPoint	WellPoint	13338.09				11679	13468.86	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG				inpatient					WellPoint	WellPoint	15658.63				13711	15812.15	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG				inpatient					WellPoint	WellPoint	25687.07				22492	25938.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG				inpatient					WellPoint	WellPoint	62107.36				54382	62716.26	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG				inpatient					WellPoint	WellPoint	10985.71				9619	11093.41	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG				inpatient					WellPoint	WellPoint	15953.73				13969	16110.14	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG				inpatient					WellPoint	WellPoint	27630.81				24194	27901.7	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG				inpatient					WellPoint	WellPoint	76579.76				67054	77330.55	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG				inpatient					WellPoint	WellPoint	10570.6				9256	10674.23	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG				inpatient					WellPoint	WellPoint	13299.49				11645	13429.88	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG				inpatient					WellPoint	WellPoint	24398.75				21364	24637.95	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG				inpatient					WellPoint	WellPoint	57410.23				50269	57973.08	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG				inpatient					WellPoint	WellPoint	12577.83				11013	12701.15	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG				inpatient					WellPoint	WellPoint	17335.11				15179	17505.07	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG				inpatient					WellPoint	WellPoint	31646.95				27710	31957.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG				inpatient					WellPoint	WellPoint	72051.14				63088	72757.52	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG				inpatient					WellPoint	WellPoint	13942.77				12208	14079.46	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG				inpatient					WellPoint	WellPoint	16722.21				14642	16886.15	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG				inpatient					WellPoint	WellPoint	30185.8				26431	30481.74	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG				inpatient					WellPoint	WellPoint	74970.19				65644	75705.2	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG				inpatient					WellPoint	WellPoint	8431.3				7382	8513.96	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG				inpatient					WellPoint	WellPoint	10838.65				9490	10944.91	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG				inpatient					WellPoint	WellPoint	18302.69				16026	18482.12	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG				inpatient					WellPoint	WellPoint	33702.96				29510	34033.38	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG				inpatient					WellPoint	WellPoint	7668.59				6715	7743.78	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG				inpatient					WellPoint	WellPoint	10324.5				9040	10425.72	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG				inpatient					WellPoint	WellPoint	16278.3				14253	16437.89	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG				inpatient					WellPoint	WellPoint	31622.15				27689	31932.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG				inpatient					WellPoint	WellPoint	6664.69				5836	6730.03	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG				inpatient					WellPoint	WellPoint	8228.21				7205	8308.88	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG				inpatient					WellPoint	WellPoint	13526.1				11844	13658.71	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG				inpatient					WellPoint	WellPoint	27697.23				24252	27968.77	case rate	
CESAREAN DELIVERY	5401	APR-DRG				inpatient					WellPoint	WellPoint	8494.89				7438	8578.17	case rate	
CESAREAN DELIVERY	5402	APR-DRG				inpatient					WellPoint	WellPoint	10154.91				8892	10254.46	case rate	
CESAREAN DELIVERY	5403	APR-DRG				inpatient					WellPoint	WellPoint	14568.03				12747	14700.76	case rate	
CESAREAN DELIVERY	5404	APR-DRG				inpatient					WellPoint	WellPoint	41185.03				36062	41588.8	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG				inpatient					WellPoint	WellPoint	8092.81				7086	8172.15	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG				inpatient					WellPoint	WellPoint	8806.04				7711	8892.37	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG				inpatient					WellPoint	WellPoint	13110.9				11480	13239.43	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG				inpatient					WellPoint	WellPoint	46150.99				40410	46603.45	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG				inpatient					WellPoint	WellPoint	6000.05				5254	6058.87	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG				inpatient					WellPoint	WellPoint	7487.54				6556	7560.95	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG				inpatient					WellPoint	WellPoint	16122.63				14117	16280.7	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG				inpatient					WellPoint	WellPoint	53869.75				47169	54397.88	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG				inpatient					WellPoint	WellPoint	8475.29				7421	8558.38	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG				inpatient					WellPoint	WellPoint	10032.55				8785	10130.9	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG				inpatient					WellPoint	WellPoint	16626.59				14558	16789.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG				inpatient					WellPoint	WellPoint	46792.41				40972	47251.16	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG				inpatient					WellPoint	WellPoint	12133.63				10624	12252.59	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG				inpatient					WellPoint	WellPoint	13316.73				11660	13447.29	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG				inpatient					WellPoint	WellPoint	16069.23				14070	16226.77	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG				inpatient					WellPoint	WellPoint	29328.26				25680	29615.8	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG				inpatient					WellPoint	WellPoint	9256.12				8105	9346.87	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG				inpatient					WellPoint	WellPoint	13081.5				11454	13209.75	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG				inpatient					WellPoint	WellPoint	25067.1				21949	25312.86	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG				inpatient					WellPoint	WellPoint	68296.29				59801	68965.86	case rate	
VAGINAL DELIVERY	5601	APR-DRG				inpatient					WellPoint	WellPoint	5011.62				4388	5060.75	case rate	
VAGINAL DELIVERY	5602	APR-DRG				inpatient					WellPoint	WellPoint	5651.08				4948	5706.48	case rate	
VAGINAL DELIVERY	5603	APR-DRG				inpatient					WellPoint	WellPoint	8216.55				7194	8297.1	case rate	
VAGINAL DELIVERY	5604	APR-DRG				inpatient					WellPoint	WellPoint	24500.93				21453	24741.14	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG				inpatient					WellPoint	WellPoint	3930.51				3442	3969.04	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG				inpatient					WellPoint	WellPoint	6324.63				5538	6386.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG				inpatient					WellPoint	WellPoint	10162.65				8898	10262.28	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG				inpatient					WellPoint	WellPoint	26745.35				23418	27007.56	case rate	
PRETERM LABOR	5631	APR-DRG				inpatient					WellPoint	WellPoint	4501.87				3942	4546.01	case rate	
PRETERM LABOR	5632	APR-DRG				inpatient					WellPoint	WellPoint	5962.62				5221	6021.08	case rate	
PRETERM LABOR	5633	APR-DRG				inpatient					WellPoint	WellPoint	10208.89				8939	10308.98	case rate	
PRETERM LABOR	5634	APR-DRG				inpatient					WellPoint	WellPoint	18821.93				16481	19006.46	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG				inpatient					WellPoint	WellPoint	4766.79				4174	4813.52	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG				inpatient					WellPoint	WellPoint	5564.57				4872	5619.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG				inpatient					WellPoint	WellPoint	7902.16				6919	7979.64	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG				inpatient					WellPoint	WellPoint	33629.98				29447	33959.69	case rate	
FALSE LABOR	5651	APR-DRG				inpatient					WellPoint	WellPoint	2211.99				1937	2233.68	case rate	
FALSE LABOR	5652	APR-DRG				inpatient					WellPoint	WellPoint	3145.76				2754	3176.6	case rate	
FALSE LABOR	5653	APR-DRG				inpatient					WellPoint	WellPoint	5001.13				4379	5050.16	case rate	
FALSE LABOR	5654	APR-DRG				inpatient					WellPoint	WellPoint	5502.75				4818	5556.7	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG				inpatient					WellPoint	WellPoint	4415.56				3866	4458.85	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG				inpatient					WellPoint	WellPoint	5932.05				5194	5990.21	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG				inpatient					WellPoint	WellPoint	9100.93				7969	9190.15	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG				inpatient					WellPoint	WellPoint	25872.13				22654	26125.77	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG				inpatient					WellPoint	WellPoint	3742.99				3277	3779.69	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG				inpatient					WellPoint	WellPoint	4818.12				4219	4865.36	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG				inpatient					WellPoint	WellPoint	7796.45				6827	7872.89	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG				inpatient					WellPoint	WellPoint	14719.58				12889	14863.89	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG				inpatient					WellPoint	WellPoint	1492.01				1306	1506.63	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG				inpatient					WellPoint	WellPoint	2369.63				2075	2392.87	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG				inpatient					WellPoint	WellPoint	4088.93				3580	4129.01	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG				inpatient					WellPoint	WellPoint	8210.18				7189	8290.68	case rate	
NEONATE W ECMO	5831	APR-DRG				inpatient					WellPoint	WellPoint	129464.5				113360	130733.76	case rate	
NEONATE W ECMO	5832	APR-DRG				inpatient					WellPoint	WellPoint	143849.52				125955	145259.81	case rate	
NEONATE W ECMO	5833	APR-DRG				inpatient					WellPoint	WellPoint	269688.59				236141	272332.6	case rate	
NEONATE W ECMO	5834	APR-DRG				inpatient					WellPoint	WellPoint	403274.26				353109	407227.93	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG				inpatient					WellPoint	WellPoint	127056.57				111251	128302.22	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG				inpatient					WellPoint	WellPoint	141174.02				123613	142558.08	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG				inpatient					WellPoint	WellPoint	288264.03				252406	291090.14	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG				inpatient					WellPoint	WellPoint	385835.29				337839	389617.99	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG				inpatient					WellPoint	WellPoint	223090.17				195339	225277.33	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG				inpatient					WellPoint	WellPoint	156486.72				137021	158020.9	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG				inpatient					WellPoint	WellPoint	111940.3				98016	113037.75	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG				inpatient					WellPoint	WellPoint	3804.8				3332	3842.11	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG				inpatient					WellPoint	WellPoint	133229.83				116657	134536	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG				inpatient					WellPoint	WellPoint	184841.15				161848	186653.31	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG				inpatient					WellPoint	WellPoint	229529.72				200977	231780.01	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG				inpatient					WellPoint	WellPoint	324027.33				283720	327204.07	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG				inpatient					WellPoint	WellPoint	41308.86				36170	41713.85	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG				inpatient					WellPoint	WellPoint	139950.35				122541	141322.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG				inpatient					WellPoint	WellPoint	186390.47				163204	188217.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG				inpatient					WellPoint	WellPoint	266194.85				233082	268804.6	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG				inpatient					WellPoint	WellPoint	60751.05				53194	61346.65	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG				inpatient					WellPoint	WellPoint	111548.41				97672	112642.03	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG				inpatient					WellPoint	WellPoint	148082.36				129662	149534.14	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG				inpatient					WellPoint	WellPoint	203204.2				179503	207014.05	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG				inpatient					WellPoint	WellPoint	35477.43				31064	35825.24	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG				inpatient					WellPoint	WellPoint	81491.35				71354	82290.28	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG				inpatient					WellPoint	WellPoint	121092.67				106029	122279.85	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG				inpatient					WellPoint	WellPoint	210838.77				184612	212905.82	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG				inpatient					WellPoint	WellPoint	55380.07				48491	55923.02	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG				inpatient					WellPoint	WellPoint	86464.66				75709	87312.35	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG				inpatient					WellPoint	WellPoint	117099.86				102533	118247.89	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG				inpatient					WellPoint	WellPoint	163709.35				143345	165314.34	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG				inpatient					WellPoint	WellPoint	37475.84				32814	37843.25	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG				inpatient					WellPoint	WellPoint	70521.71				61749	71213.1	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG				inpatient					WellPoint	WellPoint	104184.41				91224	105205.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG				inpatient					WellPoint	WellPoint	152733.74				133734	154231.13	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG				inpatient					WellPoint	WellPoint	58237.21				50993	58808.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG				inpatient					WellPoint	WellPoint	75636.2				66227	76377.73	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG				inpatient					WellPoint	WellPoint	120665.91				105656	121848.91	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG				inpatient					WellPoint	WellPoint	223750.69				195917	225944.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG				inpatient					WellPoint	WellPoint	32268.48				28254	32584.83	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG				inpatient					WellPoint	WellPoint	51890.04				45435	52398.77	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG				inpatient					WellPoint	WellPoint	84012.53				73562	84838.19	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG				inpatient					WellPoint	WellPoint	131988.14				115570	133282.14	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG				inpatient					WellPoint	WellPoint	39223.74				34345	39608.29	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG				inpatient					WellPoint	WellPoint	59790.25				52353	60376.43	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG				inpatient					WellPoint	WellPoint	82677.87				72393	83488.44	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG				inpatient					WellPoint	WellPoint	126823.39				111047	128066.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG				inpatient					WellPoint	WellPoint	32833.86				28750	33155.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG				inpatient					WellPoint	WellPoint	50863.31				44527	51351.88	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG				inpatient					WellPoint	WellPoint	84550.01				74032	85378.94	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG				inpatient					WellPoint	WellPoint	112727.11				98704	113832.27	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG				inpatient					WellPoint	WellPoint	21553.56				18872	21764.87	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG				inpatient					WellPoint	WellPoint	43042.76				37688	43464.74	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG				inpatient					WellPoint	WellPoint	70595.58				61814	71287.69	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG				inpatient					WellPoint	WellPoint	75513.05				66120	76253.37	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG				inpatient					WellPoint	WellPoint	15086.59				13210	15234.49	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG				inpatient					WellPoint	WellPoint	32650.17				28589	32970.27	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG				inpatient					WellPoint	WellPoint	54992.4				48152	55531.54	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG				inpatient					WellPoint	WellPoint	108734.98				95209	109801.01	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG				inpatient					WellPoint	WellPoint	24392.57				21358	24631.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG				inpatient					WellPoint	WellPoint	36155.78				31658	36510.25	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG				inpatient					WellPoint	WellPoint	52713.29				46156	53230.09	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG				inpatient					WellPoint	WellPoint	84318.31				73830	85144.96	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG				inpatient					WellPoint	WellPoint	19335.69				16930	19525.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG				inpatient					WellPoint	WellPoint	33632.62				29449	33962.35	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG				inpatient					WellPoint	WellPoint	54697.01				47893	55233.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG				inpatient					WellPoint	WellPoint	83187.23				72839	84002.79	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG				inpatient					WellPoint	WellPoint	23005.5				20144	23231.04	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG				inpatient					WellPoint	WellPoint	35949.84				31478	36302.29	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG				inpatient					WellPoint	WellPoint	44872.27				39290	45312.19	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG				inpatient					WellPoint	WellPoint	66322.77				58073	66972.99	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG				inpatient					WellPoint	WellPoint	2286.84				2002	2309.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG				inpatient					WellPoint	WellPoint	5656.86				4953	5712.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG				inpatient					WellPoint	WellPoint	16510.98				14457	16672.86	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG				inpatient					WellPoint	WellPoint	37153.7				32532	37517.96	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG				inpatient					WellPoint	WellPoint	35011.66				30656	35354.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG				inpatient					WellPoint	WellPoint	47597.92				41677	48064.57	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG				inpatient					WellPoint	WellPoint	74897.01				65580	75631.29	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG				inpatient					WellPoint	WellPoint	171757.39				150392	173441.29	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG				inpatient					WellPoint	WellPoint	19658.01				17213	19850.74	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG				inpatient					WellPoint	WellPoint	24349.65				21321	24588.38	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG				inpatient					WellPoint	WellPoint	54727.58				47920	55264.12	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG				inpatient					WellPoint	WellPoint	152481.06				133513	153975.98	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG				inpatient					WellPoint	WellPoint	4293.29				3759	4335.38	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG				inpatient					WellPoint	WellPoint	12219.95				10700	12339.75	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG				inpatient					WellPoint	WellPoint	25951.69				22723	26206.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG				inpatient					WellPoint	WellPoint	77939.11				68244	78703.22	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG				inpatient					WellPoint	WellPoint	8196.76				7177	8277.12	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG				inpatient					WellPoint	WellPoint	14928.16				13071	15074.51	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG				inpatient					WellPoint	WellPoint	33119.94				29000	33444.65	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG				inpatient					WellPoint	WellPoint	82375.73				72129	83183.34	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG				inpatient					WellPoint	WellPoint	11093.87				9714	11202.63	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG				inpatient					WellPoint	WellPoint	16547.82				14489	16710.05	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG				inpatient					WellPoint	WellPoint	31155.23				27280	31460.67	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG				inpatient					WellPoint	WellPoint	64935.79				56858	65572.42	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG				inpatient					WellPoint	WellPoint	6414.46				5617	6477.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG				inpatient					WellPoint	WellPoint	10168.24				8903	10267.93	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG				inpatient					WellPoint	WellPoint	19731.1				17277	19924.55	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG				inpatient					WellPoint	WellPoint	53474.23				46822	53998.49	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG				inpatient					WellPoint	WellPoint	1624.06				1422	1639.99	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG				inpatient					WellPoint	WellPoint	2402.25				2103	2425.8	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG				inpatient					WellPoint	WellPoint	5840.25				5114	5897.51	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG				inpatient					WellPoint	WellPoint	28460.43				24920	28739.45	case rate	
SPLENECTOMY	6501	APR-DRG				inpatient					WellPoint	WellPoint	19991.6				17505	20187.6	case rate	
SPLENECTOMY	6502	APR-DRG				inpatient					WellPoint	WellPoint	28616.01				25056	28896.56	case rate	
SPLENECTOMY	6503	APR-DRG				inpatient					WellPoint	WellPoint	38585.56				33786	38963.85	case rate	
SPLENECTOMY	6504	APR-DRG				inpatient					WellPoint	WellPoint	77253.12				67643	78010.5	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG				inpatient					WellPoint	WellPoint	16080.21				14080	16237.86	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG				inpatient					WellPoint	WellPoint	22980.01				19771	22801.38	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG				inpatient					WellPoint	WellPoint	39849.58				34893	40240.27	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG				inpatient					WellPoint	WellPoint	83625.94				73223	84445.81	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG				inpatient					WellPoint	WellPoint	11765.65				10302	11881	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG				inpatient					WellPoint	WellPoint	12560.1				10998	12683.23	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG				inpatient					WellPoint	WellPoint	20193.43				17681	20391.4	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG				inpatient					WellPoint	WellPoint	52467.48				45941	52981.87	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG				inpatient					WellPoint	WellPoint	14463.19				12664	14604.99	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG				inpatient					WellPoint	WellPoint	17015.34				14899	17182.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG				inpatient					WellPoint	WellPoint	32407				28376	32724.72	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG				inpatient					WellPoint	WellPoint	61811				54122	62416.99	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG				inpatient					WellPoint	WellPoint	8975.83				7859	9063.82	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG				inpatient					WellPoint	WellPoint	12295.18				10766	12415.72	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG				inpatient					WellPoint	WellPoint	19051.27				16681	19238.05	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG				inpatient					WellPoint	WellPoint	44761.76				39194	45200.6	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG				inpatient					WellPoint	WellPoint	7535.84				6598	7609.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG				inpatient					WellPoint	WellPoint	9513.78				8330	9607.06	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG				inpatient					WellPoint	WellPoint	13613.2				11920	13746.66	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG				inpatient					WellPoint	WellPoint	25427.14				22264	25676.43	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG				inpatient					WellPoint	WellPoint	23519.55				20594	23750.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG				inpatient					WellPoint	WellPoint	32345.87				28322	32662.99	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG				inpatient					WellPoint	WellPoint	55870.02				48920	56417.77	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG				inpatient					WellPoint	WellPoint	111750.92				97850	112846.52	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG				inpatient					WellPoint	WellPoint	17137.02				15005	17305.03	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG				inpatient					WellPoint	WellPoint	23587.84				20654	23819.09	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG				inpatient					WellPoint	WellPoint	43350.39				37958	43775.39	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG				inpatient					WellPoint	WellPoint	105830.96				92491	106666.55	case rate	
ACUTE LEUKEMIA	6901	APR-DRG				inpatient					WellPoint	WellPoint	19920.09				17442	20115.39	case rate	
ACUTE LEUKEMIA	6902	APR-DRG				inpatient					WellPoint	WellPoint	32889.02				28798	33211.46	case rate	
ACUTE LEUKEMIA	6903	APR-DRG				inpatient					WellPoint	WellPoint	63225.11				55360	63844.96	case rate	
ACUTE LEUKEMIA	6904	APR-DRG				inpatient					WellPoint	WellPoint	120543.05				105548	121724.84	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG				inpatient					WellPoint	WellPoint	16873.87				14775	17039.3	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG				inpatient					WellPoint	WellPoint	19484.11				17060	19675.13	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG				inpatient					WellPoint	WellPoint	30161.99				26410	30457.7	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG				inpatient					WellPoint	WellPoint	63438.79				55547	64060.74	case rate	
RADIOTHERAPY	6921	APR-DRG				inpatient					WellPoint	WellPoint	11404.04				9985	11515.84	case rate	
RADIOTHERAPY	6922	APR-DRG				inpatient					WellPoint	WellPoint	23840.69				20875	24074.43	case rate	
RADIOTHERAPY	6923	APR-DRG				inpatient					WellPoint	WellPoint	34803.5				30562	35245.69	case rate	
RADIOTHERAPY	6924	APR-DRG				inpatient					WellPoint	WellPoint	64567.12				56535	65200.13	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG				inpatient					WellPoint	WellPoint	10484.28				9180	10587.07	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG				inpatient					WellPoint	WellPoint	12354.36				10818	12475.48	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG				inpatient					WellPoint	WellPoint	19879.23				17406	20074.12	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG				inpatient					WellPoint	WellPoint	38479.55				33693	38856.8	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG				inpatient					WellPoint	WellPoint	9542.59				8356	9636.14	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG				inpatient					WellPoint	WellPoint	13914.16				12183	14050.57	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG				inpatient					WellPoint	WellPoint	36282.55				31769	36638.26	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG				inpatient					WellPoint	WellPoint	100074.62				87626	101055.74	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG				inpatient					WellPoint	WellPoint	12564.6				11002	12687.79	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG				inpatient					WellPoint	WellPoint	14945.7				13087	15092.23	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG				inpatient					WellPoint	WellPoint	23452.04				20535	23681.97	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG				inpatient					WellPoint	WellPoint	55335.49				48452	55877.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG				inpatient					WellPoint	WellPoint	16741.61				14659	16905.74	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG				inpatient					WellPoint	WellPoint	23576.86				20644	23808.01	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG				inpatient					WellPoint	WellPoint	40485.81				35450	40882.73	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG				inpatient					WellPoint	WellPoint	82733.63				72442	83544.64	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG				inpatient					WellPoint	WellPoint	16074.42				14075	16232.02	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG				inpatient					WellPoint	WellPoint	22241.42				19475	22459.47	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG				inpatient					WellPoint	WellPoint	40262.53				35254	40657.26	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG				inpatient					WellPoint	WellPoint	82866.77				72569	83679.19	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG				inpatient					WellPoint	WellPoint	8419.74				7372	8502.29	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG				inpatient					WellPoint	WellPoint	11301.07				9895	11411.86	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG				inpatient					WellPoint	WellPoint	16483.63				16184	16664.85	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG				inpatient					WellPoint	WellPoint	40740.53				35673	41139.95	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG				inpatient					WellPoint	WellPoint	8847.88				7747	8934.62	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG				inpatient					WellPoint	WellPoint	11742.05				10281	11857.16	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG				inpatient					WellPoint	WellPoint	19655.76				17211	19848.46	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG				inpatient					WellPoint	WellPoint	38375.8				33602	38752.03	case rate	
FEVER	7221	APR-DRG				inpatient					WellPoint	WellPoint	6805.77				5959	6872.49	case rate	
FEVER	7222	APR-DRG				inpatient					WellPoint	WellPoint	9127.29				7992	9216.77	case rate	
FEVER	7223	APR-DRG				inpatient					WellPoint	WellPoint	12425.98				10880	12547.8	case rate	
FEVER	7224	APR-DRG				inpatient					WellPoint	WellPoint	23592.93				20658	23824.23	case rate	
VIRAL ILLNESS	7231	APR-DRG				inpatient					WellPoint	WellPoint	6003.18				5256	6062.03	case rate	
VIRAL ILLNESS	7232	APR-DRG				inpatient					WellPoint	WellPoint	8130.73				7119	8210.44	case rate	
VIRAL ILLNESS	7233	APR-DRG				inpatient					WellPoint	WellPoint	13143.23				11508	13272.09	case rate	
VIRAL ILLNESS	7234	APR-DRG				inpatient					WellPoint	WellPoint	43942.72				38476	44373.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG				inpatient					WellPoint	WellPoint	10473.32				9170	10576	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG				inpatient					WellPoint	WellPoint	12355.93				10819	12477.07	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG				inpatient					WellPoint	WellPoint	19474.91				17052	19665.84	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG				inpatient					WellPoint	WellPoint	45059.1				39454	45500.86	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG				inpatient					WellPoint	WellPoint	20510.66				17959	20711.74	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG				inpatient					WellPoint	WellPoint	24684.23				21614	24926.24	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG				inpatient					WellPoint	WellPoint	41376.36				36229	41782.01	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG				inpatient					WellPoint	WellPoint	83154.41				72810	83969.65	case rate	
SCHIZOPHRENIA	7501	APR-DRG				inpatient					WellPoint	WellPoint	9587.16				8395	9681.16	case rate	
SCHIZOPHRENIA	7502	APR-DRG				inpatient					WellPoint	WellPoint	11489.08				10060	11601.71	case rate	
SCHIZOPHRENIA	7503	APR-DRG				inpatient					WellPoint	WellPoint	16761.11				14676	16925.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG				inpatient					WellPoint	WellPoint	33688.66				29498	34018.94	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG				inpatient					WellPoint	WellPoint	5738.56				5025	5794.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG				inpatient					WellPoint	WellPoint	7956.04				6966	8034.04	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG				inpatient					WellPoint	WellPoint	13856.16				12133	13992	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG				inpatient					WellPoint	WellPoint	26899.55				23553	27163.27	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG				inpatient					WellPoint	WellPoint	4915.71				4304	4963.9	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG				inpatient					WellPoint	WellPoint	6978.88				6111	7047.3	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG				inpatient					WellPoint	WellPoint	12313.6				10782	12434.32	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG				inpatient					WellPoint	WellPoint	13212.4				11569	13341.93	case rate	
BIPOLAR DISORDERS	7531	APR-DRG				inpatient					WellPoint	WellPoint	6242.33				5466	6303.53	case rate	
BIPOLAR DISORDERS	7532	APR-DRG				inpatient					WellPoint	WellPoint	8449.82				7399	8532.66	case rate	
BIPOLAR DISORDERS	7533	APR-DRG				inpatient					WellPoint	WellPoint	13739.08				12030	13873.78	case rate	
BIPOLAR DISORDERS	7534	APR-DRG				inpatient					WellPoint	WellPoint	27589.07				24157	27859.55	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG				inpatient					WellPoint	WellPoint	4590.14				4019	4635.14	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG				inpatient					WellPoint	WellPoint	6148.08				5383	6208.36	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG				inpatient					WellPoint	WellPoint	9573.94				8383	9667.81	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG				inpatient					WellPoint	WellPoint	20008.95				17520	20205.12	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG				inpatient					WellPoint	WellPoint	4133.11				3619	4173.63	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG				inpatient					WellPoint	WellPoint	6775.98				5933	6842.41	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG				inpatient					WellPoint	WellPoint	9732.17				8522	9827.58	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG				inpatient					WellPoint	WellPoint	14684.9				12858	14828.87	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG				inpatient					WellPoint	WellPoint	6706.71				5872	6772.47	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG				inpatient					WellPoint	WellPoint	8456.68				7405	8539.59	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG				inpatient					WellPoint	WellPoint	10324.89				9041	10426.11	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG				inpatient					WellPoint	WellPoint	27167.15				23735	27372.91	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG				inpatient					WellPoint	WellPoint	9910.18				8677	10007.34	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG				inpatient					WellPoint	WellPoint	11414.33				9994	11526.24	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG				inpatient					WellPoint	WellPoint	14693.52				12866	14837.57	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG				inpatient					WellPoint	WellPoint	31119.57				27248	31424.66	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG				inpatient					WellPoint	WellPoint	6545.55				5731	6609.73	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG				inpatient					WellPoint	WellPoint	7779.5				6812	7855.77	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG				inpatient					WellPoint	WellPoint	13042.52				11420	13170.38	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG				inpatient					WellPoint	WellPoint	17236.76				15093	17405.74	case rate	
EATING DISORDERS	7591	APR-DRG				inpatient					WellPoint	WellPoint	20853.17				18259	21057.61	case rate	
EATING DISORDERS	7592	APR-DRG				inpatient					WellPoint	WellPoint	21900.68				19176	22115.39	case rate	
EATING DISORDERS	7593	APR-DRG				inpatient					WellPoint	WellPoint	24541.29				21488	24781.89	case rate	
EATING DISORDERS	7594	APR-DRG				inpatient					WellPoint	WellPoint	42526.54				37236	42943.47	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG				inpatient					WellPoint	WellPoint	8163.55				7148	8243.58	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG				inpatient					WellPoint	WellPoint	10602.44				9284	10706.39	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG				inpatient					WellPoint	WellPoint	15992.22				14003	16149.01	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG				inpatient					WellPoint	WellPoint	30830.45				26995	31132.71	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG				inpatient					WellPoint	WellPoint	3653.83				3199	3689.66	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG				inpatient					WellPoint	WellPoint	4790.59				4195	4837.56	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG				inpatient					WellPoint	WellPoint	9890.58				8660	9987.55	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG				inpatient					WellPoint	WellPoint	29550.95				25875	29840.67	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG				inpatient					WellPoint	WellPoint	9170.49				8030	9260.4	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG				inpatient					WellPoint	WellPoint	10766.83				9427	10872.39	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG				inpatient					WellPoint	WellPoint	12655.82				11082	12779.9	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG				inpatient					WellPoint	WellPoint	38259.99				34376	39644.9	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG				inpatient					WellPoint	WellPoint	4336.8				3797	4379.31	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG				inpatient					WellPoint	WellPoint	5545.76				4856	5600.13	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG				inpatient					WellPoint	WellPoint	11238.07				9840	11348.25	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG				inpatient					WellPoint	WellPoint	35565.98				31142	35914.67	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG				inpatient					WellPoint	WellPoint	5489.92				4807	5543.74	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG				inpatient					WellPoint	WellPoint	5702.22				4993	5758.12	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG				inpatient					WellPoint	WellPoint	10981.39				9615	11089.05	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG				inpatient					WellPoint	WellPoint	40183.47				35185	40577.43	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG				inpatient					WellPoint	WellPoint	5325.91				4663	5378.12	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG				inpatient					WellPoint	WellPoint	7593.26				6649	7667.7	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG				inpatient					WellPoint	WellPoint	14457.32				12659	14599.06	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG				inpatient					WellPoint	WellPoint	41421.44				36269	41827.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG				inpatient					WellPoint	WellPoint	5059.53				4430	5109.13	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG				inpatient					WellPoint	WellPoint	7012.97				6141	7081.72	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG				inpatient					WellPoint	WellPoint	12357.89				10821	12479.05	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG				inpatient					WellPoint	WellPoint	26503.34				24958	26762.78	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG				inpatient					WellPoint	WellPoint	14914.05				13059	15060.27	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG				inpatient					WellPoint	WellPoint	21895.29				19172	22109.95	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG				inpatient					WellPoint	WellPoint	35319.98				30926	35666.25	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG				inpatient					WellPoint	WellPoint	77173.47				67573	77930.07	case rate	
ALLERGIC REACTIONS	8111	APR-DRG				inpatient					WellPoint	WellPoint	4696.83				4113	4742.88	case rate	
ALLERGIC REACTIONS	8112	APR-DRG				inpatient					WellPoint	WellPoint	6782.15				5938	6848.65	case rate	
ALLERGIC REACTIONS	8113	APR-DRG				inpatient					WellPoint	WellPoint	14849.29				13002	14994.87	case rate	
ALLERGIC REACTIONS	8114	APR-DRG				inpatient					WellPoint	WellPoint	35579.7				31154	35928.52	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG				inpatient					WellPoint	WellPoint	5380.97				4712	5433.72	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG				inpatient					WellPoint	WellPoint	6853.96				6001	6921.16	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG				inpatient					WellPoint	WellPoint	12164.3				10651	12283.55	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG				inpatient					WellPoint	WellPoint	28522.74				24975	28802.37	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG				inpatient					WellPoint	WellPoint	7815.75				6844	7892.38	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG				inpatient					WellPoint	WellPoint	10301.08				9020	10402.07	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG				inpatient					WellPoint	WellPoint	15863.3				13890	16018.82	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG				inpatient					WellPoint	WellPoint	34862.82				30552	35234.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG				inpatient					WellPoint	WellPoint	7657.13				6705	7732.2	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG				inpatient					WellPoint	WellPoint	8132.59				7121	8212.32	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG				inpatient					WellPoint	WellPoint	13847.84				12125	13983.6	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG				inpatient					WellPoint	WellPoint	44219.68				38719	44653.21	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG				inpatient					WellPoint	WellPoint	8031.58				7032	8110.32	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG				inpatient					WellPoint	WellPoint	8924				7814	9011.49	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG				inpatient					WellPoint	WellPoint	12921.13				11314	13047.8	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG				inpatient					WellPoint	WellPoint	29612.86				25929	29903.19	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG				inpatient					WellPoint	WellPoint	75756.31				66333	76499.02	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG				inpatient					WellPoint	WellPoint	77065.11				67479	77820.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG				inpatient					WellPoint	WellPoint	118590.97				103839	119753.63	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG				inpatient					WellPoint	WellPoint	306819.18				268653	309827.21	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG				inpatient					WellPoint	WellPoint	23561.97				20631	23792.97	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG				inpatient					WellPoint	WellPoint	35329.78				30935	35676.15	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG				inpatient					WellPoint	WellPoint	67601				59192	68263.75	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG				inpatient					WellPoint	WellPoint	160790.79				140789	162367.17	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG				inpatient					WellPoint	WellPoint	11578.92				10139	11692.44	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG				inpatient					WellPoint	WellPoint	15974.3				13987	16130.91	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG				inpatient					WellPoint	WellPoint	29173.07				25544	29459.08	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG				inpatient					WellPoint	WellPoint	78703.19				68913	79474.79	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG				inpatient					WellPoint	WellPoint	7739.53				6777	7815.4	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG				inpatient					WellPoint	WellPoint	11672.19				10220	11786.62	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG				inpatient					WellPoint	WellPoint	23762.42				20807	23995.38	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG				inpatient					WellPoint	WellPoint	67245.65				58881	67904.92	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG				inpatient					WellPoint	WellPoint	23888.22				20917	24122.41	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG				inpatient					WellPoint	WellPoint	30001.42				26269	30295.55	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG				inpatient					WellPoint	WellPoint	41218.43				36091	41622.54	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG				inpatient					WellPoint	WellPoint	75338.46				65967	76077.08	case rate	
REHABILITATION	8601	APR-DRG				inpatient					WellPoint	WellPoint	13090.22				11462	13218.56	case rate	
REHABILITATION	8602	APR-DRG				inpatient					WellPoint	WellPoint	17732				15526	17905.84	case rate	
REHABILITATION	8603	APR-DRG				inpatient					WellPoint	WellPoint	24418.43				21381	24657.83	case rate	
REHABILITATION	8604	APR-DRG				inpatient					WellPoint	WellPoint	32894.7				28803	33217.2	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG				inpatient					WellPoint	WellPoint	6721.01				5885	6786.91	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG				inpatient					WellPoint	WellPoint	8790.37				7697	8876.55	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG				inpatient					WellPoint	WellPoint	12566.56				11003	12689.76	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG				inpatient					WellPoint	WellPoint	36451.44				23161	29710.76	case rate							
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG				inpatient					WellPoint	WellPoint	6500.78				5692	6564.51	case rate							
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG				inpatient					WellPoint	WellPoint	10102.4				8846	10201.44	case rate							
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG				inpatient					WellPoint	WellPoint	14732.71				12900	14877.14	case rate							
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG				inpatient					WellPoint	WellPoint	24142.54				21139	24379.23	case rate							
NEONATAL AFTERCARE	8631	APR-DRG				inpatient					WellPoint	WellPoint	12080.73				10578	12199.17	case rate							
NEONATAL AFTERCARE	8632	APR-DRG				inpatient					WellPoint	WellPoint	34147.26				29900	34482.04	case rate							
NEONATAL AFTERCARE	8633	APR-DRG				inpatient					WellPoint	WellPoint	61129.7				53525	61729.01	case rate							
NEONATAL AFTERCARE	8634	APR-DRG				inpatient					WellPoint	WellPoint	146045.15				127878	147476.97	case rate							
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG				inpatient					WellPoint	WellPoint	14400.2				12609	14541.38	case rate							
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG				inpatient					WellPoint	WellPoint	16771				14685	16935.42	case rate							
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG				inpatient					WellPoint	WellPoint	26672.85				23355	26934.35	case rate							
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG				inpatient					WellPoint	WellPoint	53713.38				47032	54239.99	case rate							
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG				inpatient					WellPoint	WellPoint	11213.29				9818	11323.22	case rate							
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG				inpatient					WellPoint	WellPoint	14830.48				12986	14975.88	case rate							
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG				inpatient					WellPoint	WellPoint	19432.68				17015	19623.1	case rate							
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG				inpatient					WellPoint	WellPoint	37715.48				33024	38085.24	case rate							
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG				inpatient					WellPoint	WellPoint	13344.95				11685	13475.78	case rate							
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG				inpatient					WellPoint	WellPoint	15173.58				13286	15322.34	case rate							
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG				inpatient					WellPoint	WellPoint	23145.89				20267	23372.81	case rate							
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG				inpatient					WellPoint	WellPoint	46445.29				40868	46900.64	case rate							
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG				inpatient					WellPoint	WellPoint	10284.53				9005	10385.36	case rate							
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG				inpatient					WellPoint	WellPoint	12363.18				10825	12484.38	case rate							
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG				inpatient					WellPoint	WellPoint	17670.08				15472	17843.32	case rate							
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG				inpatient					WellPoint	WellPoint	25304.59				22157	25552.67	case rate							
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG				inpatient					WellPoint	WellPoint	48210.74				42214	48683.39	case rate							
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG				inpatient					WellPoint	WellPoint	57178.72				50066	57739.3	case rate							
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG				inpatient					WellPoint	WellPoint	74579.48				65302	75310.65	case rate							
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG				inpatient					WellPoint	WellPoint	154060.56				134896	155570.95	case rate							
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG				inpatient					WellPoint	WellPoint	26525.9				23226	26785.95	case rate							
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG				inpatient					WellPoint	WellPoint	34865.59				30528	35207.41	case rate							
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG				inpatient					WellPoint	WellPoint	47384.55				41490	47849.1	case rate							
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG				inpatient					WellPoint	WellPoint	112833.5				98798	113939.71	case rate							
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG				inpatient					WellPoint	WellPoint	32071.16				28082	32385.58	case rate							
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG				inpatient					WellPoint	WellPoint	35311.75				30919	35657.94	case rate							
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG				inpatient					WellPoint	WellPoint	58218.78				50977	58789.56	case rate							
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG				inpatient					WellPoint	WellPoint	112211.59				98253	113311.7	case rate							
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG				inpatient					WellPoint	WellPoint	12199.18				10682	12318.78	case rate							
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG				inpatient					WellPoint	WellPoint	16411.93				14370	16572.83	case rate							
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG				inpatient					WellPoint	WellPoint	25857.04				22641	26110.54	case rate							
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG				inpatient					WellPoint	WellPoint	68452.76				59938	69123.87	case rate							
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG				inpatient					WellPoint	WellPoint	23097.88				20225	23324.33	case rate							
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG				inpatient					WellPoint	WellPoint	33916.54				29698	34249.06	case rate							
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG				inpatient					WellPoint	WellPoint	52725.25				46167	53242.16	case rate							
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG				inpatient					WellPoint	WellPoint	100448.87				87954	101433.66	case rate							
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG				inpatient					WellPoint	WellPoint	16402.33				14362	16563.14	case rate							
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG				inpatient					WellPoint	WellPoint	23429.02				20515	23658.72	case rate							
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG				inpatient					WellPoint	WellPoint	38480.44				33694	38857.7	case rate							
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG				inpatient					WellPoint	WellPoint	73552.06				64403	74273.16	case rate							
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG				inpatient					WellPoint	WellPoint	13051.92				11428	13179.88	case rate							
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG				inpatient					WellPoint	WellPoint	19422.3				17006	19612.71	case rate							
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG				inpatient					WellPoint	WellPoint	32969.65				28868	33292.89	case rate							
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG				inpatient					WellPoint	WellPoint	62538.92				54759	63152.05	case rate							
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG				inpatient					Horizon	NJ Health	260411				63733.78	260411	case rate							
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG				inpatient					Horizon	NJ Health	260411				48470.93	260411	case rate							
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG				inpatient					Horizon	NJ Health	260411				31300.53	260411	case rate							
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG				inpatient					Horizon	NJ Health	260411				154752.17	466145.35	case rate							
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG				inpatient					Horizon	NJ Health	119241				63084.15	308373.74	case rate							
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG				inpatient					Horizon	NJ Health	153710				32623.42	201178.6	case rate							
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG				inpatient					Horizon	NJ Health	184711				67385.9	213020.69	case rate							
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG				inpatient					Horizon	NJ Health	291223				44903.86	339856.53	case rate							
BONE MARROW TRANSPLANT	0031	APR-DRG				inpatient					Horizon	NJ Health	77397				49497.36	163162.38	case rate							
BONE MARROW TRANSPLANT	0032	APR-DRG				inpatient					Horizon	NJ Health	95651				25224.68	110311.2	case rate							
BONE MARROW TRANSPLANT	0033	APR-DRG				inpatient					Horizon	NJ Health	157305				18845.28	181413.8	case rate							
BONE MARROW TRANSPLANT	0034	APR-DRG				inpatient					Horizon	NJ Health	259207				45931.46	298933.84	case rate							
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG				inpatient					Horizon	NJ Health	69898				26672.77	91994.11	case rate							
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG				inpatient					Horizon	NJ Health	95097				20759.93	109672.39	case rate							
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG				inpatient					Horizon	NJ Health	137952				137952	159094.51	case rate							
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG				inpatient					Horizon	NJ Health	198478				198478	228898.03	case rate							
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG				inpatient					Horizon	NJ Health	67138				67138	77428.28	case rate							
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG				inpatient					Horizon	NJ Health	74598				23770.68	86031.48	case rate							
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG				inpatient					Horizon	NJ Health	91295				10883.13	105287.55	case rate							
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG				inpatient					Horizon	NJ Health	133344				17706.65	153781.38	case rate							
PANCREAS TRANSPLANT	0061	APR-DRG				inpatient					Horizon	NJ Health	80383				31931.26	111080.23	case rate							
PANCREAS TRANSPLANT	0062	APR-DRG				inpatient					Horizon	NJ Health	113020				21035.14	130341.7	case rate							
PANCREAS TRANSPLANT	0063	APR-DRG				inpatient					Horizon	NJ Health	126368				16592.82	145735.96	case rate							
PANCREAS TRANSPLANT	0064	APR-DRG				inpatient					Horizon	NJ Health	199954				23495.48	230599.95	case rate							
CRANIOTOMY FOR TRAUMA	0201	APR-DRG				inpatient					Horizon	NJ Health	25901				7997.58	29870.34	case rate							
CRANIOTOMY FOR TRAUMA	0202	APR-DRG				inpatient					Horizon	NJ Health	35933				11418.2	41440.31	case rate							
CRANIOTOMY FOR TRAUMA	0203	APR-DRG				inpatient					Horizon	NJ Health	47151				8227.9	54377.01	case rate							
CRANIOTOMY FOR TRAUMA	0204	APR-DRG				inpatient					Horizon	NJ Health	89826				9579.14	103592.74	case rate							
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG				inpatient					Horizon	NJ Health	28591				28591	32973.53	case rate							
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG				inpatient					Horizon	NJ Health	37458				37458	194695.78	case rate							
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG				inpatient					Horizon	NJ Health	57404				57404	66201.91	case rate							
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG				inpatient					Horizon	NJ Health	100362				100362	115743.44	case rate							
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG				inpatient					Horizon	NJ Health	17199				17199	179720.85	case rate							
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG				inpatient					Horizon	NJ Health	21859				21859	25208.88	case rate							
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG				inpatient					Horizon	NJ Health	37066				37066	42746.4	case rate							
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG				inpatient					Horizon	NJ Health	87895				87895	101366.39	case rate							
SPINAL PROCEDURES	0231	APR-DRG				inpatient					Horizon	NJ Health	19424				19424	327615.89	case rate							
SPINAL PROCEDURES	0232	APR-DRG				inpatient					Horizon	NJ Health	27830				27830	240298.72	case rate							
SPINAL PROCEDURES	0233	APR-DRG				inpatient					Horizon	NJ Health	53769				53769	297923.76	case rate							
SPINAL PROCEDURES	0234	APR-DRG				inpatient					Horizon	NJ Health	96034				62839.65	200776.83	case rate							
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG				inpatient					Horizon	NJ Health	15559				15559	62255.17	case rate							
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG				inpatient					Horizon	NJ Health	20528				20528	145765.26	case rate							
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG				inpatient					Horizon	NJ Health	40163				19748	99635.58	case rate							
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG				inpatient					Horizon	NJ Health	85252				19748	98318.1	case rate							
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG				inpatient					Horizon	NJ Health	17818				12982	77894.14	case rate							
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG				inpatient					Horizon	NJ Health	23521				12982	63616.52	case rate							
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG				inpatient					Horizon	NJ Health	33708				31679.68	93312.55	case rate							
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG				inpatient					Horizon	NJ Health	70988				41282.44	123207.51	case rate							
SPINAL DISORDERS & INJURIES	0401	APR-DRG				inpatient					Horizon	NJ Health	13563				13563	15841.8	case rate							
SPINAL DISORDERS & INJURIES	0402	APR-DRG				inpatient					Horizon	NJ Health	15389				15389	17747.35	case rate							
SPINAL DISORDERS & INJURIES	0403	APR-DRG				inpatient					Horizon	NJ Health	21964				21964	25330.67	case rate							
SPINAL DISORDERS & INJURIES	0404	APR-DRG				inpatient					Horizon	NJ Health	56797				56797	65501.78	case rate							
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG				inpatient					Horizon	NJ Health	10482				10482	159563.89	case rate							
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG				inpatient					Horizon	NJ Health	11647				11647	92910.77	case rate							
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG				inpatient					Horizon	NJ Health	15908				15908	65773.6	case rate							
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG				inpatient					Horizon	NJ Health	28270				28270	139535.84	case rate							
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG				inpatient					Horizon	NJ Health	8253				8253	69397.35	case rate							
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG				inpatient					Horizon	NJ Health	10272				10272	58806.95	case rate							
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG				inpatient					Horizon	NJ Health	16017				16017	153921.62	case rate							
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG				inpatient					Horizon	NJ Health	43074				26969.24	85469.24	case rate							
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG				inpatient					Horizon	NJ Health	10841				10841	12502.79	case rate							
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG				inpatient					Horizon	NJ Health	13893				13893	71226.78	case rate							
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG				inpatient					Horizon	NJ Health	22206				12635.96	40095.3	case rate							
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG				inpatient					Horizon	NJ Health	49551				8226.72	57145.71	case rate							
INTRACRANIAL HEMORRHAGE	0441	APR-DRG				inpatient					Horizon	NJ Health	11778				11778	72443.8	case rate							
INTRACRANIAL HEMORRHAGE	0442	APR-DRG				inpatient					Horizon	NJ Health	15166				11412.29	36623.67	case rate							
INTRACRANIAL HEMORRHAGE	0443	APR-DRG				inpatient					Horizon	NJ Health	22396				8299.96	27141.07	case rate							
INTRACRANIAL HEMORRHAGE	0444	APR-DRG				inpatient					Horizon	NJ Health	46554				19895.32	62836.38	case rate							
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG				inpatient					Horizon	NJ Health	10123				10123	11674.83	case rate							
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG				inpatient					Horizon	NJ Health	12287				12287	14170.18	case rate							
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG				inpatient					Horizon	NJ Health	17717				17717	370445.58	case rate							
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG				inpatient					Horizon	NJ Health	36879				36879	247179.56	case rate							
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG				inpatient					Horizon	NJ Health	9917				9917	174848.88	case rate							
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG				inpatient					Horizon	NJ Health	11315				11315	124592.26	case rate							
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG				inpatient					Horizon	NJ Health	15756				15756	200180.02	case rate							
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG				inpatient					Horizon	NJ Health	39130				34827.45	114836.61	case rate							
TRANSIENT ISCHEMIA	0471	APR-DRG				inpatient					Horizon	NJ Health	8282				8282	195452.37	case rate							
TRANSIENT ISCHEMIA	0472	APR-DRG				inpatient					Horizon	NJ Health	8991				8991	114945.83	case rate							
TRANSIENT ISCHEMIA	0473	APR-DRG				inpatient					Horizon	NJ Health	11229				11229	92559.71	case rate							
TRANSIENT ISCHEMIA	0474	APR-DRG				inpatient					Horizon	NJ Health	22321				22321	148035.47	case rate							
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG				inpatient					Horizon	NJ Health	8360				8360	80444.14	case rate							
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG				inpatient					Horizon	NJ Health	9385				9385	64927.15	case rate							
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG				inpatient					Horizon	NJ Health	13093				13093	92973.18	case rate							
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG				inpatient					Horizon	NJ Health	32453				32453	37426.35	case rate							
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG				inpatient					Horizon	NJ Health	12640				12640	14577.49	case rate							
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG				inpatient					Horizon	NJ Health	27633				27633	132253.23	case rate							
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG				inpatient					Horizon	NJ Health	34268				28359.46	87613.62	case rate							
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG				inpatient					Horizon	NJ Health	63043				22269.44	72705.49	case rate							
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG				inpatient					Horizon	NJ Health	8902				8902	65920.41	case rate							
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG				inpatient					Horizon	NJ Health	16610				16503.06	50361.94	case rate							
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG				inpatient					Horizon	NJ Health	27418				27418	99943.74	case rate							
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG				inpatient					Horizon	NJ Health	56681				20729.22	67462.61	case rate							
VIRAL MENINGITIS	0511	APR-DRG				inpatient					Horizon	NJ Health	7655				7655	72057.63	case rate							
VIRAL MENINGITIS	0512	APR-DRG				inpatient					Horizon	NJ Health	10564				10564	59372.55	case rate							
VIRAL MENINGITIS	0513	APR-DRG				inpatient					Horizon	NJ Health	18516				17783.42	63955.88	case rate							

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VIRAL MENINGITIS	0514	APR-DRG				inpatient					Horizon	NJ Health	37758				12043.03	43544.38	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG				inpatient					Horizon	NJ Health	7692				7692	52091.52	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG				inpatient					Horizon	NJ Health	9003				9003	37675.96	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG				inpatient					Horizon	NJ Health	12133				12133	13992.5	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG				inpatient					Horizon	NJ Health	31070				31070	35932.06	case rate	
SEIZURE	0531	APR-DRG				inpatient					Horizon	NJ Health	7199				7199	8302.74	case rate	
SEIZURE	0532	APR-DRG				inpatient					Horizon	NJ Health	8546				8546	9856.16	case rate	
SEIZURE	0533	APR-DRG				inpatient					Horizon	NJ Health	12781				12781	59700.21	case rate	
SEIZURE	0534	APR-DRG				inpatient					Horizon	NJ Health	32167				9614.58	37097.3	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG				inpatient					Horizon	NJ Health	7723				7723	34431.48	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG				inpatient					Horizon	NJ Health	8903				8903	71199.48	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG				inpatient					Horizon	NJ Health	10889				10889	41835.01	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG				inpatient					Horizon	NJ Health	20576				8925.97	31143.19	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG				inpatient					Horizon	NJ Health	9165				9165	62083.54	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG				inpatient					Horizon	NJ Health	12222				11383.94	35145.31	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG				inpatient					Horizon	NJ Health	19541				15425.85	48275.06	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG				inpatient					Horizon	NJ Health	43987				9857.89	50728.21	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG				inpatient					Horizon	NJ Health	9211				9211	29493.19	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG				inpatient					Horizon	NJ Health	12507				12507	54925.76	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG				inpatient					Horizon	NJ Health	20695				10557.14	32891.77	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG				inpatient					Horizon	NJ Health	50452				18534.64	61326.81	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG				inpatient					Horizon	NJ Health	9078				9078	66425.02	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG				inpatient					Horizon	NJ Health	11401				11401	45973.65	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG				inpatient					Horizon	NJ Health	16091				16091	204845.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG				inpatient					Horizon	NJ Health	36864				36864	118811.42	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG				inpatient					Horizon	NJ Health	8609				8609	48228.25	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG				inpatient					Horizon	NJ Health	10681				10681	61221.49	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG				inpatient					Horizon	NJ Health	14701				14701	53755.55	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG				inpatient					Horizon	NJ Health	33925				24182.91	72997.7	case rate	
ORBITAL PROCEDURES	0701	APR-DRG				inpatient					Horizon	NJ Health	13298				13298	15336.39	case rate	
ORBITAL PROCEDURES	0702	APR-DRG				inpatient					Horizon	NJ Health	18378				18378	21194.83	case rate	
ORBITAL PROCEDURES	0703	APR-DRG				inpatient					Horizon	NJ Health	30143				30143	34762.51	case rate	
ORBITAL PROCEDURES	0704	APR-DRG				inpatient					Horizon	NJ Health	74741				74741	86195.61	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG				inpatient					Horizon	NJ Health	11501				11501	13264.07	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG				inpatient					Horizon	NJ Health	13595				13595	15678.6	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG				inpatient					Horizon	NJ Health	22722				22722	26203.93	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG				inpatient					Horizon	NJ Health	49132				24837.26	89946.24	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG				inpatient					Horizon	NJ Health	5977				5977	60706.59	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG				inpatient					Horizon	NJ Health	8199				8199	130564.23	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG				inpatient					Horizon	NJ Health	13379				13379	67173.95	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG				inpatient					Horizon	NJ Health	22934				13058.82	47998.11	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG				inpatient					Horizon	NJ Health	6969				6969	93394.46	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG				inpatient					Horizon	NJ Health	8721				8721	47190.67	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG				inpatient					Horizon	NJ Health	12547				12547	176491.07	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG				inpatient					Horizon	NJ Health	22652				22652	85596.96	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG				inpatient					Horizon	NJ Health	22650				22650	26121.03	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG				inpatient					Horizon	NJ Health	29456				29456	33970.37	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG				inpatient					Horizon	NJ Health	49230				49230	56774.91	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG				inpatient					Horizon	NJ Health	87865				2090	101331.96	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG				inpatient					Horizon	NJ Health	13124				13124	174162.35	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG				inpatient					Horizon	NJ Health	34214				22413.54	74909.04	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG				inpatient					Horizon	NJ Health	52401				14399.42	60432.03	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG				inpatient					Horizon	NJ Health	101494				45605.46	125836.58	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG				inpatient					Horizon	NJ Health	19189				19189	22129.53	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG				inpatient					Horizon	NJ Health	29074				29074	33530.52	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG				inpatient					Horizon	NJ Health	49862				19114.58	57503.54	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG				inpatient					Horizon	NJ Health	78711				10824.08	90774.77	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG				inpatient					Horizon	NJ Health	15846				8122.78	27562.35	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG				inpatient					Horizon	NJ Health	22090				19954.38	60788.51	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG				inpatient					Horizon	NJ Health	34899				12046.57	40248.18	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG				inpatient					Horizon	NJ Health	69354				69354	79983.09	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG				inpatient					Horizon	NJ Health	15747				15747	18160	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG				inpatient					Horizon	NJ Health	19403				19403	22376.96	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG				inpatient					Horizon	NJ Health	33318				33318	111571.72	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG				inpatient					Horizon	NJ Health	54073				25345.16	71519.33	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG				inpatient					Horizon	NJ Health	10657				6697.13	31143.19	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG				inpatient					Horizon	NJ Health	12377				12377	14273.56	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG				inpatient					Horizon	NJ Health	18969				18969	21876.56	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG				inpatient					Horizon	NJ Health	39149				39149	45148.96	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG				inpatient					Horizon	NJ Health	6448				6448	7435.7	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG				inpatient					Horizon	NJ Health	9898				9898	11414.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG				inpatient					Horizon	NJ Health	19233				19233	22180.48	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG				inpatient					Horizon	NJ Health	64977				35271.56	106216.06	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG				inpatient					Horizon	NJ Health	11302				11302	170480.09	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG				inpatient					Horizon	NJ Health	14901				14901	95680.27	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG				inpatient					Horizon	NJ Health	23981				19703.98	61205.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG				inpatient					Horizon	NJ Health	50018				50018	57684.19	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG				inpatient					Horizon	NJ Health	8851				8851	10207.87	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG				inpatient					Horizon	NJ Health	11364				11364	13106.17	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG				inpatient					Horizon	NJ Health	18375				18375	21191.36	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG				inpatient					Horizon	NJ Health	33622				33622	38775.08	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG				inpatient					Horizon	NJ Health	7218				7218	8324.31	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG				inpatient					Horizon	NJ Health	8003				8003	9230.03	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG				inpatient					Horizon	NJ Health	10031				10031	11568.67	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG				inpatient					Horizon	NJ Health	21009				21009	24228.46	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG				inpatient					Horizon	NJ Health	4350				4350	5016.43	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG				inpatient					Horizon	NJ Health	6338				6338	7308.87	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG				inpatient					Horizon	NJ Health	9861				9861	11372.59	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG				inpatient					Horizon	NJ Health	20790				20790	23976.48	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG				inpatient					Horizon	NJ Health	6284				6284	7247.53	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG				inpatient					Horizon	NJ Health	8807				8807	10157.22	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG				inpatient					Horizon	NJ Health	14785				14785	17050.77	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG				inpatient					Horizon	NJ Health	30833				30833	35558.62	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG				inpatient					Horizon	NJ Health	6456				6456	7445.99	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG				inpatient					Horizon	NJ Health	8595				8595	9912.76	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG				inpatient					Horizon	NJ Health	12841				12841	14809.47	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG				inpatient					Horizon	NJ Health	26354				26354	30393.5	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG				inpatient					Horizon	NJ Health	24527				24527	28285.65	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG				inpatient					Horizon	NJ Health	29708				29708	34261.43	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG				inpatient					Horizon	NJ Health	43260				43260	49890.75	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG				inpatient					Horizon	NJ Health	74599				74599	86032.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG				inpatient					Horizon	NJ Health	16608				16608	19153.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG				inpatient					Horizon	NJ Health	21513				21513	24809.69	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG				inpatient					Horizon	NJ Health	33806				33806	38987.49	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG				inpatient					Horizon	NJ Health	64612				64612	74514.55	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG				inpatient					Horizon	NJ Health	37405				37405	43137.48	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG				inpatient					Horizon	NJ Health	41502				41502	47862.56	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG				inpatient					Horizon	NJ Health	51405				51405	59283.72	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG				inpatient					Horizon	NJ Health	70600				70600	81420.08	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG				inpatient					Horizon	NJ Health	18862				18862	21752.41	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG				inpatient					Horizon	NJ Health	23276				23276	26843.13	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG				inpatient					Horizon	NJ Health	30203				30203	34831.87	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG				inpatient					Horizon	NJ Health	38948				38948	44901.51	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG				inpatient					Horizon	NJ Health	7464				7464	8608.44	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG				inpatient					Horizon	NJ Health	8338				8338	9615.37	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG				inpatient					Horizon	NJ Health	12887				12887	14862.31	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG				inpatient					Horizon	NJ Health	21456				21456	24743.91	case rate	
RESPIRATORY FAILURE	1331	APR-DRG				inpatient					Horizon	NJ Health	5548				5548	6398.7	case rate	
RESPIRATORY FAILURE	1332	APR-DRG				inpatient					Horizon	NJ Health	9704				9704	11191.74	case rate	
RESPIRATORY FAILURE	1333	APR-DRG				inpatient					Horizon	NJ Health	14743				14743	17003.1	case rate	
RESPIRATORY FAILURE	1334	APR-DRG				inpatient					Horizon	NJ Health	26856				26856	30972.24	case rate	
PULMONARY EMBOLISM	1341	APR-DRG				inpatient					Horizon	NJ Health	8819				8819	10170.37	case rate	
PULMONARY EMBOLISM	1342	APR-DRG				inpatient					Horizon	NJ Health	11442				11442	13195.51	case rate	
PULMONARY EMBOLISM	1343	APR-DRG				inpatient					Horizon	NJ Health	16702				16702	19261.8	case rate	
PULMONARY EMBOLISM	1344	APR-DRG				inpatient					Horizon	NJ Health	28982				28982	33424.47	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG				inpatient					Horizon	NJ Health	9241				9241	10657.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG				inpatient					Horizon	NJ Health	11587				11587	13362.8	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG				inpatient					Horizon	NJ Health	16911				16911	19502.7	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG				inpatient					Horizon	NJ Health	31897				31897	36785.47	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG				inpatient					Horizon	NJ Health	9462				9462	10912.65	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG				inpatient					Horizon	NJ Health	12022				12022	13863.99	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG				inpatient					Horizon	NJ Health	18183				18183	20969.36	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG				inpatient					Horizon	NJ Health	29481				29481	33999.85	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG				inpatient					Horizon	NJ Health	8651				8651	9977.36	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG				inpatient					Horizon	NJ Health	11179				11179	12892.09	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG				inpatient					Horizon	NJ Health	16604				16604	19149.32	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG				inpatient					Horizon	NJ Health	28111				28111	32419.71	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG				inpatient					Horizon	NJ Health	4020				4020	4636.43	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG				inpatient					Horizon	NJ Health	6085				6085	7017.82	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG				inpatient					Horizon	NJ Health	14566				14566	16797.91	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG				inpatient					Horizon	NJ Health	36213				36213	41763.51	case rate	
OTHER PNEUMONIA	1391	APR-DRG				inpatient					Horizon	NJ Health	5909				5909	6814.12	case rate	
OTHER PNEUMONIA	1392	APR-DRG				inpatient					Horizon	NJ Health	8299				8299	9570.85	case rate	
OTHER PNEUMONIA	1393	APR-DRG				inpatient					Horizon	NJ Health	13040				13040	15038.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG				inpatient					Horizon	NJ Health	25085				25085	28929.51	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG				inpatient					Horizon	NJ Health	6847				6847	7896.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG				inpatient					Horizon	NJ Health	8549				8549	9859.23	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG				inpatient					Horizon	NJ Health	11669				11669	13456.98	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG				inpatient					Horizon	NJ Health	22671				22671	26145.27	case rate	
ASTHMA	1411	APR-DRG				inpatient					Horizon	NJ Health	5245				5245	6049.18	case rate	
ASTHMA	1412	APR-DRG				inpatient					Horizon	NJ Health	7518				7518	8669.97	case rate	
ASTHMA	1413	APR-DRG				inpatient					Horizon	NJ Health	10774				10774	12425.52	case rate	
ASTHMA	1414	APR-DRG				inpatient					Horizon	NJ Health	20371				20371	23492.81	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG				inpatient					Horizon	NJ Health	8787				8787	10133.27	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG				inpatient					Horizon	NJ Health	10686				10686	12323.92	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG				inpatient					Horizon	NJ Health	15463				15463	17832.43	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG				inpatient					Horizon	NJ Health	27365				27365	31558.51	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG				inpatient					Horizon	NJ Health	6532				6532	7532.85	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG				inpatient					Horizon	NJ Health	9588				9588	11057.79	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG				inpatient					Horizon	NJ Health	14757				14757	17019.12	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG				inpatient					Horizon	NJ Health	25148				25148	29002.71	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG				inpatient					Horizon	NJ Health	6398				6398	7378.52	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG				inpatient					Horizon	NJ Health	7748				7748	8935.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG				inpatient					Horizon	NJ Health	10962				10962	12630.21	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG				inpatient					Horizon	NJ Health	19209				19209	22153.08	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG				inpatient					Horizon	NJ Health	41050				41050	47341.67	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG				inpatient					Horizon	NJ Health	47891				47891	55230.5	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG				inpatient					Horizon	NJ Health	72513				72513	83626.85	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG				inpatient					Horizon	NJ Health	161489				161489	186239.68	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG				inpatient					Horizon	NJ Health	55575				55575	64092.69	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG				inpatient					Horizon	NJ Health	71747				71747	82743.48	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG				inpatient					Horizon	NJ Health	115388				115388	133073.2	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG				inpatient					Horizon	NJ Health	276875				276875	319309.91	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG				inpatient					Horizon	NJ Health	59545				59545	68670.76	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG				inpatient					Horizon	NJ Health	66087				66087	76216.27	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG				inpatient					Horizon	NJ Health	87462				87462	100866.98	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG				inpatient					Horizon	NJ Health	137565				137565	158648.52	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG				inpatient					Horizon	NJ Health	49133				49133	56663.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG				inpatient					Horizon	NJ Health	56454				56454	65108.84	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG				inpatient					Horizon	NJ Health	72398				72398	83494.39	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG				inpatient					Horizon	NJ Health	116652				116652	134531.06	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG				inpatient					Horizon	NJ Health	51447				51447	59331.71	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG				inpatient					Horizon	NJ Health	55329				55329	63809.15	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG				inpatient					Horizon	NJ Health	70343				70343	81124.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG				inpatient					Horizon	NJ Health	104716				104716	120765.21	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG				inpatient					Horizon	NJ Health	42535				42535	49053.6	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG				inpatient					Horizon	NJ Health	48203				48203	55591	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG				inpatient					Horizon	NJ Health	60209				60209	69437.38	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG				inpatient					Horizon	NJ Health	91627				91627	105669.62	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG				inpatient					Horizon	NJ Health	39953				39953	46076.04	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG				inpatient					Horizon	NJ Health	44533				44533	51358.21	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG				inpatient					Horizon	NJ Health	60684				60684	69985.16	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG				inpatient					Horizon	NJ Health	106363				106363	122665	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG				inpatient					Horizon	NJ Health	22890				22890	26396.74	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG				inpatient					Horizon	NJ Health	30248				30248	34884.1	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG				inpatient					Horizon	NJ Health	49012				49012	56524.12	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG				inpatient					Horizon	NJ Health	89078				89078	102730.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG				inpatient					Horizon	NJ Health	31324				31324	36125.4	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG				inpatient					Horizon	NJ Health	33414				33414	38535.67	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG				inpatient					Horizon	NJ Health	41035				41035	47324.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG				inpatient					Horizon	NJ Health	65599				65599	75653.45	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG				inpatient					Horizon	NJ Health	21643				21643	24960.36	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG				inpatient					Horizon	NJ Health	24732				24732	28522.3	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG				inpatient					Horizon	NJ Health	31464				31464	36286.26	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG				inpatient					Horizon	NJ Health	52404				52404	60436.18	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG				inpatient					Horizon	NJ Health	25889				25889	29856.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG				inpatient					Horizon	NJ Health	27884				27884	32158.04	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG				inpatient					Horizon	NJ Health	35243				35243	40644.7	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG				inpatient					Horizon	NJ Health	57385				57385	66180.55	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG				inpatient					Horizon	NJ Health	25738				25738	29683.26	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG				inpatient					Horizon	NJ Health	28370				28370	32717.99	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG				inpatient					Horizon	NJ Health	36010				36010	41529.45	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG				inpatient					Horizon	NJ Health	67634				67634	77999.42	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG				inpatient					Horizon	NJ Health	20331				20331	23446.81	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG				inpatient					Horizon	NJ Health	38872				38872	44829.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG				inpatient					Horizon	NJ Health	40924				40924	46711.78	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG				inpatient					Horizon	NJ Health	64315				64315	74172.14	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG				inpatient					Horizon	NJ Health	16746				16746	19312.36	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG				inpatient					Horizon	NJ Health	21677				21677	24998.94	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG				inpatient					Horizon	NJ Health	30739				30739	35450.19	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG				inpatient					Horizon	NJ Health	62158				62158	71684.21	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG				inpatient					Horizon	NJ Health	16196				16196	18677.8	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG				inpatient					Horizon	NJ Health	20464				20464	23600.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG				inpatient					Horizon	NJ Health	31361				31361	36167.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG				inpatient					Horizon	NJ Health	55004				55004	63434.4	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG				inpatient					Horizon	NJ Health	20118				20118	23201.46	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG				inpatient					Horizon	NJ Health	27253				27253	31429.8	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG				inpatient					Horizon	NJ Health	45240				45240	52174.2	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG				inpatient					Horizon	NJ Health	80615				80615	92970.06	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG				inpatient					Horizon	NJ Health	25768				25768	29717.29	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG				inpatient					Horizon	NJ Health	30312				30312	34957.9	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG				inpatient					Horizon	NJ Health	41140				41140	47445.48	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG				inpatient					Horizon	NJ Health	73555				73555	84827.89	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG				inpatient					Horizon	NJ Health	10925				10925	12599.25	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG				inpatient					Horizon	NJ Health	12046				12046	13892.28	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG				inpatient					Horizon	NJ Health	16412				16412	18927.71	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG				inpatient					Horizon	NJ Health	30397				30397	35056.25	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG				inpatient					Horizon	NJ Health	12103				12103	13958.47	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG				inpatient					Horizon	NJ Health	13919				13919	16052.56	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG				inpatient					Horizon	NJ Health	18431				18431	21256.36	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG				inpatient					Horizon	NJ Health	36084				36084	41614.03	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG				inpatient					Horizon	NJ Health	12504				12504	14420.77	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG				inpatient					Horizon	NJ Health	15445				15445	17811.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG				inpatient					Horizon	NJ Health	22738				22738	26222.34	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG				inpatient					Horizon	NJ Health	43215				43215	49838.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG				inpatient					Horizon	NJ Health	12817				12817	14781.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG				inpatient					Horizon	NJ Health	16651				16651	19202.84	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG				inpatient					Horizon	NJ Health	24881				24881	28694.54	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG				inpatient					Horizon	NJ Health	40988				40988	47269.55	case rate	
HEART FAILURE	1941	APR-DRG				inpatient					Horizon	NJ Health	6941				6941	8004.37	case rate	
HEART FAILURE	1942	APR-DRG				inpatient					Horizon	NJ Health	8912				8912	10278.41	case rate	
HEART FAILURE	1943	APR-DRG				inpatient					Horizon	NJ Health	13292				13292	15329.67	case rate	
HEART FAILURE	1944	APR-DRG				inpatient					Horizon	NJ Health	25105				25105	28952.35	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG				inpatient					Horizon	NJ Health	7227				7227	8335.19	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG				inpatient					Horizon	NJ Health	7665				7665	8840.04	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG				inpatient					Horizon	NJ Health	14548				14548	16777.42	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG				inpatient					Horizon	NJ Health	37132				37132	42822.78	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG				inpatient					Horizon	NJ Health	6917				6917	7977.65	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG				inpatient					Horizon	NJ Health	9236				9236	10651.48	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG				inpatient					Horizon	NJ Health	13717				13717	15819.08	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG				inpatient					Horizon	NJ Health	29624				29624	34164.57	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG				inpatient					Horizon	NJ Health	6389				6389	7368.33	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG				inpatient					Horizon	NJ Health	7380				7380	8511.38	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG				inpatient					Horizon	NJ Health	10068				10068	11611.42	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG				inpatient					Horizon	NJ Health	24198				24198	27906.55	case rate	
HYPERTENSION	1991	APR-DRG				inpatient					Horizon	NJ Health	6574				6574	7581.23	case rate	
HYPERTENSION	1992	APR-DRG				inpatient					Horizon	NJ Health	7720				7720	8902.76	case rate	
HYPERTENSION	1993	APR-DRG				inpatient					Horizon	NJ Health	10822				10822	12480.73	case rate	
HYPERTENSION	1994	APR-DRG				inpatient					Horizon	NJ Health	24671				24671	28452.56	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG				inpatient					Horizon	NJ Health	7889				7889	9098.35	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG				inpatient					Horizon	NJ Health	9334				9334	10764.26	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG				inpatient					Horizon	NJ Health	14228				14228	16408.61	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG				inpatient					Horizon	NJ Health	30311				30311	34956.61	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG				inpatient					Horizon	NJ Health	5896				5896	6799.67	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG				inpatient					Horizon	NJ Health	7637				7637	8807.98	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG				inpatient					Horizon	NJ Health	11730				11730	13528.11	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG				inpatient					Horizon	NJ Health	24339				24339	28069.1	case rate	
CHEST PAIN	2031	APR-DRG				inpatient					Horizon	NJ Health	6594				6594	7604.39	case rate	
CHEST PAIN	2032	APR-DRG				inpatient					Horizon	NJ Health	7669				7669	8843.9	case rate	
CHEST PAIN	2033	APR-DRG				inpatient					Horizon	NJ Health	9573				9573	11039.79	case rate	
CHEST PAIN	2034	APR-DRG				inpatient					Horizon	NJ Health	17381				17381	20045.33	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG				inpatient					Horizon	NJ Health	7331				7331	8454.8	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG				inpatient					Horizon	NJ Health	8278				8278	9546.91	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG				inpatient					Horizon	NJ Health	10445				10445	12045.32	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG				inpatient					Horizon	NJ Health	21412				21412	24693.84	case rate	
CARDIOMYOPATHY	2051	APR-DRG				inpatient					Horizon	NJ Health	7109				7109	8198.56	case rate	
CARDIOMYOPATHY	2052	APR-DRG				inpatient					Horizon	NJ Health	9050				9050	10437.59	case rate	
CARDIOMYOPATHY	2053	APR-DRG				inpatient					Horizon	NJ Health	13065				13065	15067.69	case rate	
CARDIOMYOPATHY	2054	APR-DRG				inpatient					Horizon	NJ Health	32059				32059	36972.45	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG				inpatient					Horizon	NJ Health	8108				8108	9350.72	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG				inpatient					Horizon	NJ Health	9536				9536	10997.64	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG				inpatient					Horizon	NJ Health	15913				15913	18351.63	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG				inpatient					Horizon	NJ Health	29770				29770	34332.75	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG				inpatient					Horizon	NJ Health	7053				7053	8134.36	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG				inpatient					Horizon	NJ Health	9357				9357	10791.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG				inpatient					Horizon	NJ Health	13589				13589	15672.16	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG				inpatient					Horizon	NJ Health	26501				26501	30562.66	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG				inpatient					Horizon	NJ Health	18061				18061	20829.57	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG				inpatient					Horizon	NJ Health	26837				26837	30949.88	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG				inpatient					Horizon	NJ Health	43517				43517	50186.26	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG				inpatient					Horizon	NJ Health	86347				86347	99580.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG				inpatient					Horizon	NJ Health	18431				18431	21255.47	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG				inpatient					Horizon	NJ Health	23897				23897	27559.49	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG				inpatient					Horizon	NJ Health	38812				38812	44760.84	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG				inpatient					Horizon	NJ Health	76824				76824	88598.66	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG				inpatient					Horizon	NJ Health	13713				13713	15814.92	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG				inpatient					Horizon	NJ Health	17551				17551	20240.83	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG				inpatient					Horizon	NJ Health	28443				28443	32802.08	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG				inpatient					Horizon	NJ Health	69393				69393	80028.01	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG				inpatient					Horizon	NJ Health	14685				14685	16935.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG				inpatient					Horizon	NJ Health	19469				19469	22452.74	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG				inpatient					Horizon	NJ Health	32700				32700	37712.27	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG				inpatient					Horizon	NJ Health	67525				67525	77874.17	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG				inpatient					Horizon	NJ Health	16544				16544	19079.67	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG				inpatient					Horizon	NJ Health	21663				21663	24983.61	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG				inpatient					Horizon	NJ Health	32797				32797	37823.06	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG				inpatient					Horizon	NJ Health	59532				59532	68665.62	case rate	
APPENDECTOMY	2251	APR-DRG				inpatient					Horizon	NJ Health	11304				11304	13036.52	case rate	
APPENDECTOMY	2252	APR-DRG				inpatient					Horizon	NJ Health	15034				15034	17337.98	case rate	
APPENDECTOMY	2253	APR-DRG				inpatient					Horizon	NJ Health	25823				25823	29780.62	case rate	
APPENDECTOMY	2254	APR-DRG				inpatient					Horizon	NJ Health	49152				49152	56684.89	case rate	
ANAL PROCEDURES	2261	APR-DRG				inpatient					Horizon	NJ Health	9167				9167	10572.14	case rate	
ANAL PROCEDURES	2262	APR-DRG				inpatient					Horizon	NJ Health	12412				12412	14314.82	case rate	
ANAL PROCEDURES	2263	APR-DRG				inpatient					Horizon	NJ Health	20234				20234	23334.62	case rate	
ANAL PROCEDURES	2264	APR-DRG				inpatient					Horizon	NJ Health	41409				41409	47755.31	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG				inpatient					Horizon	NJ Health	14249				14249	16432.55	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG				inpatient					Horizon	NJ Health	18100				18100	20874.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG				inpatient					Horizon	NJ Health	29371				29371	33872.43	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG				inpatient					Horizon	NJ Health	60465				60465	69731.7	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG				inpatient					Horizon	NJ Health	10718				10718	12361.02	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG				inpatient					Horizon	NJ Health	13999				13999	16144.17	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG				inpatient					Horizon	NJ Health	21503				21503	24799.1	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG				inpatient					Horizon	NJ Health	47920				47920	55264.72	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG				inpatient					Horizon	NJ Health	14817				14817	17087.88	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG				inpatient					Horizon	NJ Health	20440				20440	23572.35	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG				inpatient					Horizon	NJ Health	33298				33298	38401.33	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG				inpatient					Horizon	NJ Health	69110				69110	79702.13	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG				inpatient					Horizon	NJ Health	9258				9258	10677	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG				inpatient					Horizon	NJ Health	11866				11866	13684.13	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG				inpatient					Horizon	NJ Health	17479				17479	20158.12	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG				inpatient					Horizon	NJ Health	32016				32016	36922.79	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG				inpatient					Horizon	NJ Health	7976				7976	9082.62	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG				inpatient					Horizon	NJ Health	9768				9768	11264.96	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG				inpatient					Horizon	NJ Health	14679				14679	16928.49	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG				inpatient					Horizon	NJ Health	34300				34300	39556.54	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG				inpatient					Horizon	NJ Health	7769				7769	8959.35	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG				inpatient					Horizon	NJ Health	9582				9582	11050.66	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG				inpatient					Horizon	NJ Health	14251				14251	16435.03	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG				inpatient					Horizon	NJ Health	33363				33363	38476.11	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG				inpatient					Horizon	NJ Health	7228				7228	8336.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG				inpatient					Horizon	NJ Health	8829				8829	10182.34	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG				inpatient					Horizon	NJ Health	12743				12743	14696.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG				inpatient					Horizon	NJ Health	28051				28051	32350.17	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG				inpatient					Horizon	NJ Health	6752				6752	7786.32	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG				inpatient					Horizon	NJ Health	8835				8835	10188.98	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG				inpatient					Horizon	NJ Health	13410				13410	15465	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG				inpatient					Horizon	NJ Health	30437				30437	35102.05	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG				inpatient					Horizon	NJ Health	8062				8062	9297.11	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG				inpatient					Horizon	NJ Health	9677				9677	11159.69	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG				inpatient					Horizon	NJ Health	14566				14566	16798.7	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG				inpatient					Horizon	NJ Health	27693				27693	31937.82	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG				inpatient					Horizon	NJ Health	8480				8480	9779.5	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG				inpatient					Horizon	NJ Health	10184				10184	11744.68	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG				inpatient					Horizon	NJ Health	15394				15394	17752.89	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG				inpatient					Horizon	NJ Health	31135				31135	35906.65	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG				inpatient					Horizon	NJ Health	6545				6545	7547.8	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG				inpatient					Horizon	NJ Health	8417				8417	9707.47	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG				inpatient					Horizon	NJ Health	13345				13345	15390.7	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG				inpatient					Horizon	NJ Health	30497				30497	35170.8	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG				inpatient					Horizon	NJ Health	7137				7137	8231.02	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG				inpatient					Horizon	NJ Health	9819				9819	11323.52	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG				inpatient					Horizon	NJ Health	14760				14760	17021.99	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG				inpatient					Horizon	NJ Health	31423				31423	36239.47	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG				inpatient					Horizon	NJ Health	5896				5896	6799.38	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG				inpatient					Horizon	NJ Health	7166				7166	8264.06	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG				inpatient					Horizon	NJ Health	10169				10169	11728.96	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG				inpatient					Horizon	NJ Health	23245				23245	26807.32	case rate	
ABDOMINAL PAIN	2511	APR-DRG				inpatient					Horizon	NJ Health	6694				6694	7720.33	case rate	
ABDOMINAL PAIN	2512	APR-DRG				inpatient					Horizon	NJ Health	8299				8299	9571.24	case rate	
ABDOMINAL PAIN	2513	APR-DRG				inpatient					Horizon	NJ Health	11215				11215	12933.34	case rate	
ABDOMINAL PAIN	2514	APR-DRG				inpatient					Horizon	NJ Health	21480				21480	24772.1	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG				inpatient					Horizon	NJ Health	7289				7289	8405.93	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG				inpatient					Horizon	NJ Health	9790				9790	11290.67	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG				inpatient					Horizon	NJ Health	15011				15011	17311.56	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG				inpatient					Horizon	NJ Health	33504				33504	38638.66	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG				inpatient					Horizon	NJ Health	7361				7361	8489.23	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG				inpatient					Horizon	NJ Health	9472				9472	10923.35	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG				inpatient					Horizon	NJ Health	14145				14145	16312.75	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG				inpatient					Horizon	NJ Health	29301				29301	33791.99	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG				inpatient					Horizon	NJ Health	6905				6905	7963.21	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG				inpatient					Horizon	NJ Health	9218				9218	10630.61	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG				inpatient					Horizon	NJ Health	13397				13397	15450.36	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG				inpatient					Horizon	NJ Health	28729				28729	33132.32	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG				inpatient					Horizon	NJ Health	21547				21547	24849.56	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG				inpatient					Horizon	NJ Health	28474				28474	32837.8	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG				inpatient					Horizon	NJ Health	44690				44690	51539.15	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG				inpatient					Horizon	NJ Health	90526				90526	104400.22	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG				inpatient					Horizon	NJ Health	17921				17921	20667.13	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG				inpatient					Horizon	NJ Health	24935				24935	28756.37	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG				inpatient					Horizon	NJ Health	37708				37708	43486.91	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG				inpatient					Horizon	NJ Health	69275				69275	79892.77	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG				inpatient					Horizon	NJ Health	15620				15620	18014.47	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG				inpatient					Horizon	NJ Health	20601				20601	23758.44	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG				inpatient					Horizon	NJ Health	30836				30836	35562.18	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG				inpatient					Horizon	NJ Health	63062				63062	72727.25	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG				inpatient					Horizon	NJ Health	13345				13345	15390.4	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG				inpatient					Horizon	NJ Health	16888				16888	19475.99	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG				inpatient					Horizon	NJ Health	23006				23006	26531.7	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG				inpatient					Horizon	NJ Health	48755				48755	56227.72	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG				inpatient					Horizon	NJ Health	17771				17771	20494.49	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG				inpatient					Horizon	NJ Health	21766				21766	25102.34	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG				inpatient					Horizon	NJ Health	33675				33675	38836.52	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG				inpatient					Horizon	NJ Health	73139				73139	84349.05	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG				inpatient					Horizon	NJ Health	6902				6902	7960.14	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG				inpatient					Horizon	NJ Health	8735				8735	10073.42	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG				inpatient					Horizon	NJ Health	14483				14483	16702.83	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG				inpatient					Horizon	NJ Health	36525				36525	42123.03	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG				inpatient					Horizon	NJ Health	7054				7054	8135.05	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG				inpatient					Horizon	NJ Health	8839				8839	10193.32	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG				inpatient					Horizon	NJ Health	14083				14083	16241.92	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG				inpatient					Horizon	NJ Health	31780				31780	36650.62	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG				inpatient					Horizon	NJ Health	10394				10394	11986.67	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG				inpatient					Horizon	NJ Health	12329				12329	14218.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG				inpatient					Horizon	NJ Health	17061				17061	19676.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG				inpatient					Horizon	NJ Health	27807				27807	32068.61	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG				inpatient					Horizon	NJ Health	7190				7190	8291.76	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG				inpatient					Horizon	NJ Health	9291				9291	10715.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG				inpatient					Horizon	NJ Health	15521				15521	17899.41	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG				inpatient					Horizon	NJ Health	43192				43192	49811.51	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG				inpatient					Horizon	NJ Health	7703				7703	8884.16	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG				inpatient					Horizon	NJ Health	9124				9124	10521.88	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG				inpatient					Horizon	NJ Health	13752				13752	15859.64	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG				inpatient					Horizon	NJ Health	28109				28109	32417.34	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG				inpatient					Horizon	NJ Health	8307				8307	9580.35	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG				inpatient					Horizon	NJ Health	11081				11081	12778.81	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG				inpatient					Horizon	NJ Health	15968				15968	18415.04	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG				inpatient					Horizon	NJ Health	31615				31615	36459.98	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG				inpatient					Horizon	NJ Health	21085				21085	24317.11	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG				inpatient					Horizon	NJ Health	23024				23024	26553.27	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG				inpatient					Horizon	NJ Health	31506				31506	36334.24	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG				inpatient					Horizon	NJ Health	52210				52210	60212.1	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG				inpatient					Horizon	NJ Health	20123				20123	23207.59	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG				inpatient					Horizon	NJ Health	22376				22376	25805.43	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG				inpatient					Horizon	NJ Health	28776				28776	33185.84	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KNEE JOINT REPLACEMENT	3024	APR-DRG				inpatient					Horizon	NJ Health	52908				52908	61617.4	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG				inpatient					Horizon	NJ Health	62165				62165	71692.13	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG				inpatient					Horizon	NJ Health	74805				74805	86269.62	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG				inpatient					Horizon	NJ Health	109597				109597	126353.73	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG				inpatient					Horizon	NJ Health	148978				148978	171696.13	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG				inpatient					Horizon	NJ Health	37786				37786	43576.93	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG				inpatient					Horizon	NJ Health	45257				45257	52192.7	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG				inpatient					Horizon	NJ Health	68159				68159	78604.88	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG				inpatient					Horizon	NJ Health	113518				113518	130916.58	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG				inpatient					Horizon	NJ Health	14169				14169	16340.74	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG				inpatient					Horizon	NJ Health	19399				19399	22372.2	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG				inpatient					Horizon	NJ Health	31745				31745	36610.56	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG				inpatient					Horizon	NJ Health	67144				67144	77434.92	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG				inpatient					Horizon	NJ Health	17176				17176	19808.6	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG				inpatient					Horizon	NJ Health	20236				20236	23337.88	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG				inpatient					Horizon	NJ Health	27013				27013	31163.59	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG				inpatient					Horizon	NJ Health	47222				47222	54458.92	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG				inpatient					Horizon	NJ Health	17332				17332	19988.36	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG				inpatient					Horizon	NJ Health	24638				24638	28414.47	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG				inpatient					Horizon	NJ Health	35971				35971	41483.84	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG				inpatient					Horizon	NJ Health	70334				70334	81113.59	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG				inpatient					Horizon	NJ Health	12915				12915	14894.76	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG				inpatient					Horizon	NJ Health	17145				17145	19772.29	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG				inpatient					Horizon	NJ Health	24808				24808	28610.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG				inpatient					Horizon	NJ Health	53338				53338	61512.75	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG				inpatient					Horizon	NJ Health	21293				21293	24556.92	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG				inpatient					Horizon	NJ Health	30304				30304	34948.9	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG				inpatient					Horizon	NJ Health	54645				54645	63020.17	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG				inpatient					Horizon	NJ Health	112927				112927	130235.15	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG				inpatient					Horizon	NJ Health	15166				15166	17490.52	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG				inpatient					Horizon	NJ Health	20758				20758	23936.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG				inpatient					Horizon	NJ Health	31773				31773	36642.31	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG				inpatient					Horizon	NJ Health	64649				64649	74557.19	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG				inpatient					Horizon	NJ Health	13871				13871	15996.66	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG				inpatient					Horizon	NJ Health	15744				15744	18156.53	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG				inpatient					Horizon	NJ Health	21955				21955	25320.27	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG				inpatient					Horizon	NJ Health	47322				47322	54575.07	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG				inpatient					Horizon	NJ Health	12509				12509	14425.73	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG				inpatient					Horizon	NJ Health	21160				21160	24402.49	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG				inpatient					Horizon	NJ Health	30441				30441	35106.11	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG				inpatient					Horizon	NJ Health	61586				61586	71025.23	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG				inpatient					Horizon	NJ Health	10862				10862	12560.86	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG				inpatient					Horizon	NJ Health	15491				15491	17865.58	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG				inpatient					Horizon	NJ Health	24854				24854	28663.48	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG				inpatient					Horizon	NJ Health	47569				47569	54859.4	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG				inpatient					Horizon	NJ Health	12028				12028	13871.71	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG				inpatient					Horizon	NJ Health	16874				16874	19460.55	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG				inpatient					Horizon	NJ Health	28979				28979	33421	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG				inpatient					Horizon	NJ Health	66301				66301	76769.11	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG				inpatient					Horizon	NJ Health	13725				13725	15828.38	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG				inpatient					Horizon	NJ Health	21098				21098	24331.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG				inpatient					Horizon	NJ Health	30042				30042	34645.87	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG				inpatient					Horizon	NJ Health	56708				56708	65388.88	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG				inpatient					Horizon	NJ Health	22560				22560	26017.94	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG				inpatient					Horizon	NJ Health	29242				29242	33723.24	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG				inpatient					Horizon	NJ Health	48855				48855	56342.18	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG				inpatient					Horizon	NJ Health	91658				91658	105705.53	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG				inpatient					Horizon	NJ Health	20590				20590	23745.38	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG				inpatient					Horizon	NJ Health	22443				22443	25882.51	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG				inpatient					Horizon	NJ Health	31710				31710	36570	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG				inpatient					Horizon	NJ Health	53180				53180	61330.42	case rate	
FRACTURE OF FEMUR	3401	APR-DRG				inpatient					Horizon	NJ Health	6431				6431	7416.91	case rate	
FRACTURE OF FEMUR	3402	APR-DRG				inpatient					Horizon	NJ Health	7618				7618	8785.63	case rate	
FRACTURE OF FEMUR	3403	APR-DRG				inpatient					Horizon	NJ Health	11426				11426	13177.6	case rate	
FRACTURE OF FEMUR	3404	APR-DRG				inpatient					Horizon	NJ Health	26259				26259	30283.78	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG				inpatient					Horizon	NJ Health	6520				6520	7519.4	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG				inpatient					Horizon	NJ Health	7909				7909	9121.1	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG				inpatient					Horizon	NJ Health	10584				10584	12205.8	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG				inpatient					Horizon	NJ Health	25091				25091	28936.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG				inpatient					Horizon	NJ Health	6809				6809	7852.31	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG				inpatient					Horizon	NJ Health	8802				8802	10151.47	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG				inpatient					Horizon	NJ Health	12022				12022	13864.28	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG				inpatient					Horizon	NJ Health	27726				27726	31975.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG				inpatient					Horizon	NJ Health	10574				10574	12195.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG				inpatient					Horizon	NJ Health	12651				12651	14589.75	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG				inpatient					Horizon	NJ Health	20177				20177	23269.22	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG				inpatient					Horizon	NJ Health	33959				33959	39163.2	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG				inpatient					Horizon	NJ Health	9712				9712	11200.94	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG				inpatient					Horizon	NJ Health	12263				12263	14142.58	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG				inpatient					Horizon	NJ Health	18325				18325	21133.29	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG				inpatient					Horizon	NJ Health	33775				33775	38950.98	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG				inpatient					Horizon	NJ Health	8782				8782	10127.43	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG				inpatient					Horizon	NJ Health	11682				11682	13483.99	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG				inpatient					Horizon	NJ Health	19654				19654	22665.84	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG				inpatient					Horizon	NJ Health	48051				48051	55415.09	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG				inpatient					Horizon	NJ Health	8259				8259	9524.75	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG				inpatient					Horizon	NJ Health	10195				10195	11757.34	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG				inpatient					Horizon	NJ Health	13986				13986	16129.43	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG				inpatient					Horizon	NJ Health	33157				33157	38238.38	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG				inpatient					Horizon	NJ Health	6951				6951	8016.34	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG				inpatient					Horizon	NJ Health	9943				9943	11466.88	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG				inpatient					Horizon	NJ Health	15158				15158	17481.52	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG				inpatient					Horizon	NJ Health	31087				31087	35851.55	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG				inpatient					Horizon	NJ Health	7030				7030	8107.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG				inpatient					Horizon	NJ Health	8146				8146	9394.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG				inpatient					Horizon	NJ Health	13219				13219	15244.88	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG				inpatient					Horizon	NJ Health	29266				29266	33751.04	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG				inpatient					Horizon	NJ Health	18285				18285	21086.89	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG				inpatient					Horizon	NJ Health	24531				24531	28290.9	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG				inpatient					Horizon	NJ Health	35239				35239	40640.05	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG				inpatient					Horizon	NJ Health	77395				77395	89256.56	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG				inpatient					Horizon	NJ Health	17668				17668	20375.57	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG				inpatient					Horizon	NJ Health	21592				21592	24901	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG				inpatient					Horizon	NJ Health	26572				26572	30644.19	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG				inpatient					Horizon	NJ Health	55956				55956	64532.34	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG				inpatient					Horizon	NJ Health	13785				13785	15898.23	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG				inpatient					Horizon	NJ Health	23261				23261	26825.53	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG				inpatient					Horizon	NJ Health	29697				29697	34247.97	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG				inpatient					Horizon	NJ Health	57197				57197	65963.59	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG				inpatient					Horizon	NJ Health	11134				11134	12840.14	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG				inpatient					Horizon	NJ Health	15388				15388	17746.07	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG				inpatient					Horizon	NJ Health	23918				23918	27583.53	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG				inpatient					Horizon	NJ Health	46865				46865	54047.17	case rate	
SKIN ULCERS	3801	APR-DRG				inpatient					Horizon	NJ Health	7630				7630	8799.18	case rate	
SKIN ULCERS	3802	APR-DRG				inpatient					Horizon	NJ Health	9147				9147	10548.79	case rate	
SKIN ULCERS	3803	APR-DRG				inpatient					Horizon	NJ Health	13222				13222	15247.94	case rate	
SKIN ULCERS	3804	APR-DRG				inpatient					Horizon	NJ Health	25954				25954	29931.39	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG				inpatient					Horizon	NJ Health	6138				6138	7079.16	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG				inpatient					Horizon	NJ Health	10818				10818	12475.98	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG				inpatient					Horizon	NJ Health	19525				19525	22517.45	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG				inpatient					Horizon	NJ Health	52795				52795	60886.02	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG				inpatient					Horizon	NJ Health	8327				8327	9603.1	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG				inpatient					Horizon	NJ Health	9877				9877	11391.09	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG				inpatient					Horizon	NJ Health	15654				15654	18052.76	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG				inpatient					Horizon	NJ Health	26329				26329	30364.5	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG				inpatient					Horizon	NJ Health	6023				6023	6946.59	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG				inpatient					Horizon	NJ Health	8017				8017	9245.36	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG				inpatient					Horizon	NJ Health	12308				12308	14194.62	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG				inpatient					Horizon	NJ Health	29119				29119	33581.47	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG				inpatient					Horizon	NJ Health	7716				7716	8898.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG				inpatient					Horizon	NJ Health	9146				9146	10548.2	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG				inpatient					Horizon	NJ Health	13401				13401	15455.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG				inpatient					Horizon	NJ Health	33906				33906	39102.35	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG				inpatient					Horizon	NJ Health	5744				5744	6623.87	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG				inpatient					Horizon	NJ Health	7609				7609	8774.85	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG				inpatient					Horizon	NJ Health	12158				12158	14021.39	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG				inpatient					Horizon	NJ Health	24962				24962	28787.53	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG				inpatient					Horizon	NJ Health	19914				19914	22966.5	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG				inpatient					Horizon	NJ Health	26773				26773	30876.77	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG				inpatient					Horizon	NJ Health	45065				45065	51972.17	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG				inpatient					Horizon	NJ Health	97506				97506	112450.6	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG				inpatient					Horizon	NJ Health	17380				17380	20044.15	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG				inpatient					Horizon	NJ Health	19302				19302	22260.42	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG				inpatient					Horizon	NJ Health	29334				29334	33829.89	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG				inpatient					Horizon	NJ Health	82589				82589	95246.68	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG				inpatient					Horizon	NJ Health	11095				11095	12795.63	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG				inpatient					Horizon	NJ Health	14866				14866	17144.37	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG				inpatient					Horizon	NJ Health	28289				28289	32624.41	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG				inpatient					Horizon	NJ Health	67798				67798	78188.58	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG				inpatient					Horizon	NJ Health	17255				17255	19899.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG				inpatient					Horizon	NJ Health	21390				21390	24667.92	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG				inpatient					Horizon	NJ Health	31781				31781	36651.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG				inpatient					Horizon	NJ Health	72471				72471	83577.98	case rate	
DIABETES	4201	APR-DRG				inpatient					Horizon	NJ Health	5600				5600	6458.76	case rate	
DIABETES	4202	APR-DRG				inpatient					Horizon	NJ Health	7237				7237	8346.47	case rate	
DIABETES	4203	APR-DRG				inpatient					Horizon	NJ Health	10860				10860	12524.75	case rate	
DIABETES	4204	APR-DRG				inpatient					Horizon	NJ Health	26481				26481	30539.22	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG				inpatient					Horizon	NJ Health	7536				7536	8691.15	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG				inpatient					Horizon	NJ Health	8373				8373	9656.82	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG				inpatient					Horizon	NJ Health	12841				12841	14809.08	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG				inpatient					Horizon	NJ Health	27227				27227	31399.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG				inpatient					Horizon	NJ Health	4511				4511	5201.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG				inpatient					Horizon	NJ Health	6471				6471	7462.41	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG				inpatient					Horizon	NJ Health	9465				9465	10915.43	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG				inpatient					Horizon	NJ Health	20499				20499	23640.71	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG				inpatient					Horizon	NJ Health	8230				8230	9491.6	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG				inpatient					Horizon	NJ Health	10728				10728	12372.2	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG				inpatient					Horizon	NJ Health	16930				16930	19525.26	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG				inpatient					Horizon	NJ Health	32805				32805	37832.96	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG				inpatient					Horizon	NJ Health	6882				6882	7937.09	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG				inpatient					Horizon	NJ Health	9353				9353	10786.62	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG				inpatient					Horizon	NJ Health	14179				14179	16351.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG				inpatient					Horizon	NJ Health	30049				30049	34654.08	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG				inpatient					Horizon	NJ Health	5598				5598	6455.99	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG				inpatient					Horizon	NJ Health	7212				7212	8317.88	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG				inpatient					Horizon	NJ Health	10816				10816	12473.7	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG				inpatient					Horizon	NJ Health	24264				24264	27982.93	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG				inpatient					Horizon	NJ Health	66803				66803	77041.47	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG				inpatient					Horizon	NJ Health	69900				69900	80612.99	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG				inpatient					Horizon	NJ Health	79041				79041	91154.86	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG				inpatient					Horizon	NJ Health	125133				125133	144310.95	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG				inpatient					Horizon	NJ Health	19699				19699	22717.68	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG				inpatient					Horizon	NJ Health	30534				30534	35213.44	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG				inpatient					Horizon	NJ Health	41530				41530	47895.1	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG				inpatient					Horizon	NJ Health	83587				83587	96397.35	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG				inpatient					Horizon	NJ Health	18154				18154	20935.82	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG				inpatient					Horizon	NJ Health	21032				21032	24255.38	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG				inpatient					Horizon	NJ Health	32476				32476	37453.95	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG				inpatient					Horizon	NJ Health	64617				64617	74519.89	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG				inpatient					Horizon	NJ Health	15894				15894	18329.47	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG				inpatient					Horizon	NJ Health	18671				18671	21532.58	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG				inpatient					Horizon	NJ Health	27290				27290	31473.13	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG				inpatient					Horizon	NJ Health	56734				56734	65429.36	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG				inpatient					Horizon	NJ Health	14477				14477	16695.81	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG				inpatient					Horizon	NJ Health	19534				19534	22528.03	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG				inpatient					Horizon	NJ Health	31396				31396	36208.21	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG				inpatient					Horizon	NJ Health	59390				59390	68492.28	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG				inpatient					Horizon	NJ Health	12551				12551	14474.6	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG				inpatient					Horizon	NJ Health	17153				17153	19781.49	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG				inpatient					Horizon	NJ Health	22331				22331	25754	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG				inpatient					Horizon	NJ Health	46342				46342	53444.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG				inpatient					Horizon	NJ Health	9610				9610	11082.52	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG				inpatient					Horizon	NJ Health	11885				11885	13706.1	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG				inpatient					Horizon	NJ Health	19434				19434	22412.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG				inpatient					Horizon	NJ Health	42053				42053	48498.38	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG				inpatient					Horizon	NJ Health	16309				16309	18808.1	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG				inpatient					Horizon	NJ Health	20646				20646	23810.58	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG				inpatient					Horizon	NJ Health	29505				29505	34027.55	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG				inpatient					Horizon	NJ Health	67426				67426	77780.2	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG				inpatient					Horizon	NJ Health	7578				7578	8739.62	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG				inpatient					Horizon	NJ Health	9909				9909	11427.3	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG				inpatient					Horizon	NJ Health	15319				15319	17666.72	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG				inpatient					Horizon	NJ Health	27888				27888	32162.39	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG				inpatient					Horizon	NJ Health	6243				6243	7200.15	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG				inpatient					Horizon	NJ Health	8808				8808	10158.3	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG				inpatient					Horizon	NJ Health	16274				16274	18768.23	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG				inpatient					Horizon	NJ Health	32891				32891	37931.99	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG				inpatient					Horizon	NJ Health	6033				6033	6958.06	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG				inpatient					Horizon	NJ Health	7602				7602	8766.73	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG				inpatient					Horizon	NJ Health	10558				10558	12176.41	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG				inpatient					Horizon	NJ Health	20653				20653	23818.69	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG				inpatient					Horizon	NJ Health	6637				6637	7654.45	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG				inpatient					Horizon	NJ Health	7948				7948	9166.32	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG				inpatient					Horizon	NJ Health	12181				12181	14047.8	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG				inpatient					Horizon	NJ Health	26559				26559	30629.54	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG				inpatient					Horizon	NJ Health	6318				6318	7286.42	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG				inpatient					Horizon	NJ Health	8800				8800	10148.31	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG				inpatient					Horizon	NJ Health	13404				13404	15458.87	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG				inpatient					Horizon	NJ Health	23822				23822	27472.74	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG				inpatient					Horizon	NJ Health	6605				6605	7616.75	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG				inpatient					Horizon	NJ Health	8968				8968	10341.92	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG				inpatient					Horizon	NJ Health	13074				13074	15077.69	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG				inpatient					Horizon	NJ Health	26335				26335	30370.94	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG				inpatient					Horizon	NJ Health	6254				6254	7212.32	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG				inpatient					Horizon	NJ Health	8357				8357	9637.73	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG				inpatient					Horizon	NJ Health	13533				13533	15606.87	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG				inpatient					Horizon	NJ Health	30702				30702	35407.85	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG				inpatient					Horizon	NJ Health	6647				6647	7665.72	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG				inpatient					Horizon	NJ Health	8463				8463	9759.61	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG				inpatient					Horizon	NJ Health	12460				12460	14369.53	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG				inpatient					Horizon	NJ Health	26710				26710	30804.16	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG				inpatient					Horizon	NJ Health	16836				16836	19416.43	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG				inpatient					Horizon	NJ Health	18555				18555	21398.33	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG				inpatient					Horizon	NJ Health	30287				30287	34928.32	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG				inpatient					Horizon	NJ Health	67582				67582	77939.86	case rate	
PENIS PROCEDURES	4811	APR-DRG				inpatient					Horizon	NJ Health	10772				10772	12422.65	case rate	
PENIS PROCEDURES	4812	APR-DRG				inpatient					Horizon	NJ Health	17553				17553	20243.69	case rate	
PENIS PROCEDURES	4813	APR-DRG				inpatient					Horizon	NJ Health	24440				24440	28185.63	case rate	
PENIS PROCEDURES	4814	APR-DRG				inpatient					Horizon	NJ Health	56406				56406	65050.65	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG				inpatient					Horizon	NJ Health	9060				9060	10448.57	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG				inpatient					Horizon	NJ Health	11823				11823	13635.16	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG				inpatient					Horizon	NJ Health	21522				21522	24820.37	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG				inpatient					Horizon	NJ Health	42957				42957	49540.54	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG				inpatient					Horizon	NJ Health	9589				9589	11058.29	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG				inpatient					Horizon	NJ Health	17345				17345	20003.09	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG				inpatient					Horizon	NJ Health	29116				29116	33578.9	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG				inpatient					Horizon	NJ Health	81770				81770	94302.76	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG				inpatient					Horizon	NJ Health	12453				12453	14362.01	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG				inpatient					Horizon	NJ Health	17771				17771	20494.98	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG				inpatient					Horizon	NJ Health	22759				22759	26247.47	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG				inpatient					Horizon	NJ Health	57655				57655	66491.19	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG				inpatient					Horizon	NJ Health	7705				7705	8886.44	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG				inpatient					Horizon	NJ Health	9800				9800	11302.25	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG				inpatient					Horizon	NJ Health	15500				15500	17875.47	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG				inpatient					Horizon	NJ Health	25430				25430	29327.6	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG				inpatient					Horizon	NJ Health	6141				6141	7082.32	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG				inpatient					Horizon	NJ Health	8440				8440	9733.29	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG				inpatient					Horizon	NJ Health	12755				12755	14710.45	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG				inpatient					Horizon	NJ Health	32225				32225	37163.99	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG				inpatient					Horizon	NJ Health	17033				17033	19643.78	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG				inpatient					Horizon	NJ Health	21132				21132	24371.32	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG				inpatient					Horizon	NJ Health	37795				37795	43587.12	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG				inpatient					Horizon	NJ Health	87560				87560	100979.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG				inpatient					Horizon	NJ Health	17184				17184	19817.6	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG				inpatient					Horizon	NJ Health	21549				21549	24851.74	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG				inpatient					Horizon	NJ Health	32349				32349	37307.33	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG				inpatient					Horizon	NJ Health	69058				69058	79642.38	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG				inpatient					Horizon	NJ Health	15277				15277	17618.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG				inpatient					Horizon	NJ Health	17977				17977	20731.83	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG				inpatient					Horizon	NJ Health	28246				28246	32575.34	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG				inpatient					Horizon	NJ Health	57706				57706	66549.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG				inpatient					Horizon	NJ Health	11679				11679	13468.86	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG				inpatient					Horizon	NJ Health	13711				13711	15812.15	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG				inpatient					Horizon	NJ Health	22492				22492	25938.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG				inpatient					Horizon	NJ Health	54382				54382	62716.26	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG				inpatient					Horizon	NJ Health	9619				9619	11093.41	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG				inpatient					Horizon	NJ Health	13969				13969	16110.14	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG				inpatient					Horizon	NJ Health	24194				24194	27901.7	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG				inpatient					Horizon	NJ Health	67054				67054	77330.55	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG				inpatient					Horizon	NJ Health	9256				9256	10674.23	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG				inpatient					Horizon	NJ Health	11645				11645	13429.88	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG				inpatient					Horizon	NJ Health	21364				21364	24637.95	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG				inpatient					Horizon	NJ Health	50269				50269	57973.08	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG				inpatient					Horizon	NJ Health	11013				11013	12701.15	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG				inpatient					Horizon	NJ Health	15179				15179	17505.07	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG				inpatient					Horizon	NJ Health	27710				27710	31957.21	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG				inpatient					Horizon	NJ Health	63088				63088	72757.52	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG				inpatient					Horizon	NJ Health	12208				12208	14079.46	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG				inpatient					Horizon	NJ Health	14642				14642	16886.15	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG				inpatient					Horizon	NJ Health	26431				26431	30481.74	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG				inpatient					Horizon	NJ Health	65644				65644	75705.2	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG				inpatient					Horizon	NJ Health	7382				7382	8513.96	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG				inpatient					Horizon	NJ Health	9490				9490	10944.91	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG				inpatient					Horizon	NJ Health	16026				16026	18482.12	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG				inpatient					Horizon	NJ Health	29510				29510	34033.38	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG				inpatient					Horizon	NJ Health	6715				6715	7743.78	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG				inpatient					Horizon	NJ Health	9040				9040	10425.72	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG				inpatient					Horizon	NJ Health	14253				14253	16437.89	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG				inpatient					Horizon	NJ Health	27689				27689	31932.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG				inpatient					Horizon	NJ Health	5836				5836	6730.03	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG				inpatient					Horizon	NJ Health	7205				7205	8308.88	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG				inpatient					Horizon	NJ Health	11844				11844	13658.71	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG				inpatient					Horizon	NJ Health	24252				24252	27968.77	case rate	
CESAREAN DELIVERY	5401	APR-DRG				inpatient					Horizon	NJ Health	7438				7438	8578.17	case rate	
CESAREAN DELIVERY	5402	APR-DRG				inpatient					Horizon	NJ Health	8892				8892	10254.46	case rate	
CESAREAN DELIVERY	5403	APR-DRG				inpatient					Horizon	NJ Health	12747				12747	14700.76	case rate	
CESAREAN DELIVERY	5404	APR-DRG				inpatient					Horizon	NJ Health	36062				36062	41588.8	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG				inpatient					Horizon	NJ Health	7086				7086	8172.15	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG				inpatient					Horizon	NJ Health	7711				7711	8892.37	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG				inpatient					Horizon	NJ Health	11480				11480	13239.43	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG				inpatient					Horizon	NJ Health	40410				40410	46603.45	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG				inpatient					Horizon	NJ Health	5254				5254	6058.87	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG				inpatient					Horizon	NJ Health	6556				6556	7560.95	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG				inpatient					Horizon	NJ Health	14117				14117	16280.7	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG				inpatient					Horizon	NJ Health	47169				47169	54397.88	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG				inpatient					Horizon	NJ Health	7421				7421	8558.38	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG				inpatient					Horizon	NJ Health	8785				8785	10130.9	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG				inpatient					Horizon	NJ Health	14558				14558	16789.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG				inpatient					Horizon	NJ Health	40972				40972	47251.16	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG				inpatient					Horizon	NJ Health	10624				10624	12252.59	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG				inpatient					Horizon	NJ Health	11660				11660	13447.29	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG				inpatient					Horizon	NJ Health	14070				14070	16226.77	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG				inpatient					Horizon	NJ Health	25680				25680	29615.8	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG				inpatient					Horizon	NJ Health	8105				8105	9346.87	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG				inpatient					Horizon	NJ Health	11454				11454	13209.75	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG				inpatient					Horizon	NJ Health	21949				21949	25312.86	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG				inpatient					Horizon	NJ Health	59801				59801	68965.86	case rate	
VAGINAL DELIVERY	5601	APR-DRG				inpatient					Horizon	NJ Health	4388				4388	5060.75	case rate	
VAGINAL DELIVERY	5602	APR-DRG				inpatient					Horizon	NJ Health	4948				4948	5706.48	case rate	
VAGINAL DELIVERY	5603	APR-DRG				inpatient					Horizon	NJ Health	7194				7194	8297.1	case rate	
VAGINAL DELIVERY	5604	APR-DRG				inpatient					Horizon	NJ Health	21453				21453	24741.14	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG				inpatient					Horizon	NJ Health	3442				3442	3969.04	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG				inpatient					Horizon	NJ Health	5538				5538	6386.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG				inpatient					Horizon	NJ Health	8898				8898	10262.28	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG				inpatient					Horizon	NJ Health	23418				23418	27007.56	case rate	
PRETERM LABOR	5631	APR-DRG				inpatient					Horizon	NJ Health	3942				3942	4546.01	case rate	
PRETERM LABOR	5632	APR-DRG				inpatient					Horizon	NJ Health	5221				5221	6021.08	case rate	
PRETERM LABOR	5633	APR-DRG				inpatient					Horizon	NJ Health	8939				8939	10308.98	case rate	
PRETERM LABOR	5634	APR-DRG				inpatient					Horizon	NJ Health	16481				16481	19006.46	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG				inpatient					Horizon	NJ Health	4174				4174	4813.52	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG				inpatient					Horizon	NJ Health	4872				4872	5619.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG				inpatient					Horizon	NJ Health	6919				6919	7979.64	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG				inpatient					Horizon	NJ Health	29447				29447	33969.69	case rate	
FALSE LABOR	5651	APR-DRG				inpatient					Horizon	NJ Health	1937				1937	2233.68	case rate	
FALSE LABOR	5652	APR-DRG				inpatient					Horizon	NJ Health	2754				2754	3176.6	case rate	
FALSE LABOR	5653	APR-DRG				inpatient					Horizon	NJ Health	4379				4379	5050.16	case rate	
FALSE LABOR	5654	APR-DRG				inpatient					Horizon	NJ Health	4818				4818	5556.7	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG				inpatient					Horizon	NJ Health	3866				3866	4458.85	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG				inpatient					Horizon	NJ Health	5194				5194	5990.21	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG				inpatient					Horizon	NJ Health	7969				7969	9190.15	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG				inpatient					Horizon	NJ Health	22654				22654	26125.77	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG				inpatient					Horizon	NJ Health	3277				3277	3779.69	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG				inpatient					Horizon	NJ Health	4219				4219	4865.36	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG				inpatient					Horizon	NJ Health	6827				6827	7872.89	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG				inpatient					Horizon	NJ Health	12889				12889	14863.89	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG				inpatient					Horizon	NJ Health	1306				1306	1506.63	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG				inpatient					Horizon	NJ Health	2075				2075	2392.87	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG				inpatient					Horizon	NJ Health	3580				3580	4129.01	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG				inpatient					Horizon	NJ Health	7189				7189	8290.68	case rate	
NEONATE W ECMO	5831	APR-DRG				inpatient					Horizon	NJ Health	113360				113360	130733.76	case rate	
NEONATE W ECMO	5832	APR-DRG				inpatient					Horizon	NJ Health	125955				125955	145259.81	case rate	
NEONATE W ECMO	5833	APR-DRG				inpatient					Horizon	NJ Health	236141				236141	272332.6	case rate	
NEONATE W ECMO	5834	APR-DRG				inpatient					Horizon	NJ Health	353109				353109	407227.93	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG				inpatient					Horizon	NJ Health	111251				111251	128302.22	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG				inpatient					Horizon	NJ Health	123613				123613	142558.08	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG				inpatient					Horizon	NJ Health	252406				252406	291090.14	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG				inpatient					Horizon	NJ Health	337839				337839	389617.99	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG				inpatient					Horizon	NJ Health	195339				195339	225277.33	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG				inpatient					Horizon	NJ Health	137021				137021	158020.9	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG				inpatient					Horizon	NJ Health	98016				98016	113037.75	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG				inpatient					Horizon	NJ Health	3332				3332	3842.11	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG				inpatient					Horizon	NJ Health	116657				116657	134536	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG				inpatient					Horizon	NJ Health	161848				161848	186663.31	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG				inpatient					Horizon	NJ Health	200977				200977	231780.01	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG				inpatient					Horizon	NJ Health	283720				283720	327204.07	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG				inpatient					Horizon	NJ Health	36170				36170	41713.85	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG				inpatient					Horizon	NJ Health	122541				122541	141322.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG				inpatient					Horizon	NJ Health	163204				163204	188217.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG				inpatient					Horizon	NJ Health	233082				233082	268804.6	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG				inpatient					Horizon	NJ Health	53194				53194	61346.65	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG				inpatient					Horizon	NJ Health	97672				97672	112642.03	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG				inpatient					Horizon	NJ Health	129662				129662	149534.14	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG				inpatient					Horizon	NJ Health	179503				179503	207014.05	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG				inpatient					Horizon	NJ Health	31064				31064	35825.24	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG				inpatient					Horizon	NJ Health	71354				71354	82290.28	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG				inpatient					Horizon	NJ Health	106029				106029	122279.85	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG				inpatient					Horizon	NJ Health	184612				184612	212905.82	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG				inpatient					Horizon	NJ Health	48491				48491	55923.02	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG				inpatient					Horizon	NJ Health	75709				75709	87312.35	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG				inpatient					Horizon	NJ Health	102533				102533	118247.89	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG				inpatient					Horizon	NJ Health	143345				143345	165314.34	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG				inpatient					Horizon	NJ Health	32814				32814	37843.25	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG				inpatient					Horizon	NJ Health	61749				61749	71213.1	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG				inpatient					Horizon	NJ Health	91224				91224	105205.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG				inpatient					Horizon	NJ Health	133734				133734	154231.13	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG				inpatient					Horizon	NJ Health	50993				50993	58808.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG				inpatient					Horizon	NJ Health	66227				66227	76377.73	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG				inpatient					Horizon	NJ Health	105656				105656	121848.91	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG				inpatient					Horizon	NJ Health	195917				195917	225944.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG				inpatient					Horizon	NJ Health	28254				28254	32584.83	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG				inpatient					Horizon	NJ Health	45435				45435	52398.77	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG				inpatient					Horizon	NJ Health	73562				73562	84836.19	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG				inpatient					Horizon	NJ Health	115570				115570	133282.14	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG				inpatient					Horizon	NJ Health	34345				34345	39608.29	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG				inpatient					Horizon	NJ Health	52353				52353	60376.43	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG				inpatient					Horizon	NJ Health	72393				72393	83488.44	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG				inpatient					Horizon	NJ Health	111047				111047	128066.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG				inpatient					Horizon	NJ Health	28750				28750	33155.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG				inpatient					Horizon	NJ Health	44527				44527	51361.88	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG				inpatient					Horizon	NJ Health	74032				74032	85378.94	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG				inpatient					Horizon	NJ Health	98704				98704	113832.27	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG				inpatient					Horizon	NJ Health	18872				18872	21764.87	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG				inpatient					Horizon	NJ Health	37688				37688	43464.74	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG				inpatient					Horizon	NJ Health	61814				61814	71287.69	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG				inpatient					Horizon	NJ Health	66120				66120	76253.37	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG				inpatient					Horizon	NJ Health	13210				13210	15234.49	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG				inpatient					Horizon	NJ Health	28589				28589	32970.27	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG				inpatient					Horizon	NJ Health	48152				48152	55531.54	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG				inpatient					Horizon	NJ Health	95209				95209	109801.01	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG				inpatient					Horizon	NJ Health	21358				21358	24631.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG				inpatient					Horizon	NJ Health	31658				31658	36510.25	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG				inpatient					Horizon	NJ Health	46156				46156	53230.09	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG				inpatient					Horizon	NJ Health	73830				73830	85144.96	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG				inpatient					Horizon	NJ Health	16930				16930	19525.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG				inpatient					Horizon	NJ Health	29449				29449	33962.35	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG				inpatient					Horizon	NJ Health	47893				47893	55233.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG				inpatient					Horizon	NJ Health	72839				72839	84002.79	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG				inpatient					Horizon	NJ Health	20144				20144	23231.04	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG				inpatient					Horizon	NJ Health	31478				31478	36302.29	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG				inpatient					Horizon	NJ Health	39290				39290	45312.19	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG				inpatient					Horizon	NJ Health	58073				58073	66972.99	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG				inpatient					Horizon	NJ Health	2002				2002	2309.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG				inpatient					Horizon	NJ Health	4953				4953	5712.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG				inpatient					Horizon	NJ Health	14457				14457	16672.86	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG				inpatient					Horizon	NJ Health	32532				32532	37517.96	case rate							
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG				inpatient					Horizon	NJ Health	30656				30656	35354.91	case rate							
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG				inpatient					Horizon	NJ Health	41677				41677	48064.57	case rate							
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG				inpatient					Horizon	NJ Health	65580				65580	75631.29	case rate							
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG				inpatient					Horizon	NJ Health	150392				150392	173441.29	case rate							
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG				inpatient					Horizon	NJ Health	17213				17213	19850.74	case rate							
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG				inpatient					Horizon	NJ Health	21321				21321	24588.38	case rate							
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG				inpatient					Horizon	NJ Health	47920				47920	55264.12	case rate							
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG				inpatient					Horizon	NJ Health	133513				133513	153975.98	case rate							
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG				inpatient					Horizon	NJ Health	3759				3759	4335.38	case rate							
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG				inpatient					Horizon	NJ Health	10700				10700	12339.75	case rate							
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG				inpatient					Horizon	NJ Health	22723				22723	26206.11	case rate							
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG				inpatient					Horizon	NJ Health	68244				68244	78703.22	case rate							
NEONATE, BIRTHWT >2499G W RESP DIST SYNDJOTH MAJ RESP COND	6341	APR-DRG				inpatient					Horizon	NJ Health	7177				7177	8277.12	case rate							
NEONATE, BIRTHWT >2499G W RESP DIST SYNDJOTH MAJ RESP COND	6342	APR-DRG				inpatient					Horizon	NJ Health	13071				13071	15074.51	case rate							
NEONATE, BIRTHWT >2499G W RESP DIST SYNDJOTH MAJ RESP COND	6343	APR-DRG				inpatient					Horizon	NJ Health	29000				29000	33444.65	case rate							
NEONATE, BIRTHWT >2499G W RESP DIST SYNDJOTH MAJ RESP COND	6344	APR-DRG				inpatient					Horizon	NJ Health	72129				72129	83183.34	case rate							
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG				inpatient					Horizon	NJ Health	9714				9714	11202.63	case rate							
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG				inpatient					Horizon	NJ Health	14489				14489	16710.05	case rate							
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG				inpatient					Horizon	NJ Health	27280				27280	31460.67	case rate							
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG				inpatient					Horizon	NJ Health	56858				56858	65572.42	case rate							
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG				inpatient					Horizon	NJ Health	5617				5617	6477.35	case rate							
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG				inpatient					Horizon	NJ Health	8903				8903	10267.93	case rate							
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG				inpatient					Horizon	NJ Health	17277				17277	19924.55	case rate							
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG				inpatient					Horizon	NJ Health	46822				46822	53998.49	case rate							
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG				inpatient					Horizon	NJ Health	1422				1422	1639.99	case rate							
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG				inpatient					Horizon	NJ Health	2103				2103	2425.8	case rate							
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG				inpatient					Horizon	NJ Health	5114				5114	5897.51	case rate							
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG				inpatient					Horizon	NJ Health	24920				24920	28739.45	case rate							
SPLENECTOMY	6501	APR-DRG				inpatient					Horizon	NJ Health	17505				17505	20187.6	case rate							
SPLENECTOMY	6502	APR-DRG				inpatient					Horizon	NJ Health	25056				25056	28896.58	case rate							
SPLENECTOMY	6503	APR-DRG				inpatient					Horizon	NJ Health	33786				33786	38963.85	case rate							
SPLENECTOMY	6504	APR-DRG				inpatient					Horizon	NJ Health	67643				67643	78010.5	case rate							
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG				inpatient					Horizon	NJ Health	14080				14080	16237.86	case rate							
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG				inpatient					Horizon	NJ Health	19771				19771	22801.38	case rate							
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG				inpatient					Horizon	NJ Health	34893				34893	40240.27	case rate							
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG				inpatient					Horizon	NJ Health	73223				73223	84445.81	case rate							
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG				inpatient					Horizon	NJ Health	10302				10302	11881	case rate							
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG				inpatient					Horizon	NJ Health	10998				10998	12683.23	case rate							
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG				inpatient					Horizon	NJ Health	17681				17681	20391.4	case rate							
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG				inpatient					Horizon	NJ Health	45941				45941	52981.87	case rate							
COAGULATION & PLATELET DISORDERS	6611	APR-DRG				inpatient					Horizon	NJ Health	12664				12664	14604.99	case rate							
COAGULATION & PLATELET DISORDERS	6612	APR-DRG				inpatient					Horizon	NJ Health	14899				14899	17182.16	case rate							
COAGULATION & PLATELET DISORDERS	6613	APR-DRG				inpatient					Horizon	NJ Health	28376				28376	32724.72	case rate							
COAGULATION & PLATELET DISORDERS	6614	APR-DRG				inpatient					Horizon	NJ Health	54122				54122	62416.99	case rate							
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG				inpatient					Horizon	NJ Health	7859				7859	9063.82	case rate							
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG				inpatient					Horizon	NJ Health	10766				10766	12415.72	case rate							
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG				inpatient					Horizon	NJ Health	16681				16681	19238.05	case rate							
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG				inpatient					Horizon	NJ Health	39194				39194	45200.6	case rate							
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG				inpatient					Horizon	NJ Health	6598				6598	7609.72	case rate							
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG				inpatient					Horizon	NJ Health	8330				8330	9607.06	case rate							
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG				inpatient					Horizon	NJ Health	11920				11920	13746.66	case rate							
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG				inpatient					Horizon	NJ Health	22264				22264	25676.43	case rate							
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG				inpatient					Horizon	NJ Health	20594				20594	23750.13	case rate							
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG				inpatient					Horizon	NJ Health	28322				28322	32662.99	case rate							
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG				inpatient					Horizon	NJ Health	48920				48920	56417.77	case rate							
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG				inpatient					Horizon	NJ Health	97850				97850	112846.52	case rate							
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG				inpatient					Horizon	NJ Health	15005				15005	17305.03	case rate							
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG				inpatient					Horizon	NJ Health	20654				20654	23819.09	case rate							
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG				inpatient					Horizon	NJ Health	37958				37958	43775.39	case rate							
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG				inpatient					Horizon	NJ Health	92491				92491	106666.55	case rate							
ACUTE LEUKEMIA	6901	APR-DRG				inpatient					Horizon	NJ Health	17442				17442	20115.39	case rate							
ACUTE LEUKEMIA	6902	APR-DRG				inpatient					Horizon	NJ Health	28798				28798	33211.46	case rate							
ACUTE LEUKEMIA	6903	APR-DRG				inpatient					Horizon	NJ Health	55360				55360	63844.96	case rate							
ACUTE LEUKEMIA	6904	APR-DRG				inpatient					Horizon	NJ Health	105548				105548	121724.84	case rate							
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG				inpatient					Horizon	NJ Health	14775				14775	17039.3	case rate							
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG				inpatient					Horizon	NJ Health	17060				17060	19675.13	case rate							
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG				inpatient					Horizon	NJ Health	26410				26410	30457.7	case rate							
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG				inpatient					Horizon	NJ Health	55547				55547	64080.74	case rate							
RADIOTHERAPY	6921	APR-DRG				inpatient					Horizon	NJ Health	9985				9985	11515.84	case rate							
RADIOTHERAPY	6922	APR-DRG				inpatient					Horizon	NJ Health	20875				20875	24074.43	case rate							
RADIOTHERAPY	6923	APR-DRG				inpatient					Horizon	NJ Health	30562				30562	35245.69	case rate							
RADIOTHERAPY	6924	APR-DRG				inpatient					Horizon	NJ Health	56535				56535	65200.13	case rate							
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG				inpatient					Horizon	NJ Health	9180				9180	10587.07	case rate							
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG				inpatient					Horizon	NJ Health	10818				10818	12475.48	case rate							
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG				inpatient					Horizon	NJ Health	17406				17406	20074.12	case rate							
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG				inpatient					Horizon	NJ Health	33693				33693	38856.8	case rate							
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG				inpatient					Horizon	NJ Health	8356				8356	9636.14	case rate							
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG				inpatient					Horizon	NJ Health	12183				12183	14050.57	case rate							
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG				inpatient					Horizon	NJ Health	31769				31769	36638.26	case rate							
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG				inpatient					Horizon	NJ Health	87626				87626	101055.74	case rate							
OTHER CHEMOTHERAPY	6961	APR-DRG				inpatient					Horizon	NJ Health	11002				11002	12687.79	case rate							
OTHER CHEMOTHERAPY	6962	APR-DRG				inpatient					Horizon	NJ Health	13087				13087	15092.23	case rate							
OTHER CHEMOTHERAPY	6963	APR-DRG				inpatient					Horizon	NJ Health	20535				20535	23681.97	case rate							
OTHER CHEMOTHERAPY	6964	APR-DRG				inpatient					Horizon	NJ Health	48452				48452	55877.99	case rate							
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG				inpatient					Horizon	NJ Health	14659				14659	16905.74	case rate							
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG				inpatient					Horizon	NJ Health	20644				20644	23808.01	case rate							
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG				inpatient					Horizon	NJ Health	35450				35450	40882.73	case rate							
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG				inpatient					Horizon	NJ Health	72442				72442	83544.64	case rate							
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG				inpatient					Horizon	NJ Health	14075				14075	16232.02	case rate							
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG				inpatient					Horizon	NJ Health	19475				19475	22459.47	case rate							
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG				inpatient					Horizon	NJ Health	35254				35254	40657.26	case rate							
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG				inpatient					Horizon	NJ Health	72559				72559	83679.19	case rate							
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG				inpatient					Horizon	NJ Health	7372				7372	8502.29	case rate							
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG				inpatient					Horizon	NJ Health	9895				9895	11411.86	case rate							
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG				inpatient					Horizon	NJ Health	16184				16184	18664.85	case rate							
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG				inpatient					Horizon	NJ Health	35673				35673	41139.95	case rate							
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG				inpatient					Horizon	NJ Health	7747				7747	8934.62	case rate							
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG				inpatient					Horizon	NJ Health	10281				10281	11857.16	case rate							
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG				inpatient					Horizon	NJ Health	17211				17211	19848.46	case rate							
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG				inpatient					Horizon	NJ Health	33602				33602	38752.03	case rate							
FEVER	7221	APR-DRG				inpatient					Horizon	NJ Health	5959				5959	6872.49	case rate							
FEVER	7222	APR-DRG				inpatient					Horizon	NJ Health	7992				7992	9216.77	case rate							
FEVER	7223	APR-DRG				inpatient					Horizon	NJ Health	10880				10880	12547.8	case rate							
FEVER	7224	APR-DRG				inpatient					Horizon	NJ Health	20658				20658	23824.23	case rate							
VIRAL ILLNESS	7231	APR-DRG				inpatient					Horizon	NJ Health	5256				5256	6062.03	case rate							
VIRAL ILLNESS	7232	APR-DRG				inpatient					Horizon	NJ Health	7119				7119	8210.44	case rate							
VIRAL ILLNESS	7233	APR-DRG				inpatient					Horizon	NJ Health	11508				11508	13272.09	case rate							
VIRAL ILLNESS	7234	APR-DRG				inpatient					Horizon	NJ Health	38476				38476	44373.53	case rate							
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG				inpatient					Horizon	NJ Health	9170				9170	10576	case rate							
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG				inpatient					Horizon	NJ Health	10819				10819	12477.07	case rate							
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG				inpatient					Horizon	NJ Health	17052				17052	19665.84	case rate							
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG				inpatient					Horizon	NJ Health	39454				39454	45500.86	case rate							
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG				inpatient					Horizon	NJ Health	17959				17959	20711.74	case rate							
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG				inpatient					Horizon	NJ Health	21614				21614	24926.24	case rate							
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG				inpatient					Horizon	NJ Health	36229				36229	41782.01	case rate							
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG				inpatient					Horizon	NJ Health	72810				72810	83969.65	case rate							
SCHIZOPHRENIA	7501	APR-DRG				inpatient					Horizon	NJ Health	8395				8395	9681.16	case rate							
SCHIZOPHRENIA	7502	APR-DRG				inpatient					Horizon	NJ Health	10060				10060	11601.71	case rate							
SCHIZOPHRENIA	7503	APR-DRG				inpatient					Horizon	NJ Health	14676				14676	16925.43	case rate							
SCHIZOPHRENIA	7504	APR-DRG				inpatient					Horizon	NJ Health	29488				29488	34018.94	case rate							
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG				inpatient					Horizon	NJ Health	5025				5025	5794.82	case rate							
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG				inpatient					Horizon	NJ Health	6966				6966	8034.04	case rate							
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG				inpatient					Horizon	NJ Health	12133				12133	13992	case rate							
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG				inpatient					Horizon	NJ Health	23553				23553	27163.27	case rate							
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG				inpatient					Horizon	NJ Health	4304				4304	4963.9	case rate							
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG				inpatient					Horizon	NJ Health	6111				6111	7047.3	case rate							
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG				inpatient					Horizon	NJ Health	10782				10782	12434.32	case rate							
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG				inpatient					Horizon	NJ Health	11569				11569	13341.93	case rate							
BIPOLAR DISORDERS	7531	APR-DRG				inpatient					Horizon	NJ Health	5466				5466	6303.53	case rate							
BIPOLAR DISORDERS	7532	APR-DRG				inpatient					Horizon	NJ Health	7399				7399	8532.66	case rate							
BIPOLAR DISORDERS	7533	APR-DRG				inpatient					Horizon	NJ Health	12030				12030	13873.78	case rate							
BIPOLAR DISORDERS	7534	APR-DRG				inpatient					Horizon	NJ Health	24157				24157	27859.55	case rate							
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG				inpatient					Horizon	NJ Health	4019				4019	4635.14	case rate							
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG				inpatient					Horizon	NJ Health	5383				5383	6208.36	case rate							
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG				inpatient					Horizon	NJ Health	8383				8383	9667.81	case rate							
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG				inpatient					Horizon	NJ Health	17520				17520	20205.12	case rate							
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG				inpatient					Horizon	NJ Health	3619				3619	4173.63	case rate							
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG				inpatient					Horizon	NJ Health	5933				5933	6842.41	case rate							
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG				inpatient					Horizon	NJ Health	8522				8522	9827.58	case rate							
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG				inpatient					Horizon	NJ Health	12858				12858	14828.87	case rate							
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG				inpatient					Horizon	NJ Health	5872				5872	6772.47	case rate							
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG				inpatient					Horizon	NJ Health	7405				7405	8539.59	case rate							
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG				inpatient					Horizon	NJ Health	9041				9041	10426.11	case rate							
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG				inpatient					Horizon	NJ Health	23735				23735	27372.91	case rate							
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG				inpatient					Horizon	NJ Health	8677				8677	10007.34	case rate							
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG				inpatient					Horizon	NJ Health	9994				9994	11526.24	case rate							
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG				inpatient					Horizon	NJ Health	12866				12866	14837.57	case rate							

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG				inpatient					Horizon	NJ Health	27248				27248	31424.66	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG				inpatient					Horizon	NJ Health	5731				5731	6609.73	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG				inpatient					Horizon	NJ Health	6812				6812	7855.77	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG				inpatient					Horizon	NJ Health	11420				11420	13170.38	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG				inpatient					Horizon	NJ Health	15093				15093	17405.74	case rate	
EATING DISORDERS	7591	APR-DRG				inpatient					Horizon	NJ Health	18259				18259	21057.61	case rate	
EATING DISORDERS	7592	APR-DRG				inpatient					Horizon	NJ Health	19176				19176	22115.39	case rate	
EATING DISORDERS	7593	APR-DRG				inpatient					Horizon	NJ Health	21488				21488	24781.89	case rate	
EATING DISORDERS	7594	APR-DRG				inpatient					Horizon	NJ Health	37236				37236	42943.47	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG				inpatient					Horizon	NJ Health	7148				7148	8243.58	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG				inpatient					Horizon	NJ Health	9284				9284	10706.39	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG				inpatient					Horizon	NJ Health	14003				14003	16149.01	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG				inpatient					Horizon	NJ Health	26995				26995	31132.71	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG				inpatient					Horizon	NJ Health	3199				3199	3689.66	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG				inpatient					Horizon	NJ Health	4195				4195	4837.56	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG				inpatient					Horizon	NJ Health	8660				8660	9987.55	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG				inpatient					Horizon	NJ Health	25875				25875	29840.67	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG				inpatient					Horizon	NJ Health	8030				8030	9260.4	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG				inpatient					Horizon	NJ Health	9427				9427	10872.39	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG				inpatient					Horizon	NJ Health	11082				11082	12779.9	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG				inpatient					Horizon	NJ Health	34376				34376	39644.9	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG				inpatient					Horizon	NJ Health	3797				3797	4379.31	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG				inpatient					Horizon	NJ Health	4856				4856	5600.13	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG				inpatient					Horizon	NJ Health	9840				9840	11348.25	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG				inpatient					Horizon	NJ Health	31142				31142	35914.67	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG				inpatient					Horizon	NJ Health	4807				4807	5543.74	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG				inpatient					Horizon	NJ Health	4993				4993	5758.12	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG				inpatient					Horizon	NJ Health	9615				9615	11089.05	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG				inpatient					Horizon	NJ Health	35185				35185	40577.43	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG				inpatient					Horizon	NJ Health	4663				4663	5378.12	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG				inpatient					Horizon	NJ Health	6649				6649	7667.7	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG				inpatient					Horizon	NJ Health	12659				12659	14599.06	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG				inpatient					Horizon	NJ Health	36269				36269	41827.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG				inpatient					Horizon	NJ Health	4430				4430	5109.13	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG				inpatient					Horizon	NJ Health	6141				6141	7081.72	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG				inpatient					Horizon	NJ Health	10821				10821	12479.05	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG				inpatient					Horizon	NJ Health	24958				24958	28782.78	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG				inpatient					Horizon	NJ Health	13059				13059	15060.27	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG				inpatient					Horizon	NJ Health	19172				19172	22109.95	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG				inpatient					Horizon	NJ Health	30926				30926	35666.25	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG				inpatient					Horizon	NJ Health	67573				67573	77930.07	case rate	
ALLERGIC REACTIONS	8111	APR-DRG				inpatient					Horizon	NJ Health	4113				4113	4742.88	case rate	
ALLERGIC REACTIONS	8112	APR-DRG				inpatient					Horizon	NJ Health	5938				5938	6848.65	case rate	
ALLERGIC REACTIONS	8113	APR-DRG				inpatient					Horizon	NJ Health	13002				13002	14994.87	case rate	
ALLERGIC REACTIONS	8114	APR-DRG				inpatient					Horizon	NJ Health	31154				31154	35928.52	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG				inpatient					Horizon	NJ Health	4712				4712	5433.72	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG				inpatient					Horizon	NJ Health	6001				6001	6921.16	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG				inpatient					Horizon	NJ Health	10651				10651	12283.55	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG				inpatient					Horizon	NJ Health	24975				24975	28802.37	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG				inpatient					Horizon	NJ Health	6844				6844	7892.38	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG				inpatient					Horizon	NJ Health	9020				9020	10402.07	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG				inpatient					Horizon	NJ Health	13890				13890	16018.82	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG				inpatient					Horizon	NJ Health	30552				30552	35234.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG				inpatient					Horizon	NJ Health	6705				6705	7732.2	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG				inpatient					Horizon	NJ Health	7121				7121	8212.32	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG				inpatient					Horizon	NJ Health	12125				12125	13983.6	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG				inpatient					Horizon	NJ Health	38719				38719	44653.21	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG				inpatient					Horizon	NJ Health	7032				7032	8110.32	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG				inpatient					Horizon	NJ Health	7814				7814	9011.49	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG				inpatient					Horizon	NJ Health	11314				11314	13047.8	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG				inpatient					Horizon	NJ Health	25929				25929	29903.19	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG				inpatient					Horizon	NJ Health	66333				66333	76499.02	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG				inpatient					Horizon	NJ Health	67479				67479	77820.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG				inpatient					Horizon	NJ Health	103839				103839	119753.63	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG				inpatient					Horizon	NJ Health	268653				268653	309827.21	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG				inpatient					Horizon	NJ Health	20631				20631	23792.97	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG				inpatient					Horizon	NJ Health	30935				30935	35676.15	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG				inpatient					Horizon	NJ Health	59192				59192	68263.75	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG				inpatient					Horizon	NJ Health	140789				140789	162367.17	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG				inpatient					Horizon	NJ Health	10139				10139	11692.44	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG				inpatient					Horizon	NJ Health	13967				13967	16130.91	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG				inpatient					Horizon	NJ Health	25544				25544	29459.08	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG				inpatient					Horizon	NJ Health	68913				68913	79474.79	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG				inpatient					Horizon	NJ Health	6777				6777	7815.4	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG				inpatient					Horizon	NJ Health	10220				10220	11786.62	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG				inpatient					Horizon	NJ Health	20807				20807	23995.38	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG				inpatient					Horizon	NJ Health	58881				58881	67904.92	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG				inpatient					Horizon	NJ Health	20917				20917	24122.41	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG				inpatient					Horizon	NJ Health	26269				26269	30295.55	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG				inpatient					Horizon	NJ Health	36091				36091	41622.54	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG				inpatient					Horizon	NJ Health	65967				65967	76077.08	case rate	
REHABILITATION	8601	APR-DRG				inpatient					Horizon	NJ Health	11462				11462	13218.56	case rate	
REHABILITATION	8602	APR-DRG				inpatient					Horizon	NJ Health	15526				15526	17905.84	case rate	
REHABILITATION	8603	APR-DRG				inpatient					Horizon	NJ Health	21381				21381	24657.83	case rate	
REHABILITATION	8604	APR-DRG				inpatient					Horizon	NJ Health	28803				28803	33217.2	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG				inpatient					Horizon	NJ Health	5885				5885	6786.91	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG				inpatient					Horizon	NJ Health	7697				7697	8876.55	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG				inpatient					Horizon	NJ Health	11003				11003	12689.76	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG				inpatient					Horizon	NJ Health	23161				23161	26710.76	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG				inpatient					Horizon	NJ Health	5692				5692	6564.51	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG				inpatient					Horizon	NJ Health	8846				8846	10201.44	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG				inpatient					Horizon	NJ Health	12900				12900	14877.14	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG				inpatient					Horizon	NJ Health	21139				21139	24379.23	case rate	
NEONATAL AFTERCARE	8631	APR-DRG				inpatient					Horizon	NJ Health	10578				10578	12199.17	case rate	
NEONATAL AFTERCARE	8632	APR-DRG				inpatient					Horizon	NJ Health	29930				29930	34482.04	case rate	
NEONATAL AFTERCARE	8633	APR-DRG				inpatient					Horizon	NJ Health	53525				53525	61729.01	case rate	
NEONATAL AFTERCARE	8634	APR-DRG				inpatient					Horizon	NJ Health	127878				127878	147476.97	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG				inpatient					Horizon	NJ Health	12609				12609	14541.38	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG				inpatient					Horizon	NJ Health	14685				14685	16935.42	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG				inpatient					Horizon	NJ Health	23355				23355	26934.35	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG				inpatient					Horizon	NJ Health	47032				47032	54239.99	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG				inpatient					Horizon	NJ Health	9818				9818	11323.22	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG				inpatient					Horizon	NJ Health	12986				12986	14975.88	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG				inpatient					Horizon	NJ Health	17015				17015	19623.1	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG				inpatient					Horizon	NJ Health	33024				33024	38085.24	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG				inpatient					Horizon	NJ Health	11685				11685	13475.78	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG				inpatient					Horizon	NJ Health	13286				13286	15322.34	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG				inpatient					Horizon	NJ Health	20267				20267	23372.81	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG				inpatient					Horizon	NJ Health	40668				40668	46900.64	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG				inpatient					Horizon	NJ Health	9005				9005	10385.36	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG				inpatient					Horizon	NJ Health	10825				10825	12484.38	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG				inpatient					Horizon	NJ Health	15472				15472	17843.32	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG				inpatient					Horizon	NJ Health	22157				22157	25552.67	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG				inpatient					Horizon	NJ Health	42214				42214	48683.39	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG				inpatient					Horizon	NJ Health	50066				50066	57739.3	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG				inpatient					Horizon	NJ Health	65302				65302	75310.65	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG				inpatient					Horizon	NJ Health	134896				134896	155570.95	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG				inpatient					Horizon	NJ Health	23226				23226	26785.95	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG				inpatient					Horizon	NJ Health	30528				30528	35207.41	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG				inpatient					Horizon	NJ Health	41490				41490	47848.1	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG				inpatient					Horizon	NJ Health	98798				98798	113939.71	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG				inpatient					Horizon	NJ Health	28082				28082	32385.58	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG				inpatient					Horizon	NJ Health	30919				30919	35657.94	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG				inpatient					Horizon	NJ Health	50977				50977	58789.56	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG				inpatient					Horizon	NJ Health	98253				98253	113311.7	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG				inpatient					Horizon	NJ Health	10682				10682	12318.78	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG				inpatient					Horizon	NJ Health	14370				14370	16572.83	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG				inpatient					Horizon	NJ Health	22641				22641	26110.54	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG				inpatient					Horizon	NJ Health	59938				59938	69123.87	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG				inpatient					Horizon	NJ Health	20225				20225	23324.33	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG				inpatient					Horizon	NJ Health	29698				29698	34249.06	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG				inpatient					Horizon	NJ Health	46167				46167	53242.16	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG				inpatient					Horizon	NJ Health	87954				87954	101433.66	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG				inpatient					Horizon	NJ Health	14362				14362	16563.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG				inpatient					Horizon	NJ Health	20515				20515	23658.72	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG				inpatient					Horizon	NJ Health	33694				33694	38857.7	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG				inpatient					Horizon	NJ Health	64403				64403	74273.16	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG				inpatient					Horizon	NJ Health	11428				11428	13179.88	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG				inpatient					Horizon	NJ Health	17006				17006	19612.71	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG				inpatient					Horizon	NJ Health	28868				28868	33292.89	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG				inpatient					Horizon	NJ Health	54759				54759	63152.05	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG				inpatient					UHC	Medicaid	110502.94				63733.78	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG				inpatient					UHC	Medicaid	117004.96				48470.93	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG				inpatient					UHC	Medicaid	137527.14				31300.53	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG				inpatient					UHC	Medicaid	243996.45				154752.17	466145.35	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG				inpatient					UHC	Medicaid	133511.38				63084.15	308373.74	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG				inpatient					UHC	Medicaid	172105.3				32623.42	201178.6	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG				inpatient					UHC	Medicaid	208816.2				67385.9	213020.69	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG				inpatient					UHC	Medicaid	326074.3				44903.86	335856.53	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG				inpatient					UHC	Medicaid	86659.93				49497.36	163162.38	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG				inpatient					UHC	Medicaid	107098.25				25224.68	110311.2	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG				inpatient					UHC	Medicaid	176129.9				18845.28	181413.8	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG				inpatient					UHC	Medicaid	290227.03				45931.46	298933.84	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG				inpatient					UHC	Medicaid	78262.64				26672.77	91994.11	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG				inpatient					UHC	Medicaid	106478.05				20759.93	109672.39	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG				inpatient					UHC	Medicaid	154460.69				137952	159094.51	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG				inpatient					UHC	Medicaid	222231.1				198478	228888.03	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG				inpatient					UHC	Medicaid	75173.09				67138	77428.28	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG				inpatient					UHC	Medicaid	83525.71				23770.68	86031.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG				inpatient					UHC	Medicaid	102220.92				10883.13	105287.55	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG				inpatient					UHC	Medicaid	149302.31				17706.65	153781.38	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG				inpatient					UHC	Medicaid	90002.28				31931.26	111080.23	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG				inpatient					UHC	Medicaid	126545.34				21035.14	130341.7	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG				inpatient					UHC	Medicaid	141491.22				16592.82	145735.96	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG				inpatient					UHC	Medicaid	223883.45				23495.48	230599.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG				inpatient					UHC	Medicaid	29000.33				7997.58	29870.34	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG				inpatient					UHC	Medicaid	40233.31				11418.2	41440.31	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG				inpatient					UHC	Medicaid	52793.21				8227.9	54377.01	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG				inpatient					UHC	Medicaid	100575.48				9579.14	103592.74	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG				inpatient					UHC	Medicaid	32013.14				28591	32973.53	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG				inpatient					UHC	Medicaid	41940.31				37458	194695.78	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG				inpatient					UHC	Medicaid	64273.7				57404	66201.91	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG				inpatient					UHC	Medicaid	112372.27				100362	115743.44	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG				inpatient					UHC	Medicaid	19257				17199	179720.85	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG				inpatient					UHC	Medicaid	24474.64				21859	25208.88	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG				inpatient					UHC	Medicaid	41501.36				37086	42746.4	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG				inpatient					UHC	Medicaid	98413.97				87895	101366.39	case rate	
SPINAL PROCEDURES	0231	APR-DRG				inpatient					UHC	Medicaid	21748.16				19424	327615.89	case rate	
SPINAL PROCEDURES	0232	APR-DRG				inpatient					UHC	Medicaid	31160.6				27830	240298.72	case rate	
SPINAL PROCEDURES	0233	APR-DRG				inpatient					UHC	Medicaid	60204.25				53769	297923.76	case rate	
SPINAL PROCEDURES	0234	APR-DRG				inpatient					UHC	Medicaid	107527.21				62839.65	200776.83	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG				inpatient					UHC	Medicaid	17420.91				15559	62255.17	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG				inpatient					UHC	Medicaid	22984.23				20528	145765.26	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG				inpatient					UHC	Medicaid	44969.35				19748	99635.58	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG				inpatient					UHC	Medicaid	95454.47				19748	98318.1	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG				inpatient					UHC	Medicaid	19950.2				12982	77694.14	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG				inpatient					UHC	Medicaid	26336.19				12982	63616.52	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG				inpatient					UHC	Medicaid	37742.15				31679.68	93312.55	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG				inpatient					UHC	Medicaid	79483.34				41282.44	123207.51	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG				inpatient					UHC	Medicaid	15186.21				13563	18641.8	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG				inpatient					UHC	Medicaid	17230.44				15389	17747.35	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG				inpatient					UHC	Medicaid	24592.88				21964	25330.67	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG				inpatient					UHC	Medicaid	63593.96				56797	65501.78	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG				inpatient					UHC	Medicaid	11736.76				10482	155963.89	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG				inpatient					UHC	Medicaid	13040.83				11647	92910.77	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG				inpatient					UHC	Medicaid	17812.31				15908	65773.6	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG				inpatient					UHC	Medicaid	31652.85				28270	139535.84	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG				inpatient					UHC	Medicaid	9240.8				8253	69397.35	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG				inpatient					UHC	Medicaid	11501.34				10272	58806.95	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG				inpatient					UHC	Medicaid	17934.01				16017	153921.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG				inpatient					UHC	Medicaid	48228.81				26969.24	85468.24	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG				inpatient					UHC	Medicaid	12138.63				10841	12592.79	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG				inpatient					UHC	Medicaid	15555.33				13893	71226.78	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG				inpatient					UHC	Medicaid	24863.16				12635.96	40095.3	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG				inpatient					UHC	Medicaid	55481.27				8226.72	57145.71	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG				inpatient					UHC	Medicaid	13187.98				11778	72443.8	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG				inpatient					UHC	Medicaid	16981.38				11412.29	36623.67	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG				inpatient					UHC	Medicaid	25076.49				8299.96	27141.07	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG				inpatient					UHC	Medicaid	52124.8				19895.32	62836.38	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG				inpatient					UHC	Medicaid	11334.79				10123	11674.83	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG				inpatient					UHC	Medicaid	13757.46				12287	14170.18	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG				inpatient					UHC	Medicaid	19836.76				17717	370445.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG				inpatient					UHC	Medicaid	41292.45				36879	247179.56	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG				inpatient					UHC	Medicaid	11103.3				9917	174848.88	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG				inpatient					UHC	Medicaid	12669.5				11315	124592.26	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG				inpatient					UHC	Medicaid	17641.54				15756	200180.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG				inpatient					UHC	Medicaid	43812.42				34827.45	114836.61	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG				inpatient					UHC	Medicaid	9273.36				8282	195452.37	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG				inpatient					UHC	Medicaid	10066.73				8991	114945.83	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG				inpatient					UHC	Medicaid	12573.06				11229	92559.71	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG				inpatient					UHC	Medicaid	24992.54				22321	148035.47	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG				inpatient					UHC	Medicaid	9360.28				8360	80444.14	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG				inpatient					UHC	Medicaid	10508.47				9385	64927.15	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG				inpatient					UHC	Medicaid	14660.33				13093	92973.18	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG				inpatient					UHC	Medicaid	36336.26				32453	37426.35	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG				inpatient					UHC	Medicaid	14152.9				12640	14577.49	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG				inpatient					UHC	Medicaid	30939.59				27633	132353.23	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG				inpatient					UHC	Medicaid	38368.88				28399.46	87613.62	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG				inpatient					UHC	Medicaid	70587.85				22269.44	72705.49	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG				inpatient					UHC	Medicaid	9966.93				8902	65820.41	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG				inpatient					UHC	Medicaid	18598.29				16503.06	50361.94	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG				inpatient					UHC	Medicaid	30898.98				27418	99943.74	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG				inpatient					UHC	Medicaid	63464.58				20729.22	67462.61	case rate	
VIRAL MENINGITIS	0511	APR-DRG				inpatient					UHC	Medicaid	8571.61				7655	72057.63	case rate	
VIRAL MENINGITIS	0512	APR-DRG				inpatient					UHC	Medicaid	11829.29				10564	59372.55	case rate	
VIRAL MENINGITIS	0513	APR-DRG				inpatient					UHC	Medicaid	20731.57				17783.42	63955.88	case rate	
VIRAL MENINGITIS	0514	APR-DRG				inpatient					UHC	Medicaid	42276.1				12043.03	43544.38	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG				inpatient					UHC	Medicaid	8612.63				7692	52091.52	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG				inpatient					UHC	Medicaid	10080.75				9003	37675.96	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG				inpatient					UHC	Medicaid	13584.95				12133	13992.5	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG				inpatient					UHC	Medicaid	34788.41				31070	35832.06	case rate	
SEIZURE	0531	APR-DRG				inpatient					UHC	Medicaid	8060.91				7199	8302.74	case rate	
SEIZURE	0532	APR-DRG				inpatient					UHC	Medicaid	9569.09				8546	9856.16	case rate	
SEIZURE	0533	APR-DRG				inpatient					UHC	Medicaid	14310.04				12781	59700.21	case rate	
SEIZURE	0534	APR-DRG				inpatient					UHC	Medicaid	36016.8				9614.58	37097.3	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG				inpatient					UHC	Medicaid	8647.69				7723	34431.48	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG				inpatient					UHC	Medicaid	9967.99				8903	71199.48	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG				inpatient					UHC	Medicaid	12192.03				10889	41835.01	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG				inpatient					UHC	Medicaid	23038.02				8925.97	31143.19	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG				inpatient					UHC	Medicaid	10261.62				9165	62083.54	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG				inpatient					UHC	Medicaid	13684.27				11383.94	35145.31	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG				inpatient					UHC	Medicaid	21880.04				15425.85	48275.06	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG				inpatient					UHC	Medicaid	49250.69				9857.89	50728.21	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG				inpatient					UHC	Medicaid	10313.87				9211	29493.19	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG				inpatient					UHC	Medicaid	14003.92				12507	54925.76	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG				inpatient					UHC	Medicaid	23171.24				10557.14	32691.77	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG				inpatient					UHC	Medicaid	56489.8				18534.64	61326.81	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG				inpatient					UHC	Medicaid	10164.51				9078	66425.02	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG				inpatient					UHC	Medicaid	12765.36				11401	45973.65	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG				inpatient					UHC	Medicaid	18016.71				16091	204845.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG				inpatient					UHC	Medicaid	41275.16				36864	119811.42	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG				inpatient					UHC	Medicaid	9639.69				8609	48228.25	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG				inpatient					UHC	Medicaid	11969.02				10681	61221.49	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG				inpatient					UHC	Medicaid	16460.6				14701	53755.55	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG				inpatient					UHC	Medicaid	37984.87				24182.91	72997.7	case rate	
ORBITAL PROCEDURES	0701	APR-DRG				inpatient					UHC	Medicaid	14889.7				13298	15336.39	case rate	
ORBITAL PROCEDURES	0702	APR-DRG				inpatient					UHC	Medicaid	20577.5				18378	21194.83	case rate	
ORBITAL PROCEDURES	0703	APR-DRG				inpatient					UHC	Medicaid	33750.01				30143	34762.51	case rate	
ORBITAL PROCEDURES	0704	APR-DRG				inpatient					UHC	Medicaid	83885.06				74741	86195.61	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG				inpatient					UHC	Medicaid	12877.74				11501	13264.07	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG				inpatient					UHC	Medicaid	15221.94				13595	15678.6	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG				inpatient					UHC	Medicaid	25440.71				22722	26203.93	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG				inpatient					UHC	Medicaid	55011.39				24837.26	89946.24	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG				inpatient					UHC	Medicaid	6692.39				5977	60706.59	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG				inpatient					UHC	Medicaid	9180.19				8199	130564.23	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG				inpatient					UHC	Medicaid	14979.89				13379	67173.95	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG				inpatient					UHC	Medicaid	25678.34				13058.82	47998.11	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG				inpatient					UHC	Medicaid	7802.73				6969	93394.46	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG				inpatient					UHC	Medicaid	9765.23				8721	47190.67	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG				inpatient					UHC	Medicaid	14048.01				12547	176491.07	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG				inpatient					UHC	Medicaid	25362.53				22652	85596.96	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG				inpatient					UHC	Medicaid	25360.22				22650	26121.03	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG				inpatient					UHC	Medicaid	32980.94				29456	33970.37	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG				inpatient					UHC	Medicaid	55121.27				49230	56774.91	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG				inpatient					UHC	Medicaid	98380.54				2090	101331.96	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG				inpatient					UHC	Medicaid	14694.52				13124	174162.35	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG				inpatient					UHC	Medicaid	38308.56				22413.54	74909.04	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG				inpatient					UHC	Medicaid	58671.87				14399.42	60432.03	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG				inpatient					UHC	Medicaid	113639.75				45605.46	125836.58	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG				inpatient					UHC	Medicaid	21484.98				19189	22129.53	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG				inpatient					UHC	Medicaid	32533.9				29074	33530.52	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG				inpatient					UHC	Medicaid	55828.68				19114.58	57503.54	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG				inpatient					UHC	Medicaid	88130.84				10824.08	90774.77	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG				inpatient					UHC	Medicaid	17742.68				8122.78	27562.35	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG				inpatient					UHC	Medicaid	24733.11				19964.38	60788.51	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG				inpatient					UHC	Medicaid	39075.9				12046.57	40248.18	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG				inpatient					UHC	Medicaid	77663.49				69354	79983.09	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG				inpatient					UHC	Medicaid	17631.07				15747	18160	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG				inpatient					UHC	Medicaid	21725.2				19403	22376.96	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG				inpatient					UHC	Medicaid	37304.93				33318	111571.72	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG				inpatient					UHC	Medicaid	60544.08				25345.16	71519.33	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG				inpatient					UHC	Medicaid	11932.6				6697.13	31143.19	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG				inpatient					UHC	Medicaid	13857.83				12377	14273.56	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG				inpatient					UHC	Medicaid	21239.38				18969	21876.56	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG				inpatient					UHC	Medicaid	43833.94				39149	45148.96	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG				inpatient					UHC	Medicaid	7219.13				6448	7435.7	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG				inpatient					UHC	Medicaid	11081.98				9898	11414.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG				inpatient					UHC	Medicaid	21534.45				19233	22180.48	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG				inpatient					UHC	Medicaid	72753.21				35271.56	106216.06	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG				inpatient					UHC	Medicaid	12654.42				11302	170480.09	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG				inpatient					UHC	Medicaid	16683.92				14901	95680.27	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG				inpatient					UHC	Medicaid	26850.73				19703.98	61205.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG				inpatient					UHC	Medicaid	56004.07				50018	57684.19	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG				inpatient					UHC	Medicaid	9910.55				8851	10207.87	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG				inpatient					UHC	Medicaid	12724.44				11364	13106.17	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG				inpatient					UHC	Medicaid	20574.14				18375	21191.36	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG				inpatient					UHC	Medicaid	37645.71				33622	38775.08	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG				inpatient					UHC	Medicaid	8081.85				7218	8324.31	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG				inpatient					UHC	Medicaid	8961.19				8003	9230.03	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG				inpatient					UHC	Medicaid	11231.72				10031	11568.67	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG				inpatient					UHC	Medicaid	23522.78				21009	24228.46	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG				inpatient					UHC	Medicaid	4870.32				4350	5016.43	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG				inpatient					UHC	Medicaid	7095.99				6338	7308.87	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG				inpatient					UHC	Medicaid	11041.35				9861	11372.59	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG				inpatient					UHC	Medicaid	23278.14				20790	23976.48	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG				inpatient					UHC	Medicaid	7036.44				6284	7247.53	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG				inpatient					UHC	Medicaid	9861.38				8807	10157.22	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG				inpatient					UHC	Medicaid	16554.15				14785	17050.77	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG				inpatient					UHC	Medicaid	34522.93				30833	35558.62	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG				inpatient					UHC	Medicaid	7229.12				6456	7445.99	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG				inpatient					UHC	Medicaid	9624.04				8595	9912.76	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG				inpatient					UHC	Medicaid	14378.13				12841	14809.47	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG				inpatient					UHC	Medicaid	29508.25				26354	30393.5	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG				inpatient					UHC	Medicaid	27461.8				24527	28285.65	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG				inpatient					UHC	Medicaid	33263.52				29708	34261.43	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG				inpatient					UHC	Medicaid	48437.62				43260	49890.75	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG				inpatient					UHC	Medicaid	83526.48				74599	86032.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG				inpatient					UHC	Medicaid	18595.41				16608	19153.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG				inpatient					UHC	Medicaid	24087.08				21513	24809.69	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG				inpatient					UHC	Medicaid	37851.93				33806	38987.49	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG				inpatient					UHC	Medicaid	72344.22				64612	74514.55	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG				inpatient					UHC	Medicaid	41881.05				37405	43137.48	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG				inpatient					UHC	Medicaid	46468.5				41502	47862.56	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG				inpatient					UHC	Medicaid	57557.01				51405	59283.72	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG				inpatient					UHC	Medicaid	79048.62				70600	81420.08	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG				inpatient					UHC	Medicaid	21119.84				18862	21752.41	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG				inpatient					UHC	Medicaid	26061.29				23276	26843.13	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG				inpatient					UHC	Medicaid	33817.35				30203	34831.87	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG				inpatient					UHC	Medicaid	43496.61				38848	44801.51	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG				inpatient					UHC	Medicaid	8357.71				7464	8608.44	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG				inpatient					UHC	Medicaid	9335.31				8338	9615.37	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG				inpatient					UHC	Medicaid	14429.43				12887	14862.31	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG				inpatient					UHC	Medicaid	24023.21				21456	24743.91	case rate	
RESPIRATORY FAILURE	1331	APR-DRG				inpatient					UHC	Medicaid	6212.33				5548	6398.7	case rate	
RESPIRATORY FAILURE	1332	APR-DRG				inpatient					UHC	Medicaid	10865.77				9704	11191.74	case rate	
RESPIRATORY FAILURE	1333	APR-DRG				inpatient					UHC	Medicaid	16507.86				14743	17003.1	case rate	
RESPIRATORY FAILURE	1334	APR-DRG				inpatient					UHC	Medicaid	30070.14				26856	30972.24	case rate	
PULMONARY EMBOLISM	1341	APR-DRG				inpatient					UHC	Medicaid	9874.15				8819	10170.37	case rate	
PULMONARY EMBOLISM	1342	APR-DRG				inpatient					UHC	Medicaid	12811.17				11442	13195.51	case rate	
PULMONARY EMBOLISM	1343	APR-DRG				inpatient					UHC	Medicaid	16700.78				16702	19261.8	case rate	
PULMONARY EMBOLISM	1344	APR-DRG				inpatient					UHC	Medicaid	32450.94				28982	33424.47	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG				inpatient					UHC	Medicaid	10347.29				9241	10657.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG				inpatient					UHC	Medicaid	12973.59				11587	13362.8	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG				inpatient					UHC	Medicaid	18934.66				16911	19502.7	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG				inpatient					UHC	Medicaid	35714.05				31897	36785.47	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG				inpatient					UHC	Medicaid	10594.81				9462	10912.65	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG				inpatient					UHC	Medicaid	13460.18				12022	13863.99	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG				inpatient					UHC	Medicaid	20398.6				18193	20969.36	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG				inpatient					UHC	Medicaid	33009.56				29481	33999.85	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG				inpatient					UHC	Medicaid	9686.76				8651	9977.36	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG				inpatient					UHC	Medicaid	12516.59				11179	12892.09	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG				inpatient					UHC	Medicaid	18591.57				16604	19149.32	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG				inpatient					UHC	Medicaid	31475.45				28111	32419.71	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG				inpatient					UHC	Medicaid	4501.39				4020	4636.43	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG				inpatient					UHC	Medicaid	6813.42				6085	7017.82	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG				inpatient					UHC	Medicaid	16308.65				14566	16797.91	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG				inpatient					UHC	Medicaid	40547.1				36213	41763.51	case rate	
OTHER PNEUMONIA	1391	APR-DRG				inpatient					UHC	Medicaid	6615.65				5909	6814.12	case rate	
OTHER PNEUMONIA	1392	APR-DRG				inpatient					UHC	Medicaid	9292.09				8299	9570.85	case rate	
OTHER PNEUMONIA	1393	APR-DRG				inpatient					UHC	Medicaid	14600.2				13040	15038.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG				inpatient					UHC	Medicaid	28086.9				25085	28929.51	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG				inpatient					UHC	Medicaid	7666.53				6847	7896.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG				inpatient					UHC	Medicaid	9572.07				8549	9859.23	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG				inpatient					UHC	Medicaid	13065.03				11669	13456.98	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG				inpatient					UHC	Medicaid	25383.76				22671	26145.27	case rate	
ASTHMA	1411	APR-DRG				inpatient					UHC	Medicaid	5872.99				5245	6049.18	case rate	
ASTHMA	1412	APR-DRG				inpatient					UHC	Medicaid	8417.45				7518	8669.97	case rate	
ASTHMA	1413	APR-DRG				inpatient					UHC	Medicaid	12063.61				10774	12425.52	case rate	
ASTHMA	1414	APR-DRG				inpatient					UHC	Medicaid	22808.55				20371	23492.81	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG				inpatient					UHC	Medicaid	9838.13				8787	10133.27	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG				inpatient					UHC	Medicaid	11964.97				10686	12323.92	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG				inpatient					UHC	Medicaid	17313.04				15463	17832.43	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG				inpatient					UHC	Medicaid	30639.33				27365	31558.51	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG				inpatient					UHC	Medicaid	7313.45				6532	7532.85	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG				inpatient					UHC	Medicaid	10735.72				9588	11057.79	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG				inpatient					UHC	Medicaid	16523.42				14757	17019.12	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG				inpatient					UHC	Medicaid	28157.97				25148	29002.71	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG				inpatient					UHC	Medicaid	7163.61				6398	7378.52	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG				inpatient					UHC	Medicaid	8675.44				7748	8935.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG				inpatient					UHC	Medicaid	12262.34				10952	12630.21	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG				inpatient					UHC	Medicaid	21507.84				19209	22153.08	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG				inpatient					UHC	Medicaid	45962.79				41050	47341.67	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG				inpatient					UHC	Medicaid	53621.84				47891	55230.5	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG				inpatient					UHC	Medicaid	81191.12				72513	83626.85	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG				inpatient					UHC	Medicaid	180815.22				161489	186239.68	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG				inpatient					UHC	Medicaid	62225.91				55575	64092.69	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG				inpatient					UHC	Medicaid	80333.48				71747	82743.48	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG				inpatient					UHC	Medicaid	129197.28				115388	133073.2	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG				inpatient					UHC	Medicaid	310009.62				276875	319309.91	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG				inpatient					UHC	Medicaid	66670.64				59545	68670.76	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG				inpatient					UHC	Medicaid	73996.38				66087	76216.27	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG				inpatient					UHC	Medicaid	97929.11				87462	100866.98	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG				inpatient					UHC	Medicaid	154027.69				137595	158648.52	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG				inpatient					UHC	Medicaid	55013.31				49133	56663.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG				inpatient					UHC	Medicaid	63210.52				56454	65106.84	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG				inpatient					UHC	Medicaid	81062.51				72398	83494.39	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG				inpatient					UHC	Medicaid	130812.68				116852	134531.06	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG				inpatient					UHC	Medicaid	57603.6				51447	59331.71	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG				inpatient					UHC	Medicaid	61950.63				55329	63809.15	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG				inpatient					UHC	Medicaid	78761.62				70343	81124.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG				inpatient					UHC	Medicaid	117247.78				104716	120765.21	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG				inpatient					UHC	Medicaid	47624.85				42535	49053.6	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG				inpatient					UHC	Medicaid	53971.84				48203	55591	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG				inpatient					UHC	Medicaid	67414.93				60209	69437.38	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG				inpatient					UHC	Medicaid	102591.86				91627	105669.62	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG				inpatient					UHC	Medicaid	44734.02				39953	46076.04	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG				inpatient					UHC	Medicaid	49862.34				44533	51358.21	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG				inpatient					UHC	Medicaid	67946.76				60684	69985.16	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG				inpatient					UHC	Medicaid	119092.23				106363	122665	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG				inpatient					UHC	Medicaid	25629.84				22890	26398.74	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG				inpatient					UHC	Medicaid	33868.06				30248	34884.1	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG				inpatient					UHC	Medicaid	54877.79				49012	56524.12	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG				inpatient					UHC	Medicaid	99738.31				89078	102730.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG				inpatient					UHC	Medicaid	35073.2				31324	36125.4	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG				inpatient					UHC	Medicaid	37413.27				33414	38535.67	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG				inpatient					UHC	Medicaid	45946.08				41035	47324.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG				inpatient					UHC	Medicaid	73449.95				65599	75653.45	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG				inpatient					UHC	Medicaid	24233.36				21643	24960.36	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG				inpatient					UHC	Medicaid	27691.55				24732	28522.3	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG				inpatient					UHC	Medicaid	35229.38				31464	36286.26	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG				inpatient					UHC	Medicaid	58675.9				52404	60436.18	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG				inpatient					UHC	Medicaid	26986.79				25889	29856.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG				inpatient					UHC	Medicaid	31221.4				27884	32158.04	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG				inpatient					UHC	Medicaid	39460.87				35243	40644.7	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG				inpatient					UHC	Medicaid	64252.96				57385	66180.55	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG				inpatient					UHC	Medicaid	28818.7				25738	29683.26	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG				inpatient					UHC	Medicaid	31765.04				28370	32717.99	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG				inpatient					UHC	Medicaid	40319.85				36010	41529.45	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG				inpatient					UHC	Medicaid	75727.59				67634	77999.42	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG				inpatient					UHC	Medicaid	22763.89				20331	23446.81	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG				inpatient					UHC	Medicaid	43523.89				38872	44829.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG				inpatient					UHC	Medicaid	45351.24				40504	46711.78	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG				inpatient					UHC	Medicaid	72011.79				64315	74172.14	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG				inpatient					UHC	Medicaid	18749.86				16746	19312.36	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG				inpatient					UHC	Medicaid	24270.82				21677	24998.94	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG				inpatient					UHC	Medicaid	34417.66				30739	35450.19	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG				inpatient					UHC	Medicaid	69596.32				62158	71684.21	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG				inpatient					UHC	Medicaid	18133.79				16196	18677.8	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG				inpatient					UHC	Medicaid	22913.15				20464	23600.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG				inpatient					UHC	Medicaid	35114.12				31361	36167.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG				inpatient					UHC	Medicaid	61586.8				55004	63434.4	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG				inpatient					UHC	Medicaid	22525.69				20118	23201.46	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG				inpatient					UHC	Medicaid	30514.37				27253	31429.8	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG				inpatient					UHC	Medicaid	50854.56				45240	52174.2	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG				inpatient					UHC	Medicaid	90262.19				80615	92970.06	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG				inpatient					UHC	Medicaid	28851.74				25768	29717.29	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG				inpatient					UHC	Medicaid	33939.71				30312	34957.9	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG				inpatient					UHC	Medicaid	46063.55				41140	47445.46	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG				inpatient					UHC	Medicaid	82357.17				73555	84827.89	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG				inpatient					UHC	Medicaid	12232.28				10925	12599.25	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG				inpatient					UHC	Medicaid	13487.65				12046	13892.28	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG				inpatient					UHC	Medicaid	18376.42				16412	18927.71	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG				inpatient					UHC	Medicaid	34035.19				30397	35056.25	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG				inpatient					UHC	Medicaid	13551.91				12103	13958.47	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG				inpatient					UHC	Medicaid	15585.01				13919	16052.56	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG				inpatient					UHC	Medicaid	20637.24				18431	21256.36	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG				inpatient					UHC	Medicaid	40401.97				36084	41614.03	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG				inpatient					UHC	Medicaid	14000.75				12504	14420.77	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG				inpatient					UHC	Medicaid	17293.07				15445	17811.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG				inpatient					UHC	Medicaid	25458.58				22738	26222.34	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG				inpatient					UHC	Medicaid	48386.43				43215	49838.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG				inpatient					UHC	Medicaid	14350.95				12817	14781.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG				inpatient					UHC	Medicaid	18643.53				16651	19202.84	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG				inpatient					UHC	Medicaid	27858.78				24881	28694.54	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG				inpatient					UHC	Medicaid	45892.77				40988	47269.55	case rate	
HEART FAILURE	1941	APR-DRG				inpatient					UHC	Medicaid	7771.23				6941	8004.37	case rate	
HEART FAILURE	1942	APR-DRG				inpatient					UHC	Medicaid	9979.04				8912	10278.41	case rate	
HEART FAILURE	1943	APR-DRG				inpatient					UHC	Medicaid	14883.17				13292	15329.67	case rate	
HEART FAILURE	1944	APR-DRG				inpatient					UHC	Medicaid	28109.08				25105	28952.35	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG				inpatient					UHC	Medicaid	8092.42				7227	8335.19	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG				inpatient					UHC	Medicaid	8582.56				7665	8840.04	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG				inpatient					UHC	Medicaid	16288.76				14548	16777.42	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG				inpatient					UHC	Medicaid	41575.51				37132	42822.78	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG				inpatient					UHC	Medicaid	7745.29				6917	7977.65	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG				inpatient					UHC	Medicaid	10341.24				9236	10651.48	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG				inpatient					UHC	Medicaid	15358.33				13717	15819.08	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG				inpatient					UHC	Medicaid	33169.49				29624	34164.57	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG				inpatient					UHC	Medicaid	7153.72				6389	7368.33	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG				inpatient					UHC	Medicaid	8263.48				7380	8511.38	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG				inpatient					UHC	Medicaid	11273.22				10068	11611.42	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG				inpatient					UHC	Medicaid	27093.74				24198	27906.55	case rate	
HYPERTENSION	1991	APR-DRG				inpatient					UHC	Medicaid	7360.42				6574	7581.23	case rate	
HYPERTENSION	1992	APR-DRG				inpatient					UHC	Medicaid	8643.46				7720	8902.76	case rate	
HYPERTENSION	1993	APR-DRG				inpatient					UHC	Medicaid	12117.21				10822	12480.73	case rate	
HYPERTENSION	1994	APR-DRG				inpatient					UHC	Medicaid	27823.84				24871	28652.56	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG				inpatient					UHC	Medicaid	8833.35				7889	9098.35	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG				inpatient					UHC	Medicaid	10450.74				9334	10764.26	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG				inpatient					UHC	Medicaid	15930.69				14228	16408.61	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG				inpatient					UHC	Medicaid	33938.46				30311	34956.61	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG				inpatient					UHC	Medicaid	6601.62				5896	6799.67	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG				inpatient					UHC	Medicaid	8551.44				7637	8807.98	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG				inpatient					UHC	Medicaid	13134.09				11730	13528.11	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG				inpatient					UHC	Medicaid	27251.55				24339	28089.1	case rate	
CHEST PAIN	2031	APR-DRG				inpatient					UHC	Medicaid	7382.9				6594	7604.39	case rate	
CHEST PAIN	2032	APR-DRG				inpatient					UHC	Medicaid	8586.31				7669	8843.9	case rate	
CHEST PAIN	2033	APR-DRG				inpatient					UHC	Medicaid	10718.24				9573	11039.79	case rate	
CHEST PAIN	2034	APR-DRG				inpatient					UHC	Medicaid	19461.49				17381	20045.33	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG				inpatient					UHC	Medicaid	8208.54				7331	8454.8	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG				inpatient					UHC	Medicaid	9268.84				8278	9546.91	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG				inpatient					UHC	Medicaid	11694.49				10445	12045.32	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG				inpatient					UHC	Medicaid	23974.6				21412	24693.84	case rate	
CARDIOMYOPATHY	2051	APR-DRG				inpatient					UHC	Medicaid	7959.77				7109	8198.56	case rate	
CARDIOMYOPATHY	2052	APR-DRG				inpatient					UHC	Medicaid	10133.58				9050	10437.59	case rate	
CARDIOMYOPATHY	2053	APR-DRG				inpatient					UHC	Medicaid	14628.83				13065	15067.69	case rate	
CARDIOMYOPATHY	2054	APR-DRG				inpatient					UHC	Medicaid	35895.58				32059	36972.45	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG				inpatient					UHC	Medicaid	9078.37				8108	9350.72	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG				inpatient					UHC	Medicaid	10877.32				9536	10997.64	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG				inpatient					UHC	Medicaid	17817.12				15913	18351.63	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG				inpatient					UHC	Medicaid	33332.77				29770	34332.75	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG				inpatient					UHC	Medicaid	7897.44				7053	8134.36	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG				inpatient					UHC	Medicaid	10476.86				9357	10791.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG				inpatient					UHC	Medicaid	15215.69				13589	15672.16	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG				inpatient					UHC	Medicaid	29672.49				26501	30562.66	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG				inpatient					UHC	Medicaid	20222.88				18061	20829.57	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG				inpatient					UHC	Medicaid	30048.43				26837	30949.88	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG				inpatient					UHC	Medicaid	48724.52				43517	50186.26	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG				inpatient					UHC	Medicaid	96679.98				86347	99580.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG				inpatient					UHC	Medicaid	20936.38				18431	21255.47	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG				inpatient					UHC	Medicaid	26756.79				23897	27559.49	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG				inpatient					UHC	Medicaid	43457.13				38812	44760.84	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG				inpatient					UHC	Medicaid	86018.12				76824	88598.66	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG				inpatient					UHC	Medicaid	15364.29				13713	15814.92	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG				inpatient					UHC	Medicaid	19651.29				17551	20240.83	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG				inpatient					UHC	Medicaid	31846.68				28443	32802.08	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG				inpatient					UHC	Medicaid	77697.1				69393	80028.01	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG				inpatient					UHC	Medicaid	16442.25				14685	16935.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG				inpatient					UHC	Medicaid	21798.78				19469	22452.74	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG				inpatient					UHC	Medicaid	36613.85				32700	37712.27	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG				inpatient					UHC	Medicaid	75605.99				67525	77874.17	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG				inpatient					UHC	Medicaid	18523.95				16544	19079.67	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG				inpatient					UHC	Medicaid	24255.93				21663	24983.61	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG				inpatient					UHC	Medicaid	36721.42				32797	37823.06	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG				inpatient					UHC	Medicaid	86655.94				59532	88655.62	case rate	
APPENDECTOMY	2251	APR-DRG				inpatient					UHC	Medicaid	12656.82				11304	13036.52	case rate	
APPENDECTOMY	2252	APR-DRG				inpatient					UHC	Medicaid	16832.99				15034	17337.98	case rate	
APPENDECTOMY	2253	APR-DRG				inpatient					UHC	Medicaid	28913.22				25823	29780.62	case rate	
APPENDECTOMY	2254	APR-DRG				inpatient					UHC	Medicaid	55033.87				49152	56684.89	case rate	
ANAL PROCEDURES	2261	APR-DRG				inpatient					UHC	Medicaid	10264.21				9167	10572.14	case rate	
ANAL PROCEDURES	2262	APR-DRG				inpatient					UHC	Medicaid	13897.88				12412	14314.82	case rate	
ANAL PROCEDURES	2263	APR-DRG				inpatient					UHC	Medicaid	22654.97				20234	23334.62	case rate	
ANAL PROCEDURES	2264	APR-DRG				inpatient					UHC	Medicaid	46364.38				41409	47755.31	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG				inpatient					UHC	Medicaid	15963.93				14249	16432.55	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG				inpatient					UHC	Medicaid	20266.2				18100	20874.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG				inpatient					UHC	Medicaid	32885.85				29371	33872.43	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG				inpatient					UHC	Medicaid	67700.68				60485	69731.7	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG				inpatient					UHC	Medicaid	12000.99				10718	12361.02	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG				inpatient					UHC	Medicaid	15673.95				13999	16144.17	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG				inpatient					UHC	Medicaid	24076.8				21503	24798.1	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG				inpatient					UHC	Medicaid	53655.07				47920	55264.72	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG				inpatient					UHC	Medicaid	16590.17				14817	17087.88	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG				inpatient					UHC	Medicaid	22885.78				20440	23572.35	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG				inpatient					UHC	Medicaid	37262.84				33298	38401.33	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG				inpatient					UHC	Medicaid	77380.71				69110	79702.13	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG				inpatient					UHC	Medicaid	10366.02				9258	10677	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG				inpatient					UHC	Medicaid	13285.56				11866	13684.13	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG				inpatient					UHC	Medicaid	19570.99				17479	20158.12	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG				inpatient					UHC	Medicaid	35847.37				32016	36922.79	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG				inpatient					UHC	Medicaid	8818.08				7876	9082.62	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG				inpatient					UHC	Medicaid	10936.85				9768	11264.96	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG				inpatient					UHC	Medicaid	16435.43				14679	16928.49	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG				inpatient					UHC	Medicaid	38404.41				34300	39556.54	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG				inpatient					UHC	Medicaid	8698.4				7769	8959.35	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG				inpatient					UHC	Medicaid	10728.8				9582	11050.66	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG				inpatient					UHC	Medicaid	15956.34				14251	16435.03	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG				inpatient					UHC	Medicaid	37355.45				33363	38476.11	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG				inpatient					UHC	Medicaid	8092.52				7228	8335.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG				inpatient					UHC	Medicaid	9885.77				8829	10182.34	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG				inpatient					UHC	Medicaid	14268.25				12743	14696.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG				inpatient					UHC	Medicaid	31407.93				28051	32350.17	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG				inpatient					UHC	Medicaid	7569.53				6752	7786.32	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG				inpatient					UHC	Medicaid	9862.21				8835	10188.98	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG				inpatient					UHC	Medicaid	15014.56				13410	15465	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG				inpatient					UHC	Medicaid	34079.66				30437	35102.05	case rate							
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG				inpatient					UHC	Medicaid	9026.32				8062	9297.11	case rate							
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG				inpatient					UHC	Medicaid	10834.65				9677	11159.69	case rate							
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG				inpatient					UHC	Medicaid	16309.42				14566	16798.7	case rate							
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG				inpatient					UHC	Medicaid	31007.59				27693	31937.82	case rate							
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG				inpatient					UHC	Medicaid	9494.66				8480	9779.5	case rate							
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG				inpatient					UHC	Medicaid	11402.6				10184	11744.68	case rate							
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG				inpatient					UHC	Medicaid	17235.82				15394	17752.89	case rate							
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG				inpatient					UHC	Medicaid	34860.83				31135	35906.65	case rate							
INTESTINAL OBSTRUCTION	2471	APR-DRG				inpatient					UHC	Medicaid	7327.96				6545	7547.8	case rate							
INTESTINAL OBSTRUCTION	2472	APR-DRG				inpatient					UHC	Medicaid	9424.73				8417	9707.47	case rate							
INTESTINAL OBSTRUCTION	2473	APR-DRG				inpatient					UHC	Medicaid	14942.43				13345	15390.7	case rate							
INTESTINAL OBSTRUCTION	2474	APR-DRG				inpatient					UHC	Medicaid	34146.41				30497	35170.8	case rate							
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG				inpatient					UHC	Medicaid	7991.28				7137	8231.02	case rate							
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG				inpatient					UHC	Medicaid	10993.71				9819	11323.52	case rate							
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG				inpatient					UHC	Medicaid	16526.2				14760	17021.99	case rate							
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG				inpatient					UHC	Medicaid	35183.95				31423	36239.47	case rate							
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG				inpatient					UHC	Medicaid	6601.34				5896	6799.38	case rate							
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG				inpatient					UHC	Medicaid	8023.36				7166	8264.06	case rate							
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG				inpatient					UHC	Medicaid	11385.4				10169	11726.96	case rate							
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG				inpatient					UHC	Medicaid	26026.52				23245	26807.32	case rate							
ABDOMINAL PAIN	2511	APR-DRG				inpatient					UHC	Medicaid	7495.47				6694	7720.33	case rate							
ABDOMINAL PAIN	2512	APR-DRG				inpatient					UHC	Medicaid	9252.47				8299	9571.24	case rate							
ABDOMINAL PAIN	2513	APR-DRG				inpatient					UHC	Medicaid	12556.64				11215	12933.34	case rate							
ABDOMINAL PAIN	2514	APR-DRG				inpatient					UHC	Medicaid	24050.58				21480	24772.1	case rate							
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG				inpatient					UHC	Medicaid	8161.1				7289	8405.93	case rate							
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG				inpatient					UHC	Medicaid	10961.82				9790	11290.67	case rate							
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG				inpatient					UHC	Medicaid	16807.34				15011	17311.56	case rate							
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG				inpatient					UHC	Medicaid	37513.26				33504	38638.66	case rate							
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG				inpatient					UHC	Medicaid	8241.97				7361	8489.23	case rate							
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG				inpatient					UHC	Medicaid	10805.19				9472	10923.35	case rate							
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG				inpatient					UHC	Medicaid	15837.62				14145	16312.75	case rate							
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG				inpatient					UHC	Medicaid	32807.76				29301	33791.99	case rate							
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG				inpatient					UHC	Medicaid	7731.27				6905	7963.21	case rate							
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG				inpatient					UHC	Medicaid	10320.98				9218	10630.61	case rate							
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG				inpatient					UHC	Medicaid	15000.35				13397	15450.36	case rate							
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG				inpatient					UHC	Medicaid	32167.3				28729	33132.32	case rate							
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG				inpatient					UHC	Medicaid	24125.79				21547	24849.56	case rate							
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG				inpatient					UHC	Medicaid	31881.36				28474	32837.8	case rate							
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG				inpatient					UHC	Medicaid	50038.01				44690	51539.15	case rate							
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG				inpatient					UHC	Medicaid	101359.44				90526	104400.22	case rate							
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG				inpatient					UHC	Medicaid	20065.17				17921	20667.13	case rate							
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG				inpatient					UHC	Medicaid	27918.81				24935	28756.37	case rate							
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG				inpatient					UHC	Medicaid	42220.3				37708	43486.91	case rate							
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG				inpatient					UHC	Medicaid	77565.8				69275	79892.77	case rate							
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG				inpatient					UHC	Medicaid	17489.78				15620	18014.47	case rate							
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG				inpatient					UHC	Medicaid	23066.45				20601	23758.44	case rate							
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG				inpatient					UHC	Medicaid	34526.39				30836	35562.18	case rate							
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG				inpatient					UHC	Medicaid	70608.98				63062	72727.25	case rate							
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG				inpatient					UHC	Medicaid	14942.14				13345	15390.4	case rate							
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG				inpatient					UHC	Medicaid	18908.73				16888	19475.99	case rate							
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG				inpatient					UHC	Medicaid	25758.93				23006	26531.7	case rate							
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG				inpatient					UHC	Medicaid	54590.02				48755	56227.72	case rate							
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG				inpatient					UHC	Medicaid	19897.56				17771	20494.49	case rate							
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG				inpatient					UHC	Medicaid	24371.2				21766	25102.34	case rate							
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG				inpatient					UHC	Medicaid	37705.36				33675	38836.52	case rate							
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG				inpatient					UHC	Medicaid	81882.28				73139	84349.05	case rate							
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG				inpatient					UHC	Medicaid	7728.29				6902	7960.14	case rate							
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG				inpatient					UHC	Medicaid	9780.02				8735	10073.42	case rate							
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG				inpatient					UHC	Medicaid	16216.34				14483	16702.83	case rate							
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG				inpatient					UHC	Medicaid	40896.15				36525	42123.03	case rate							
ALCOHOLIC LIVER DISEASE	2801	APR-DRG				inpatient					UHC	Medicaid	7898.11				7054	8135.05	case rate							
ALCOHOLIC LIVER DISEASE	2802	APR-DRG				inpatient					UHC	Medicaid	9896.43				8839	10193.32	case rate							
ALCOHOLIC LIVER DISEASE	2803	APR-DRG				inpatient					UHC	Medicaid	15768.85				14083	16241.92	case rate							
ALCOHOLIC LIVER DISEASE	2804	APR-DRG				inpatient					UHC	Medicaid	35583.13				31780	36650.62	case rate							
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG				inpatient					UHC	Medicaid	11637.54				10394	11986.67	case rate							
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG				inpatient					UHC	Medicaid	13804.62				12329	14218.76	case rate							
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG				inpatient					UHC	Medicaid	19102.94				17061	19676.03	case rate							
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG				inpatient					UHC	Medicaid	31134.57				27807	32068.61	case rate							
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG				inpatient					UHC	Medicaid	8050.25				7190	8291.76	case rate							
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG				inpatient					UHC	Medicaid	10403.19				9291	10715.29	case rate							
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG				inpatient					UHC	Medicaid	17379.07				15521	17899.41	case rate							
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG				inpatient					UHC	Medicaid	48360.69				43192	49811.51	case rate							
OTHER DISORDERS OF THE LIVER	2831	APR-DRG				inpatient					UHC	Medicaid	8625.4				7703	8884.16	case rate							
OTHER DISORDERS OF THE LIVER	2832	APR-DRG				inpatient					UHC	Medicaid	10215.42				9124	10521.88	case rate							
OTHER DISORDERS OF THE LIVER	2833	APR-DRG				inpatient					UHC	Medicaid	15397.71				13752	15859.64	case rate							
OTHER DISORDERS OF THE LIVER	2834	APR-DRG				inpatient					UHC	Medicaid	31473.15				28109	32417.34	case rate							
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG				inpatient					UHC	Medicaid	9301.31				8307	9580.35	case rate							
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG				inpatient					UHC	Medicaid	12406.61				11081	12778.81	case rate							
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG				inpatient					UHC	Medicaid	17878.68				15968	18415.04	case rate							
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG				inpatient					UHC	Medicaid	35398.04				31615	36459.98	case rate							
HIP JOINT REPLACEMENT	3011	APR-DRG				inpatient					UHC	Medicaid	23608.84				21085	24317.11	case rate							
HIP JOINT REPLACEMENT	3012	APR-DRG				inpatient					UHC	Medicaid	25779.87				23024	26553.27	case rate							
HIP JOINT REPLACEMENT	3013	APR-DRG				inpatient					UHC	Medicaid	35275.96				31506	36334.24	case rate							
HIP JOINT REPLACEMENT	3014	APR-DRG				inpatient					UHC	Medicaid	58458.35				52210	60212.1	case rate							
KNEE JOINT REPLACEMENT	3021	APR-DRG				inpatient					UHC	Medicaid	22531.64				20123	23207.59	case rate							
KNEE JOINT REPLACEMENT	3022	APR-DRG				inpatient					UHC	Medicaid	25053.82				22376	25805.43	case rate							
KNEE JOINT REPLACEMENT	3023	APR-DRG				inpatient					UHC	Medicaid	32219.26				28776	33185.84	case rate							
KNEE JOINT REPLACEMENT	3024	APR-DRG				inpatient					UHC	Medicaid	59240.19				52908	61017.4	case rate							
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG				inpatient					UHC	Medicaid	69604.01				62165	71692.13	case rate							
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG				inpatient					UHC	Medicaid	83756.91				74805	86269.62	case rate							
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG				inpatient					UHC	Medicaid	122712.36				109597	126393.73	case rate							
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG				inpatient					UHC	Medicaid	166695.27				148878	171696.13	case rate							
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG				inpatient					UHC	Medicaid	42397.7				37786	43576.93	case rate							
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG				inpatient					UHC	Medicaid	50672.52				45257	52192.7	case rate							
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG				inpatient					UHC	Medicaid	76315.42				68159	78604.88	case rate							
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG				inpatient					UHC	Medicaid	127103.48				113518	130916.58	case rate							
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG				inpatient					UHC	Medicaid	15864.8				14169	16340.74	case rate							
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG				inpatient					UHC	Medicaid	21721.07				19399	22372.7	case rate							
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG				inpatient					UHC	Medicaid	35544.23				31745	36610.56	case rate							
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG				inpatient					UHC	Medicaid	75179.53				67144	77434.92	case rate							
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG				inpatient					UHC	Medicaid	19231.65				17176	19808.6	case rate							
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG				inpatient					UHC	Medicaid	22658.14				20236	23337.88	case rate							
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG				inpatient					UHC	Medicaid	30246.2				27013	31153.59	case rate							
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG				inpatient					UHC	Medicaid	52872.74				47222	54458.92	case rate							
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG				inpatient					UHC	Medicaid	19406.17				17332	19988.36	case rate							
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG				inpatient					UHC	Medicaid	27586.86				24638	28414.47	case rate							
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG				inpatient					UHC	Medicaid	40275.57				35971	41483.84	case rate							
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG				inpatient					UHC	Medicaid	78751.06				70334	81113.59	case rate							
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG				inpatient					UHC	Medicaid	14460.93				12915	14894.76	case rate							
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG				inpatient					UHC	Medicaid	19196.4				17145	19772.29	case rate							
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG				inpatient					UHC	Medicaid	27776.94				24808	28610.25	case rate							
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG				inpatient					UHC	Medicaid	59721.12				53338	61512.75	case rate							
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG				inpatient					UHC	Medicaid	23841.67				21293	24556.92	case rate							
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG				inpatient					UHC	Medicaid	33930.97				30304	34948.9	case rate							
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG				inpatient					UHC	Medicaid	61184.63				54645	63020.17	case rate							
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG				inpatient					UHC	Medicaid	126441.89				112927	130235.15	case rate							
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG				inpatient					UHC	Medicaid	16981.09				15166	17490.52	case rate							
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG				inpatient					UHC	Medicaid	23241.84				20758	23939.1	case rate							
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG				inpatient					UHC	Medicaid	35575.06				31773	36642.31	case rate							
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG				inpatient					UHC	Medicaid	72385.62				64649	74557.19	case rate							
FOOT & TOE PROCEDURES	3141	APR-DRG				inpatient					UHC	Medicaid	15530.74				13871	15996.66	case rate							
FOOT & TOE PROCEDURES	3142	APR-DRG				inpatient					UHC	Medicaid	17627.7				15744	18156.53	case rate							
FOOT & TOE PROCEDURES	3143	APR-DRG				inpatient					UHC	Medicaid	24582.79				21955	25320.27	case rate							
FOOT & TOE PROCEDURES	3144	APR-DRG				inpatient					UHC	Medicaid	52985.5				47322	54575.07	case rate							
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG				inpatient					UHC	Medicaid	14005.56				12509	14425.73	case rate							
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG				inpatient					UHC	Medicaid	23691.74				21160	24402.49	case rate							
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG				inpatient					UHC	Medicaid	34069.8				30441	35106.11	case rate							
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG				inpatient					UHC	Medicaid	68966.53				61586	71025.23	case rate							
HAND & WRIST PROCEDURES	3161	APR-DRG				inpatient					UHC	Medicaid	12195.01				10892	12560.86	case rate							
HAND & WRIST PROCEDURES	3162	APR-DRG				inpatient					UHC	Medicaid	17345.22				15491	17865.58	case rate							
HAND & WRIST PROCEDURES	3163	APR-DRG				inpatient					UHC	Medicaid	27828.62				24854	28663.48	case rate							
HAND & WRIST PROCEDURES	3164	APR-DRG				inpatient					UHC	Medicaid	53261.55				47569	54859.4	case rate							
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG				inpatient					UHC	Medicaid	13467.68				12028	13871.71	case rate							
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG				inpatient					UHC	Medicaid	18893.74				16874	19460.55	case rate							
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG				inpatient					UHC	Medicaid	32447.57				28979	33421	case rate							
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG				inpatient					UHC	Medicaid	76474.86				68301	78769.11	case rate							
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG				inpatient					UHC	Medicaid	15367.36				13725	15828.38	case rate							
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG				inpatient					UHC	Medicaid	23622.98				21098	24331.65	case rate							
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG				inpatient					UHC	Medicaid	33636.77				30042	34645.87	case rate							
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG				inpatient					UHC	Medicaid	63494.06				56708	65398.88	case rate							
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG				inpatient					UHC	Medicaid	25260.14				22560	26017.94	case rate							
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG				inpatient					UHC	Medicaid	32741.01				29242	33723.24	case rate							
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG				inpatient					UHC	Medicaid	54701.15				48855	56342.18	case rate							
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG				inpatient					UHC	Medicaid	102626.73				91658	105705.53	case rate							
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG				inpatient					UHC	Medicaid	23053.77				20590	23745.38	case rate							
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG				inpatient					UHC	Medicaid	25128.65				22443	25882.51	case rate							
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG				inpatient					UHC	Medicaid	35504.85				31710	36570	case rate							

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG				inpatient					UHC	Medicaid	58644.1				53180	61330.42	case rate	
FRACTURE OF FEMUR	3401	APR-DRG				inpatient					UHC	Medicaid	7200.88				6431	7416.91	case rate	
FRACTURE OF FEMUR	3402	APR-DRG				inpatient					UHC	Medicaid	8529.74				7618	8785.63	case rate	
FRACTURE OF FEMUR	3403	APR-DRG				inpatient					UHC	Medicaid	12793.79				11426	13177.6	case rate	
FRACTURE OF FEMUR	3404	APR-DRG				inpatient					UHC	Medicaid	29401.73				26259	30283.78	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG				inpatient					UHC	Medicaid	7300.39				6520	7519.4	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG				inpatient					UHC	Medicaid	8855.44				7909	9121.1	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG				inpatient					UHC	Medicaid	11850.29				10584	12205.8	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG				inpatient					UHC	Medicaid	28093.33				25091	28936.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG				inpatient					UHC	Medicaid	7623.6				6809	7852.31	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG				inpatient					UHC	Medicaid	9855.8				8802	10151.47	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG				inpatient					UHC	Medicaid	13460.47				12022	13864.28	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG				inpatient					UHC	Medicaid	31043.7				27726	31975.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG				inpatient					UHC	Medicaid	11839.82				10574	12195.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG				inpatient					UHC	Medicaid	14164.81				12651	14589.75	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG				inpatient					UHC	Medicaid	22591.48				20177	23269.22	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG				inpatient					UHC	Medicaid	38022.52				33959	39163.2	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG				inpatient					UHC	Medicaid	10874.7				9712	11200.94	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG				inpatient					UHC	Medicaid	13730.66				12263	14142.58	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG				inpatient					UHC	Medicaid	20517.76				18325	21133.29	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG				inpatient					UHC	Medicaid	37816.49				33775	38950.98	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG				inpatient					UHC	Medicaid	9832.46				8782	10127.43	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG				inpatient					UHC	Medicaid	13091.25				11692	13483.99	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG				inpatient					UHC	Medicaid	22005.67				19654	22665.84	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG				inpatient					UHC	Medicaid	53801.06				48051	55415.09	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG				inpatient					UHC	Medicaid	9247.33				8259	9524.75	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG				inpatient					UHC	Medicaid	11414.89				10195	11757.34	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG				inpatient					UHC	Medicaid	15659.64				13986	16129.43	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG				inpatient					UHC	Medicaid	37124.64				33157	38238.38	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG				inpatient					UHC	Medicaid	7782.85				6951	8016.34	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG				inpatient					UHC	Medicaid	11132.89				9943	11466.88	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG				inpatient					UHC	Medicaid	16972.35				15158	17481.52	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG				inpatient					UHC	Medicaid	34807.33				31087	35851.55	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG				inpatient					UHC	Medicaid	7871.5				7030	8107.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG				inpatient					UHC	Medicaid	9121.02				8146	9394.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG				inpatient					UHC	Medicaid	14800.85				13219	15244.88	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG				inpatient					UHC	Medicaid	32768				29266	33751.04	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG				inpatient					UHC	Medicaid	20472.71				18285	21086.89	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG				inpatient					UHC	Medicaid	27466.89				24531	28290.9	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG				inpatient					UHC	Medicaid	39456.36				35239	40640.05	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG				inpatient					UHC	Medicaid	86656.85				77395	89256.56	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG				inpatient					UHC	Medicaid	19782.11				17668	20375.57	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG				inpatient					UHC	Medicaid	24175.73				21592	24901	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG				inpatient					UHC	Medicaid	29751.64				26572	30644.19	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG				inpatient					UHC	Medicaid	62662.76				55956	64532.34	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG				inpatient					UHC	Medicaid	15435.17				13785	15898.23	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG				inpatient					UHC	Medicaid	26044.2				23261	26825.53	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG				inpatient					UHC	Medicaid	33250.46				29697	34247.97	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG				inpatient					UHC	Medicaid	64042.32				57197	65963.59	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG				inpatient					UHC	Medicaid	12466.16				11134	12840.14	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG				inpatient					UHC	Medicaid	17229.19				15388	17746.07	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG				inpatient					UHC	Medicaid	26780.13				23918	27583.53	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG				inpatient					UHC	Medicaid	52472.98				46865	54047.17	case rate	
SKIN ULCERS	3801	APR-DRG				inpatient					UHC	Medicaid	8542.89				7630	8795.18	case rate	
SKIN ULCERS	3802	APR-DRG				inpatient					UHC	Medicaid	10241.54				9147	10548.79	case rate	
SKIN ULCERS	3803	APR-DRG				inpatient					UHC	Medicaid	14803.83				13222	15247.94	case rate	
SKIN ULCERS	3804	APR-DRG				inpatient					UHC	Medicaid	29039.6				25964	29931.39	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG				inpatient					UHC	Medicaid	6872.97				6138	7079.16	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG				inpatient					UHC	Medicaid	12112.6				10818	12475.98	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG				inpatient					UHC	Medicaid	21861.6				19525	22517.45	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG				inpatient					UHC	Medicaid	59112.64				52795	60886.02	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG				inpatient					UHC	Medicaid	9323.4				8327	9603.1	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG				inpatient					UHC	Medicaid	11059.31				9877	11391.09	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG				inpatient					UHC	Medicaid	17526.95				15654	18052.76	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG				inpatient					UHC	Medicaid	29480.1				26329	30364.5	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG				inpatient					UHC	Medicaid	6744.26				6023	6946.59	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG				inpatient					UHC	Medicaid	8976.08				8017	9245.36	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG				inpatient					UHC	Medicaid	13781.18				12308	14194.62	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG				inpatient					UHC	Medicaid	32603.37				29119	33581.47	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG				inpatient					UHC	Medicaid	8639.23				7716	8898.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG				inpatient					UHC	Medicaid	10240.97				9146	10548.2	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG				inpatient					UHC	Medicaid	15003.25				13401	15455.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG				inpatient					UHC	Medicaid	37963.45				33906	39102.35	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG				inpatient					UHC	Medicaid	6430.94				5744	6623.87	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG				inpatient					UHC	Medicaid	8519.27				7609	8774.85	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG				inpatient					UHC	Medicaid	13613				12158	14021.39	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG				inpatient					UHC	Medicaid	27949.06				24962	28787.53	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG				inpatient					UHC	Medicaid	22297.57				19914	22966.5	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG				inpatient					UHC	Medicaid	29977.45				26773	30876.77	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG				inpatient					UHC	Medicaid	50458.42				45085	51972.17	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG				inpatient					UHC	Medicaid	109175.34				97506	112450.6	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG				inpatient					UHC	Medicaid	19460.34				17380	20044.15	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG				inpatient					UHC	Medicaid	21612.08				19302	22260.42	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG				inpatient					UHC	Medicaid	32844.55				29334	33829.89	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG				inpatient					UHC	Medicaid	92472.5				82589	95246.68	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG				inpatient					UHC	Medicaid	12422.94				11095	12795.63	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG				inpatient					UHC	Medicaid	16845.02				14866	17144.37	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG				inpatient					UHC	Medicaid	31674.18				28289	32624.41	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG				inpatient					UHC	Medicaid	75911.24				67798	78188.58	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG				inpatient					UHC	Medicaid	19319.92				17255	19899.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG				inpatient					UHC	Medicaid	23949.44				21390	24667.92	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG				inpatient					UHC	Medicaid	35584				31781	36651.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG				inpatient					UHC	Medicaid	81143.67				72471	83577.98	case rate	
DIABETES	4201	APR-DRG				inpatient					UHC	Medicaid	6270.64				5600	6458.76	case rate	
DIABETES	4202	APR-DRG				inpatient					UHC	Medicaid	8103.37				7237	8346.47	case rate	
DIABETES	4203	APR-DRG				inpatient					UHC	Medicaid	12159.95				10860	12524.75	case rate	
DIABETES	4204	APR-DRG				inpatient					UHC	Medicaid	29649.73				26481	30539.22	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG				inpatient					UHC	Medicaid	8438.01				7536	8691.15	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG				inpatient					UHC	Medicaid	9375.55				8373	9656.82	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG				inpatient					UHC	Medicaid	14377.75				12841	14809.08	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG				inpatient					UHC	Medicaid	30485.27				27227	31399.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG				inpatient					UHC	Medicaid	5050.32				4511	5201.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG				inpatient					UHC	Medicaid	7245.06				6471	7462.41	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG				inpatient					UHC	Medicaid	10597.5				9465	10915.43	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG				inpatient					UHC	Medicaid	22952.15				20499	23640.71	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG				inpatient					UHC	Medicaid	9215.15				8230	9491.6	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG				inpatient					UHC	Medicaid	12011.84				10728	12372.2	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG				inpatient					UHC	Medicaid	18956.56				16930	19525.26	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG				inpatient					UHC	Medicaid	36731.03				32805	37832.96	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG				inpatient					UHC	Medicaid	7705.91				6882	7937.09	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG				inpatient					UHC	Medicaid	10472.45				9353	10786.62	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG				inpatient					UHC	Medicaid	15875.37				14179	16351.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG				inpatient					UHC	Medicaid	33844.74				30049	34854.08	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG				inpatient					UHC	Medicaid	6267.95				5598	6455.99	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG				inpatient					UHC	Medicaid	8075.61				7212	8317.88	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG				inpatient					UHC	Medicaid	12110.39				10816	12473.7	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG				inpatient					UHC	Medicaid	27167.89				24264	27982.93	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG				inpatient					UHC	Medicaid	74797.54				66803	77041.47	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG				inpatient					UHC	Medicaid	78265.04				69900	80612.99	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG				inpatient					UHC	Medicaid	89499.86				79941	91154.86	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG				inpatient					UHC	Medicaid	140107.72				125133	144310.95	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG				inpatient					UHC	Medicaid	22056				19699	22717.68	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG				inpatient					UHC	Medicaid	34187.81				30534	35213.44	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG				inpatient					UHC	Medicaid	46920.1				41530	47895.1	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG				inpatient					UHC	Medicaid	93589.66				83587	96397.35	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG				inpatient					UHC	Medicaid	20326.04				18154	20935.82	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG				inpatient					UHC	Medicaid	23548.91				21032	24255.38	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG				inpatient					UHC	Medicaid	36363.06				32476	37453.95	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG				inpatient					UHC	Medicaid	72349.41				64617	74519.89	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG				inpatient					UHC	Medicaid	17795.6				15894	18329.47	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG				inpatient					UHC	Medicaid	20905.42				18671	21532.58	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG				inpatient					UHC	Medicaid	30556.44				27290	31473.13	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG				inpatient					UHC	Medicaid	63523.65				56734	65429.36	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG				inpatient					UHC	Medicaid	16209.52				14477	16695.81	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG				inpatient					UHC	Medicaid	21671.87				19534	22528.03	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG				inpatient					UHC	Medicaid	35153.6				31396	36208.21	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG				inpatient					UHC	Medicaid	66497.36				59390	68492.28	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG				inpatient					UHC	Medicaid	14053.01				12551	14474.6	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG				inpatient					UHC	Medicaid	19205.33				17153	19781.49	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG				inpatient					UHC	Medicaid	25003.88				22331	25754	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG				inpatient					UHC	Medicaid	51887.75				46342	53444.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG				inpatient					UHC	Medicaid	10759.73				9610	11082.52	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG				inpatient					UHC	Medicaid	13306.89				11885	13706.1	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG				inpatient					UHC	Medicaid	21759.59				19434	22412.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG				inpatient					UHC	Medicaid	47085.81				42053	48498.38	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG				inpatient					UHC	Medicaid	18260.29				16309	18808.1	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG				inpatient					UHC	Medicaid	23117.07				20646	23810.68	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG				inpatient					UHC	Medicaid	33036.46				29505	34027.55	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG				inpatient					UHC	Medicaid	75486.34				67426	77760.2	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG				inpatient					UHC	Medicaid	8485.07				7578	8739.62	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG				inpatient					UHC	Medicaid	11094.47				9909	11427.3	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG				inpatient					UHC	Medicaid	17152.16				15319	17666.72	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG				inpatient					UHC	Medicaid	31225.62				27898	32162.39	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG				inpatient					UHC	Medicaid	6990.44				6243	7200.15	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG				inpatient					UHC	Medicaid	9862.43				8808	10158.3	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG				inpatient					UHC	Medicaid	18221.58				16274	18768.23	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG				inpatient					UHC	Medicaid	36827.17				32891	37931.99	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG				inpatient					UHC	Medicaid	6755.4				6033	6958.06	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG				inpatient					UHC	Medicaid	8511.39				7602	8766.73	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG				inpatient					UHC	Medicaid	11821.76				10558	12176.41	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG				inpatient					UHC	Medicaid	23124.94				20653	23818.69	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG				inpatient					UHC	Medicaid	7431.5				6637	7654.45	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG				inpatient					UHC	Medicaid	8899.34				7948	9166.32	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG				inpatient					UHC	Medicaid	13638.64				12181	14047.8	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG				inpatient					UHC	Medicaid	29737.42				26559	30629.54	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG				inpatient					UHC	Medicaid	7074.19				6318	7286.42	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG				inpatient					UHC	Medicaid	9852.73				8800	10148.31	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG				inpatient					UHC	Medicaid	15009.61				13404	15458.87	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG				inpatient					UHC	Medicaid	26672.56				23822	27472.74	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG				inpatient					UHC	Medicaid	7394.9				6605	7616.75	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG				inpatient					UHC	Medicaid	10040.7				8968	10341.92	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG				inpatient					UHC	Medicaid	14638.53				13074	15077.69	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG				inpatient					UHC	Medicaid	29486.35				26335	30370.94	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG				inpatient					UHC	Medicaid	7002.25				6254	7212.32	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG				inpatient					UHC	Medicaid	9357.02				8357	9637.73	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG				inpatient					UHC	Medicaid	15182.3				13533	15606.87	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG				inpatient					UHC	Medicaid	34376.55				30702	35407.85	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG				inpatient					UHC	Medicaid	7442.45				6647	7665.72	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG				inpatient					UHC	Medicaid	9475.35				8463	9759.61	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG				inpatient					UHC	Medicaid	13951				12460	14369.53	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG				inpatient					UHC	Medicaid	29906.95				26710	30804.16	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG				inpatient					UHC	Medicaid	18850.9				16836	19416.43	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG				inpatient					UHC	Medicaid	20775.08				18555	21398.33	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG				inpatient					UHC	Medicaid	33910.99				30287	34928.32	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG				inpatient					UHC	Medicaid	75669.77				67582	77939.86	case rate	
PENIS PROCEDURES	4811	APR-DRG				inpatient					UHC	Medicaid	12060.83				10772	12422.65	case rate	
PENIS PROCEDURES	4812	APR-DRG				inpatient					UHC	Medicaid	19654.07				17553	20243.69	case rate	
PENIS PROCEDURES	4813	APR-DRG				inpatient					UHC	Medicaid	27364.69				24440	28185.63	case rate	
PENIS PROCEDURES	4814	APR-DRG				inpatient					UHC	Medicaid	63155.97				56406	65050.65	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG				inpatient					UHC	Medicaid	10144.24				9060	10448.57	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG				inpatient					UHC	Medicaid	13238.02				11823	13635.16	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG				inpatient					UHC	Medicaid	24097.45				21522	24820.37	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG				inpatient					UHC	Medicaid	48097.61				42957	49540.54	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG				inpatient					UHC	Medicaid	10736.2				9589	11058.29	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG				inpatient					UHC	Medicaid	19420.48				17345	20003.09	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG				inpatient					UHC	Medicaid	32600.87				29116	33578.9	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG				inpatient					UHC	Medicaid	91556.08				81770	94302.76	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG				inpatient					UHC	Medicaid	13943.7				12453	14362.01	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG				inpatient					UHC	Medicaid	19898.04				17771	20494.98	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG				inpatient					UHC	Medicaid	25482.98				22759	26247.47	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG				inpatient					UHC	Medicaid	64554.55				57655	66491.19	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG				inpatient					UHC	Medicaid	8627.61				7705	8886.44	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG				inpatient					UHC	Medicaid	10973.06				9800	11302.25	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG				inpatient					UHC	Medicaid	17354.83				15500	17875.47	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG				inpatient					UHC	Medicaid	28473.4				25430	29327.6	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG				inpatient					UHC	Medicaid	6876.04				6141	7082.32	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG				inpatient					UHC	Medicaid	9449.8				8440	9733.29	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG				inpatient					UHC	Medicaid	14281.99				12755	14710.45	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG				inpatient					UHC	Medicaid	36081.54				32225	37163.99	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG				inpatient					UHC	Medicaid	19071.63				17033	19643.78	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG				inpatient					UHC	Medicaid	23661.48				21132	24371.32	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG				inpatient					UHC	Medicaid	42317.59				37795	43587.12	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG				inpatient					UHC	Medicaid	98038.8				87560	100979.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG				inpatient					UHC	Medicaid	19240.39				17184	19817.6	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG				inpatient					UHC	Medicaid	24127.9				21549	24851.74	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG				inpatient					UHC	Medicaid	36220.71				32349	37307.33	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG				inpatient					UHC	Medicaid	77322.7				69058	79642.38	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG				inpatient					UHC	Medicaid	17105.1				15277	17618.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG				inpatient					UHC	Medicaid	20127.99				17977	20731.83	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG				inpatient					UHC	Medicaid	31626.54				28246	32575.34	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG				inpatient					UHC	Medicaid	64611.61				57706	66549.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG				inpatient					UHC	Medicaid	13076.56				11679	13468.86	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG				inpatient					UHC	Medicaid	15351.6				13711	15812.15	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG				inpatient					UHC	Medicaid	25183.4				22492	25938.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG				inpatient					UHC	Medicaid	60889.57				54382	62716.26	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG				inpatient					UHC	Medicaid	10770.3				9619	11093.41	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG				inpatient					UHC	Medicaid	15640.91				13969	16110.14	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG				inpatient					UHC	Medicaid	27089.03				24194	27901.7	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG				inpatient					UHC	Medicaid	75078.2				67054	77330.55	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG				inpatient					UHC	Medicaid	10363.33				9256	10674.23	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG				inpatient					UHC	Medicaid	13038.72				11645	13429.88	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG				inpatient					UHC	Medicaid	23920.34				21364	24637.95	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG				inpatient					UHC	Medicaid	56284.54				50269	57973.08	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG				inpatient					UHC	Medicaid	12331.21				11013	12701.15	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG				inpatient					UHC	Medicaid	16995.21				15179	17505.07	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG				inpatient					UHC	Medicaid	31026.42				27710	31957.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG				inpatient					UHC	Medicaid	70638.37				63088	72757.52	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG				inpatient					UHC	Medicaid	13669.38				12208	14079.46	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG				inpatient					UHC	Medicaid	16394.32				14642	16886.15	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG				inpatient					UHC	Medicaid	29593.92				26431	30481.74	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG				inpatient					UHC	Medicaid	73500.19				65644	75705.2	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG				inpatient					UHC	Medicaid	8265.98				7382	8513.96	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG				inpatient					UHC	Medicaid	10826.13				9490	10944.91	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG				inpatient					UHC	Medicaid	17943.81				16026	18482.12	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG				inpatient					UHC	Medicaid	33042.12				29510	34033.38	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG				inpatient					UHC	Medicaid	7518.23				6715	7743.78	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG				inpatient					UHC	Medicaid	10122.06				9040	10425.72	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG				inpatient					UHC	Medicaid	15959.12				14253	16437.89	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG				inpatient					UHC	Medicaid	31002.11				27689	31932.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG				inpatient					UHC	Medicaid	6534.01				5836	6730.03	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG				inpatient					UHC	Medicaid	8066.87				7205	8308.88	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG				inpatient					UHC	Medicaid	13260.88				11844	13658.71	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG				inpatient					UHC	Medicaid	27154.15				24252	27968.77	case rate	
CESAREAN DELIVERY	5401	APR-DRG				inpatient					UHC	Medicaid	8328.32				7438	8578.17	case rate	
CESAREAN DELIVERY	5402	APR-DRG				inpatient					UHC	Medicaid	9955.79				8892	10254.46	case rate	
CESAREAN DELIVERY	5403	APR-DRG				inpatient					UHC	Medicaid	14272.58				12747	14700.76	case rate	
CESAREAN DELIVERY	5404	APR-DRG				inpatient					UHC	Medicaid	40377.48				36062	41588.8	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG				inpatient					UHC	Medicaid	7934.13				7086	8172.15	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG				inpatient					UHC	Medicaid	8633.37				7711	8892.37	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG				inpatient					UHC	Medicaid	12853.82				11480	13239.43	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG				inpatient					UHC	Medicaid	45246.07				40410	46603.45	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG				inpatient					UHC	Medicaid	5882.4				5254	6058.87	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG				inpatient					UHC	Medicaid	7340.73				6556	7560.95	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG				inpatient					UHC	Medicaid	15806.5				14117	16280.7	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG				inpatient					UHC	Medicaid	52813.48				47169	54397.88	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG				inpatient					UHC	Medicaid	8309.11				7421	8558.38	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG				inpatient					UHC	Medicaid	9835.83				8785	10130.9	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG				inpatient					UHC	Medicaid	16300.58				14558	16788.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG				inpatient					UHC	Medicaid	45874.91				40972	47251.16	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG				inpatient					UHC	Medicaid	11895.72				10624	12252.59	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG				inpatient					UHC	Medicaid	13055.62				11660	13447.29	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG				inpatient					UHC	Medicaid	15754.15				14070	16226.77	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG				inpatient					UHC	Medicaid	28753.2				25680	29615.8	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG				inpatient					UHC	Medicaid	9074.63				8105	9346.87	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG				inpatient					UHC	Medicaid	12925				11454	13209.75	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG				inpatient					UHC	Medicaid	24575.59				21949	25312.86	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG				inpatient					UHC	Medicaid	66957.15				59801	68965.86	case rate	
VAGINAL DELIVERY	5601	APR-DRG				inpatient					UHC	Medicaid	4913.35				4388	5060.75	case rate	
VAGINAL DELIVERY	5602	APR-DRG				inpatient					UHC	Medicaid	5540.27				4948	5706.48	case rate	
VAGINAL DELIVERY	5603	APR-DRG				inpatient					UHC	Medicaid	8055.44				7194	8297.1	case rate	
VAGINAL DELIVERY	5604	APR-DRG				inpatient					UHC	Medicaid	24020.52				21453	24741.14	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG				inpatient					UHC	Medicaid	3853.44				3442	3969.04	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG				inpatient					UHC	Medicaid	6200.62				5538	6386.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG				inpatient					UHC	Medicaid	9963.38				8898	10262.28	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG				inpatient					UHC	Medicaid	26220.93				23418	27007.56	case rate	
PRETERM LABOR	5631	APR-DRG				inpatient					UHC	Medicaid	4413.6				3942	4546.01	case rate	
PRETERM LABOR	5632	APR-DRG				inpatient					UHC	Medicaid	5845.71				5221	6021.08	case rate	
PRETERM LABOR	5633	APR-DRG				inpatient					UHC	Medicaid	10008.72				8939	10308.98	case rate	
PRETERM LABOR	5634	APR-DRG				inpatient					UHC	Medicaid	18452.87				16481	19006.46	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG				inpatient					UHC	Medicaid	4573.32				4174	4813.52	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG				inpatient					UHC	Medicaid	5455.46				4972	5619.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG				inpatient					UHC	Medicaid	7747.22				6919	7979.64	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG				inpatient					UHC	Medicaid	32970.57				29447	33959.69	case rate	
FALSE LABOR	5651	APR-DRG				inpatient					UHC	Medicaid	2168.62				1937	2233.68	case rate	
FALSE LABOR	5652	APR-DRG				inpatient					UHC	Medicaid	3084.08				2754	3176.6	case rate	
FALSE LABOR	5653	APR-DRG				inpatient					UHC	Medicaid	4903.07				4379	5050.16	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FALSE LABOR	5654	APR-DRG				inpatient					UHC	Medicaid	5384.85				4818	5956.7	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG				inpatient					UHC	Medicaid	4328.98				3866	4458.85	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG				inpatient					UHC	Medicaid	5815.74				5194	5990.21	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG				inpatient					UHC	Medicaid	8922.48				7969	9190.15	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG				inpatient					UHC	Medicaid	25364.83				22654	26125.77	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG				inpatient					UHC	Medicaid	3669.6				3277	3779.69	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG				inpatient					UHC	Medicaid	4723.65				4219	4865.36	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG				inpatient					UHC	Medicaid	7643.58				6827	7872.89	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG				inpatient					UHC	Medicaid	14430.96				12889	14863.89	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG				inpatient					UHC	Medicaid	1462.75				1306	1506.63	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG				inpatient					UHC	Medicaid	2323.17				2075	2392.87	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG				inpatient					UHC	Medicaid	4008.75				3580	4129.01	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG				inpatient					UHC	Medicaid	8049.2				7189	8290.68	case rate	
NEONATE W ECMO	5831	APR-DRG				inpatient					UHC	Medicaid	126925.98				113360	130733.76	case rate	
NEONATE W ECMO	5832	APR-DRG				inpatient					UHC	Medicaid	141028.94				125955	145259.81	case rate	
NEONATE W ECMO	5833	APR-DRG				inpatient					UHC	Medicaid	264402.58				236141	272332.6	case rate	
NEONATE W ECMO	5834	APR-DRG				inpatient					UHC	Medicaid	395366.92				353109	407227.93	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG				inpatient					UHC	Medicaid	124565.26				111251	128302.22	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG				inpatient					UHC	Medicaid	138405.9				123613	142558.08	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG				inpatient					UHC	Medicaid	282611.79				252406	291090.14	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG				inpatient					UHC	Medicaid	378269.89				337839	389617.99	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG				inpatient					UHC	Medicaid	218715.85				195339	225277.33	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG				inpatient					UHC	Medicaid	153418.35				137021	158020.9	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG				inpatient					UHC	Medicaid	109745.39				98016	113037.75	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG				inpatient					UHC	Medicaid	3730.2				3332	3842.11	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG				inpatient					UHC	Medicaid	130617.48				116657	134536	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG				inpatient					UHC	Medicaid	181216.81				161848	186653.31	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG				inpatient					UHC	Medicaid	225029.14				200977	231780.01	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG				inpatient					UHC	Medicaid	317673.85				283720	327204.07	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG				inpatient					UHC	Medicaid	40498.88				36170	41713.85	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG				inpatient					UHC	Medicaid	137206.23				122541	141322.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG				inpatient					UHC	Medicaid	182735.75				163204	188217.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG				inpatient					UHC	Medicaid	260975.34				233082	268804.6	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG				inpatient					UHC	Medicaid	59559.85				53194	61346.65	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG				inpatient					UHC	Medicaid	109361.19				97672	112642.03	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG				inpatient					UHC	Medicaid	145178.78				129662	149534.14	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG				inpatient					UHC	Medicaid	200984.51				179503	207014.05	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG				inpatient					UHC	Medicaid	34781.79				31064	35825.24	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG				inpatient					UHC	Medicaid	79893.48				71354	82290.28	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG				inpatient					UHC	Medicaid	118718.3				106029	122279.85	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG				inpatient					UHC	Medicaid	206704.68				184612	212905.82	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG				inpatient					UHC	Medicaid	54294.19				48491	55923.02	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG				inpatient					UHC	Medicaid	84769.27				75709	87312.35	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG				inpatient					UHC	Medicaid	114803.78				102533	118247.89	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG				inpatient					UHC	Medicaid	160499.36				143345	165314.34	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG				inpatient					UHC	Medicaid	36741.02				32814	37843.25	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG				inpatient					UHC	Medicaid	69138.93				61749	71213.1	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG				inpatient					UHC	Medicaid	102141.58				91224	105205.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG				inpatient					UHC	Medicaid	149736.96				133734	154231.13	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG				inpatient					UHC	Medicaid	57095.3				50993	58808.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG				inpatient					UHC	Medicaid	74153.14				66227	76377.73	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG				inpatient					UHC	Medicaid	118299.91				105656	121848.91	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG				inpatient					UHC	Medicaid	219363.42				195917	225944.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG				inpatient					UHC	Medicaid	31635.76				28254	32584.83	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG				inpatient					UHC	Medicaid	50872.59				45435	52398.77	case rate	
NEONATE BWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG				inpatient					UHC	Medicaid	82365.23				73562	84836.19	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG				inpatient					UHC	Medicaid	129402.14				115570	133282.14	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG				inpatient					UHC	Medicaid	38454.65				34345	39608.29	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG				inpatient					UHC	Medicaid	58617.89				52353	60376.43	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG				inpatient					UHC	Medicaid	81056.74				72393	83488.44	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG				inpatient					UHC	Medicaid	124336.66				111047	128006.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG				inpatient					UHC	Medicaid	32190.06				28750	33155.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG				inpatient					UHC	Medicaid	49856.19				44527	51351.88	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG				inpatient					UHC	Medicaid	82892.17				74032	85378.94	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG				inpatient					UHC	Medicaid	115516.77				98704	113832.27	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG				inpatient					UHC	Medicaid	21130.94				18872	21764.87	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG				inpatient					UHC	Medicaid	42198.78				37688	43464.74	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG				inpatient					UHC	Medicaid	69211.35				61814	71287.69	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG				inpatient					UHC	Medicaid	74032.4				66120	76253.37	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG				inpatient					UHC	Medicaid	14790.77				13210	15234.49	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG				inpatient					UHC	Medicaid	32009.97				28589	32970.27	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG				inpatient					UHC	Medicaid	53914.12				48152	55531.54	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG				inpatient					UHC	Medicaid	106602.92				95209	109801.01	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG				inpatient					UHC	Medicaid	23914.28				21358	24631.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG				inpatient					UHC	Medicaid	35446.84				31658	36510.25	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG				inpatient					UHC	Medicaid	51679.7				46156	53230.09	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG				inpatient					UHC	Medicaid	82665.01				73830	85144.96	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG				inpatient					UHC	Medicaid	18956.56				16930	19525.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG				inpatient					UHC	Medicaid	32973.16				29449	33962.35	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG				inpatient					UHC	Medicaid	53624.52				47893	55233.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG				inpatient					UHC	Medicaid	81556.11				72839	84002.79	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG				inpatient					UHC	Medicaid	22554.41				20144	23231.04	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG				inpatient					UHC	Medicaid	35244.94				31478	36302.29	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG				inpatient					UHC	Medicaid	43992.42				39290	45312.19	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG				inpatient					UHC	Medicaid	65022.32				58073	66972.99	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG				inpatient					UHC	Medicaid	2242				2002	2309.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG				inpatient					UHC	Medicaid	5045.94				4953	5712.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG				inpatient					UHC	Medicaid	16187.24				14457	16672.86	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG				inpatient					UHC	Medicaid	36425.2				32532	37517.96	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG				inpatient					UHC	Medicaid	34325.16				30656	35354.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG				inpatient					UHC	Medicaid	46664.63				41677	48064.57	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG				inpatient					UHC	Medicaid	73428.44				65580	75631.29	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG				inpatient					UHC	Medicaid	168389.6				150392	173441.29	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG				inpatient					UHC	Medicaid	19272.56				17213	19850.74	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG				inpatient					UHC	Medicaid	23872.21				21321	24588.38	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG				inpatient					UHC	Medicaid	53654.49				47920	55264.12	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG				inpatient					UHC	Medicaid	149491.24				133513	153975.98	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG				inpatient					UHC	Medicaid	4209.11				3759	4335.38	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG				inpatient					UHC	Medicaid	11980.34				10700	12339.75	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG				inpatient					UHC	Medicaid	25442.83				22723	26206.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG				inpatient					UHC	Medicaid	76410.89				68244	78703.22	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG				inpatient					UHC	Medicaid	8036.04				7177	8277.12	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG				inpatient					UHC	Medicaid	14635.45				13071	15074.51	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG				inpatient					UHC	Medicaid	32470.53				29000	33444.65	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG				inpatient					UHC	Medicaid	80760.52				72129	83183.34	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG				inpatient					UHC	Medicaid	10879.34				9714	11202.63	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG				inpatient					UHC	Medicaid	16223.35				14489	16710.05	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG				inpatient					UHC	Medicaid	30544.34				27280	31460.67	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG				inpatient					UHC	Medicaid	63862.54				56858	65572.42	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG				inpatient					UHC	Medicaid	6288.69				5617	6477.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG				inpatient					UHC	Medicaid	9968.86				8903	10267.93	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG				inpatient					UHC	Medicaid	19344.22				17277	19924.55	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG				inpatient					UHC	Medicaid	52425.72				46822	53998.49	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG				inpatient					UHC	Medicaid	1592.22				1422	1639.99	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG				inpatient					UHC	Medicaid	2355.15				2103	2425.8	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG				inpatient					UHC	Medicaid	5725.74				5114	5897.51	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG				inpatient					UHC	Medicaid	27902.38				24920	28739.45	case rate	
SPLENECTOMY	6501	APR-DRG				inpatient					UHC	Medicaid	19599.61				17505	20187.6	case rate	
SPLENECTOMY	6502	APR-DRG				inpatient					UHC	Medicaid	28054.91				25056	28896.56	case rate	
SPLENECTOMY	6503	APR-DRG				inpatient					UHC	Medicaid	37828.98				33786	38963.85	case rate	
SPLENECTOMY	6504	APR-DRG				inpatient					UHC	Medicaid	75738.35				67643	78010.5	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG				inpatient					UHC	Medicaid	15764.91				14080	16237.86	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG				inpatient					UHC	Medicaid	22137.26				19771	22801.38	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG				inpatient					UHC	Medicaid	39068.22				34893	40240.27	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG				inpatient					UHC	Medicaid	81986.22				73223	84445.81	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG				inpatient					UHC	Medicaid	11534.95				10302	11881	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG				inpatient					UHC	Medicaid	12313.82				10998	12863.23	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG				inpatient					UHC	Medicaid	19797.48				17681	20391.4	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG				inpatient					UHC	Medicaid	51438.71				45941	52981.87	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG				inpatient					UHC	Medicaid	14179.6				12664	14604.99	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG				inpatient					UHC	Medicaid	16681.71				14899	17182.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG				inpatient					UHC	Medicaid	31771.57				28376	32724.72	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG				inpatient					UHC	Medicaid	60599.02				54122	62416.99	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG				inpatient					UHC	Medicaid	8799.83				7859	9063.82	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG				inpatient					UHC	Medicaid	12054.1				10766	12415.72	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG				inpatient					UHC	Medicaid	18677.72				16681	19238.05	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG				inpatient					UHC	Medicaid	43884.08				39194	45200.6	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG				inpatient					UHC	Medicaid	7388.08				6598	7609.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG				inpatient					UHC	Medicaid	9327.24				8330	9607.06	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG				inpatient					UHC	Medicaid	13346.27				11920	13746.66	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG				inpatient					UHC	Medicaid	24928.57				22264	25676.43	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG				inpatient					UHC	Medicaid	23068.38				20594	23750.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG				inpatient					UHC	Medicaid	31711.64				28322	32662.99	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG				inpatient					UHC	Medicaid	54774.53				48920	56417.77	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG				inpatient					UHC	Medicaid	109559.73				97850	112846.52	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG				inpatient					UHC	Medicaid	16801				15005	17305.03	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG				inpatient					UHC	Medicaid	23125.33				20654	23819.09	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG				inpatient					UHC	Medicaid	42500.38				37958	43775.39	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG				inpatient					UHC	Medicaid	103559.76				92491	106666.55	case rate			
ACUTE LEUKEMIA	6901	APR-DRG				inpatient					UHC	Medicaid	19529.5				17442	20115.39	case rate			
ACUTE LEUKEMIA	6902	APR-DRG				inpatient					UHC	Medicaid	32244.14				28798	33211.46	case rate			
ACUTE LEUKEMIA	6903	APR-DRG				inpatient					UHC	Medicaid	61985.4				55360	63844.96	case rate			
ACUTE LEUKEMIA	6904	APR-DRG				inpatient					UHC	Medicaid	118179.46				105548	121724.84	case rate			
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG				inpatient					UHC	Medicaid	16543.01				14775	17039.3	case rate			
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG				inpatient					UHC	Medicaid	19102.07				17060	19675.13	case rate			
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG				inpatient					UHC	Medicaid	29570.58				26410	30457.7	case rate			
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG				inpatient					UHC	Medicaid	62194.89				55547	64060.74	case rate			
RADIOTHERAPY	6921	APR-DRG				inpatient					UHC	Medicaid	11180.43				9985	11515.84	case rate			
RADIOTHERAPY	6922	APR-DRG				inpatient					UHC	Medicaid	23373.23				20875	24074.43	case rate			
RADIOTHERAPY	6923	APR-DRG				inpatient					UHC	Medicaid	34219.12				30562	35245.69	case rate			
RADIOTHERAPY	6924	APR-DRG				inpatient					UHC	Medicaid	63001.1				56535	65200.13	case rate			
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG				inpatient					UHC	Medicaid	10278.71				9180	10587.07	case rate			
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG				inpatient					UHC	Medicaid	12112.12				10818	12475.48	case rate			
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG				inpatient					UHC	Medicaid	19489.44				17406	20074.12	case rate			
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG				inpatient					UHC	Medicaid	37725.05				33693	38856.8	case rate			
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG				inpatient					UHC	Medicaid	9355.48				8356	9636.14	case rate			
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG				inpatient					UHC	Medicaid	13641.33				12183	14050.57	case rate			
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG				inpatient					UHC	Medicaid	35571.13				31769	36638.26	case rate			
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG				inpatient					UHC	Medicaid	98112.37				87626	101055.74	case rate			
OTHER CHEMOTHERAPY	6961	APR-DRG				inpatient					UHC	Medicaid	12318.24				11002	12687.79	case rate			
OTHER CHEMOTHERAPY	6962	APR-DRG				inpatient					UHC	Medicaid	14652.65				13087	15092.23	case rate			
OTHER CHEMOTHERAPY	6963	APR-DRG				inpatient					UHC	Medicaid	22992.2				20535	23681.97	case rate			
OTHER CHEMOTHERAPY	6964	APR-DRG				inpatient					UHC	Medicaid	54250.48				48452	55877.99	case rate			
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG				inpatient					UHC	Medicaid	16413.34				14659	16905.74	case rate			
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG				inpatient					UHC	Medicaid	23114.57				20644	23808.01	case rate			
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG				inpatient					UHC	Medicaid	39691.97				35450	40882.73	case rate			
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG				inpatient					UHC	Medicaid	81111.3				72442	83544.64	case rate			
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG				inpatient					UHC	Medicaid	15759.24				14075	16232.02	case rate			
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG				inpatient					UHC	Medicaid	21855.31				19475	22459.47	case rate			
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG				inpatient					UHC	Medicaid	39473.07				35254	40657.26	case rate			
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG				inpatient					UHC	Medicaid	81241.93				72559	83679.19	case rate			
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG				inpatient					UHC	Medicaid	8254.65				7372	8502.29	case rate			
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG				inpatient					UHC	Medicaid	11079.48				9895	11411.86	case rate			
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG				inpatient					UHC	Medicaid	18121.21				16184	18664.85	case rate			
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG				inpatient					UHC	Medicaid	39941.7				35673	41139.95	case rate			
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG				inpatient					UHC	Medicaid	8674.39				7747	8934.62	case rate			
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG				inpatient					UHC	Medicaid	11511.81				10281	11857.16	case rate			
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG				inpatient					UHC	Medicaid	19270.35				17211	19848.46	case rate			
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG				inpatient					UHC	Medicaid	37623.33				33602	38752.03	case rate			
FEVER	7221	APR-DRG				inpatient					UHC	Medicaid	6872.32				5959	6872.49	case rate			
FEVER	7222	APR-DRG				inpatient					UHC	Medicaid	8948.32				7992	9216.77	case rate			
FEVER	7223	APR-DRG				inpatient					UHC	Medicaid	12182.33				10880	12547.8	case rate			
FEVER	7224	APR-DRG				inpatient					UHC	Medicaid	23130.32				20658	23824.23	case rate			
VIRAL ILLNESS	7231	APR-DRG				inpatient					UHC	Medicaid	5885.47				5256	6062.03	case rate			
VIRAL ILLNESS	7232	APR-DRG				inpatient					UHC	Medicaid	7971.3				7119	8210.44	case rate			
VIRAL ILLNESS	7233	APR-DRG				inpatient					UHC	Medicaid	12885.52				11508	13272.09	case rate			
VIRAL ILLNESS	7234	APR-DRG				inpatient					UHC	Medicaid	43081.1				38476	44373.53	case rate			
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG				inpatient					UHC	Medicaid	10267.96				9170	10576	case rate			
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG				inpatient					UHC	Medicaid	12113.66				10819	12477.07	case rate			
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG				inpatient					UHC	Medicaid	19093.05				17052	19665.84	case rate			
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG				inpatient					UHC	Medicaid	44175.59				39454	45500.86	case rate			
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG				inpatient					UHC	Medicaid	20108.49				17959	20711.74	case rate			
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG				inpatient					UHC	Medicaid	24200.23				21614	24926.24	case rate			
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG				inpatient					UHC	Medicaid	40565.06				36229	41782.01	case rate			
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG				inpatient					UHC	Medicaid	81523.93				72810	83969.65	case rate			
SCHIZOPHRENIA	7501	APR-DRG				inpatient					UHC	Medicaid	9369.18				8395	9681.16	case rate			
SCHIZOPHRENIA	7502	APR-DRG				inpatient					UHC	Medicaid	11263.8				10060	11601.71	case rate			
SCHIZOPHRENIA	7503	APR-DRG				inpatient					UHC	Medicaid	16432.46				14676	16925.43	case rate			
SCHIZOPHRENIA	7504	APR-DRG				inpatient					UHC	Medicaid	33028.1				29498	34018.94	case rate			
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG				inpatient					UHC	Medicaid	5626.04				5025	5794.82	case rate			
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG				inpatient					UHC	Medicaid	7800.04				6966	8034.04	case rate			
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG				inpatient					UHC	Medicaid	13584.47				12133	13992	case rate			
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG				inpatient					UHC	Medicaid	26372.11				23553	27163.27	case rate			
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG				inpatient					UHC	Medicaid	4819.32				4304	4963.9	case rate			
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG				inpatient					UHC	Medicaid	6842.04				6111	7047.3	case rate			
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG				inpatient					UHC	Medicaid	10072.16				10782	12434.32	case rate			
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG				inpatient					UHC	Medicaid	12953.33				11569	13341.93	case rate			
BIPOLAR DISORDERS	7531	APR-DRG				inpatient					UHC	Medicaid	6119.93				5466	6303.53	case rate			
BIPOLAR DISORDERS	7532	APR-DRG				inpatient					UHC	Medicaid	8284.14				7399	8532.66	case rate			
BIPOLAR DISORDERS	7533	APR-DRG				inpatient					UHC	Medicaid	13469.69				12030	13873.78	case rate			
BIPOLAR DISORDERS	7534	APR-DRG				inpatient					UHC	Medicaid	27048.11				24157	27859.55	case rate			
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG				inpatient					UHC	Medicaid	4500.14				4019	4635.14	case rate			
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG				inpatient					UHC	Medicaid	6027.53				5383	6208.36	case rate			
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG				inpatient					UHC	Medicaid	9386.22				8383	9667.81	case rate			
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG				inpatient					UHC	Medicaid	19616.62				17520	20205.12	case rate			
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG				inpatient					UHC	Medicaid	4052.07				3619	4173.63	case rate			
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG				inpatient					UHC	Medicaid	6643.12				5933	6842.41	case rate			
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG				inpatient					UHC	Medicaid	9541.34				8522	9827.58	case rate			
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG				inpatient					UHC	Medicaid	14396.96				12858	14828.87	case rate			
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG				inpatient					UHC	Medicaid	6575.21				5872	6772.47	case rate			
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG				inpatient					UHC	Medicaid	8260.86				7405	8539.59	case rate			
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG				inpatient					UHC	Medicaid	10122.44				9041	10426.11	case rate			
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG				inpatient					UHC	Medicaid	26575.64				23735	27372.91	case rate			
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG				inpatient					UHC	Medicaid	9715.86				8677	10007.34	case rate			
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG				inpatient					UHC	Medicaid	11190.52				9994	11526.24	case rate			
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG				inpatient					UHC	Medicaid	14405.41				12866	14837.57	case rate			
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG				inpatient					UHC	Medicaid	30509.38				27248	31424.66	case rate			
BEHAVIORAL DISORDERS	7581	APR-DRG				inpatient					UHC	Medicaid	6417.21				5731	6609.73	case rate			
BEHAVIORAL DISORDERS	7582	APR-DRG				inpatient					UHC	Medicaid	7626.96				6812	7855.77	case rate			
BEHAVIORAL DISORDERS	7583	APR-DRG				inpatient					UHC	Medicaid	12786.78				11420	13170.38	case rate			
BEHAVIORAL DISORDERS	7584	APR-DRG				inpatient					UHC	Medicaid	16898.78				15093	17405.74	case rate			
EATING DISORDERS	7591	APR-DRG				inpatient					UHC	Medicaid	20444.28				18259	21057.61	case rate			
EATING DISORDERS	7592	APR-DRG				inpatient					UHC	Medicaid	21471.25				19176	22115.39	case rate			
EATING DISORDERS	7593	APR-DRG				inpatient					UHC	Medicaid	24060.09				21488	24781.89	case rate			
EATING DISORDERS	7594	APR-DRG				inpatient					UHC	Medicaid	41692.69				37236	42943.47	case rate			
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG				inpatient					UHC	Medicaid	8003.48				7148	8243.58	case rate			
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG				inpatient					UHC	Medicaid	10394.55				9284	10706.39	case rate			
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG				inpatient					UHC	Medicaid	15678.65				14003	16149.01	case rate			
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG				inpatient					UHC	Medicaid	30225.93				26995	31132.71	case rate			
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG				inpatient					UHC	Medicaid	3582.19				3199	3689.66	case rate			
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG				inpatient					UHC	Medicaid	4696.66				4195	4837.56	case rate			
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG				inpatient					UHC	Medicaid	9696.65				8660	9987.55	case rate			
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG				inpatient					UHC	Medicaid	28971.52				25875	29840.67	case rate			
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG				inpatient					UHC	Medicaid	8990.68				8030	9260.4	case rate			
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG				inpatient					UHC	Medicaid	10555.72				9427	10872.39	case rate			
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG				inpatient					UHC	Medicaid	12407.67				11082	12779.9	case rate			
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG				inpatient					UHC	Medicaid	29490.19				34376	39644.9	case rate			
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG				inpatient					UHC	Medicaid	4251.76				3797	4379.31	case rate			
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG				inpatient					UHC	Medicaid	5437.02				4856	5600.13	case rate			
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG				inpatient					UHC	Medicaid	11017.72				9840	11348.25	case rate			
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG				inpatient					UHC	Medicaid	34868.61				31142	35914.67	case rate			
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG				inpatient					UHC	Medicaid	5382.27				4807	5543.74	case rate			
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG				inpatient					UHC	Medicaid	5590.41				4993	5758.12	case rate			
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG				inpatient					UHC	Medicaid	10766.07				9615	11089.05	case rate			
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG				inpatient					UHC	Medicaid	39395.56				35185	40577.43	case rate			
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG				inpatient					UHC	Medicaid	5221.48				4663	5378.12	case rate			
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG				inpatient					UHC	Medicaid	7444.37				6649	7667.7	case rate			
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG				inpatient					UHC	Medicaid	14173.84				12659	14599.06	case rate			
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG				inpatient					UHC	Medicaid	40809.25				36389	41827.53	case rate			
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG				inpatient					UHC	Medicaid	4960.32				4430	5109.13	case rate			
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG				inpatient					UHC	Medicaid	6875.46				6141	7081.72	case rate			
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG				inpatient					UHC	Medicaid	12115.58				10821	12479.05	case rate			
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG				inpatient					UHC	Medicaid	27944.45				24958	28782.78	case rate			
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG				inpatient					UHC	Medicaid	14621.62				13059	15060.27	case rate			
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG				inpatient					UHC	Medicaid	21465.97				19172	22109.95	case rate			
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG				inpatient					UHC	Medicaid	34627.43				30926	35666.25	case rate			
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG				inpatient					UHC	Medicaid	75660.26				67573	77930.07	case rate			
ALLERGIC REACTIONS	8111	APR-DRG				inpatient					UHC	Medicaid	4604.74				4113	4742.88	case rate			
ALLERGIC REACTIONS	8112	APR-DRG				inpatient					UHC	Medicaid	6649.17				5938	6848.65	case rate			
ALLERGIC REACTIONS	8113	APR-DRG				inpatient					UHC	Medicaid	14558.13				13002	14994.87	case rate			
ALLERGIC REACTIONS	8114	APR-DRG				inpatient					UHC	Medicaid	34882.06				31154	35928.52	case rate			
POISONING OF MEDICINAL AGENTS	8121	APR-DRG				inpatient					UHC	Medicaid	5275.46				4712	5433.72	case rate			
POISONING OF MEDICINAL AGENTS	8122	APR-DRG				inpatient					UHC	Medicaid	6719.57				6001	6921.16	case rate			
POISONING OF MEDICINAL AGENTS	8123	APR-DRG				inpatient					UHC	Medicaid	11925.78				10651	12283.55	case rate			
POISONING OF MEDICINAL AGENTS	8124	APR-DRG				inpatient					UHC	Medicaid	27963.47				24975	28802.37	case rate			
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG				inpatient					UHC	Medicaid	7662.5				6844	7892.38	case rate			
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG				inpatient					UHC	Medicaid	10099.1				9020	10402.07	case rate			
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG				inpatient					UHC	Medicaid	15552.25				13890	16018.82	case rate			
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG				inpatient					UHC	Medicaid	34208.65				30552	35234.91	case rate			
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG				inpatient					UHC	Medicaid	7506.99				6705	7732.2	case rate			
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG				inpatient					UHC	Medicaid	7973.13				7121	8212.32	case rate			
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG				inpatient					UHC	Medicaid	13576.31				12125	13983.6	case rate			
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG				inpatient					UHC	Medicaid	43352.63				38719	44653.21	case rate			
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG				inpatient					UHC	Medicaid	7874.1				7032	8110.32	case rate			
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG				inpatient					UHC	Medicaid	8749.02				7814	9011.49	case rate			
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG				inpatient					UHC	Medicaid	12667.77				11314	13047.8	case rate			

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG				inpatient					UHC	Medicaid	29052.22				25929	29963.19	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG				inpatient					UHC	Medicaid	74270.89				66333	76499.02	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG				inpatient					UHC	Medicaid	75554.03				67479	77820.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG				inpatient					UHC	Medicaid	116265.66				103839	119753.63	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG				inpatient					UHC	Medicaid	300803.12				268663	309807.21	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG				inpatient					UHC	Medicaid	23099.97				20631	23792.97	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG				inpatient					UHC	Medicaid	34637.04				30935	35676.15	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG				inpatient					UHC	Medicaid	66275.49				59192	68263.75	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG				inpatient					UHC	Medicaid	157638.03				140789	162367.17	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG				inpatient					UHC	Medicaid	11351.88				10139	11692.44	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG				inpatient					UHC	Medicaid	15661.08				13987	16130.91	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG				inpatient					UHC	Medicaid	28601.05				25544	29459.08	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG				inpatient					UHC	Medicaid	77159.99				68913	79474.79	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG				inpatient					UHC	Medicaid	7587.77				6777	7815.4	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG				inpatient					UHC	Medicaid	11443.32				10220	11786.62	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG				inpatient					UHC	Medicaid	23296.49				20807	23995.38	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG				inpatient					UHC	Medicaid	65927.11				58881	67904.52	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG				inpatient					UHC	Medicaid	23419.82				20917	24122.41	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG				inpatient					UHC	Medicaid	29413.16				26269	30295.55	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG				inpatient					UHC	Medicaid	40410.23				36091	41622.54	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG				inpatient					UHC	Medicaid	73861.24				65967	76077.08	case rate	
REHABILITATION	8601	APR-DRG				inpatient					UHC	Medicaid	12833.55				11462	13218.56	case rate	
REHABILITATION	8602	APR-DRG				inpatient					UHC	Medicaid	17384.31				15526	17905.84	case rate	
REHABILITATION	8603	APR-DRG				inpatient					UHC	Medicaid	23939.64				21381	24657.83	case rate	
REHABILITATION	8604	APR-DRG				inpatient					UHC	Medicaid	32249.71				28803	33217.2	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG				inpatient					UHC	Medicaid	6589.23				5885	6786.91	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG				inpatient					UHC	Medicaid	8618.01				7697	8876.55	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG				inpatient					UHC	Medicaid	12320.16				11003	12689.76	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG				inpatient					UHC	Medicaid	25932.78				23161	26710.76	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG				inpatient					UHC	Medicaid	6373.31				5692	6564.51	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG				inpatient					UHC	Medicaid	9804.31				8846	10201.44	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG				inpatient					UHC	Medicaid	14443.83				12900	14877.14	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG				inpatient					UHC	Medicaid	23669.16				21139	24379.23	case rate	
NEONATAL AFTERCARE	8631	APR-DRG				inpatient					UHC	Medicaid	11843.85				10578	12199.17	case rate	
NEONATAL AFTERCARE	8632	APR-DRG				inpatient					UHC	Medicaid	33477.71				29900	34482.04	case rate	
NEONATAL AFTERCARE	8633	APR-DRG				inpatient					UHC	Medicaid	59931.08				53525	61729.01	case rate	
NEONATAL AFTERCARE	8634	APR-DRG				inpatient					UHC	Medicaid	143181.52				127878	147476.97	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG				inpatient					UHC	Medicaid	14117.84				12609	14541.38	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG				inpatient					UHC	Medicaid	16442.16				14685	16935.42	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG				inpatient					UHC	Medicaid	26149.85				23355	26934.35	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG				inpatient					UHC	Medicaid	52660.18				47032	54239.99	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG				inpatient					UHC	Medicaid	10993.42				9818	11323.22	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG				inpatient					UHC	Medicaid	14539.69				12986	14975.88	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG				inpatient					UHC	Medicaid	19051.55				17015	19623.1	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG				inpatient					UHC	Medicaid	36975.96				33024	38085.24	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG				inpatient					UHC	Medicaid	13083.28				11685	13475.78	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG				inpatient					UHC	Medicaid	14876.06				13286	15322.34	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG				inpatient					UHC	Medicaid	22692.05				20267	23372.81	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG				inpatient					UHC	Medicaid	45534.6				40668	46900.64	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG				inpatient					UHC	Medicaid	10082.87				9005	10385.36	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG				inpatient					UHC	Medicaid	12120.76				10825	12484.38	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG				inpatient					UHC	Medicaid	17323.61				15472	17843.32	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG				inpatient					UHC	Medicaid	24808.42				22157	25552.67	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG				inpatient					UHC	Medicaid	47265.43				42214	48683.39	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG				inpatient					UHC	Medicaid	56057.57				50066	57739.3	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG				inpatient					UHC	Medicaid	73117.14				65302	75310.65	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG				inpatient					UHC	Medicaid	151039.76				134896	155570.95	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG				inpatient					UHC	Medicaid	26005.78				23226	26785.95	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG				inpatient					UHC	Medicaid	34181.95				30528	35207.41	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG				inpatient					UHC	Medicaid	46455.44				41490	47849.1	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG				inpatient					UHC	Medicaid	110921.08				98798	113939.71	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG				inpatient					UHC	Medicaid	31442.31				28082	32385.58	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG				inpatient					UHC	Medicaid	34619.36				30919	35657.94	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG				inpatient					UHC	Medicaid	57077.24				50977	58789.56	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG				inpatient					UHC	Medicaid	110011.36				98253	113311.7	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG				inpatient					UHC	Medicaid	11959.98				10682	12318.78	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG				inpatient					UHC	Medicaid	16090.13				14370	16572.83	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG				inpatient					UHC	Medicaid	25350.04				22641	26110.54	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG				inpatient					UHC	Medicaid	67110.55				59938	69123.87	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG				inpatient					UHC	Medicaid	22644.98				20225	23324.33	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG				inpatient					UHC	Medicaid	33251.51				29698	34249.06	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG				inpatient					UHC	Medicaid	51691.42				46167	53242.16	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG				inpatient					UHC	Medicaid	98479.28				87954	101433.66	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG				inpatient					UHC	Medicaid	16080.72				14362	16563.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG				inpatient					UHC	Medicaid	22969.63				20515	23658.72	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG				inpatient					UHC	Medicaid	37725.92				33694	38857.7	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG				inpatient					UHC	Medicaid	72109.86				64403	74273.16	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG				inpatient					UHC	Medicaid	12796				11428	13179.88	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG				inpatient					UHC	Medicaid	19041.47				17006	19612.71	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG				inpatient					UHC	Medicaid	32323.19				28868	33292.89	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG				inpatient					UHC	Medicaid	61312.67				54759	63152.05	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG				inpatient					Wellcare	Medicaid	113818.03				63733.78	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG				inpatient					Wellcare	Medicaid	120515.11				48470.93	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG				inpatient					Wellcare	Medicaid	141652.95				31300.53	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG				inpatient					Wellcare	Medicaid	251316.34				154752.17	466145.35	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG				inpatient					Wellcare	Medicaid	137516.72				63084.15	308373.74	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG				inpatient					Wellcare	Medicaid	177268.48				32623.42	201178.6	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG				inpatient					Wellcare	Medicaid	213020.69				67385.9	213020.69	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG				inpatient					Wellcare	Medicaid	335856.53				44903.86	335856.53	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG				inpatient					Wellcare	Medicaid	89259.73				49497.36	163162.38	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG				inpatient					Wellcare	Medicaid	110311.2				25224.68	110311.2	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG				inpatient					Wellcare	Medicaid	181413.8				18845.28	181413.8	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG				inpatient					Wellcare	Medicaid	298933.84				45931.46	298933.84	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG				inpatient					Wellcare	Medicaid	80610.52				26672.77	91994.11	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG				inpatient					Wellcare	Medicaid	109672.39				20799.93	109672.39	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG				inpatient					Wellcare	Medicaid	159094.51				137952	159094.51	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG				inpatient					Wellcare	Medicaid	228898.03				198478	228898.03	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG				inpatient					Wellcare	Medicaid	74428.28				67138	74428.28	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG				inpatient					Wellcare	Medicaid	86031.48				23770.68	86031.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG				inpatient					Wellcare	Medicaid	105287.55				10883.13	105287.55	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG				inpatient					Wellcare	Medicaid	153781.38				17706.65	153781.38	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG				inpatient					Wellcare	Medicaid	92702.35				31931.26	111080.23	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG				inpatient					Wellcare	Medicaid	130341.7				21035.14	130341.7	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG				inpatient					Wellcare	Medicaid	145735.96				16592.82	145735.96	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG				inpatient					Wellcare	Medicaid	230599.95				23495.48	230599.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG				inpatient					Wellcare	Medicaid	29870.34				7997.58	29870.34	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG				inpatient					Wellcare	Medicaid	41440.31				11418.2	41440.31	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG				inpatient					Wellcare	Medicaid	54377.01				8227.9	54377.01	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG				inpatient					Wellcare	Medicaid	103592.74				9578.14	103592.74	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG				inpatient					Wellcare	Medicaid	32973.53				28591	32973.53	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG				inpatient					Wellcare	Medicaid	43198.52				37458	194695.78	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG				inpatient					Wellcare	Medicaid	66201.91				57404	66201.91	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG				inpatient					Wellcare	Medicaid	115743.44				100362	115743.44	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG				inpatient					Wellcare	Medicaid	19834.71				17199	179720.85	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG				inpatient					Wellcare	Medicaid	25208.88				21859	25208.88	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG				inpatient					Wellcare	Medicaid	42746.4				37066	42746.4	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG				inpatient					Wellcare	Medicaid	101366.39				87895	101366.39	case rate	
SPINAL PROCEDURES	0231	APR-DRG				inpatient					Wellcare	Medicaid	22400.6				19424	327615.89	case rate	
SPINAL PROCEDURES	0232	APR-DRG				inpatient					Wellcare	Medicaid	32095.42				27830	240298.72	case rate	
SPINAL PROCEDURES	0233	APR-DRG				inpatient					Wellcare	Medicaid	62010.38				53769	297923.76	case rate	
SPINAL PROCEDURES	0234	APR-DRG				inpatient					Wellcare	Medicaid	110753.03				62839.65	200778.83	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG				inpatient					Wellcare	Medicaid	17943.54				15559	62255.17	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG				inpatient					Wellcare	Medicaid	23673.76				20528	145765.26	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG				inpatient					Wellcare	Medicaid	46318.43				19748	99635.58	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG				inpatient					Wellcare	Medicaid	98318.1				19748	98318.1	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG				inpatient					Wellcare	Medicaid	20548.71				12982	77694.14	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG				inpatient					Wellcare	Medicaid	27126.28				12982	63616.52	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG				inpatient					Wellcare	Medicaid	38874.41				31679.68	93312.55	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG				inpatient					Wellcare	Medicaid	81867.84				41282.44	123207.51	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG				inpatient					Wellcare	Medicaid	15641.8				13563	15641.8	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG				inpatient					Wellcare	Medicaid	17747.35				15389	17747.35	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG				inpatient					Wellcare	Medicaid	25330.67				21964	25330.67	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG				inpatient					Wellcare	Medicaid	65501.78				56797	65501.78	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG				inpatient					Wellcare	Medicaid	12088.86				10482	156953.89	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG				inpatient					Wellcare	Medicaid	13432.05				11647	92910.77	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG				inpatient					Wellcare	Medicaid	18346.68				15908	65773.6	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG				inpatient					Wellcare	Medicaid	32602.44				28270	139535.84	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG				inpatient					Wellcare	Medicaid	9518.02				8253	69397.35	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG				inpatient					Wellcare	Medicaid	11846.38				10272	58806.95	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG				inpatient					Wellcare	Medicaid	18472.03				16017	153921.62	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG				inpatient					Wellcare	Medicaid	49675.67				26969.24	85468.24	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG				inpatient					Wellcare	Medicaid	12502.79				10841	12502.79	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG				inpatient					Wellcare	Medicaid	16021.99				13893	71226.78	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG				inpatient					Wellcare	Medicaid	25609.05				12635.96	40095.3	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG				inpatient					Wellcare	Medicaid	57145.71				8226.72	57145.71	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG				inpatient					Wellcare	Medicaid	13583.62				11778	72443.8	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG				inpatient					Wellcare	Medicaid	17480.82				11412.29	36623.67	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG				inpatient					Wellcare	Medicaid	25828.78				8299.96	27141.07	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRACRANIAL HEMORRHAGE	0444	APR-DRG				inpatient					Wellcare	Medicaid	53688.54				19895.32	62836.38	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG				inpatient					Wellcare	Medicaid	11674.83				10123	11674.83	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG				inpatient					Wellcare	Medicaid	14170.18				12287	14170.18	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG				inpatient					Wellcare	Medicaid	20431.86				17717	370445.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG				inpatient					Wellcare	Medicaid	42531.22				36879	247179.56	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG				inpatient					Wellcare	Medicaid	11436.4				9917	174848.88	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG				inpatient					Wellcare	Medicaid	13049.59				11315	124592.26	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG				inpatient					Wellcare	Medicaid	18170.79				15756	200180.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG				inpatient					Wellcare	Medicaid	45126.79				34827.45	114836.61	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG				inpatient					Wellcare	Medicaid	9551.56				8282	195452.37	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG				inpatient					Wellcare	Medicaid	10368.73				8991	114945.83	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG				inpatient					Wellcare	Medicaid	12950.25				11229	92559.71	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG				inpatient					Wellcare	Medicaid	25742.32				22321	148035.47	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG				inpatient					Wellcare	Medicaid	9641.09				8360	80444.14	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG				inpatient					Wellcare	Medicaid	10823.72				9385	64927.15	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG				inpatient					Wellcare	Medicaid	15103.14				13093	92973.18	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG				inpatient					Wellcare	Medicaid	37426.35				32453	37426.35	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG				inpatient					Wellcare	Medicaid	14577.49				12640	14577.49	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG				inpatient					Wellcare	Medicaid	31867.78				27633	132253.23	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG				inpatient					Wellcare	Medicaid	35519.95				28359.46	87613.62	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG				inpatient					Wellcare	Medicaid	72705.49				22269.44	72705.49	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG				inpatient					Wellcare	Medicaid	10265.94				8902	65820.41	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG				inpatient					Wellcare	Medicaid	19156.24				16503.06	50361.94	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG				inpatient					Wellcare	Medicaid	31619.95				27418	99943.74	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG				inpatient					Wellcare	Medicaid	65368.52				20729.22	67462.61	case rate	
VIRAL MENINGITIS	0511	APR-DRG				inpatient					Wellcare	Medicaid	8828.76				7655	72057.63	case rate	
VIRAL MENINGITIS	0512	APR-DRG				inpatient					Wellcare	Medicaid	12183.14				10564	59372.55	case rate	
VIRAL MENINGITIS	0513	APR-DRG				inpatient					Wellcare	Medicaid	21353.52				17783.42	63955.88	case rate	
VIRAL MENINGITIS	0514	APR-DRG				inpatient					Wellcare	Medicaid	43544.38				12043.03	43544.38	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG				inpatient					Wellcare	Medicaid	8871.01				7692	52091.52	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG				inpatient					Wellcare	Medicaid	10383.17				9003	37675.96	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG				inpatient					Wellcare	Medicaid	13992.5				12133	13992.5	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG				inpatient					Wellcare	Medicaid	35832.06				31070	35832.06	case rate	
SEIZURE	0531	APR-DRG				inpatient					Wellcare	Medicaid	8302.74				7199	8302.74	case rate	
SEIZURE	0532	APR-DRG				inpatient					Wellcare	Medicaid	9856.16				8546	9856.16	case rate	
SEIZURE	0533	APR-DRG				inpatient					Wellcare	Medicaid	14739.34				12781	59700.21	case rate	
SEIZURE	0534	APR-DRG				inpatient					Wellcare	Medicaid	37097.3				9614.58	37097.3	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG				inpatient					Wellcare	Medicaid	8907.12				7723	34431.48	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG				inpatient					Wellcare	Medicaid	10267.03				8903	71199.48	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG				inpatient					Wellcare	Medicaid	12557.79				10889	41835.01	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG				inpatient					Wellcare	Medicaid	23729.16				8925.97	31143.19	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG				inpatient					Wellcare	Medicaid	10569.47				9165	62083.54	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG				inpatient					Wellcare	Medicaid	14094.8				11383.94	35145.31	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG				inpatient					Wellcare	Medicaid	22536.44				15425.85	48275.06	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG				inpatient					Wellcare	Medicaid	50728.21				9857.89	50728.21	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG				inpatient					Wellcare	Medicaid	10823.29				9211	29493.19	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG				inpatient					Wellcare	Medicaid	14424.04				12507	54925.76	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG				inpatient					Wellcare	Medicaid	23866.38				10557.14	32691.77	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG				inpatient					Wellcare	Medicaid	58184.49				18534.64	61326.81	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG				inpatient					Wellcare	Medicaid	10469.45				9078	66425.02	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG				inpatient					Wellcare	Medicaid	13148.32				11401	45973.65	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG				inpatient					Wellcare	Medicaid	18557.21				16091	204845.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG				inpatient					Wellcare	Medicaid	42513.41				36864	118811.42	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG				inpatient					Wellcare	Medicaid	9926.88				8609	48228.25	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG				inpatient					Wellcare	Medicaid	12317.79				10681	61221.49	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG				inpatient					Wellcare	Medicaid	16954.42				14701	53755.55	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG				inpatient					Wellcare	Medicaid	39124.42				24182.91	72997.7	case rate	
ORBITAL PROCEDURES	0701	APR-DRG				inpatient					Wellcare	Medicaid	15336.39				13298	15336.39	case rate	
ORBITAL PROCEDURES	0702	APR-DRG				inpatient					Wellcare	Medicaid	21194.83				18378	21194.83	case rate	
ORBITAL PROCEDURES	0703	APR-DRG				inpatient					Wellcare	Medicaid	34762.51				30143	34762.51	case rate	
ORBITAL PROCEDURES	0704	APR-DRG				inpatient					Wellcare	Medicaid	86195.61				74741	86195.61	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG				inpatient					Wellcare	Medicaid	13264.07				11501	13264.07	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG				inpatient					Wellcare	Medicaid	15678.6				13595	15678.6	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG				inpatient					Wellcare	Medicaid	26203.93				22722	26203.93	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG				inpatient					Wellcare	Medicaid	56661.73				24837.26	89946.24	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG				inpatient					Wellcare	Medicaid	6893.16				5977	60706.59	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG				inpatient					Wellcare	Medicaid	9455.6				8199	130564.23	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG				inpatient					Wellcare	Medicaid	15429.29				13379	67173.95	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG				inpatient					Wellcare	Medicaid	26448.69				13058.82	47998.11	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG				inpatient					Wellcare	Medicaid	8036.81				6969	93394.46	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG				inpatient					Wellcare	Medicaid	10058.19				8721	47190.67	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG				inpatient					Wellcare	Medicaid	14469.45				12547	176491.07	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG				inpatient					Wellcare	Medicaid	26123.41				22652	85596.96	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG				inpatient					Wellcare	Medicaid	26121.03				22650	26121.03	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG				inpatient					Wellcare	Medicaid	33970.37				29456	33970.37	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG				inpatient					Wellcare	Medicaid	56774.91				49230	56774.91	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG				inpatient					Wellcare	Medicaid	101331.96				2090	101331.96	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG				inpatient					Wellcare	Medicaid	15135.36				13124	174162.35	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG				inpatient					Wellcare	Medicaid	39457.82				23413.54	74909.04	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG				inpatient					Wellcare	Medicaid	60432.03				14399.42	60432.03	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG				inpatient					Wellcare	Medicaid	117046.94				45605.46	125836.58	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG				inpatient					Wellcare	Medicaid	22129.53				19189	22129.53	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG				inpatient					Wellcare	Medicaid	33630.52				29074	33530.52	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG				inpatient					Wellcare	Medicaid	57503.54				19114.58	57503.54	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG				inpatient					Wellcare	Medicaid	90774.77				10824.08	90774.77	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG				inpatient					Wellcare	Medicaid	18274.96				8122.78	27562.35	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG				inpatient					Wellcare	Medicaid	25475.1				19954.38	60788.51	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG				inpatient					Wellcare	Medicaid	40248.18				12046.57	40248.18	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG				inpatient					Wellcare	Medicaid	79983.09				69354	79983.09	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG				inpatient					Wellcare	Medicaid	18160				15747	18160	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG				inpatient					Wellcare	Medicaid	22376.96				19403	22376.96	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG				inpatient					Wellcare	Medicaid	38424.08				33318	111571.72	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG				inpatient					Wellcare	Medicaid	62360.4				25345.16	71519.33	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG				inpatient					Wellcare	Medicaid	12290.58				6697.13	31143.19	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG				inpatient					Wellcare	Medicaid	14273.56				12377	14273.56	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG				inpatient					Wellcare	Medicaid	21876.56				18969	21876.56	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG				inpatient					Wellcare	Medicaid	45148.96				39149	45148.96	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG				inpatient					Wellcare	Medicaid	7436.7				6448	7436.7	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG				inpatient					Wellcare	Medicaid	11414.44				9898	11414.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG				inpatient					Wellcare	Medicaid	22180.48				19233	22180.48	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG				inpatient					Wellcare	Medicaid	74935.81				35271.56	106216.06	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG				inpatient					Wellcare	Medicaid	13004.05				11302	170480.09	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG				inpatient					Wellcare	Medicaid	17184.44				14901	95680.27	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG				inpatient					Wellcare	Medicaid	27656.25				19703.98	61205.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG				inpatient					Wellcare	Medicaid	57684.19				50018	57684.19	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG				inpatient					Wellcare	Medicaid	10207.87				8851	10207.87	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG				inpatient					Wellcare	Medicaid	13106.17				11364	13106.17	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG				inpatient					Wellcare	Medicaid	21191.36				18375	21191.36	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG				inpatient					Wellcare	Medicaid	38775.08				33622	38775.08	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG				inpatient					Wellcare	Medicaid	8324.31				7218	8324.31	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG				inpatient					Wellcare	Medicaid	9230.03				8003	9230.03	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG				inpatient					Wellcare	Medicaid	11568.67				10031	11568.67	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG				inpatient					Wellcare	Medicaid	24228.46				21009	24228.46	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG				inpatient					Wellcare	Medicaid	5016.43				4350	5016.43	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG				inpatient					Wellcare	Medicaid	7308.87				6338	7308.87	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG				inpatient					Wellcare	Medicaid	11372.59				9861	11372.59	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG				inpatient					Wellcare	Medicaid	23976.48				20790	23976.48	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG				inpatient					Wellcare	Medicaid	7247.53				6284	7247.53	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG				inpatient					Wellcare	Medicaid	10157.22				8807	10157.22	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG				inpatient					Wellcare	Medicaid	17050.77				14785	17050.77	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG				inpatient					Wellcare	Medicaid	35558.62				30833	35558.62	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG				inpatient					Wellcare	Medicaid	7445.99				6456	7445.99	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG				inpatient					Wellcare	Medicaid	9912.76				8595	9912.76	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG				inpatient					Wellcare	Medicaid	14809.47				12841	14809.47	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG				inpatient					Wellcare	Medicaid	30393.5				26354	30393.5	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG				inpatient					Wellcare	Medicaid	28285.65				24527	28285.65	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG				inpatient					Wellcare	Medicaid	34261.43				29708	34261.43	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG				inpatient					Wellcare	Medicaid	49890.75				43260	49890.75	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG				inpatient					Wellcare	Medicaid	86032.27				74599	86032.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG				inpatient					Wellcare	Medicaid	19153.27				16608	19153.27	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG				inpatient					Wellcare	Medicaid	24809.69				21513	24809.69	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG				inpatient					Wellcare	Medicaid	38987.49				33806	38987.49	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG				inpatient					Wellcare	Medicaid	74514.55				64612	74514.55	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG				inpatient					Wellcare	Medicaid	43137.48				37405	43137.48	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG				inpatient					Wellcare	Medicaid	47862.56				41502	47862.56	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG				inpatient					Wellcare	Medicaid	59283.72				51405	59283.72	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG				inpatient					Wellcare	Medicaid	81420.08				70600	81420.08	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG				inpatient					Wellcare	Medicaid	21752.41				18862	21752.41	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG				inpatient					Wellcare	Medicaid	26843.13				23276	26843.13	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG				inpatient					Wellcare	Medicaid	34831.87				30203	34831.87	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG				inpatient					Wellcare	Medicaid	44801.51				38848	44801.51	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG				inpatient					Wellcare	Medicaid	8608.44				7464	8608.44	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG				inpatient					Wellcare	Medicaid	9615.37				8338	9615.37	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG				inpatient					Wellcare	Medicaid	14862.31				12887	14862.31	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG				inpatient					Wellcare	Medicaid	24743.91				21456	24743.91	case rate	
RESPIRATORY FAILURE	1331	APR-DRG				inpatient					Wellcare	Medicaid	6398.7				5548	6398.7	case rate	
RESPIRATORY FAILURE	1332	APR-DRG				inpatient					Wellcare	Medicaid	11191.74				9704	11191.74	case rate	
RESPIRATORY FAILURE	1333	APR-DRG				inpatient					Wellcare	Medicaid	17003.1				14743	17003.1	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY FAILURE	1334	APR-DRG				inpatient					Wellcare	Medicaid	30972.24				26856	30972.24	case rate	
PULMONARY EMBOLISM	1341	APR-DRG				inpatient					Wellcare	Medicaid	10170.37				8819	10170.37	case rate	
PULMONARY EMBOLISM	1342	APR-DRG				inpatient					Wellcare	Medicaid	13195.51				11442	13195.51	case rate	
PULMONARY EMBOLISM	1343	APR-DRG				inpatient					Wellcare	Medicaid	19261.8				16702	19261.8	case rate	
PULMONARY EMBOLISM	1344	APR-DRG				inpatient					Wellcare	Medicaid	33424.47				28982	33424.47	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG				inpatient					Wellcare	Medicaid	10657.71				9241	10657.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG				inpatient					Wellcare	Medicaid	13362.8				11587	13362.8	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG				inpatient					Wellcare	Medicaid	19502.7				16911	19502.7	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG				inpatient					Wellcare	Medicaid	36785.47				31897	36785.47	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG				inpatient					Wellcare	Medicaid	10912.65				9462	10912.65	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG				inpatient					Wellcare	Medicaid	13863.99				12022	13863.99	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG				inpatient					Wellcare	Medicaid	20969.36				18183	20969.36	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG				inpatient					Wellcare	Medicaid	33999.85				29481	33999.85	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG				inpatient					Wellcare	Medicaid	9977.36				8651	9977.36	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG				inpatient					Wellcare	Medicaid	12892.09				11179	12892.09	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG				inpatient					Wellcare	Medicaid	19149.32				16604	19149.32	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG				inpatient					Wellcare	Medicaid	32419.71				28111	32419.71	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG				inpatient					Wellcare	Medicaid	4636.43				4020	4636.43	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG				inpatient					Wellcare	Medicaid	7017.82				6085	7017.82	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG				inpatient					Wellcare	Medicaid	16797.91				14566	16797.91	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG				inpatient					Wellcare	Medicaid	41763.51				36213	41763.51	case rate	
OTHER PNEUMONIA	1391	APR-DRG				inpatient					Wellcare	Medicaid	6814.12				5909	6814.12	case rate	
OTHER PNEUMONIA	1392	APR-DRG				inpatient					Wellcare	Medicaid	9570.85				8299	9570.85	case rate	
OTHER PNEUMONIA	1393	APR-DRG				inpatient					Wellcare	Medicaid	15038.21				13040	15038.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG				inpatient					Wellcare	Medicaid	28929.51				25085	28929.51	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG				inpatient					Wellcare	Medicaid	7896.53				6847	7896.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG				inpatient					Wellcare	Medicaid	9859.23				8549	9859.23	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG				inpatient					Wellcare	Medicaid	13456.98				11669	13456.98	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG				inpatient					Wellcare	Medicaid	26145.27				22671	26145.27	case rate	
ASTHMA	1411	APR-DRG				inpatient					Wellcare	Medicaid	6049.18				5245	6049.18	case rate	
ASTHMA	1412	APR-DRG				inpatient					Wellcare	Medicaid	8869.97				7518	8869.97	case rate	
ASTHMA	1413	APR-DRG				inpatient					Wellcare	Medicaid	12425.52				10774	12425.52	case rate	
ASTHMA	1414	APR-DRG				inpatient					Wellcare	Medicaid	23492.81				20371	23492.81	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG				inpatient					Wellcare	Medicaid	10133.27				8787	10133.27	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG				inpatient					Wellcare	Medicaid	12323.92				10686	12323.92	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG				inpatient					Wellcare	Medicaid	17832.43				15463	17832.43	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG				inpatient					Wellcare	Medicaid	31558.51				27365	31558.51	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG				inpatient					Wellcare	Medicaid	7532.85				6532	7532.85	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG				inpatient					Wellcare	Medicaid	11057.79				9588	11057.79	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG				inpatient					Wellcare	Medicaid	17019.12				14757	17019.12	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG				inpatient					Wellcare	Medicaid	29002.71				25148	29002.71	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG				inpatient					Wellcare	Medicaid	7378.52				6398	7378.52	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG				inpatient					Wellcare	Medicaid	8935.7				7748	8935.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG				inpatient					Wellcare	Medicaid	12630.21				10952	12630.21	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG				inpatient					Wellcare	Medicaid	22153.08				19209	22153.08	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG				inpatient					Wellcare	Medicaid	47341.67				41050	47341.67	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG				inpatient					Wellcare	Medicaid	52230.5				47891	52230.5	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG				inpatient					Wellcare	Medicaid	83626.85				72513	83626.85	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG				inpatient					Wellcare	Medicaid	186239.68				161489	186239.68	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG				inpatient					Wellcare	Medicaid	64092.69				55575	64092.69	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG				inpatient					Wellcare	Medicaid	82743.48				71747	82743.48	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG				inpatient					Wellcare	Medicaid	133073.2				115388	133073.2	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG				inpatient					Wellcare	Medicaid	319309.91				276875	319309.91	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG				inpatient					Wellcare	Medicaid	68670.76				59545	68670.76	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG				inpatient					Wellcare	Medicaid	76216.27				66087	76216.27	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG				inpatient					Wellcare	Medicaid	100866.98				87462	100866.98	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG				inpatient					Wellcare	Medicaid	158648.52				137585	158648.52	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG				inpatient					Wellcare	Medicaid	56663.71				49133	56663.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG				inpatient					Wellcare	Medicaid	65106.84				56454	65106.84	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG				inpatient					Wellcare	Medicaid	83494.39				72398	83494.39	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG				inpatient					Wellcare	Medicaid	134531.06				116652	134531.06	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG				inpatient					Wellcare	Medicaid	59331.71				51447	59331.71	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG				inpatient					Wellcare	Medicaid	63809.15				55329	63809.15	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG				inpatient					Wellcare	Medicaid	81124.47				70343	81124.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG				inpatient					Wellcare	Medicaid	120765.21				104716	120765.21	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG				inpatient					Wellcare	Medicaid	49053.6				42535	49053.6	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG				inpatient					Wellcare	Medicaid	55591				48203	55591	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG				inpatient					Wellcare	Medicaid	69437.38				60209	69437.38	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG				inpatient					Wellcare	Medicaid	105669.62				91627	105669.62	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG				inpatient					Wellcare	Medicaid	46076.04				39953	46076.04	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG				inpatient					Wellcare	Medicaid	51358.21				44533	51358.21	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG				inpatient					Wellcare	Medicaid	69985.16				60684	69985.16	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG				inpatient					Wellcare	Medicaid	122665				106363	122665	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG				inpatient					Wellcare	Medicaid	26398.74				22890	26398.74	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG				inpatient					Wellcare	Medicaid	34884.1				30248	34884.1	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG				inpatient					Wellcare	Medicaid	56524.12				49012	56524.12	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG				inpatient					Wellcare	Medicaid	102730.46				89078	102730.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG				inpatient					Wellcare	Medicaid	36125.4				31324	36125.4	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG				inpatient					Wellcare	Medicaid	38535.67				33414	38535.67	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG				inpatient					Wellcare	Medicaid	47324.46				41035	47324.46	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG				inpatient					Wellcare	Medicaid	75653.45				65599	75653.45	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG				inpatient					Wellcare	Medicaid	24960.36				21643	24960.36	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG				inpatient					Wellcare	Medicaid	28522.3				24732	28522.3	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG				inpatient					Wellcare	Medicaid	36286.26				31464	36286.26	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG				inpatient					Wellcare	Medicaid	60436.18				52404	60436.18	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG				inpatient					Wellcare	Medicaid	29856.39				25889	29856.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG				inpatient					Wellcare	Medicaid	32158.04				27884	32158.04	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG				inpatient					Wellcare	Medicaid	40644.7				35243	40644.7	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG				inpatient					Wellcare	Medicaid	66180.55				57385	66180.55	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG				inpatient					Wellcare	Medicaid	29683.26				25738	29683.26	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG				inpatient					Wellcare	Medicaid	32717.99				28370	32717.99	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG				inpatient					Wellcare	Medicaid	41529.45				36010	41529.45	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG				inpatient					Wellcare	Medicaid	77999.42				67634	77999.42	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG				inpatient					Wellcare	Medicaid	23446.81				20331	23446.81	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG				inpatient					Wellcare	Medicaid	44829.61				38872	44829.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG				inpatient					Wellcare	Medicaid	46711.78				40504	46711.78	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG				inpatient					Wellcare	Medicaid	74172.14				64315	74172.14	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG				inpatient					Wellcare	Medicaid	19312.36				16746	19312.36	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG				inpatient					Wellcare	Medicaid	24998.94				21677	24998.94	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG				inpatient					Wellcare	Medicaid	35450.19				30739	35450.19	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG				inpatient					Wellcare	Medicaid	71684.21				62158	71684.21	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG				inpatient					Wellcare	Medicaid	18677.8				16196	18677.8	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG				inpatient					Wellcare	Medicaid	23600.54				20464	23600.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG				inpatient					Wellcare	Medicaid	36167.54				31361	36167.54	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG				inpatient					Wellcare	Medicaid	63434.4				55004	63434.4	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG				inpatient					Wellcare	Medicaid	23201.46				20118	23201.46	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG				inpatient					Wellcare	Medicaid	31429.8				27253	31429.8	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG				inpatient					Wellcare	Medicaid	52174.2				45240	52174.2	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG				inpatient					Wellcare	Medicaid	92970.08				80615	92970.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG				inpatient					Wellcare	Medicaid	29717.29				25768	29717.29	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG				inpatient					Wellcare	Medicaid	34957.9				30312	34957.9	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG				inpatient					Wellcare	Medicaid	47445.46				41140	47445.46	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG				inpatient					Wellcare	Medicaid	84827.89				73555	84827.89	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG				inpatient					Wellcare	Medicaid	12599.25				10925	12599.25	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG				inpatient					Wellcare	Medicaid	13892.28				12046	13892.28	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG				inpatient					Wellcare	Medicaid	18927.71				16412	18927.71	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG				inpatient					Wellcare	Medicaid	35056.25				30397	35056.25	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG				inpatient					Wellcare	Medicaid	13958.47				12103	13958.47	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG				inpatient					Wellcare	Medicaid	16052.56				13919	16052.56	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG				inpatient					Wellcare	Medicaid	21256.36				18431	21256.36	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG				inpatient					Wellcare	Medicaid	41614.03				36084	41614.03	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG				inpatient					Wellcare	Medicaid	14420.77				12504	14420.77	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG				inpatient					Wellcare	Medicaid	17811.86				15445	17811.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG				inpatient					Wellcare	Medicaid	26222.34				22738	26222.34	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG				inpatient					Wellcare	Medicaid	49838.02				43215	49838.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG				inpatient					Wellcare	Medicaid	14781.48				12817	14781.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG				inpatient					Wellcare	Medicaid	19202.84				16651	19202.84	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG				inpatient					Wellcare	Medicaid	28694.54				24881	28694.54	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG				inpatient					Wellcare	Medicaid	47269.55				40988	47269.55	case rate	
HEART FAILURE	1941	APR-DRG				inpatient					Wellcare	Medicaid	8004.37				6941	8004.37	case rate	
HEART FAILURE	1942	APR-DRG				inpatient					Wellcare	Medicaid	10278.41				8912	10278.41	case rate	
HEART FAILURE	1943	APR-DRG				inpatient					Wellcare	Medicaid	15329.67				13292	15329.67	case rate	
HEART FAILURE	1944	APR-DRG				inpatient					Wellcare	Medicaid	28952.35				25105	28952.35	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG				inpatient					Wellcare	Medicaid	8335.19				7227	8335.19	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG				inpatient					Wellcare	Medicaid	8840.04				7665	8840.04	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG				inpatient					Wellcare	Medicaid	16777.42				14548	16777.42	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG				inpatient					Wellcare	Medicaid	42822.78				37132	42822.78	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG				inpatient					Wellcare	Medicaid	7977.65				6917	7977.65	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG				inpatient					Wellcare	Medicaid	10951.48				9236	10951.48	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG				inpatient					Wellcare	Medicaid	15819.08				13717	15819.08	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG				inpatient					Wellcare	Medicaid	34164.57				29624	34164.57	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG				inpatient					Wellcare	Medicaid	7368.33				6389	7368.33	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG				inpatient					Wellcare	Medicaid	8511.38				7380	8511.38	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG				inpatient					Wellcare	Medicaid	11611.42				10068	11611.42	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG				inpatient					Wellcare	Medicaid	27906.55				24198	27906.55	case rate	
HYPERTENSION	1991	APR-DRG				inpatient					Wellcare	Medicaid	7581.23				6574	7581.23	case rate	
HYPERTENSION	1992	APR-DRG				inpatient					Wellcare	Medicaid	8902.76				7720	8902.76	case rate	
HYPERTENSION	1993	APR-DRG				inpatient					Wellcare	Medicaid	12480.73				10822	12480.73	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HYPERTENSION	1984	APR-DRG				inpatient					Wellcare	Medicaid	28452.58				24671	28452.58	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG				inpatient					Wellcare	Medicaid	9098.35				7889	9098.35	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG				inpatient					Wellcare	Medicaid	10764.26				9334	10764.26	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG				inpatient					Wellcare	Medicaid	16408.61				14228	16408.61	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG				inpatient					Wellcare	Medicaid	34956.61				30311	34956.61	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG				inpatient					Wellcare	Medicaid	6799.67				5896	6799.67	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG				inpatient					Wellcare	Medicaid	8807.98				7637	8807.98	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG				inpatient					Wellcare	Medicaid	13528.11				11730	13528.11	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG				inpatient					Wellcare	Medicaid	28069.1				24339	28069.1	case rate	
CHEST PAIN	2031	APR-DRG				inpatient					Wellcare	Medicaid	7604.39				6594	7604.39	case rate	
CHEST PAIN	2032	APR-DRG				inpatient					Wellcare	Medicaid	8843.9				7669	8843.9	case rate	
CHEST PAIN	2033	APR-DRG				inpatient					Wellcare	Medicaid	11039.79				9573	11039.79	case rate	
CHEST PAIN	2034	APR-DRG				inpatient					Wellcare	Medicaid	20345.33				17381	20345.33	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG				inpatient					Wellcare	Medicaid	8454.8				7331	8454.8	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG				inpatient					Wellcare	Medicaid	9546.91				8278	9546.91	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG				inpatient					Wellcare	Medicaid	12045.32				10445	12045.32	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG				inpatient					Wellcare	Medicaid	24693.84				21412	24693.84	case rate	
CARDIOMYOPATHY	2051	APR-DRG				inpatient					Wellcare	Medicaid	8198.56				7109	8198.56	case rate	
CARDIOMYOPATHY	2052	APR-DRG				inpatient					Wellcare	Medicaid	10437.59				9050	10437.59	case rate	
CARDIOMYOPATHY	2053	APR-DRG				inpatient					Wellcare	Medicaid	15067.69				13065	15067.69	case rate	
CARDIOMYOPATHY	2054	APR-DRG				inpatient					Wellcare	Medicaid	36972.45				32059	36972.45	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG				inpatient					Wellcare	Medicaid	9350.72				8108	9350.72	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG				inpatient					Wellcare	Medicaid	10997.64				9536	10997.64	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG				inpatient					Wellcare	Medicaid	18351.63				15913	18351.63	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG				inpatient					Wellcare	Medicaid	34332.75				29770	34332.75	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG				inpatient					Wellcare	Medicaid	8134.36				7053	8134.36	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG				inpatient					Wellcare	Medicaid	10791.17				9357	10791.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG				inpatient					Wellcare	Medicaid	15672.16				13589	15672.16	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG				inpatient					Wellcare	Medicaid	30562.66				26501	30562.66	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG				inpatient					Wellcare	Medicaid	20829.57				18061	20829.57	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG				inpatient					Wellcare	Medicaid	30949.88				26837	30949.88	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG				inpatient					Wellcare	Medicaid	50186.26				43517	50186.26	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG				inpatient					Wellcare	Medicaid	99580.38				86347	99580.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG				inpatient					Wellcare	Medicaid	21255.47				18431	21255.47	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG				inpatient					Wellcare	Medicaid	27559.49				23897	27559.49	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG				inpatient					Wellcare	Medicaid	44760.84				38812	44760.84	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG				inpatient					Wellcare	Medicaid	88598.66				76824	88598.66	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG				inpatient					Wellcare	Medicaid	15814.92				13713	15814.92	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG				inpatient					Wellcare	Medicaid	20340.83				17501	20340.83	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG				inpatient					Wellcare	Medicaid	32802.08				28443	32802.08	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG				inpatient					Wellcare	Medicaid	80028.01				69393	80028.01	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG				inpatient					Wellcare	Medicaid	16935.52				14685	16935.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG				inpatient					Wellcare	Medicaid	22452.74				19469	22452.74	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG				inpatient					Wellcare	Medicaid	37712.27				32700	37712.27	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG				inpatient					Wellcare	Medicaid	77874.17				67525	77874.17	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG				inpatient					Wellcare	Medicaid	19079.67				16544	19079.67	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG				inpatient					Wellcare	Medicaid	24983.61				21663	24983.61	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG				inpatient					Wellcare	Medicaid	37823.06				32797	37823.06	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG				inpatient					Wellcare	Medicaid	68655.62				59532	68655.62	case rate	
APPENDECTOMY	2251	APR-DRG				inpatient					Wellcare	Medicaid	13036.52				11304	13036.52	case rate	
APPENDECTOMY	2252	APR-DRG				inpatient					Wellcare	Medicaid	17337.98				15034	17337.98	case rate	
APPENDECTOMY	2253	APR-DRG				inpatient					Wellcare	Medicaid	29780.62				25823	29780.62	case rate	
APPENDECTOMY	2254	APR-DRG				inpatient					Wellcare	Medicaid	56684.89				49152	56684.89	case rate	
ANAL PROCEDURES	2261	APR-DRG				inpatient					Wellcare	Medicaid	10572.14				9167	10572.14	case rate	
ANAL PROCEDURES	2262	APR-DRG				inpatient					Wellcare	Medicaid	14314.82				12412	14314.82	case rate	
ANAL PROCEDURES	2263	APR-DRG				inpatient					Wellcare	Medicaid	23334.62				20234	23334.62	case rate	
ANAL PROCEDURES	2264	APR-DRG				inpatient					Wellcare	Medicaid	47755.31				41409	47755.31	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG				inpatient					Wellcare	Medicaid	16432.55				14249	16432.55	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG				inpatient					Wellcare	Medicaid	20874.19				18100	20874.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG				inpatient					Wellcare	Medicaid	33872.43				29371	33872.43	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG				inpatient					Wellcare	Medicaid	69731.7				60465	69731.7	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG				inpatient					Wellcare	Medicaid	12361.02				10718	12361.02	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG				inpatient					Wellcare	Medicaid	16144.17				13999	16144.17	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG				inpatient					Wellcare	Medicaid	24799.1				21503	24799.1	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG				inpatient					Wellcare	Medicaid	55264.72				47920	55264.72	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG				inpatient					Wellcare	Medicaid	17087.88				14817	17087.88	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG				inpatient					Wellcare	Medicaid	23572.35				20440	23572.35	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG				inpatient					Wellcare	Medicaid	38401.33				33298	38401.33	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG				inpatient					Wellcare	Medicaid	79702.13				69110	79702.13	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG				inpatient					Wellcare	Medicaid	10677				9258	10677	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG				inpatient					Wellcare	Medicaid	13684.13				11866	13684.13	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG				inpatient					Wellcare	Medicaid	20158.12				17479	20158.12	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG				inpatient					Wellcare	Medicaid	36922.79				32016	36922.79	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG				inpatient					Wellcare	Medicaid	9082.62				7876	9082.62	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG				inpatient					Wellcare	Medicaid	11264.96				9768	11264.96	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG				inpatient					Wellcare	Medicaid	16928.49				14679	16928.49	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG				inpatient					Wellcare	Medicaid	39556.54				34300	39556.54	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG				inpatient					Wellcare	Medicaid	8959.35				7769	8959.35	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG				inpatient					Wellcare	Medicaid	11050.66				9582	11050.66	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG				inpatient					Wellcare	Medicaid	16435.03				14251	16435.03	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG				inpatient					Wellcare	Medicaid	38476.11				33363	38476.11	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG				inpatient					Wellcare	Medicaid	8335.3				7228	8335.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG				inpatient					Wellcare	Medicaid	10182.34				8829	10182.34	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG				inpatient					Wellcare	Medicaid	14696.3				12743	14696.3	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG				inpatient					Wellcare	Medicaid	32350.17				28051	32350.17	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG				inpatient					Wellcare	Medicaid	7786.32				6752	7786.32	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG				inpatient					Wellcare	Medicaid	10188.98				8835	10188.98	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG				inpatient					Wellcare	Medicaid	15465				13410	15465	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG				inpatient					Wellcare	Medicaid	35102.05				30437	35102.05	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG				inpatient					Wellcare	Medicaid	9297.11				8062	9297.11	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG				inpatient					Wellcare	Medicaid	11159.69				9677	11159.69	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG				inpatient					Wellcare	Medicaid	16798.7				14566	16798.7	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG				inpatient					Wellcare	Medicaid	31937.82				27693	31937.82	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG				inpatient					Wellcare	Medicaid	9779.5				8480	9779.5	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG				inpatient					Wellcare	Medicaid	11744.68				10184	11744.68	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG				inpatient					Wellcare	Medicaid	17752.89				15394	17752.89	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG				inpatient					Wellcare	Medicaid	35906.65				31135	35906.65	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG				inpatient					Wellcare	Medicaid	7547.8				6545	7547.8	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG				inpatient					Wellcare	Medicaid	9707.47				8417	9707.47	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG				inpatient					Wellcare	Medicaid	15390.7				13345	15390.7	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG				inpatient					Wellcare	Medicaid	35170.8				30497	35170.8	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG				inpatient					Wellcare	Medicaid	8231.02				7137	8231.02	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG				inpatient					Wellcare	Medicaid	11323.52				9819	11323.52	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG				inpatient					Wellcare	Medicaid	17021.99				14760	17021.99	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG				inpatient					Wellcare	Medicaid	36239.47				31423	36239.47	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG				inpatient					Wellcare	Medicaid	6799.38				5896	6799.38	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG				inpatient					Wellcare	Medicaid	8264.06				7166	8264.06	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG				inpatient					Wellcare	Medicaid	11726.96				10169	11726.96	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG				inpatient					Wellcare	Medicaid	26867.32				23345	26867.32	case rate	
ABDOMINAL PAIN	2511	APR-DRG				inpatient					Wellcare	Medicaid	7720.33				6694	7720.33	case rate	
ABDOMINAL PAIN	2512	APR-DRG				inpatient					Wellcare	Medicaid	9571.24				8299	9571.24	case rate	
ABDOMINAL PAIN	2513	APR-DRG				inpatient					Wellcare	Medicaid	12933.34				11215	12933.34	case rate	
ABDOMINAL PAIN	2514	APR-DRG				inpatient					Wellcare	Medicaid	24772.1				21480	24772.1	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG				inpatient					Wellcare	Medicaid	8405.93				7289	8405.93	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG				inpatient					Wellcare	Medicaid	11290.67				9790	11290.67	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG				inpatient					Wellcare	Medicaid	17311.56				15011	17311.56	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG				inpatient					Wellcare	Medicaid	38638.66				33504	38638.66	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG				inpatient					Wellcare	Medicaid	8489.23				7361	8489.23	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG				inpatient					Wellcare	Medicaid	10923.35				9472	10923.35	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG				inpatient					Wellcare	Medicaid	16312.75				14145	16312.75	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG				inpatient					Wellcare	Medicaid	33791.99				29301	33791.99	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG				inpatient					Wellcare	Medicaid	7963.21				6905	7963.21	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG				inpatient					Wellcare	Medicaid	10630.61				9218	10630.61	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG				inpatient					Wellcare	Medicaid	15450.36				13397	15450.36	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG				inpatient					Wellcare	Medicaid	33132.32				28729	33132.32	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG				inpatient					Wellcare	Medicaid	24849.56				21547	24849.56	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG				inpatient					Wellcare	Medicaid	32837.8				28474	32837.8	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG				inpatient					Wellcare	Medicaid	51539.15				44690	51539.15	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG				inpatient					Wellcare	Medicaid	104400.22				90526	104400.22	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG				inpatient					Wellcare	Medicaid	20667.13				17921	20667.13	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG				inpatient					Wellcare	Medicaid	28756.37				24935	28756.37	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG				inpatient					Wellcare	Medicaid	43486.91				37708	43486.91	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG				inpatient					Wellcare	Medicaid	79892.77				69275	79892.77	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG				inpatient					Wellcare	Medicaid	18014.47				15620	18014.47	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG				inpatient					Wellcare	Medicaid	23758.44				20601	23758.44	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG				inpatient					Wellcare	Medicaid	35562.18				30836	35562.18	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG				inpatient					Wellcare	Medicaid	72727.25				63062	72727.25	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG				inpatient					Wellcare	Medicaid	15390.4				13345	15390.4	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG				inpatient					Wellcare	Medicaid	19475.99				16888	19475.99	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG				inpatient					Wellcare	Medicaid	26531.7				23006	26531.7	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG				inpatient					Wellcare	Medicaid	56227.72				48755	56227.72	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG				inpatient					Wellcare	Medicaid	20494.49				17771	20494.49	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG				inpatient					Wellcare	Medicaid	25102.34				21766	25102.34	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG				inpatient					Wellcare	Medicaid	38836.52				33675	38836.52	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG				inpatient					Wellcare	Medicaid	84349.05				73139	84349.05	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG				inpatient					Wellcare	Medicaid	7960.14				6902	7960.14	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG				inpatient					Wellcare	Medicaid	10073.42				8735	10073.42	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG				inpatient					Wellcare	Medicaid	16702.83				14483	16702.83	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG				inpatient					Wellcare	Medicaid	42123.03				36525	42123.03	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG				inpatient					Wellcare	Medicaid	8135.05				7054	8135.05	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG				inpatient					Wellcare	Medicaid	10193.32				8839	10193.32	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG				inpatient					Wellcare	Medicaid	16241.92				14083	16241.92	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG				inpatient					Wellcare	Medicaid	36650.62				31780	36650.62	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG				inpatient					Wellcare	Medicaid	11986.67				10394	11986.67	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG				inpatient					Wellcare	Medicaid	14218.76				12329	14218.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG				inpatient					Wellcare	Medicaid	19676.03				17061	19676.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG				inpatient					Wellcare	Medicaid	32068.61				27807	32068.61	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG				inpatient					Wellcare	Medicaid	8291.76				7190	8291.76	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG				inpatient					Wellcare	Medicaid	10715.29				9291	10715.29	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG				inpatient					Wellcare	Medicaid	17899.41				15521	17899.41	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG				inpatient					Wellcare	Medicaid	49811.51				43192	49811.51	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG				inpatient					Wellcare	Medicaid	8884.16				7703	8884.16	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG				inpatient					Wellcare	Medicaid	10521.88				9124	10521.88	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG				inpatient					Wellcare	Medicaid	15859.64				13752	15859.64	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG				inpatient					Wellcare	Medicaid	32417.34				28109	32417.34	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG				inpatient					Wellcare	Medicaid	9580.35				8307	9580.35	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG				inpatient					Wellcare	Medicaid	12778.81				11081	12778.81	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG				inpatient					Wellcare	Medicaid	18415.04				15968	18415.04	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG				inpatient					Wellcare	Medicaid	36459.98				31615	36459.98	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG				inpatient					Wellcare	Medicaid	24317.11				21085	24317.11	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG				inpatient					Wellcare	Medicaid	26553.27				23024	26553.27	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG				inpatient					Wellcare	Medicaid	36334.24				31506	36334.24	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG				inpatient					Wellcare	Medicaid	60212.1				52210	60212.1	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG				inpatient					Wellcare	Medicaid	23207.59				20123	23207.59	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG				inpatient					Wellcare	Medicaid	25805.43				22376	25805.43	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG				inpatient					Wellcare	Medicaid	33185.84				28776	33185.84	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG				inpatient					Wellcare	Medicaid	61017.4				52908	61017.4	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG				inpatient					Wellcare	Medicaid	71692.13				62165	71692.13	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG				inpatient					Wellcare	Medicaid	86269.62				74805	86269.62	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG				inpatient					Wellcare	Medicaid	126393.73				109597	126393.73	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG				inpatient					Wellcare	Medicaid	171696.13				148878	171696.13	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG				inpatient					Wellcare	Medicaid	43576.93				37786	43576.93	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG				inpatient					Wellcare	Medicaid	52192.7				45257	52192.7	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG				inpatient					Wellcare	Medicaid	78604.88				68159	78604.88	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG				inpatient					Wellcare	Medicaid	130916.58				113518	130916.58	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG				inpatient					Wellcare	Medicaid	16340.74				14169	16340.74	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG				inpatient					Wellcare	Medicaid	22372.7				19399	22372.7	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG				inpatient					Wellcare	Medicaid	36610.56				31745	36610.56	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG				inpatient					Wellcare	Medicaid	77434.92				67144	77434.92	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG				inpatient					Wellcare	Medicaid	19808.6				17176	19808.6	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG				inpatient					Wellcare	Medicaid	23337.88				20236	23337.88	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG				inpatient					Wellcare	Medicaid	31153.59				27013	31153.59	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG				inpatient					Wellcare	Medicaid	54458.92				47222	54458.92	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG				inpatient					Wellcare	Medicaid	19988.36				17332	19988.36	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG				inpatient					Wellcare	Medicaid	28414.47				24638	28414.47	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG				inpatient					Wellcare	Medicaid	41483.84				35971	41483.84	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG				inpatient					Wellcare	Medicaid	81113.59				70334	81113.59	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG				inpatient					Wellcare	Medicaid	14894.76				12915	14894.76	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG				inpatient					Wellcare	Medicaid	19772.29				17145	19772.29	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG				inpatient					Wellcare	Medicaid	28610.25				24808	28610.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG				inpatient					Wellcare	Medicaid	61512.75				53338	61512.75	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG				inpatient					Wellcare	Medicaid	24556.92				21293	24556.92	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG				inpatient					Wellcare	Medicaid	34948.9				30304	34948.9	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG				inpatient					Wellcare	Medicaid	63020.17				54645	63020.17	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG				inpatient					Wellcare	Medicaid	130235.15				112927	130235.15	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG				inpatient					Wellcare	Medicaid	17490.52				15166	17490.52	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG				inpatient					Wellcare	Medicaid	23939.1				20758	23939.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG				inpatient					Wellcare	Medicaid	36642.31				31773	36642.31	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG				inpatient					Wellcare	Medicaid	74557.19				64649	74557.19	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG				inpatient					Wellcare	Medicaid	15996.66				13871	15996.66	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG				inpatient					Wellcare	Medicaid	18156.53				15744	18156.53	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG				inpatient					Wellcare	Medicaid	25320.27				21955	25320.27	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG				inpatient					Wellcare	Medicaid	54575.07				47322	54575.07	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG				inpatient					Wellcare	Medicaid	14425.73				12509	14425.73	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG				inpatient					Wellcare	Medicaid	24402.49				21160	24402.49	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG				inpatient					Wellcare	Medicaid	35106.11				30441	35106.11	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG				inpatient					Wellcare	Medicaid	71025.23				61586	71025.23	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG				inpatient					Wellcare	Medicaid	12560.86				10892	12560.86	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG				inpatient					Wellcare	Medicaid	17865.58				15491	17865.58	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG				inpatient					Wellcare	Medicaid	28663.48				24854	28663.48	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG				inpatient					Wellcare	Medicaid	54859.4				47569	54859.4	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG				inpatient					Wellcare	Medicaid	13871.71				12028	13871.71	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG				inpatient					Wellcare	Medicaid	19460.55				16874	19460.55	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG				inpatient					Wellcare	Medicaid	33421				28979	33421	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG				inpatient					Wellcare	Medicaid	78769.11				68301	78769.11	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG				inpatient					Wellcare	Medicaid	15828.38				13725	15828.38	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG				inpatient					Wellcare	Medicaid	24331.65				21098	24331.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG				inpatient					Wellcare	Medicaid	34645.87				30042	34645.87	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG				inpatient					Wellcare	Medicaid	65398.88				56708	65398.88	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG				inpatient					Wellcare	Medicaid	26017.94				22560	26017.94	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG				inpatient					Wellcare	Medicaid	33723.24				29242	33723.24	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG				inpatient					Wellcare	Medicaid	56342.18				48855	56342.18	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG				inpatient					Wellcare	Medicaid	105705.53				91658	105705.53	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG				inpatient					Wellcare	Medicaid	23745.38				20590	23745.38	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG				inpatient					Wellcare	Medicaid	25862.51				22443	25862.51	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG				inpatient					Wellcare	Medicaid	36570				31710	36570	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG				inpatient					Wellcare	Medicaid	61330.42				53180	61330.42	case rate	
FRACTURE OF FEMUR	3401	APR-DRG				inpatient					Wellcare	Medicaid	7416.91				6431	7416.91	case rate	
FRACTURE OF FEMUR	3402	APR-DRG				inpatient					Wellcare	Medicaid	8785.63				7618	8785.63	case rate	
FRACTURE OF FEMUR	3403	APR-DRG				inpatient					Wellcare	Medicaid	13177.6				11426	13177.6	case rate	
FRACTURE OF FEMUR	3404	APR-DRG				inpatient					Wellcare	Medicaid	30283.78				26259	30283.78	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG				inpatient					Wellcare	Medicaid	7519.4				6520	7519.4	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG				inpatient					Wellcare	Medicaid	9121.1				7909	9121.1	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG				inpatient					Wellcare	Medicaid	12205.8				10584	12205.8	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG				inpatient					Wellcare	Medicaid	28936.13				25091	28936.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG				inpatient					Wellcare	Medicaid	7852.31				6809	7852.31	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG				inpatient					Wellcare	Medicaid	10151.47				8802	10151.47	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG				inpatient					Wellcare	Medicaid	13864.28				12022	13864.28	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG				inpatient					Wellcare	Medicaid	31975.01				27726	31975.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG				inpatient					Wellcare	Medicaid	12195.01				10574	12195.01	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG				inpatient					Wellcare	Medicaid	14589.75				12651	14589.75	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG				inpatient					Wellcare	Medicaid	23269.22				20177	23269.22	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG				inpatient					Wellcare	Medicaid	39163.2				33959	39163.2	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG				inpatient					Wellcare	Medicaid	11200.94				9712	11200.94	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG				inpatient					Wellcare	Medicaid	14142.58				12263	14142.58	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG				inpatient					Wellcare	Medicaid	21133.29				18325	21133.29	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG				inpatient					Wellcare	Medicaid	38960.98				33775	38960.98	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG				inpatient					Wellcare	Medicaid	10127.43				8782	10127.43	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG				inpatient					Wellcare	Medicaid	13483.99				11692	13483.99	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG				inpatient					Wellcare	Medicaid	22665.84				19654	22665.84	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG				inpatient					Wellcare	Medicaid	55415.09				48051	55415.09	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG				inpatient					Wellcare	Medicaid	9524.75				8259	9524.75	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG				inpatient					Wellcare	Medicaid	11757.34				10195	11757.34	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG				inpatient					Wellcare	Medicaid	16129.43				13986	16129.43	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG				inpatient					Wellcare	Medicaid	38238.38				33157	38238.38	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG				inpatient					Wellcare	Medicaid	8016.34				6951	8016.34	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG				inpatient					Wellcare	Medicaid	11466.88				9943	11466.88	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG				inpatient					Wellcare	Medicaid	17481.52				15158	17481.52	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG				inpatient					Wellcare	Medicaid	35851.55				31087	35851.55	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG				inpatient					Wellcare	Medicaid	8107.65				7030	8107.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG				inpatient					Wellcare	Medicaid	9394.65				8146	9394.65	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG				inpatient					Wellcare	Medicaid	15244.88				13219	15244.88	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG				inpatient					Wellcare	Medicaid	33751.04				29266	33751.04	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG				inpatient					Wellcare	Medicaid	21086.89				18285	21086.89	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG				inpatient					Wellcare	Medicaid	28290.9				24531	28290.9	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG				inpatient					Wellcare	Medicaid	40640.05				35239	40640.05	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG				inpatient					Wellcare	Medicaid	89256.56				77395	89256.56	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG				inpatient					Wellcare	Medicaid	20375.57				17668	20375.57	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG				inpatient					Wellcare	Medicaid	24901				21592	24901	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG				inpatient					Wellcare	Medicaid	30644.19				26572	30644.19	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG				inpatient					Wellcare	Medicaid	64532.34				55956	64532.34	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG				inpatient					Wellcare	Medicaid	15898.23				13785	15898.23	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG				inpatient					Wellcare	Medicaid	26925.53				23261	26925.53	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG				inpatient					Wellcare	Medicaid	34247.97				29697	34247.97	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG				inpatient					Wellcare	Medicaid	65963.59				57197	65963.59	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG				inpatient					Wellcare	Medicaid	12840.14				11134	12840.14	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG				inpatient					Wellcare	Medicaid	17746.07				15388	17746.07	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG				inpatient					Wellcare	Medicaid	27583.53				23918	27583.53	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG				inpatient					Wellcare	Medicaid	54047.17				46865	54047.17	case rate	
SKIN ULCERS	3801	APR-DRG				inpatient					Wellcare	Medicaid	8799.18				7630	8799.18	case rate	
SKIN ULCERS	3802	APR-DRG				inpatient					Wellcare	Medicaid	10548.79				9147	10548.79	case rate	
SKIN ULCERS	3803	APR-DRG				inpatient					Wellcare	Medicaid	15247.94				13222	15247.94	case rate	
SKIN ULCERS	3804	APR-DRG				inpatient					Wellcare	Medicaid	29931.39				25954	29931.39	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG				inpatient					Wellcare	Medicaid	7079.16				6138	7079.16	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG				inpatient					Wellcare	Medicaid	12475.98				10818	12475.98	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG				inpatient					Wellcare	Medicaid	22517.45				19525	22517.45	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR SKIN DISORDERS	3814	APR-DRG				inpatient					Wellcare	Medicaid	60886.02				52795	60886.02	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG				inpatient					Wellcare	Medicaid	9603.1				8327	9603.1	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG				inpatient					Wellcare	Medicaid	11391.09				9877	11391.09	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG				inpatient					Wellcare	Medicaid	18052.76				15654	18052.76	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG				inpatient					Wellcare	Medicaid	30364.5				26329	30364.5	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG				inpatient					Wellcare	Medicaid	6946.59				6023	6946.59	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG				inpatient					Wellcare	Medicaid	9245.36				8017	9245.36	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG				inpatient					Wellcare	Medicaid	14194.62				12308	14194.62	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG				inpatient					Wellcare	Medicaid	33581.47				29119	33581.47	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG				inpatient					Wellcare	Medicaid	8898.41				7716	8898.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG				inpatient					Wellcare	Medicaid	10548.2				9146	10548.2	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG				inpatient					Wellcare	Medicaid	15455.41				13401	15455.41	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG				inpatient					Wellcare	Medicaid	39102.35				33896	39102.35	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG				inpatient					Wellcare	Medicaid	6623.87				5744	6623.87	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG				inpatient					Wellcare	Medicaid	8774.85				7609	8774.85	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG				inpatient					Wellcare	Medicaid	14021.39				12158	14021.39	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG				inpatient					Wellcare	Medicaid	28787.53				24962	28787.53	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG				inpatient					Wellcare	Medicaid	22966.5				19914	22966.5	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG				inpatient					Wellcare	Medicaid	30876.77				26773	30876.77	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG				inpatient					Wellcare	Medicaid	51972.17				45065	51972.17	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG				inpatient					Wellcare	Medicaid	112450.6				97506	112450.6	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG				inpatient					Wellcare	Medicaid	20044.15				17380	20044.15	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG				inpatient					Wellcare	Medicaid	22260.42				19302	22260.42	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG				inpatient					Wellcare	Medicaid	33829.89				29334	33829.89	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG				inpatient					Wellcare	Medicaid	95246.68				82589	95246.68	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG				inpatient					Wellcare	Medicaid	12795.63				11095	12795.63	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG				inpatient					Wellcare	Medicaid	17144.37				14866	17144.37	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG				inpatient					Wellcare	Medicaid	32624.41				28289	32624.41	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG				inpatient					Wellcare	Medicaid	78188.58				67798	78188.58	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG				inpatient					Wellcare	Medicaid	19899.52				17255	19899.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG				inpatient					Wellcare	Medicaid	24667.92				21390	24667.92	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG				inpatient					Wellcare	Medicaid	36651.52				31781	36651.52	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG				inpatient					Wellcare	Medicaid	83577.98				72471	83577.98	case rate	
DIABETES	4201	APR-DRG				inpatient					Wellcare	Medicaid	6458.76				5600	6458.76	case rate	
DIABETES	4202	APR-DRG				inpatient					Wellcare	Medicaid	8346.47				7237	8346.47	case rate	
DIABETES	4203	APR-DRG				inpatient					Wellcare	Medicaid	12524.75				10860	12524.75	case rate	
DIABETES	4204	APR-DRG				inpatient					Wellcare	Medicaid	30539.22				26481	30539.22	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG				inpatient					Wellcare	Medicaid	8691.15				7536	8691.15	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG				inpatient					Wellcare	Medicaid	9656.82				8373	9656.82	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG				inpatient					Wellcare	Medicaid	14809.08				12841	14809.08	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG				inpatient					Wellcare	Medicaid	31399.83				27227	31399.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG				inpatient					Wellcare	Medicaid	5201.83				4511	5201.83	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG				inpatient					Wellcare	Medicaid	7462.41				6471	7462.41	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG				inpatient					Wellcare	Medicaid	10915.43				9465	10915.43	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG				inpatient					Wellcare	Medicaid	23640.71				20499	23640.71	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG				inpatient					Wellcare	Medicaid	9491.6				8230	9491.6	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG				inpatient					Wellcare	Medicaid	12372.2				10728	12372.2	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG				inpatient					Wellcare	Medicaid	19525.26				16930	19525.26	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG				inpatient					Wellcare	Medicaid	37832.96				32805	37832.96	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG				inpatient					Wellcare	Medicaid	7937.09				6882	7937.09	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG				inpatient					Wellcare	Medicaid	10786.62				9353	10786.62	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG				inpatient					Wellcare	Medicaid	16351.63				14179	16351.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG				inpatient					Wellcare	Medicaid	34654.08				30049	34654.08	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG				inpatient					Wellcare	Medicaid	6455.99				5598	6455.99	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG				inpatient					Wellcare	Medicaid	8317.88				7212	8317.88	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG				inpatient					Wellcare	Medicaid	12473.7				10816	12473.7	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG				inpatient					Wellcare	Medicaid	27982.93				24264	27982.93	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG				inpatient					Wellcare	Medicaid	77041.47				66803	77041.47	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG				inpatient					Wellcare	Medicaid	80612.99				69900	80612.99	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG				inpatient					Wellcare	Medicaid	91154.86				79041	91154.86	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG				inpatient					Wellcare	Medicaid	144319.95				125133	144319.95	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG				inpatient					Wellcare	Medicaid	22717.68				19699	22717.68	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG				inpatient					Wellcare	Medicaid	35213.44				30534	35213.44	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG				inpatient					Wellcare	Medicaid	47895.1				41530	47895.1	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG				inpatient					Wellcare	Medicaid	96397.35				83587	96397.35	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG				inpatient					Wellcare	Medicaid	20935.82				18154	20935.82	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG				inpatient					Wellcare	Medicaid	24255.38				21032	24255.38	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG				inpatient					Wellcare	Medicaid	37453.95				32476	37453.95	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG				inpatient					Wellcare	Medicaid	74519.89				64617	74519.89	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG				inpatient					Wellcare	Medicaid	18329.47				15894	18329.47	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG				inpatient					Wellcare	Medicaid	21532.58				18671	21532.58	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG				inpatient					Wellcare	Medicaid	31473.13				27290	31473.13	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG				inpatient					Wellcare	Medicaid	65429.36				56734	65429.36	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG				inpatient					Wellcare	Medicaid	16695.81				14477	16695.81	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG				inpatient					Wellcare	Medicaid	22528.03				19534	22528.03	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG				inpatient					Wellcare	Medicaid	36208.21				31396	36208.21	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG				inpatient					Wellcare	Medicaid	68492.28				59390	68492.28	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG				inpatient					Wellcare	Medicaid	14474.6				12551	14474.6	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG				inpatient					Wellcare	Medicaid	19781.49				17153	19781.49	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG				inpatient					Wellcare	Medicaid	25754				22331	25754	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG				inpatient					Wellcare	Medicaid	53444.38				46342	53444.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG				inpatient					Wellcare	Medicaid	11082.52				9610	11082.52	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG				inpatient					Wellcare	Medicaid	13706.1				11885	13706.1	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG				inpatient					Wellcare	Medicaid	22412.38				19434	22412.38	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG				inpatient					Wellcare	Medicaid	48498.38				42053	48498.38	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG				inpatient					Wellcare	Medicaid	18808.1				16309	18808.1	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG				inpatient					Wellcare	Medicaid	23810.58				20646	23810.58	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG				inpatient					Wellcare	Medicaid	34027.55				29505	34027.55	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG				inpatient					Wellcare	Medicaid	77760.2				67426	77760.2	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG				inpatient					Wellcare	Medicaid	8739.62				7578	8739.62	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG				inpatient					Wellcare	Medicaid	11427.3				9909	11427.3	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG				inpatient					Wellcare	Medicaid	17666.72				15319	17666.72	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG				inpatient					Wellcare	Medicaid	32162.39				27888	32162.39	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG				inpatient					Wellcare	Medicaid	7200.15				6243	7200.15	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG				inpatient					Wellcare	Medicaid	10158.3				8808	10158.3	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG				inpatient					Wellcare	Medicaid	18768.23				16274	18768.23	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG				inpatient					Wellcare	Medicaid	37931.99				32891	37931.99	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG				inpatient					Wellcare	Medicaid	6958.06				6033	6958.06	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG				inpatient					Wellcare	Medicaid	8766.73				7602	8766.73	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG				inpatient					Wellcare	Medicaid	12176.41				10558	12176.41	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG				inpatient					Wellcare	Medicaid	23818.69				20653	23818.69	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG				inpatient					Wellcare	Medicaid	7654.45				6637	7654.45	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG				inpatient					Wellcare	Medicaid	9166.32				7948	9166.32	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG				inpatient					Wellcare	Medicaid	14047.8				12181	14047.8	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG				inpatient					Wellcare	Medicaid	30629.54				26559	30629.54	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG				inpatient					Wellcare	Medicaid	7286.42				6318	7286.42	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG				inpatient					Wellcare	Medicaid	10148.31				8800	10148.31	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG				inpatient					Wellcare	Medicaid	15458.87				13404	15458.87	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG				inpatient					Wellcare	Medicaid	27472.74				23822	27472.74	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG				inpatient					Wellcare	Medicaid	7616.75				6605	7616.75	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG				inpatient					Wellcare	Medicaid	10341.92				8968	10341.92	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG				inpatient					Wellcare	Medicaid	15077.69				13074	15077.69	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG				inpatient					Wellcare	Medicaid	30370.94				26335	30370.94	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG				inpatient					Wellcare	Medicaid	7212.32				6254	7212.32	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG				inpatient					Wellcare	Medicaid	9637.73				8357	9637.73	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG				inpatient					Wellcare	Medicaid	15006.87				13533	15006.87	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG				inpatient					Wellcare	Medicaid	35407.85				30702	35407.85	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG				inpatient					Wellcare	Medicaid	7665.72				6647	7665.72	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG				inpatient					Wellcare	Medicaid	9759.61				8463	9759.61	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG				inpatient					Wellcare	Medicaid	14369.53				12460	14369.53	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG				inpatient					Wellcare	Medicaid	30804.16				26710	30804.16	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG				inpatient					Wellcare	Medicaid	19416.43				16836	19416.43	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG				inpatient					Wellcare	Medicaid	21368.33				18555	21368.33	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG				inpatient					Wellcare	Medicaid	34928.32				30287	34928.32	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG				inpatient					Wellcare	Medicaid	77939.86				67582	77939.86	case rate	
PENIS PROCEDURES	4811	APR-DRG				inpatient					Wellcare	Medicaid	12422.65				10772	12422.65	case rate	
PENIS PROCEDURES	4812	APR-DRG				inpatient					Wellcare	Medicaid	20243.69				17553	20243.69	case rate	
PENIS PROCEDURES	4813	APR-DRG				inpatient					Wellcare	Medicaid	28185.63				24440	28185.63	case rate	
PENIS PROCEDURES	4814	APR-DRG				inpatient					Wellcare	Medicaid	65050.65				56406	65050.65	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG				inpatient					Wellcare	Medicaid	10448.57				9060	10448.57	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG				inpatient					Wellcare	Medicaid	13635.16				11823	13635.16	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG				inpatient					Wellcare	Medicaid	24820.37				21522	24820.37	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG				inpatient					Wellcare	Medicaid	49540.54				42957	49540.54	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG				inpatient					Wellcare	Medicaid	11058.29				9589	11058.29	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG				inpatient					Wellcare	Medicaid	20003.09				17345	20003.09	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG				inpatient					Wellcare	Medicaid	33578.9				29116	33578.9	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG				inpatient					Wellcare	Medicaid	94302.76				81770	94302.76	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG				inpatient					Wellcare	Medicaid	14362.01				12453	14362.01	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG				inpatient					Wellcare	Medicaid	20494.98				17771	20494.98	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG				inpatient					Wellcare	Medicaid	26247.47				22759	26247.47	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG				inpatient					Wellcare	Medicaid	66491.19				57655	66491.19	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG				inpatient					Wellcare	Medicaid	8886.44				7705	8886.44	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG				inpatient					Wellcare	Medicaid	11302.25				9800	11302.25	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG				inpatient					Wellcare	Medicaid	17875.47				15500	17875.47	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG				inpatient					Wellcare	Medicaid	29327.6				25430	29327.6	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG				inpatient					Wellcare	Medicaid	7082.32				6141	7082.32	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG				inpatient					Wellcare	Medicaid	9733.29				8440	9733.29	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG				inpatient					Wellcare	Medicaid	14710.45				12755	14710.45	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG				inpatient					Wellcare	Medicaid	37163.99				32225	37163.99	case rate							
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG				inpatient					Wellcare	Medicaid	19643.78				17033	19643.78	case rate							
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG				inpatient					Wellcare	Medicaid	24371.32				21132	24371.32	case rate							
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG				inpatient					Wellcare	Medicaid	43587.12				37795	43587.12	case rate							
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG				inpatient					Wellcare	Medicaid	109979.96				87560	109979.96	case rate							
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG				inpatient					Wellcare	Medicaid	19817.6				17184	19817.6	case rate							
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG				inpatient					Wellcare	Medicaid	24851.74				21549	24851.74	case rate							
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG				inpatient					Wellcare	Medicaid	37307.33				32349	37307.33	case rate							
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG				inpatient					Wellcare	Medicaid	79642.38				69058	79642.38	case rate							
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG				inpatient					Wellcare	Medicaid	17618.25				15277	17618.25	case rate							
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG				inpatient					Wellcare	Medicaid	20731.83				17977	20731.83	case rate							
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG				inpatient					Wellcare	Medicaid	32575.34				28246	32575.34	case rate							
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG				inpatient					Wellcare	Medicaid	66549.96				57706	66549.96	case rate							
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG				inpatient					Wellcare	Medicaid	13468.86				11679	13468.86	case rate							
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG				inpatient					Wellcare	Medicaid	15812.15				13711	15812.15	case rate							
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG				inpatient					Wellcare	Medicaid	29938.9				22492	29938.9	case rate							
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG				inpatient					Wellcare	Medicaid	62716.26				54382	62716.26	case rate							
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG				inpatient					Wellcare	Medicaid	11093.41				9619	11093.41	case rate							
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG				inpatient					Wellcare	Medicaid	16110.14				13969	16110.14	case rate							
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG				inpatient					Wellcare	Medicaid	27901.7				24194	27901.7	case rate							
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG				inpatient					Wellcare	Medicaid	77330.55				67054	77330.55	case rate							
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG				inpatient					Wellcare	Medicaid	10674.23				9256	10674.23	case rate							
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG				inpatient					Wellcare	Medicaid	13429.88				11645	13429.88	case rate							
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG				inpatient					Wellcare	Medicaid	24637.95				21364	24637.95	case rate							
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG				inpatient					Wellcare	Medicaid	57973.08				50269	57973.08	case rate							
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG				inpatient					Wellcare	Medicaid	12701.15				11013	12701.15	case rate							
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG				inpatient					Wellcare	Medicaid	17505.07				15179	17505.07	case rate							
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG				inpatient					Wellcare	Medicaid	31957.21				27710	31957.21	case rate							
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG				inpatient					Wellcare	Medicaid	72757.52				63088	72757.52	case rate							
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG				inpatient					Wellcare	Medicaid	14079.46				12208	14079.46	case rate							
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG				inpatient					Wellcare	Medicaid	16886.15				14642	16886.15	case rate							
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG				inpatient					Wellcare	Medicaid	30481.74				26431	30481.74	case rate							
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG				inpatient					Wellcare	Medicaid	75705.2				65644	75705.2	case rate							
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG				inpatient					Wellcare	Medicaid	8513.96				7382	8513.96	case rate							
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG				inpatient					Wellcare	Medicaid	10944.91				9490	10944.91	case rate							
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG				inpatient					Wellcare	Medicaid	18482.12				16026	18482.12	case rate							
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG				inpatient					Wellcare	Medicaid	34033.38				29510	34033.38	case rate							
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG				inpatient					Wellcare	Medicaid	7743.78				6715	7743.78	case rate							
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG				inpatient					Wellcare	Medicaid	10425.72				9040	10425.72	case rate							
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG				inpatient					Wellcare	Medicaid	16437.89				14253	16437.89	case rate							
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG				inpatient					Wellcare	Medicaid	31932.17				27689	31932.17	case rate							
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG				inpatient					Wellcare	Medicaid	6730.03				5836	6730.03	case rate							
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG				inpatient					Wellcare	Medicaid	8308.88				7205	8308.88	case rate							
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG				inpatient					Wellcare	Medicaid	13658.71				11844	13658.71	case rate							
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG				inpatient					Wellcare	Medicaid	27968.77				24252	27968.77	case rate							
CESAREAN DELIVERY	5401	APR-DRG				inpatient					Wellcare	Medicaid	8578.17				7438	8578.17	case rate							
CESAREAN DELIVERY	5402	APR-DRG				inpatient					Wellcare	Medicaid	10254.46				8892	10254.46	case rate							
CESAREAN DELIVERY	5403	APR-DRG				inpatient					Wellcare	Medicaid	14700.76				12747	14700.76	case rate							
CESAREAN DELIVERY	5404	APR-DRG				inpatient					Wellcare	Medicaid	41588.8				36062	41588.8	case rate							
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG				inpatient					Wellcare	Medicaid	8172.15				7086	8172.15	case rate							
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG				inpatient					Wellcare	Medicaid	8892.37				7711	8892.37	case rate							
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG				inpatient					Wellcare	Medicaid	13239.43				11480	13239.43	case rate							
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG				inpatient					Wellcare	Medicaid	46603.45				40410	46603.45	case rate							
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG				inpatient					Wellcare	Medicaid	6058.87				5254	6058.87	case rate							
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG				inpatient					Wellcare	Medicaid	7560.95				6556	7560.95	case rate							
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG				inpatient					Wellcare	Medicaid	16280.7				14117	16280.7	case rate							
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG				inpatient					Wellcare	Medicaid	54397.88				47169	54397.88	case rate							
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG				inpatient					Wellcare	Medicaid	8558.38				7421	8558.38	case rate							
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG				inpatient					Wellcare	Medicaid	10130.9				8785	10130.9	case rate							
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG				inpatient					Wellcare	Medicaid	16789.6				14558	16789.6	case rate							
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG				inpatient					Wellcare	Medicaid	47251.16				40972	47251.16	case rate							
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG				inpatient					Wellcare	Medicaid	12252.59				10624	12252.59	case rate							
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG				inpatient					Wellcare	Medicaid	13447.29				11660	13447.29	case rate							
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG				inpatient					Wellcare	Medicaid	16226.77				14070	16226.77	case rate							
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG				inpatient					Wellcare	Medicaid	29615.8				25680	29615.8	case rate							
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG				inpatient					Wellcare	Medicaid	9346.87				8105	9346.87	case rate							
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG				inpatient					Wellcare	Medicaid	13209.75				11454	13209.75	case rate							
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG				inpatient					Wellcare	Medicaid	25312.86				21949	25312.86	case rate							
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG				inpatient					Wellcare	Medicaid	68965.86				59801	68965.86	case rate							
VAGINAL DELIVERY	5601	APR-DRG				inpatient					Wellcare	Medicaid	5060.75				4388	5060.75	case rate							
VAGINAL DELIVERY	5602	APR-DRG				inpatient					Wellcare	Medicaid	5706.48				4948	5706.48	case rate							
VAGINAL DELIVERY	5603	APR-DRG				inpatient					Wellcare	Medicaid	8297.1				7194	8297.1	case rate							
VAGINAL DELIVERY	5604	APR-DRG				inpatient					Wellcare	Medicaid	24741.14				21453	24741.14	case rate							
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG				inpatient					Wellcare	Medicaid	3969.04				3442	3969.04	case rate							
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG				inpatient					Wellcare	Medicaid	6386.64				5538	6386.64	case rate							
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG				inpatient					Wellcare	Medicaid	10262.28				8898	10262.28	case rate							
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG				inpatient					Wellcare	Medicaid	27007.56				23418	27007.56	case rate							
PRETERM LABOR	5631	APR-DRG				inpatient					Wellcare	Medicaid	4546.01				3942	4546.01	case rate							
PRETERM LABOR	5632	APR-DRG				inpatient					Wellcare	Medicaid	6021.08				5221	6021.08	case rate							
PRETERM LABOR	5633	APR-DRG				inpatient					Wellcare	Medicaid	10308.98				8939	10308.98	case rate							
PRETERM LABOR	5634	APR-DRG				inpatient					Wellcare	Medicaid	19006.46				16481	19006.46	case rate							
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG				inpatient					Wellcare	Medicaid	4813.52				4174	4813.52	case rate							
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG				inpatient					Wellcare	Medicaid	5619.12				4872	5619.12	case rate							
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG				inpatient					Wellcare	Medicaid	7979.64				6919	7979.64	case rate							
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG				inpatient					Wellcare	Medicaid	33959.69				29447	33959.69	case rate							
FALSE LABOR	5651	APR-DRG				inpatient					Wellcare	Medicaid	2233.68				1937	2233.68	case rate							
FALSE LABOR	5652	APR-DRG				inpatient					Wellcare	Medicaid	3176.6				2754	3176.6	case rate							
FALSE LABOR	5653	APR-DRG				inpatient					Wellcare	Medicaid	5050.16				4379	5050.16	case rate							
FALSE LABOR	5654	APR-DRG				inpatient					Wellcare	Medicaid	5556.7				4818	5556.7	case rate							
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG				inpatient					Wellcare	Medicaid	4458.85				3866	4458.85	case rate							
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG				inpatient					Wellcare	Medicaid	5990.21				5194	5990.21	case rate							
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG				inpatient					Wellcare	Medicaid	9190.15				7969	9190.15	case rate							
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG				inpatient					Wellcare	Medicaid	26125.77				22654	26125.77	case rate							
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG				inpatient					Wellcare	Medicaid	3779.69				3277	3779.69	case rate							
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG				inpatient					Wellcare	Medicaid	4865.36				4219	4865.36	case rate							
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG				inpatient					Wellcare	Medicaid	7872.89				6827	7872.89	case rate							
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG				inpatient					Wellcare	Medicaid	14863.89				12889	14863.89	case rate							
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG				inpatient					Wellcare	Medicaid	1506.63				1306	1506.63	case rate							
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG				inpatient					Wellcare	Medicaid	2392.87				2075	2392.87	case rate							
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG				inpatient					Wellcare	Medicaid	4129.01				3580	4129.01	case rate							
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG				inpatient					Wellcare	Medicaid	8290.68				7189	8290.68	case rate							
NEONATE W ECMO	5831	APR-DRG				inpatient					Wellcare	Medicaid	130733.76				113360	130733.76	case rate							
NEONATE W ECMO	5832	APR-DRG				inpatient					Wellcare	Medicaid	145259.81				125955	145259.81	case rate							
NEONATE W ECMO	5833	APR-DRG				inpatient					Wellcare	Medicaid	272332.6				236141	272332.6	case rate							
NEONATE W ECMO	5834	APR-DRG				inpatient					Wellcare	Medicaid	407227.93				353109	407227.93	case rate							
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG				inpatient					Wellcare	Medicaid	128302.22				111251	128302.22	case rate							
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG				inpatient					Wellcare	Medicaid	142558.08				123613	142558.08	case rate							
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG				inpatient					Wellcare	Medicaid	291090.14				252406	291090.14	case rate							
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG				inpatient					Wellcare	Medicaid	389617.99				337839	389617.99	case rate							
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG				inpatient					Wellcare	Medicaid	225277.33				195339	225277.33	case rate							
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG				inpatient					Wellcare	Medicaid	158020.9				137021	158020.9	case rate							
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG				inpatient					Wellcare	Medicaid	113037.75				98016	113037.75	case rate							
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG				inpatient					Wellcare	Medicaid	3842.11				3332	3842.11	case rate							
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG				inpatient					Wellcare	Medicaid	134536				116657	134536	case rate							
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG				inpatient					Wellcare	Medicaid	186653.31				161848	186653.31	case rate							
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG				inpatient					Wellcare	Medicaid	231780.01				200977	231780.01	case rate							
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG				inpatient					Wellcare	Medicaid	327204.07				283720	327204.07	case rate							
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG				inpatient					Wellcare	Medicaid	41713.85				36170	41713.85	case rate							
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG				inpatient					Wellcare	Medicaid	141322.42				122541	141322.42	case rate							
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG				inpatient					Wellcare	Medicaid	188217.82				163204	188217.82	case rate							
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG				inpatient					Wellcare	Medicaid	268804.6				233082	268804.6	case rate							
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG				inpatient					Wellcare	Medicaid	61346.65				53194	61346.65	case rate							
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG				inpatient					Wellcare	Medicaid	112642.03				97672	112642.03	case rate							
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG				inpatient					Wellcare	Medicaid	149534.14				129662	149534.14	case rate							
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG				inpatient					Wellcare	Medicaid	207014.05				179503	207014.05	case rate							
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG				inpatient					Wellcare	Medicaid	35825.24				31064	35825.24	case rate							
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG				inpatient					Wellcare	Medicaid	82290.28				71354	82290.28	case rate							
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG				inpatient					Wellcare	Medicaid	122279.85				106029	122279.85	case rate							
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG				inpatient					Wellcare	Medicaid	212905.82				184612	212905.82	case rate							
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG				inpatient					Wellcare	Medicaid	55923.02				48491	55923.02	case rate							
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG				inpatient					Wellcare	Medicaid	87312.35				75709	87312.35	case rate							
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG				inpatient					Wellcare	Medicaid	116247.89				102533	116247.89	case rate							
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG				inpatient					Wellcare	Medicaid	165314.34				143345	165314.34	case rate							
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG				inpatient					Wellcare	Medicaid	37843.25				32814	37843.25	case rate							
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG				inpatient					Wellcare	Medicaid	71213.1				61749	71213.1	case rate							
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG				inpatient					Wellcare	Medicaid	105205.83				91224	105205.83	case rate							
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG				inpatient					Wellcare	Medicaid	154231.13				133734	154231.13	case rate							
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG				inpatient					Wellcare	Medicaid	58808.16				50993	58808.16	case rate							
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG				inpatient					Wellcare	Medicaid	76377.73				66227	76377.73	case rate							
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG				inpatient					Wellcare	Medicaid	121846.91				105656	121846.91	case rate							
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG				inpatient					Wellcare	Medicaid	225944.32				195917	225944.32	case rate							
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG				inpatient					Wellcare	Medicaid	32584.83				28254	32584.83	case rate							
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG				inpatient					Wellcare	Medicaid	52398.77				45435	52398.77	case rate							
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG				inpatient					Wellcare	Medicaid	84836.19				73562	84836.19	case rate							
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG				inpatient					Wellcare	Medicaid	133282.14				115570	133282.14	case rate							
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG				inpatient					Wellcare	Medicaid	39608.29				34345	39608.29	case rate							
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG				inpatient					Wellcare	Medicaid	60376.43				52353	60376.43	case rate							
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG				inpatient					Wellcare	Medicaid	83488.44				72393	83488.44	case rate							

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG				inpatient					Wellcare	Medicaid	128066.76				111047	128066.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG				inpatient					Wellcare	Medicaid	33155.76				28750	33155.76	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG				inpatient					Wellcare	Medicaid	51351.88				44527	51351.88	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG				inpatient					Wellcare	Medicaid	85378.94				74032	85378.94	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG				inpatient					Wellcare	Medicaid	113832.27				98704	113832.27	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG				inpatient					Wellcare	Medicaid	21764.87				18872	21764.87	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG				inpatient					Wellcare	Medicaid	43464.74				37688	43464.74	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG				inpatient					Wellcare	Medicaid	71287.69				61814	71287.69	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG				inpatient					Wellcare	Medicaid	76253.37				66120	76253.37	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG				inpatient					Wellcare	Medicaid	15234.49				13210	15234.49	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG				inpatient					Wellcare	Medicaid	32970.27				28589	32970.27	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG				inpatient					Wellcare	Medicaid	55531.54				48152	55531.54	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG				inpatient					Wellcare	Medicaid	109801.01				95209	109801.01	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG				inpatient					Wellcare	Medicaid	24631.71				21358	24631.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG				inpatient					Wellcare	Medicaid	36510.25				31658	36510.25	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG				inpatient					Wellcare	Medicaid	53230.09				46156	53230.09	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG				inpatient					Wellcare	Medicaid	85144.96				73830	85144.96	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG				inpatient					Wellcare	Medicaid	19525.26				16930	19525.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG				inpatient					Wellcare	Medicaid	33962.35				29449	33962.35	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG				inpatient					Wellcare	Medicaid	55233.26				47893	55233.26	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG				inpatient					Wellcare	Medicaid	84002.79				72839	84002.79	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG				inpatient					Wellcare	Medicaid	23231.04				20144	23231.04	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG				inpatient					Wellcare	Medicaid	36302.29				31478	36302.29	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG				inpatient					Wellcare	Medicaid	45312.19				39290	45312.19	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG				inpatient					Wellcare	Medicaid	66972.99				58073	66972.99	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG				inpatient					Wellcare	Medicaid	2309.26				2002	2309.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG				inpatient					Wellcare	Medicaid	5712.32				4953	5712.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG				inpatient					Wellcare	Medicaid	16672.86				14457	16672.86	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG				inpatient					Wellcare	Medicaid	37517.96				32532	37517.96	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG				inpatient					Wellcare	Medicaid	35354.91				30656	35354.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG				inpatient					Wellcare	Medicaid	49064.57				41677	49064.57	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG				inpatient					Wellcare	Medicaid	75631.29				65580	75631.29	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG				inpatient					Wellcare	Medicaid	173441.29				150392	173441.29	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG				inpatient					Wellcare	Medicaid	19850.74				17213	19850.74	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG				inpatient					Wellcare	Medicaid	24588.38				21321	24588.38	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG				inpatient					Wellcare	Medicaid	55264.12				47920	55264.12	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG				inpatient					Wellcare	Medicaid	153975.98				133513	153975.98	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG				inpatient					Wellcare	Medicaid	4335.38				3759	4335.38	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG				inpatient					Wellcare	Medicaid	12339.75				10700	12339.75	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG				inpatient					Wellcare	Medicaid	26206.11				22723	26206.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG				inpatient					Wellcare	Medicaid	78703.22				68244	78703.22	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG				inpatient					Wellcare	Medicaid	8277.12				7177	8277.12	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG				inpatient					Wellcare	Medicaid	15074.51				13071	15074.51	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG				inpatient					Wellcare	Medicaid	33444.65				29000	33444.65	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG				inpatient					Wellcare	Medicaid	83183.34				72129	83183.34	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG				inpatient					Wellcare	Medicaid	11202.63				9714	11202.63	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG				inpatient					Wellcare	Medicaid	16710.05				14489	16710.05	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG				inpatient					Wellcare	Medicaid	31460.67				27280	31460.67	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG				inpatient					Wellcare	Medicaid	65572.42				56858	65572.42	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG				inpatient					Wellcare	Medicaid	6477.35				5617	6477.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG				inpatient					Wellcare	Medicaid	10267.93				8903	10267.93	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG				inpatient					Wellcare	Medicaid	19924.55				17277	19924.55	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG				inpatient					Wellcare	Medicaid	53998.49				46822	53998.49	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG				inpatient					Wellcare	Medicaid	1639.99				1422	1639.99	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG				inpatient					Wellcare	Medicaid	2425.8				2103	2425.8	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG				inpatient					Wellcare	Medicaid	5897.51				5114	5897.51	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG				inpatient					Wellcare	Medicaid	28739.45				24920	28739.45	case rate	
SPLENECTOMY	6501	APR-DRG				inpatient					Wellcare	Medicaid	20187.6				17505	20187.6	case rate	
SPLENECTOMY	6502	APR-DRG				inpatient					Wellcare	Medicaid	28896.56				25056	28896.56	case rate	
SPLENECTOMY	6503	APR-DRG				inpatient					Wellcare	Medicaid	38963.85				33786	38963.85	case rate	
SPLENECTOMY	6504	APR-DRG				inpatient					Wellcare	Medicaid	78010.5				67643	78010.5	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG				inpatient					Wellcare	Medicaid	16237.86				14080	16237.86	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG				inpatient					Wellcare	Medicaid	22801.38				19771	22801.38	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG				inpatient					Wellcare	Medicaid	40240.27				34893	40240.27	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG				inpatient					Wellcare	Medicaid	84445.81				73223	84445.81	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG				inpatient					Wellcare	Medicaid	11881				10302	11881	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG				inpatient					Wellcare	Medicaid	12683.23				10998	12683.23	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG				inpatient					Wellcare	Medicaid	20391.4				17681	20391.4	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG				inpatient					Wellcare	Medicaid	52981.87				45941	52981.87	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG				inpatient					Wellcare	Medicaid	14604.99				12664	14604.99	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG				inpatient					Wellcare	Medicaid	17182.16				14899	17182.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG				inpatient					Wellcare	Medicaid	32724.72				28376	32724.72	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG				inpatient					Wellcare	Medicaid	62416.99				54122	62416.99	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG				inpatient					Wellcare	Medicaid	9063.82				7859	9063.82	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG				inpatient					Wellcare	Medicaid	12415.72				10766	12415.72	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG				inpatient					Wellcare	Medicaid	19238.05				16681	19238.05	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG				inpatient					Wellcare	Medicaid	45200.6				39194	45200.6	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG				inpatient					Wellcare	Medicaid	7609.72				6598	7609.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG				inpatient					Wellcare	Medicaid	9607.06				8330	9607.06	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG				inpatient					Wellcare	Medicaid	13746.66				11920	13746.66	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG				inpatient					Wellcare	Medicaid	25676.43				22264	25676.43	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG				inpatient					Wellcare	Medicaid	23750.13				20594	23750.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG				inpatient					Wellcare	Medicaid	32662.99				28322	32662.99	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG				inpatient					Wellcare	Medicaid	56417.77				48920	56417.77	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG				inpatient					Wellcare	Medicaid	112846.52				97850	112846.52	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG				inpatient					Wellcare	Medicaid	17305.03				15005	17305.03	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG				inpatient					Wellcare	Medicaid	23819.09				20654	23819.09	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG				inpatient					Wellcare	Medicaid	43775.39				37958	43775.39	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG				inpatient					Wellcare	Medicaid	106666.55				92491	106666.55	case rate	
ACUTE LEUKEMIA	6901	APR-DRG				inpatient					Wellcare	Medicaid	20115.39				17442	20115.39	case rate	
ACUTE LEUKEMIA	6902	APR-DRG				inpatient					Wellcare	Medicaid	33211.46				28798	33211.46	case rate	
ACUTE LEUKEMIA	6903	APR-DRG				inpatient					Wellcare	Medicaid	63844.96				55360	63844.96	case rate	
ACUTE LEUKEMIA	6904	APR-DRG				inpatient					Wellcare	Medicaid	121724.84				105548	121724.84	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG				inpatient					Wellcare	Medicaid	17039.3				14775	17039.3	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG				inpatient					Wellcare	Medicaid	19675.13				17060	19675.13	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG				inpatient					Wellcare	Medicaid	30457.7				26410	30457.7	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG				inpatient					Wellcare	Medicaid	64060.74				55547	64060.74	case rate	
RADIOTHERAPY	6921	APR-DRG				inpatient					Wellcare	Medicaid	11515.84				9985	11515.84	case rate	
RADIOTHERAPY	6922	APR-DRG				inpatient					Wellcare	Medicaid	24074.43				20875	24074.43	case rate	
RADIOTHERAPY	6923	APR-DRG				inpatient					Wellcare	Medicaid	35245.69				30562	35245.69	case rate	
RADIOTHERAPY	6924	APR-DRG				inpatient					Wellcare	Medicaid	65200.13				56535	65200.13	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG				inpatient					Wellcare	Medicaid	10387.07				9180	10387.07	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG				inpatient					Wellcare	Medicaid	12475.48				10818	12475.48	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG				inpatient					Wellcare	Medicaid	20074.12				17406	20074.12	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG				inpatient					Wellcare	Medicaid	38856.8				33693	38856.8	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG				inpatient					Wellcare	Medicaid	9636.14				8356	9636.14	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG				inpatient					Wellcare	Medicaid	14050.57				12183	14050.57	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG				inpatient					Wellcare	Medicaid	36638.26				31769	36638.26	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG				inpatient					Wellcare	Medicaid	101055.74				87626	101055.74	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG				inpatient					Wellcare	Medicaid	12687.79				11002	12687.79	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG				inpatient					Wellcare	Medicaid	15092.23				13087	15092.23	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG				inpatient					Wellcare	Medicaid	23681.97				20535	23681.97	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG				inpatient					Wellcare	Medicaid	55877.99				48452	55877.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG				inpatient					Wellcare	Medicaid	16905.74				14659	16905.74	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG				inpatient					Wellcare	Medicaid	23808.01				20644	23808.01	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG				inpatient					Wellcare	Medicaid	40882.73				35450	40882.73	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG				inpatient					Wellcare	Medicaid	83544.64				72442	83544.64	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG				inpatient					Wellcare	Medicaid	16232.02				14075	16232.02	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG				inpatient					Wellcare	Medicaid	22459.47				19475	22459.47	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG				inpatient					Wellcare	Medicaid	40657.26				35254	40657.26	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG				inpatient					Wellcare	Medicaid	83679.19				72559	83679.19	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG				inpatient					Wellcare	Medicaid	8502.29				7372	8502.29	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG				inpatient					Wellcare	Medicaid	11411.86				9895	11411.86	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG				inpatient					Wellcare	Medicaid	18864.85				16184	18864.85	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG				inpatient					Wellcare	Medicaid	41139.95				35673	41139.95	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG				inpatient					Wellcare	Medicaid	8934.62				7747	8934.62	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG				inpatient					Wellcare	Medicaid	11857.16				10281	11857.16	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG				inpatient					Wellcare	Medicaid	19848.46				17211	19848.46	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG				inpatient					Wellcare	Medicaid	38752.03				33602	38752.03	case rate	
FEVER	7221	APR-DRG				inpatient					Wellcare	Medicaid	6872.49				5959	6872.49	case rate	
FEVER	7222	APR-DRG				inpatient					Wellcare	Medicaid	9216.77				7992	9216.77	case rate	
FEVER	7223	APR-DRG				inpatient					Wellcare	Medicaid	12547.8				10880	12547.8	case rate	
FEVER	7224	APR-DRG				inpatient					Wellcare	Medicaid	23824.23				20658	23824.23	case rate	
VIRAL ILLNESS	7231	APR-DRG				inpatient					Wellcare	Medicaid	6062.03				5256	6062.03	case rate	
VIRAL ILLNESS	7232	APR-DRG				inpatient					Wellcare	Medicaid	8210.44				7119	8210.44	case rate	
VIRAL ILLNESS	7233	APR-DRG				inpatient					Wellcare	Medicaid	13272.09				11508	13272.09	case rate	
VIRAL ILLNESS	7234	APR-DRG				inpatient					Wellcare	Medicaid	44373.53				38476	44373.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG				inpatient					Wellcare	Medicaid	10576				9170	10576	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG				inpatient					Wellcare	Medicaid	12477.07				10819	12477.07	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG				inpatient					Wellcare	Medicaid	19665.84				17052	19665.84	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG				inpatient					Wellcare	Medicaid	45500.86				39454	45500.86	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG				inpatient					Wellcare	Medicaid	20711.74				17959	20711.74	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG				inpatient					Wellcare	Medicaid	24926.24				21614	24926.24	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG				inpatient					Wellcare	Medicaid	41782.01				36229	41782.01	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG				inpatient					Wellcare	Medicaid	83969.65				72810	83969.65	case rate	
SCHIZOPHRENIA	7501	APR-DRG				inpatient					Wellcare	Medicaid	9681.16				8395	9681.16	case rate	
SCHIZOPHRENIA	7502	APR-DRG				inpatient					Wellcare	Medicaid	11601.71				10060	11601.71	case rate	
SCHIZOPHRENIA	7503	APR-DRG				inpatient					Wellcare	Medicaid	16925.43				14676	16925.43	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SCHIZOPHRENIA	7504	APR-DRG				inpatient					Wellcare	Medicaid	34018.94				29498	34018.94	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG				inpatient					Wellcare	Medicaid	5794.82				5025	5794.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG				inpatient					Wellcare	Medicaid	8034.04				6966	8034.04	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG				inpatient					Wellcare	Medicaid	13992				12133	13992	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG				inpatient					Wellcare	Medicaid	27163.27				23553	27163.27	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG				inpatient					Wellcare	Medicaid	4963.9				4304	4963.9	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG				inpatient					Wellcare	Medicaid	7047.3				6111	7047.3	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG				inpatient					Wellcare	Medicaid	12434.32				10782	12434.32	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG				inpatient					Wellcare	Medicaid	13341.93				11569	13341.93	case rate	
BIPOLAR DISORDERS	7531	APR-DRG				inpatient					Wellcare	Medicaid	6303.53				5466	6303.53	case rate	
BIPOLAR DISORDERS	7532	APR-DRG				inpatient					Wellcare	Medicaid	8532.66				7399	8532.66	case rate	
BIPOLAR DISORDERS	7533	APR-DRG				inpatient					Wellcare	Medicaid	13873.78				12030	13873.78	case rate	
BIPOLAR DISORDERS	7534	APR-DRG				inpatient					Wellcare	Medicaid	27859.55				24157	27859.55	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG				inpatient					Wellcare	Medicaid	4635.14				4019	4635.14	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG				inpatient					Wellcare	Medicaid	6208.36				5383	6208.36	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG				inpatient					Wellcare	Medicaid	9867.81				8383	9867.81	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG				inpatient					Wellcare	Medicaid	20205.12				17520	20205.12	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG				inpatient					Wellcare	Medicaid	4173.63				3619	4173.63	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG				inpatient					Wellcare	Medicaid	6842.41				5933	6842.41	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG				inpatient					Wellcare	Medicaid	9827.58				8522	9827.58	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG				inpatient					Wellcare	Medicaid	14828.87				12858	14828.87	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG				inpatient					Wellcare	Medicaid	6772.47				5872	6772.47	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG				inpatient					Wellcare	Medicaid	8539.59				7405	8539.59	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG				inpatient					Wellcare	Medicaid	10426.11				9041	10426.11	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG				inpatient					Wellcare	Medicaid	27372.91				23735	27372.91	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG				inpatient					Wellcare	Medicaid	10007.34				8677	10007.34	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG				inpatient					Wellcare	Medicaid	11526.24				9994	11526.24	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG				inpatient					Wellcare	Medicaid	14837.57				12866	14837.57	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG				inpatient					Wellcare	Medicaid	31424.66				27248	31424.66	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG				inpatient					Wellcare	Medicaid	6609.73				5731	6609.73	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG				inpatient					Wellcare	Medicaid	7855.77				6812	7855.77	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG				inpatient					Wellcare	Medicaid	13170.38				11420	13170.38	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG				inpatient					Wellcare	Medicaid	17405.74				15093	17405.74	case rate	
EATING DISORDERS	7591	APR-DRG				inpatient					Wellcare	Medicaid	21057.61				18259	21057.61	case rate	
EATING DISORDERS	7592	APR-DRG				inpatient					Wellcare	Medicaid	22115.39				19176	22115.39	case rate	
EATING DISORDERS	7593	APR-DRG				inpatient					Wellcare	Medicaid	24781.89				21488	24781.89	case rate	
EATING DISORDERS	7594	APR-DRG				inpatient					Wellcare	Medicaid	42943.47				37236	42943.47	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG				inpatient					Wellcare	Medicaid	8243.58				7148	8243.58	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG				inpatient					Wellcare	Medicaid	10706.39				9284	10706.39	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG				inpatient					Wellcare	Medicaid	16149.01				14003	16149.01	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG				inpatient					Wellcare	Medicaid	31132.71				26995	31132.71	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG				inpatient					Wellcare	Medicaid	3689.66				3199	3689.66	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG				inpatient					Wellcare	Medicaid	4837.56				4195	4837.56	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG				inpatient					Wellcare	Medicaid	9987.55				8660	9987.55	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG				inpatient					Wellcare	Medicaid	29840.67				25875	29840.67	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG				inpatient					Wellcare	Medicaid	9260.4				8030	9260.4	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG				inpatient					Wellcare	Medicaid	10872.39				9427	10872.39	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG				inpatient					Wellcare	Medicaid	12779.9				11082	12779.9	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG				inpatient					Wellcare	Medicaid	39644.9				34376	39644.9	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG				inpatient					Wellcare	Medicaid	4379.31				3797	4379.31	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG				inpatient					Wellcare	Medicaid	5600.13				4856	5600.13	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG				inpatient					Wellcare	Medicaid	11348.25				9840	11348.25	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG				inpatient					Wellcare	Medicaid	35914.67				31142	35914.67	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG				inpatient					Wellcare	Medicaid	5543.74				4807	5543.74	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG				inpatient					Wellcare	Medicaid	5758.12				4993	5758.12	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG				inpatient					Wellcare	Medicaid	11089.05				9615	11089.05	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG				inpatient					Wellcare	Medicaid	40577.43				35185	40577.43	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG				inpatient					Wellcare	Medicaid	5378.12				4663	5378.12	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG				inpatient					Wellcare	Medicaid	7667.7				6649	7667.7	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG				inpatient					Wellcare	Medicaid	14599.06				12659	14599.06	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG				inpatient					Wellcare	Medicaid	41827.53				36269	41827.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG				inpatient					Wellcare	Medicaid	5109.13				4430	5109.13	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG				inpatient					Wellcare	Medicaid	7081.72				6141	7081.72	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG				inpatient					Wellcare	Medicaid	12479.05				10821	12479.05	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG				inpatient					Wellcare	Medicaid	28782.78				24958	28782.78	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG				inpatient					Wellcare	Medicaid	15060.27				13059	15060.27	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG				inpatient					Wellcare	Medicaid	22109.95				19172	22109.95	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG				inpatient					Wellcare	Medicaid	35666.25				30926	35666.25	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG				inpatient					Wellcare	Medicaid	77930.07				67573	77930.07	case rate	
ALLERGIC REACTIONS	8111	APR-DRG				inpatient					Wellcare	Medicaid	4742.88				4113	4742.88	case rate	
ALLERGIC REACTIONS	8112	APR-DRG				inpatient					Wellcare	Medicaid	6848.65				5938	6848.65	case rate	
ALLERGIC REACTIONS	8113	APR-DRG				inpatient					Wellcare	Medicaid	14994.87				13002	14994.87	case rate	
ALLERGIC REACTIONS	8114	APR-DRG				inpatient					Wellcare	Medicaid	35928.52				31154	35928.52	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG				inpatient					Wellcare	Medicaid	5433.72				4712	5433.72	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG				inpatient					Wellcare	Medicaid	6921.16				6001	6921.16	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG				inpatient					Wellcare	Medicaid	12283.55				10651	12283.55	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG				inpatient					Wellcare	Medicaid	28802.37				24975	28802.37	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG				inpatient					Wellcare	Medicaid	7892.38				6844	7892.38	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG				inpatient					Wellcare	Medicaid	10402.07				9020	10402.07	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG				inpatient					Wellcare	Medicaid	16018.82				13890	16018.82	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG				inpatient					Wellcare	Medicaid	35234.91				30552	35234.91	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG				inpatient					Wellcare	Medicaid	7732.2				6705	7732.2	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG				inpatient					Wellcare	Medicaid	8212.32				7121	8212.32	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG				inpatient					Wellcare	Medicaid	13983.6				12125	13983.6	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG				inpatient					Wellcare	Medicaid	44653.21				38719	44653.21	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG				inpatient					Wellcare	Medicaid	8110.32				7032	8110.32	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG				inpatient					Wellcare	Medicaid	9011.49				7814	9011.49	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG				inpatient					Wellcare	Medicaid	13047.8				11314	13047.8	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG				inpatient					Wellcare	Medicaid	29903.19				25929	29903.19	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG				inpatient					Wellcare	Medicaid	76499.02				66333	76499.02	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG				inpatient					Wellcare	Medicaid	77820.65				67479	77820.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG				inpatient					Wellcare	Medicaid	119753.63				103839	119753.63	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG				inpatient					Wellcare	Medicaid	309827.21				268653	309827.21	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG				inpatient					Wellcare	Medicaid	23792.97				20631	23792.97	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG				inpatient					Wellcare	Medicaid	35676.15				30935	35676.15	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG				inpatient					Wellcare	Medicaid	68263.75				59192	68263.75	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG				inpatient					Wellcare	Medicaid	162367.17				140789	162367.17	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG				inpatient					Wellcare	Medicaid	11892.44				10139	11892.44	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG				inpatient					Wellcare	Medicaid	16130.91				13987	16130.91	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG				inpatient					Wellcare	Medicaid	29459.08				25544	29459.08	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG				inpatient					Wellcare	Medicaid	79474.79				68913	79474.79	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG				inpatient					Wellcare	Medicaid	7815.4				6777	7815.4	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG				inpatient					Wellcare	Medicaid	11786.62				10220	11786.62	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG				inpatient					Wellcare	Medicaid	23995.38				20807	23995.38	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG				inpatient					Wellcare	Medicaid	67904.92				58881	67904.92	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG				inpatient					Wellcare	Medicaid	24122.41				20917	24122.41	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG				inpatient					Wellcare	Medicaid	30295.55				26269	30295.55	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG				inpatient					Wellcare	Medicaid	41622.54				36091	41622.54	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG				inpatient					Wellcare	Medicaid	76077.08				65967	76077.08	case rate	
REHABILITATION	8601	APR-DRG				inpatient					Wellcare	Medicaid	13218.56				11462	13218.56	case rate	
REHABILITATION	8602	APR-DRG				inpatient					Wellcare	Medicaid	17905.84				15526	17905.84	case rate	
REHABILITATION	8603	APR-DRG				inpatient					Wellcare	Medicaid	24657.83				21381	24657.83	case rate	
REHABILITATION	8604	APR-DRG				inpatient					Wellcare	Medicaid	33217.2				28803	33217.2	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG				inpatient					Wellcare	Medicaid	6786.91				5885	6786.91	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG				inpatient					Wellcare	Medicaid	8876.55				7697	8876.55	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG				inpatient					Wellcare	Medicaid	12689.76				11003	12689.76	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG				inpatient					Wellcare	Medicaid	26719.76				23161	26719.76	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG				inpatient					Wellcare	Medicaid	6564.51				5692	6564.51	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG				inpatient					Wellcare	Medicaid	10201.44				8846	10201.44	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG				inpatient					Wellcare	Medicaid	14877.14				12900	14877.14	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG				inpatient					Wellcare	Medicaid	24379.23				21139	24379.23	case rate	
NEONATAL AFTERCARE	8631	APR-DRG				inpatient					Wellcare	Medicaid	12199.17				10578	12199.17	case rate	
NEONATAL AFTERCARE	8632	APR-DRG				inpatient					Wellcare	Medicaid	34482.04				29900	34482.04	case rate	
NEONATAL AFTERCARE	8633	APR-DRG				inpatient					Wellcare	Medicaid	61729.01				53525	61729.01	case rate	
NEONATAL AFTERCARE	8634	APR-DRG				inpatient					Wellcare	Medicaid	147476.97				127878	147476.97	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG				inpatient					Wellcare	Medicaid	14541.38				12609	14541.38	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG				inpatient					Wellcare	Medicaid	16935.42				14685	16935.42	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG				inpatient					Wellcare	Medicaid	26934.35				23355	26934.35	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG				inpatient					Wellcare	Medicaid	54239.99				47032	54239.99	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG				inpatient					Wellcare	Medicaid	11323.22				9818	11323.22	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG				inpatient					Wellcare	Medicaid	14975.88				12986	14975.88	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG				inpatient					Wellcare	Medicaid	19623.1				17015	19623.1	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG				inpatient					Wellcare	Medicaid	38085.24				33024	38085.24	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG				inpatient					Wellcare	Medicaid	13475.78				11685	13475.78	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG				inpatient					Wellcare	Medicaid	15322.34				13286	15322.34	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG				inpatient					Wellcare	Medicaid	23372.81				20267	23372.81	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG				inpatient					Wellcare	Medicaid	46900.64				40668	46900.64	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG				inpatient					Wellcare	Medicaid	10385.36				9005	10385.36	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG				inpatient					Wellcare	Medicaid	12484.38				10825	12484.38	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG				inpatient					Wellcare	Medicaid	17843.32				15472	17843.32	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG				inpatient					Wellcare	Medicaid	25552.67				22157	25552.67	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG				inpatient					Wellcare	Medicaid	48683.39				42214	48683.39	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG				inpatient					Wellcare	Medicaid	57739.3				50066	57739.3	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG				inpatient					Wellcare	Medicaid	75310.65				65302	75310.65	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG				inpatient					Wellcare	Medicaid	155570.95				134896	155570.95	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG				inpatient					Wellcare	Medicaid	26785.95				23226	26785.95	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG				inpatient					Wellcare	Medicaid	35207.41				30528	35207.41	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG				inpatient					Wellcare	Medicaid	47849.1				41490	47849.1	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG				inpatient					Wellcare	Medicaid	113939.71				98798	113939.71	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG				inpatient					Wellcare	Medicaid	32385.58				28082	32385.58	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG				inpatient					Wellcare	Medicaid	35657.94				30919	35657.94	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG				inpatient					Wellcare	Medicaid	56789.56				50977	56789.56	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG				inpatient					Wellcare	Medicaid	113311.7				98263	113311.7	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG				inpatient					Wellcare	Medicaid	12318.78				10882	12318.78	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG				inpatient					Wellcare	Medicaid	16572.83				14370	16572.83	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG				inpatient					Wellcare	Medicaid	26110.54				22641	26110.54	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG				inpatient					Wellcare	Medicaid	69123.87				59938	69123.87	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG				inpatient					Wellcare	Medicaid	23324.33				20225	23324.33	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG				inpatient					Wellcare	Medicaid	34249.06				29698	34249.06	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG				inpatient					Wellcare	Medicaid	53242.16				46167	53242.16	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG				inpatient					Wellcare	Medicaid	101433.66				87954	101433.66	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG				inpatient					Wellcare	Medicaid	16563.14				14362	16563.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG				inpatient					Wellcare	Medicaid	23658.72				20515	23658.72	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG				inpatient					Wellcare	Medicaid	38857.7				33694	38857.7	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG				inpatient					Wellcare	Medicaid	74273.16				64403	74273.16	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG				inpatient					Wellcare	Medicaid	13179.88				11428	13179.88	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG				inpatient					Wellcare	Medicaid	19612.71				17006	19612.71	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG				inpatient					Wellcare	Medicaid	33292.89				28868	33292.89	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG				inpatient					Wellcare	Medicaid	63152.05				54759	63152.05	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	Aetna	Commercial	483621.54				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	Aetna	Commercial	161465.86				111081.44	525579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306684.15	Aetna	Commercial	300319				253139.77	713726.68	case rate	Case Rate for Days 1-50; Days 51-999 receive per diem at $7,703
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	Aetna	Commercial	242597.97				166896.78	445428.73	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	Aetna	Commercial	224378.23				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	Aetna	Commercial	93418.25				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	Aetna	Commercial	136888.44				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	Aetna	Commercial	92642.21				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66657.36	Aetna	Commercial	70456.43				48470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	Aetna	Commercial	45497.85				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	Aetna	Commercial	224944.8				154752.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	Aetna	Commercial	103630.37				71293.15	250082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	Aetna	Commercial	103630.37				71293.15	170893.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG				inpatient				532483.55	Aetna	Commercial	647491.06				446445.49	674003.16	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG				inpatient				119652.92	Aetna	Commercial	136103.81				93633.46	141676.71	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	Aetna	Commercial	138401.03				95213.84	406659.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	Aetna	Commercial	91697.91				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	Aetna	Commercial	47420.78				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	Aetna	Commercial	97950.86				67385.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	Aetna	Commercial	65271.39				44903.86	335856.53	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71766.2	Aetna	Commercial	76784.92				52824.66	166852.44	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	Aetna	Commercial	52513.1				36126.72	117633.41	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	Aetna	Commercial	42369.66				29148.47	93839.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	Aetna	Commercial	104378.94				71808.14	209654.82	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	Aetna	Commercial	57631.18				39647.73	123094.39	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	Aetna	Commercial	38207.89				26285.36	84867.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	Aetna	Commercial	71948.41				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	Aetna	Commercial	36666.12				25224.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	Aetna	Commercial	27393.14				18845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	Aetna	Commercial	66765.09				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	Aetna	Commercial	39056.04				26868.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	Aetna	Commercial	31472.49				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	Aetna	Commercial	57016.53				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	Aetna	Commercial	27664.41				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	Aetna	Commercial	19541.76				13443.87	44171.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62081.35	Aetna	Commercial	64763.18				44554.23	153227.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	Aetna	Commercial	38771.04				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	Aetna	Commercial	30176.23				20759.93	109672.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	Aetna	Commercial	34522.61				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22550.3	Aetna	Commercial	15819.52				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	Aetna	Commercial	35738.05				17706.65	153781.38	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24900.98	Aetna	Commercial	18731.38				12886.37	40848.13	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44496.71	Aetna	Commercial	42992.89				29577.23	82870.37	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	Aetna	Commercial	22910.31				15761.29	47155.56	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	Aetna	Commercial	31692.26				21802.88	68636.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	Aetna	Commercial	21007.99				14452.58	42880.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	Aetna	Commercial	15321.62				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	Aetna	Commercial	46414.67				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	Aetna	Commercial	30576.27				21035.14	130341.7	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	Aetna	Commercial	24119.01				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	Aetna	Commercial	34152.57				23495.48	230599.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23873.94	Aetna	Commercial	17459.16				12011.13	40235.72	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	Aetna	Commercial	11817.42				8129.87	28350.29	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	Aetna	Commercial	24979.18				17184.58	58565.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	Aetna	Commercial	15134.47				10411.85	35055.59	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	Aetna	Commercial	13736.92				9450.4	29859.86	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	Aetna	Commercial	29863.46				20537.87	64178.22	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	Aetna	Commercial	18094.41				12448.16	39453.1	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	Aetna	Commercial	12880.18				8861	28943.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	Aetna	Commercial	26536.41				18255.89	55042.78	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	Aetna	Commercial	17896.97				12312.33	37988.92	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	Aetna	Commercial	28538.31				19633.11	57792.77	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	Aetna	Commercial	15742.26				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	Aetna	Commercial	26548.42				18264.15	60538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	Aetna	Commercial	17132.95				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	Aetna	Commercial	11359.01				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	Aetna	Commercial	33805.76				23256.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	Aetna	Commercial	15534.51				10687.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	Aetna	Commercial	39835.51				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29550.7	Aetna	Commercial	23871.78				16422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	Aetna	Commercial	16415.28				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41186.62	Aetna	Commercial	38904.95				26764.9	85035.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	Aetna	Commercial	22518.86				15491.99	48489.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	Aetna	Commercial	15177.4				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	Aetna	Commercial	24220.31				16662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	Aetna	Commercial	18406.88				12663.13	41639.97	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	Aetna	Commercial	14718.98				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35045.2	Aetna	Commercial	31297.37				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	Aetna	Commercial	18176.82				12504.86	36795.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	Aetna	Commercial	13551.49				9322.83	28779.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	Aetna	Commercial	62844.53				43096.69	143463.85	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	Aetna	Commercial	41157.53				28314.58	92871.77	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	Aetna	Commercial	41157.53				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59462.57	Aetna	Commercial	61544				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				38846.35	Aetna	Commercial	37244.71				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	Aetna	Commercial	23921.57				16456.99	49652.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	Aetna	Commercial	34085.62				23449.41	70696.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	Aetna	Commercial	15824.67				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	Aetna	Commercial	19907.46				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	Aetna	Commercial	14597.08				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	Aetna	Commercial	38410.49				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	Aetna	Commercial	20295.47				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	Aetna	Commercial	26285.74				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	Aetna	Commercial	28648.19				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	Aetna	Commercial	17378.46				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	Aetna	Commercial	19970.98				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	Aetna	Commercial	11645.73				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	Aetna	Commercial	13790.14				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	Aetna	Commercial	22386.66				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	Aetna	Commercial	14176.44				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				43197.72	Aetna	Commercial	41396.18				28478.76	89645.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				33337.56	Aetna	Commercial	16794.72				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	Aetna	Commercial	24012.98				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	Aetna	Commercial	13966.98				9608.67	32968.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	Aetna	Commercial	23573.04				16217.22	45263.72	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG				inpatient				68396.81	Aetna	Commercial	72611.13				49953.28	75584.26	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG				inpatient				36958.06	Aetna	Commercial	36897.6				25377.05	38397.99	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG				inpatient				31573.24	Aetna	Commercial	26996.54				18572.43	28101.93	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG				inpatient				55544.32	Aetna	Commercial	56690.32				39000.46	59011.56	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG				inpatient				34127.66	Aetna	Commercial	30160.78				20749.3	31395.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG				inpatient				26201.06	Aetna	Commercial	20341.83				13994.29	22783.53	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	Aetna	Commercial	39387.4				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	Aetna	Commercial	21371.97				14702.98	48778.25	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	Aetna	Commercial	13105.1				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	Aetna	Commercial	12833.83				8829.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	Aetna	Commercial	23730.99				16325.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	Aetna	Commercial	13014.1				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	Aetna	Commercial	19483.38				13403.71	40849.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	Aetna	Commercial	12219.18				8406.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	Aetna	Commercial	27921.94				19209.07	56423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	Aetna	Commercial	16028.98				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	Aetna	Commercial	11544.44				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	Aetna	Commercial	28114.24				19341.36	65258.71	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	Aetna	Commercial	16149.16				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	Aetna	Commercial	11324.67				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	Aetna	Commercial	79135.35				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	Aetna	Commercial	43214.37				29729.6	100205.08	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	Aetna	Commercial	32003.02				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	Aetna	Commercial	66105.8				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	Aetna	Commercial	31371.2				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	Aetna	Commercial	23245.11				15991.62	52331.79	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG				inpatient				52310.75	Aetna	Commercial	52684.79				36344.83	54942.02	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	Aetna	Commercial	34192.84				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	Aetna	Commercial	13984.15				9620.48	35067.29	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	Aetna	Commercial	27753.69				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				25530.21	Aetna	Commercial	17033.36				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	Aetna	Commercial	13214.98				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	Aetna	Commercial	30007.98				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	Aetna	Commercial	19062.74				13114.33	44503.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	Aetna	Commercial	14379.04				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	Aetna	Commercial	27252.35				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24563.58	Aetna	Commercial	18338.21				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20598.6	Aetna	Commercial	13362.33				9185.62	28564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	Aetna	Commercial	27127.02				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	Aetna	Commercial	17237.68				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	Aetna	Commercial	12605.48				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	Aetna	Commercial	21244.92				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	Aetna	Commercial	19280.79				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	Aetna	Commercial	14749.89				10147.28	35648.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	Aetna	Commercial	11111.78				7644.42	28244.97	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	Aetna	Commercial	22623.59				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	Aetna	Commercial	14078.58				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	Aetna	Commercial	10691.14				7355.03	26790.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35853.44	Aetna	Commercial	32348.11				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	Aetna	Commercial	16997.31				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	Aetna	Commercial	11554.74				7949.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	Aetna	Commercial	30308.44				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	Aetna	Commercial	19014.67				13081.26	41924.72	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	Aetna	Commercial	11625.13				7997.58	29870.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	Aetna	Commercial	16597.27				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	Aetna	Commercial	11959.93				8227.9	54377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	Aetna	Commercial	13924.06				9579.14	103592.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	Aetna	Commercial	32411.64				22297.79	58208.73	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	Aetna	Commercial	15551.68				10698.87	33682.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Aetna	Commercial	111035.36				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	Aetna	Commercial	46078.16				31699.76	95075.66	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG				inpatient				160770.36	Aetna	Commercial	187037.37				37458	194695.78	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	Aetna	Commercial	181902.12				125140.69	502648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	Aetna	Commercial	165929.74				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				99286.86	Aetna	Commercial	110875.69				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Aetna	Commercial	102143.53				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Aetna	Commercial	132845.14				57338	300026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	Aetna	Commercial	90939.04				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Aetna	Commercial	78850.35				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	Aetna	Commercial	85558.28				58860.35	256517.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	Aetna	Commercial	53332.06				36690.12	161320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Aetna	Commercial	145488.39				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Aetna	Commercial	104880.27				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Aetna	Commercial	134199.77				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83518.2	Aetna	Commercial	91342.51				62839.65	200776.83	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Aetna	Commercial	101025.83				47927	226626.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Aetna	Commercial	70600.64				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	Aetna	Commercial	86478.54				59493.45	183695.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	Aetna	Commercial	49999.56				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	Aetna	Commercial	25923.47				15559	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56793.12	Aetna	Commercial	58237.25				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	Aetna	Commercial	38678.32				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Aetna	Commercial	30984.89				19748	93618.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	Aetna	Commercial	83901.47				57720.54	195506.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	Aetna	Commercial	39705.03				27315.32	100903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	Aetna	Commercial	26828.28				18456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	Aetna	Commercial	58896.54				40518.24	127155.02	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	Aetna	Commercial	43832.46				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	Aetna	Commercial	30035.45				20663.07	70692.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	Aetna	Commercial	44922.69				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	Aetna	Commercial	29079.14				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	Aetna	Commercial	13608.15				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Aetna	Commercial	48167.63				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Aetna	Commercial	30177.95				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Aetna	Commercial	58481.05				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Aetna	Commercial	32579.89				12982	77694.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Aetna	Commercial	26059.11				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	Aetna	Commercial	46048.97				31679.68	93312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	Aetna	Commercial	60007.37				41282.44	123207.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				58221.41	Aetna	Commercial	61245.26				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	Aetna	Commercial	102856.05				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	Aetna	Commercial	80774.99				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	Aetna	Commercial	114476.02				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	Aetna	Commercial	71435.06				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	Aetna	Commercial	88128.48				60628.53	197441.73	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	Aetna	Commercial	59136.9				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	Aetna	Commercial	42960.27				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	Aetna	Commercial	67135.94				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	Aetna	Commercial	53084.45				36863.75	116174.55	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG				inpatient				107729.06	Aetna	Commercial	121333.32				83472.01	126301.42	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG				inpatient				96634.72	Aetna	Commercial	106351.65				73165.28	110706.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG				inpatient				74255.48	Aetna	Commercial	79868.47				54946.01	83138.76	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG				inpatient				79125.93	Aetna	Commercial	85901.66				59096.58	89418.98	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG				inpatient				54192.96	Aetna	Commercial	55016.34				37848.83	57269.04	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	Aetna	Commercial	28181.2				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	Aetna	Commercial	15826.38				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	Aetna	Commercial	12449.24				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				36881.67	Aetna	Commercial	33572.26				23096.25	70395.93	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	Aetna	Commercial	12722.23				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17760.66	Aetna	Commercial	9638.68				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Aetna	Commercial	38000.15				13521	85066.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Aetna	Commercial	18709.06				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	Aetna	Commercial	46897.12				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	Aetna	Commercial	27070.36				18623.22	66698.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	Aetna	Commercial	16808.45				11563.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	Aetna	Commercial	22402.11				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	Aetna	Commercial	14785.94				10172.08	35678.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	Aetna	Commercial	9420.63				6480.98	25963.06	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26799.81	Aetna	Commercial	21083.53				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	Aetna	Commercial	13560.08				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	Aetna	Commercial	28129.69				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	Aetna	Commercial	12093.84				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	Aetna	Commercial	7583.55				5217.15	18820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	Aetna	Commercial	27772.57				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	Aetna	Commercial	16381.13				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19667.4	Aetna	Commercial	12248.36				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	Aetna	Commercial	19972.7				13740.34	41717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	Aetna	Commercial	11544.44				7942.07	25969.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	Aetna	Commercial	20170.14				13876.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	Aetna	Commercial	12888.77				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	Aetna	Commercial	25708.86				17686.57	54953.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	Aetna	Commercial	15905.36				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				28483.51	Aetna	Commercial	23706.1				14243.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20026.37	Aetna	Commercial	12693.04				8732.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	Aetna	Commercial	9606.06				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	Aetna	Commercial	11989.11				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	Aetna	Commercial	14959.35				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	Aetna	Commercial	12248.36				8426.34	27589.65	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39627.36	Aetna	Commercial	36973.44				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	Aetna	Commercial	16521.73				11366.23	37286.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	Aetna	Commercial	11721.28				8063.72	29305.96	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG				inpatient				70664.32	Aetna	Commercial	75419.98				51885.65	78508.12	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG				inpatient				41862.99	Aetna	Commercial	39742.8				27341.31	41370.11	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG				inpatient				49236.58	Aetna	Commercial	48876.71				33925.04	52878.01	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG				inpatient				34855.32	Aetna	Commercial	31062.15				21369.4	32334.02	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG				inpatient				68815.38	Aetna	Commercial	73129.64				50309.99	76124	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG				inpatient				54084.06	Aetna	Commercial	54856.67				37738.99	57102.83	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG				inpatient				49448.64	Aetna	Commercial	49139.39				33805.75	51151.45	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	Aetna	Commercial	87201.35				59990.71	205016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	Aetna	Commercial	41688.05				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	Aetna	Commercial	27398.8				18821.66	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	Aetna	Commercial	78838.33				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	Aetna	Commercial	40582.37				27918.89	98426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32662.65	Aetna	Commercial	28346.02				19500.82	66106.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	Aetna	Commercial	59554.11				40970.62	132553.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	Aetna	Commercial	36489.28				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	Aetna	Commercial	28476.5				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	Aetna	Commercial	62210.15				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				36056.32	Aetna	Commercial	36266.08				24949.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	Aetna	Commercial	26356.13				18131.86	62539.92	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	Aetna	Commercial	46261.87				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	Aetna	Commercial	25559.49				17583.81	63877.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	Aetna	Commercial	21380.56				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	Aetna	Commercial	40635.59				27955.51	94049.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	Aetna	Commercial	21814.05				14869.52	54608.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	Aetna	Commercial	15124.17				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	Aetna	Commercial	41526.66				28568.52	95430.63	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	Aetna	Commercial	25830.76				17770.43	58514.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	Aetna	Commercial	18930.54				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50351.32	Aetna	Commercial	50356.68				34643.19	115690.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	Aetna	Commercial	29206.19				20092.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				26257.9	Aetna	Commercial	22889.71				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	Aetna	Commercial	73237.8				50384.4	155080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40992.58	Aetna	Commercial	38664.59				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	Aetna	Commercial	23265.71				16005.79	52593.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	Aetna	Commercial	28672.23				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23883.64	Aetna	Commercial	17471.17				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	Aetna	Commercial	11983.96				8244.44	28993.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	Aetna	Commercial	30011.41				20646.54	67825.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	Aetna	Commercial	17672.05				12157.6	40504.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	Aetna	Commercial	12454.39				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	Aetna	Commercial	36250.63				24938.84	80549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	Aetna	Commercial	21095.55				14512.81	47069.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	Aetna	Commercial	15160.23				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	Aetna	Commercial	31216.68				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	Aetna	Commercial	16926.92				11644.98	38628.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				18604.32	Aetna	Commercial	10931.5				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.82	Aetna	Commercial	33038.31				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	Aetna	Commercial	18698.76				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	Aetna	Commercial	12864.73				8850.37	29949.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	Aetna	Commercial	21705.05				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	Aetna	Commercial	14930.16				10271.3	33362.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	Aetna	Commercial	27896.19				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	Aetna	Commercial	17040.23				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	Aetna	Commercial	11508.38				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	Aetna	Commercial	25236.71				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20889.86	Aetna	Commercial	13762.67				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	Aetna	Commercial	9394.88				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	Aetna	Commercial	22053.58				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	Aetna	Commercial	13396.97				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	Aetna	Commercial	28431.86				19559.88	63982.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	Aetna	Commercial	16161.18				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	Aetna	Commercial	10926.35				7516.85	26388.24	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG				inpatient				44122.19	Aetna	Commercial	42541.35				29266.58	44283.24	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG				inpatient				30752.72	Aetna	Commercial	25980.13				17873.19	27043.91	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG				inpatient				25355.59	Aetna	Commercial	19294.52				13273.79	22048.34	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	Aetna	Commercial	93205.35				64121.2	209822.55	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	Aetna	Commercial	48217.42				33171.47	110491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	Aetna	Commercial	36669.55				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	Aetna	Commercial	60113.82				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	Aetna	Commercial	35994.81				24762.85	90601.56	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	Aetna	Commercial	28630.84				18320.85	64462.97	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	Aetna	Commercial	46586.36				10482	159953.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	Aetna	Commercial	36597.44				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	Aetna	Commercial	28543.46				15908	65773.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	Aetna	Commercial	60156.74				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	Aetna	Commercial	33962				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	Aetna	Commercial	23524.96				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	Aetna	Commercial	40802.13				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	Aetna	Commercial	28473.07				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	Aetna	Commercial	22921.87				15562.86	52872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58698.88	Aetna	Commercial	60597.99				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	Aetna	Commercial	28115.95				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	Aetna	Commercial	25228.13				10272	58806.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	Aetna	Commercial	69833.19				16017	153821.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	Aetna	Commercial	39201.98				26969.24	85468.24	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	Aetna	Commercial	26539.84				18258.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	Aetna	Commercial	33635.79				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	Aetna	Commercial	18397.4				12635.96	40095.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	Aetna	Commercial	11958.21				8226.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	Aetna	Commercial	31326.56				21551.3	66222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	Aetna	Commercial	19361.48				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	Aetna	Commercial	13481.1				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	Aetna	Commercial	28564.07				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	Aetna	Commercial	14768.77				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	Aetna	Commercial	10560.65				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	Aetna	Commercial	32456.28				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	Aetna	Commercial	16588.69				11412.29	36623.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	Aetna	Commercial	12064.66				8299.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	Aetna	Commercial	28919.46				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	Aetna	Commercial	18619.78				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	Aetna	Commercial	13688.84				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	Aetna	Commercial	152141.38				17717	370445.58	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	Aetna	Commercial	105010.75				36879	247179.56	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	Aetna	Commercial	79073.55				54399.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	Aetna	Commercial	145407.69				100034.13	359346.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	Aetna	Commercial	98339.76				67791.04	255285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	Aetna	Commercial	74135.74				51002.14	199762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	Aetna	Commercial	113869.96				78337.54	249051.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	Aetna	Commercial	62802.49				43205.36	157490.76	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	Aetna	Commercial	102866.05				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	Aetna	Commercial	49168.58				11315	124592.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	Aetna	Commercial	92729.77				15756	200180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	Aetna	Commercial	50624.51				34527.45	114836.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	Aetna	Commercial	29807.1				20505.98	71671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	Aetna	Commercial	87469.19				60174.97	199450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	Aetna	Commercial	58807.26				40456.82	133369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	Aetna	Commercial	45029.44				30985.16	108884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				55084.16	Aetna	Commercial	56120.31				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	Aetna	Commercial	32372.15				22270.62	77616.13	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				77102.35	Aetna	Commercial	83394.98				8282	195452.37	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				49935.13	Aetna	Commercial	49742.03				8991	114945.83	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42592.04	Aetna	Commercial	40645.89				11229	92559.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	Aetna	Commercial	76997.81				22321	148035.47	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39680.02	Aetna	Commercial	37038.68				25480.99	83818.24	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				25900.29	Aetna	Commercial	19969.26				13737.98	44885.35	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	Aetna	Commercial	59044.19				40619.82	122419.57	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	Aetna	Commercial	40151.42				27622.42	88904.75	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	Aetna	Commercial	30488.71				20974.9	70134.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	Aetna	Commercial	50494.03				34737.68	118206.81	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	Aetna	Commercial	35623.96				8360	80444.14	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	Aetna	Commercial	27236.9				9385	64927.15	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	Aetna	Commercial	43750.05				13093	92973.18	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	Aetna	Commercial	55272.16				38024.83	128883.03	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	Aetna	Commercial	36413.73				25051.05	86533.13	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	Aetna	Commercial	27130.45				18664.56	64369.35	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	Aetna	Commercial	33743.95				23214.36	82402.29	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	Aetna	Commercial	21262.09				14627.39	50607.68	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	Aetna	Commercial	60970.55				27633	132253.23	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	Aetna	Commercial	41222.77				28359.46	87613.62	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	Aetna	Commercial	32370.43				22269.44	77055.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				58575.53	Aetna	Commercial	60445.18				41583.64	135053.94	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	Aetna	Commercial	33674.44				23304.13	76498.83	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28388.18	Aetna	Commercial	23055.1				15858.15	55975.05	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	Aetna	Commercial	43350.01				29822.91	88857.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	Aetna	Commercial	18863.58				12977.32	43656.63	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	Aetna	Commercial	54403.41				37427.16	119673.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	Aetna	Commercial	30641.51				8902	69020.41	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				29144.95	Aetna	Commercial	23988.53				16503.06	50361.94	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	Aetna	Commercial	45439.48				27418	99943.74	case rate	
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	Aetna	Commercial	30131.6				20729.22	67462.61	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	Aetna	Commercial	30131.6				20729.22	61623.26	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30557.29	Aetna	Commercial	25738.05				17706.65	55011.57	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	Aetna	Commercial	33276.96				22893.09	75771.1	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26986.93	Aetna	Commercial	21315.31				14664	56458.73	case rate	
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	Aetna	Commercial	30160.78				20749.3	65153.39	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				49093.2	Aetna	Commercial	49070.72				33758.51	106582.73	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	Aetna	Commercial	33671.84				7655	72057.63	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	Aetna	Commercial	27604.32				10564	59372.55	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	Aetna	Commercial	25849.65				17783.42	63955.88	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	Aetna	Commercial	17505.51				12043.03	43544.38	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52640.62	Aetna	Commercial	53093.42				36525.94	120219.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37661.99	Aetna	Commercial	34538.88				23761.23	73043.8	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	Aetna	Commercial	25628.17				17631.06	53864.77	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	Aetna	Commercial	61533.7				42332.49	120929.5	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	Aetna	Commercial	33855.55				23291.14	72631.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	Aetna	Commercial	24606.61				16928.27	51258.1	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG				inpatient				50177.68	Aetna	Commercial	50042.48				7692	52091.52	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150	Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG				inpatient				38998.11	Aetna	Commercial	36193.97				9003	37675.96	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	Aetna	Commercial	26181.01				12781	59700.21	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	Aetna	Commercial	13975.57				9614.58	37097.3	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	Aetna	Commercial	22833.05				15708.14	48945.98	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	Aetna	Commercial	13922.34				9577.96	29528.3	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	Aetna	Commercial	15778.31				10854.79	35515.87	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19086.66	Aetna	Commercial	11528.98				7931.44	28358.09	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	Aetna	Commercial	34722.59				23887.62	78762.93	case rate	
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	Aetna	Commercial	22218.4				15285.29	35588.18	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	Aetna	Commercial	15021.16				7723	34431.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				35630.1	Aetna	Commercial	32021.9				8903	71099.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	Aetna	Commercial	18214.59				10889	41835.01	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	Aetna	Commercial	12974.61				8925.97	31143.19	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	Aetna	Commercial	43384.35				29846.53	96702.25	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	Aetna	Commercial	19876.55				13674.2	47370.1	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	Aetna	Commercial	12811.51				8813.76	33452.4	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	Aetna	Commercial	34588.67				23795.49	80635.27	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	Aetna	Commercial	20890.36				14234.06	48532.51	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	Aetna	Commercial	14801.39				10182.71	36034.67	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	Aetna	Commercial	29297.18				9165	62083.54	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	Aetna	Commercial	16547.48				11383.94	35145.31	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27880.9	Aetna	Commercial	22422.71				15425.85	48275.06	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	Aetna	Commercial	14329.25				9857.89	50728.21	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	Aetna	Commercial	23119.78				15906.39	49897.75	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	Aetna	Commercial	14018.49				9644.11	29945.67	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	Aetna	Commercial	26606.8				18304.31	55873.63	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	Aetna	Commercial	14830.58				10202.79	33682.54	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	Aetna	Commercial	31870.81				21925.72	70161.89	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25562.11	Aetna	Commercial	19550.34				13449.78	39853.45	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	Aetna	Commercial	14037.37				9211	29453.19	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	Aetna	Commercial	25126.83				12927	54925.76	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	Aetna	Commercial	15345.65				10557.14	32691.77	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31528.89	Aetna	Commercial	26941.59				18534.64	61326.81	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				23912.75	Aetna	Commercial	17507.23				12044.21	38063.03	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	Aetna	Commercial	12844.13				8836.2	29735.04	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	Aetna	Commercial	51682.12				35555.04	116374.54	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	Aetna	Commercial	28746.06				9078	66425.02	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	Aetna	Commercial	19613.87				11401	45973.65	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.88	Aetna	Commercial	105730.14				16091	209845.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	Aetna	Commercial	59488.87				36864	118811.42	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	Aetna	Commercial	34281.34				23584.06	68597.71	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84559.1	Aetna	Commercial	92693.91				63726.69	190381.46	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient				46686.32	Aetna	Commercial	45717.61				31451.72	97876.36	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient				33208.73	Aetna	Commercial	29022.48				19966.19	59669.01	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient				54955.26	Aetna	Commercial	55960.64				38498.47	109133.78	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient				34353.58	Aetna	Commercial	30440.64				20941.82	62013.33	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	Aetna	Commercial	24709.62				8609	48228.25	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	Aetna	Commercial	30066.35				10681	61221.49	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	Aetna	Commercial	28203.52				14701	53755.55	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	Aetna	Commercial	35151.81				24182.91	72997.7	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	Aetna	Commercial	34082.18				23447.05	61073.26	case rate	
SKIN ULCERS W MCC	592	MS-DRG				inpatient				38280.15	Aetna	Commercial	35304.61				24288.03	66631.76	case rate	
SKIN ULCERS W CC	593	MS-DRG				inpatient				26726.36	Aetna	Commercial	20992.54				14441.95	44054.51	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	Aetna	Commercial	14571.33				10024.44	31603.47	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39095.13	Aetna	Commercial	36314.15				24982.55	77503.01	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				24763.76	Aetna	Commercial	18561.41				12769.43	39455.58	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	Aetna	Commercial	30160.78				20749.3	67092.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	Aetna	Commercial	18212.88				12529.66	45337.84	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21628.6	Aetna	Commercial	14677.78				10097.67	27944.61	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.18	Aetna	Commercial	16423.87				11298.9	37290.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	Aetna	Commercial	10292.82				7681.01	24153.13	case rate	
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	Aetna	Commercial	25224.69				17353.49	56326.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21987.58	Aetna	Commercial	15122.46				10403.59	33066.23	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	Aetna	Commercial	25507.98				17548.38	56265.12	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient				22582.18	Aetna	Commercial	15869.01				10910.3	33565.52	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	Aetna	Commercial	27647.24				19020.09	53860.87	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	Aetna	Commercial	14837.45				10207.52	31244.61	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	Aetna	Commercial	39128.15				26918.45	92196.95	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29641.14	Aetna	Commercial	24603.18				16925.91	57777.17	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	Aetna	Commercial	66358.19				45651.52	161301.75	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36551.8	Aetna	Commercial	33163.64				22815.13	80884.92	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	Aetna	Commercial	21377.12				14706.52	45220.82	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47569.21	Aetna	Commercial	46811.28				32204.11	113927.74	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	Aetna	Commercial	27418.89				18863	70587.07	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	Aetna	Commercial	25097.64				17266.08	61564.75	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	Aetna	Commercial	64246.4				44198.71	148148.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	Aetna	Commercial	32840.86				22593.08	75018.26	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				23582.88	Aetna	Commercial	17098.61				11763.09	50553.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	Aetna	Commercial	49225.24				33864.81	108568.18	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				30698.67	Aetna	Commercial	25913.17				17827.13	62824.67	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	Aetna	Commercial	21751.41				14964.01	42322.6	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	Aetna	Commercial	67743.72				46604.71	143350.73	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	Aetna	Commercial	38614.8				26565.29	91225.67	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	Aetna	Commercial	24058.92				16551.48	59856.24	case rate	
DIABETES W MCC	637	MS-DRG				inpatient				29964.08	Aetna	Commercial	25003.21				17201.12	53880.37	case rate	
DIABETES W CC	638	MS-DRG				inpatient				22452.09	Aetna	Commercial	15747.41				10833.53	34021.91	case rate	
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				18464.34	Aetna	Commercial	10798.1				7401.1	24648.52	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient				28185.83	Aetna	Commercial	22800.43				15685.7	46426.13	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	Aetna	Commercial	13415.86				9229.52	29329.36	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	Aetna	Commercial	21308.45				14659.28	49285.34	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	Aetna	Commercial	28454.18				19575.23	63741.34	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	Aetna	Commercial	17742.44				12206.02	39494.59	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient				20572.46	Aetna	Commercial	13069.5				9197.63	28978.3	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG				inpatient				73637.32	Aetna	Commercial	75102.73				54419.22	82341.67	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG				inpatient				57938.86	Aetna	Commercial	59619.35				41015.5	62060.52	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient				52349.56	Aetna	Commercial	52732.87				36277.9	129292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient				87044.22	Aetna	Commercial	95710.31				65844.5	214109.42	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient				48894.23	Aetna	Commercial	48452.63				33333.29	113078.81	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient				38571.21	Aetna	Commercial	35665.16				24536.07	81025.34	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient				54935.86	Aetna	Commercial	55936.6				38481.93	129799.69	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient				35117.27	Aetna	Commercial	31386.65				21592.64	75962.23	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient				30625.21	Aetna	Commercial	25822.18				17764.53	61100.56	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	Aetna	Commercial	44369.85				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28352.15	Aetna	Commercial	23006.46				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	Aetna	Commercial	17625.7				12125.71	41846.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	Aetna	Commercial	53560.41				36847.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	Aetna	Commercial	26223.93				18040.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	Aetna	Commercial	18539.09				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57389.7	Aetna	Commercial	58961.48				40058.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32651.36	Aetna	Commercial	28282.49				19457.12	69397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	Aetna	Commercial	17646.3				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	Aetna	Commercial	50069.95				34445.94	109789.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	Aetna	Commercial	26569.03				18278.33	61728.58	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23025.7	Aetna	Commercial	16408.41				11288.27	37583.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	Aetna	Commercial	29594.21				20359.52	65668.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24948.1	Aetna	Commercial	18789.75				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	Aetna	Commercial	71931.24				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	Aetna	Commercial	39632.92				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	Aetna	Commercial	26874.64				18488.57	63398.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	Aetna	Commercial	25786.12				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	Aetna	Commercial	15261.52				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	Aetna	Commercial	10428.45				7174.32	24176.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	Aetna	Commercial	32375.58				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	Aetna	Commercial	18073.81				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	Aetna	Commercial	12433.79				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	Aetna	Commercial	20092.88				13823.02	43360.18	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20903.72	Aetna	Commercial	13779.84				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	Aetna	Commercial	25245.3				17367.66	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	Aetna	Commercial	13415.86				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	Aetna	Commercial	19363.2				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	Aetna	Commercial	11877.51				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	Aetna	Commercial	16702				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	Aetna	Commercial	28859.37				19853.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	Aetna	Commercial	17510.66				12046.57	40095.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	Aetna	Commercial	11916.72				8199.56	29633.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	Aetna	Commercial	33318.16				22921.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	Aetna	Commercial	25453.04				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	Aetna	Commercial	38580.46				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30989.17	Aetna	Commercial	25777.54				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	Aetna	Commercial	32751.58				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	Aetna	Commercial	15213.45				10466.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	Aetna	Commercial	24826.37				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	Aetna	Commercial	16133.71				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	Aetna	Commercial	38772.75				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	Aetna	Commercial	24367.96				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	Aetna	Commercial	31857.08				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26853.87	Aetna	Commercial	21150.49				14550.61	48080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	Aetna	Commercial	29683.48				20420.94	64739.92	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	Aetna	Commercial	19279.07				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	Aetna	Commercial	11278.32				7758.99	26883.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	Aetna	Commercial	21677.58				14913.23	47366.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	Aetna	Commercial	12780.6				8792.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	Aetna	Commercial	25228.13				17355.85	56092.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	Aetna	Commercial	14028.79				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	Aetna	Commercial	18901.35				13003.3	42205.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	Aetna	Commercial	10419.87				7168.41	22171.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	Aetna	Commercial	36102.97				24837.26	85946.24	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	Aetna	Commercial	20841.45				14338	53244.56	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64356.2	Aetna	Commercial	67604.65				46509.04	157221.61	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	Aetna	Commercial	34310.53				23604.14	79238.82	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	Aetna	Commercial	26043.66				17916.89	54309.45	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	Aetna	Commercial	68348.07				47020.48	140335.48	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34981.44	Aetna	Commercial	31218.39				21476.89	67986.3	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	Aetna	Commercial	23583.34				16224.3	51793.49	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	Aetna	Commercial	31362.61				21576.1	68858	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26393.71	Aetna	Commercial	20580.48				14158.47	43516.21	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	Aetna	Commercial	33548.23				23079.71	65933.53	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				25983.44	Aetna	Commercial	17594.79				12104.45	41714.09	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	Aetna	Commercial	28751.21				19779.57	65442.04	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	Aetna	Commercial	16399.83				11282.36	37376.51	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	Aetna	Commercial	23389.33				16090.83	50475.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	Aetna	Commercial	44443.67				30575.3	101496.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	Aetna	Commercial	22139.43				15230.96	47740.67	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34896.7	Aetna	Commercial	31063.87				21370.58	71827.49	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	Aetna	Commercial	19059.31				13111.97	41733.59	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	Aetna	Commercial	16396.4				11280	38429.36	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	Aetna	Commercial	24299.29				16716.84	56205.19	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	Aetna	Commercial	17500.36				12039.48	39802.74	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18850.06	Aetna	Commercial	10988.16				7559.37	27722.27	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	Aetna	Commercial	16921.77				11641.43	34002.4	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	Aetna	Commercial	10883.43				7487.32	21430.45	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				23794.94	Aetna	Commercial	17361.29				9023	44132.52	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	Aetna	Commercial	23629.69				16256.19	56868.31	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	Aetna	Commercial	18473.84				12709.2	41655.58	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	Aetna	Commercial	12250.08				8427.52	25705.61	case rate	
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	Aetna	Commercial	16049.58				11041.41	29422.98	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	Aetna	Commercial	31627.01				8487	68086.72	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	Aetna	Commercial	18594.03				8487	42989.61	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	Aetna	Commercial	14997.12				8487	32980.42	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	Aetna	Commercial	27743.39				8487	60648.08	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	Aetna	Commercial	18230.04				8487	42170.47	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	Aetna	Commercial	15532.79				8487	35133.6	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Aetna	Commercial	30948.84				637	64895.95	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Aetna	Commercial	102066.27				637	214004.1	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Aetna	Commercial	69704.42				637	146159.23	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Aetna	Commercial	42058.9				637	86187.03	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Aetna	Commercial	71603.31				637	150134.04	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Aetna	Commercial	25344.88				637	53139.24	case rate	
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Aetna	Commercial	3430.37				637	10912.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	Aetna	Commercial	18216.31				6365	57270.08	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	Aetna	Commercial	16923.03				6365	33035.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	Aetna	Commercial	16923.03				6365	33035.03	case rate	
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	Aetna	Commercial	81635.16				56161.42	183395.31	case rate	
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	Aetna	Commercial	50027.03				34416.41	102463.59	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	Aetna	Commercial	28186.35				5977	60706.59	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	Aetna	Commercial	61547.43				8199	130564.23	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	Aetna	Commercial	30560.82				13379	67173.95	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	Aetna	Commercial	18982.05				13058.82	47998.11	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	Aetna	Commercial	17134.66				6365	39911.96	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	Aetna	Commercial	12423.49				6365	27593.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	Aetna	Commercial	10941.8				6365	23950.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	Aetna	Commercial	38022.16				27051.92	83633.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	Aetna	Commercial	21263.81				14628.57	46983.93	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	Aetna	Commercial	16341.45				11242.2	35964.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	Aetna	Commercial	24155.07				16617.63	52893.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	Aetna	Commercial	15845.27				10900.85	34450.98	case rate	
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	Aetna	Commercial	26577.61				18284.23	62859.78	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	Aetna	Commercial	35891.79				24691.98	64868.64	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	Aetna	Commercial	17445.42				12001.69	38137.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	Aetna	Commercial	11321.24				7788.52	28147.45	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	Aetna	Commercial	37529.72				25818.8	98754.02	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	Aetna	Commercial	16987.01				11686.32	52991.01	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	Aetna	Commercial	11595.94				7977.5	32726.87	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	Aetna	Commercial	99963.07				68770.21	212342.41	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	Aetna	Commercial	38328.08				6969	93394.46	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	Aetna	Commercial	19636.19				8721	47190.67	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	Aetna	Commercial	80342.34				12547	176491.07	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	Aetna	Commercial	37761.5				22652	85596.96	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	Aetna	Commercial	21131.61				14537.62	53010.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	Aetna	Commercial	81990.56				56405.91	193002.74	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	Aetna	Commercial	40517.12				27874.01	87832.06	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	Aetna	Commercial	27520.19				18932.69	63792.05	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	Aetna	Commercial	52945.76				36424.37	121300.07	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	Aetna	Commercial	25109.66				17274.35	55343.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	Aetna	Commercial	19761.52				13595.06	40103.1	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	Aetna	Commercial	12832.11				8827.93	28038.23	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	Aetna	Commercial	8924.45				6139.63	18735.06	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	Aetna	Commercial	94898.21				65285.81	214842.75	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39383.42	Aetna	Commercial	36671.27				25228.23	83318.56	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				28999.4	Aetna	Commercial	21330.77				14674.63	47299.89	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	Aetna	Commercial	85968.62				59142.64	209627.52	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	Aetna	Commercial	34822.17				23956.12	91767.87	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	Aetna	Commercial	23528.4				16186.51	48988.89	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	Aetna	Commercial	54751.94				37666.94	128446.15	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	Aetna	Commercial	26920.99				18520.46	63768.64	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	Aetna	Commercial	18060.07				12424.54	43730.75	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	Aetna	Commercial	32506.07				22362.75	72006.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	Aetna	Commercial	20520.39				14117.13	45981.45	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	Aetna	Commercial	14367.02				9883.88	33787.86	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	Aetna	Commercial	43846.19				30164.26	109917.83	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	Aetna	Commercial	21816.65				15008.9	51742.79	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	Aetna	Commercial	14059.69				9672.45	36377.93	case rate	
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	Aetna	Commercial	45860.12				31549.75	76851.59	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	Aetna	Commercial	85867.32				59072.95	197262.3	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	Aetna	Commercial	34305.38				23600.6	85924.62	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	Aetna	Commercial	27909.93				19200.81	60850.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	Aetna	Commercial	77459.66				53288.85	175075.12	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	Aetna	Commercial	37409.53				25736.12	80225.7	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	Aetna	Commercial	22120.54				15217.96	53833.56	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	Aetna	Commercial	31568.64				21717.84	71293.09	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	Aetna	Commercial	17167.28				11810.34	38414.09	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	Aetna	Commercial	15417.76				10606.74	33713.75	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29883.69	Aetna	Commercial	24903.63				17132.61	53915.48	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	Aetna	Commercial	15191.13				10450.83	32001.34	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	Aetna	Commercial	36815.49				25327.44	83198.03	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	Aetna	Commercial	18029.17				12403.28	42006.64	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	Aetna	Commercial	12354.81				8499.57	29953.48	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				106197.52	Aetna	Commercial	119436.15				82166.84	245560.77	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36967.53	Aetna	Commercial	33687.29				23175.38	72412.69	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	Aetna	Commercial	17701.24				12177.68	41070.47	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	Aetna	Commercial	67467.3				46414.55	128777.71	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23065.9	Aetna	Commercial	16498.2				2090	20057.3	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	Aetna	Commercial	15694.18				2090	19520.98	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	Aetna	Commercial	16516.58				2090	20098.28	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	Aetna	Commercial	31829.61				2090	33132.9	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	Aetna	Commercial	28675.66				2090	29949.81	case rate	
PSYCHOSES	885	MS-DRG				inpatient				25316.81	Aetna	Commercial	24201.42				2090	25492.88	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	Aetna	Commercial	30844.11				2090	32107.05	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	Aetna	Commercial	20420.81				2090	22638.97	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	Aetna	Commercial	10715.17				2090	101331.96	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	Aetna	Commercial	24093.26				2090	25416.95	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	Aetna	Commercial	30574.56				2090	31826.46	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	Aetna	Commercial	15146.49				2090	19136.51	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71188.85	Aetna	Commercial	76067.25				13124	174182.35	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	Aetna	Commercial	32579.89				22413.54	74909.04	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	Aetna	Commercial	20930.73				14399.42	60432.03	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	Aetna	Commercial	66291.23				45935.46	126806.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	Aetna	Commercial	28297.95				19467.75	69011.18	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	Aetna	Commercial	37471.34				25778.64	71897.7	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64994.15	Aetna	Commercial	68396.15				47053.55	164457.41	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	Aetna	Commercial	34631.59				23825.02	77733.15	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	Aetna	Commercial	21775.44				14980.55	51699.88	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	Aetna	Commercial	27784.59				19114.58	57503.54	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	Aetna	Commercial	15733.67				10824.08	90774.77	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	Aetna	Commercial	29838.01				20527.24	85410.84	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				18984.09	Aetna	Commercial	11401.93				7844.03	24781.15	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32596.03	Aetna	Commercial	28152.01				19367.35	57484.62	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	Aetna	Commercial	15187.7				10448.47	30374.75	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35054.9	Aetna	Commercial	31309.39				21539.49	71160.47	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	Aetna	Commercial	17441.99				11999.32	39127.92	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	Aetna	Commercial	11807.12				8122.78	27562.35	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	Aetna	Commercial	29005.31				19954.38	60788.51	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	Aetna	Commercial	17510.66				12046.57	40248.18	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				286538.5	Aetna	Commercial	345308.08				237556.83	717124.19	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	Aetna	Commercial	114670.03				78897.96	229193.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	Aetna	Commercial	54604.29				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	Aetna	Commercial	74288.55				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	Aetna	Commercial	36841.24				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.66	Aetna	Commercial	37709.99				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	Aetna	Commercial	54494.41				37489.76	127892.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				39043.84	Aetna	Commercial	36250.63				24938.84	84820.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	Aetna	Commercial	33553.38				23983.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	Aetna	Commercial	26208.48				18030.29	53240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	Aetna	Commercial	19169.19				13187.56	40672.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	Aetna	Commercial	22082.77				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	Aetna	Commercial	13640.77				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	Aetna	Commercial	18525.35				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	Aetna	Commercial	10062.75				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	Aetna	Commercial	9734.82				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	Aetna	Commercial	117235.08				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	Aetna	Commercial	65626.79				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	Aetna	Commercial	128152.85				88163.55	296394.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	Aetna	Commercial	70561.16				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	Aetna	Commercial	45383.12				31228.48	95594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	Aetna	Commercial	46643.02				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	Aetna	Commercial	25755.22				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	Aetna	Commercial	15868.43				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	Aetna	Commercial	108581.91				74899.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	Aetna	Commercial	45554.51				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	Aetna	Commercial	51270.07				35271.56	106216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	Aetna	Commercial	24404.02				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	Aetna	Commercial	17220.51				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	Aetna	Commercial	24755.98				17031.03	45634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	Aetna	Commercial	81619.71				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	Aetna	Commercial	42034.86				14901	95680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	Aetna	Commercial	28641.33				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	Aetna	Commercial	60137.86				41372.21	129994.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	Aetna	Commercial	29462				20288.57	66042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	Aetna	Commercial	19833.78				13648.21	40594.58	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	Aetna	Medicare	347996.2				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	Aetna	Medicare	121849.65				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306684.15	Aetna	Medicare	291572				253139.77	713726.68	case rate	Case Rate for Days 1-50; Days 51-999 receive per diem at $7,703
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	Aetna	Medicare	178802.69				166896.78	445428.73	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	Aetna	Medicare	166012.81				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	Aetna	Medicare	74081.64				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	Aetna	Medicare	104596.81				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	Aetna	Medicare	73536.88				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66657.36	Aetna	Medicare	57962.92				48470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	Aetna	Medicare	40442.53				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	Aetna	Medicare	166410.54				154752.17	486145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	Aetna	Medicare	81250.34				71293.15	250082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	Aetna	Medicare	81250.34				71293.15	170893.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG				inpatient				532483.55	Aetna	Medicare	463029.18				445445.49	674003.16	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG				inpatient				119652.92	Aetna	Medicare	104046.02				93633.46	141676.71	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	Aetna	Medicare	105658.61				95213.84	406659.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	Aetna	Medicare	72874				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	Aetna	Medicare	41792.38				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88862.96	Aetna	Medicare	77263.44				67385.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	Aetna	Medicare	54323.14				44903.86	335856.53	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71766.2	Aetna	Medicare	62405.4				52824.66	166852.44	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	Aetna	Medicare	45367.09				36126.72	117633.41	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	Aetna	Medicare	38246.6				29148.47	93839.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	Aetna	Medicare	81775.82				71808.14	209654.82	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	Aetna	Medicare	48959.87				39647.73	123094.39	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	Aetna	Medicare	35325.13				26285.36	84867.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	Aetna	Medicare	59010.27				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	Aetna	Medicare	34242.83				25224.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	Aetna	Medicare	27733.4				19845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	Aetna	Medicare	55371.68				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	Aetna	Medicare	35920.51				26868.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	Aetna	Medicare	30597.02				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	Aetna	Medicare	48528.4				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	Aetna	Medicare	27923.82				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	Aetna	Medicare	22221.89				13443.87	44171.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	Aetna	Medicare	53966.39				44554.23	153227.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	Aetna	Medicare	35720.44				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	Aetna	Medicare	29687.07				20759.93	109672.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	Aetna	Medicare	32759.2				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22593.3	Aetna	Medicare	19808.96				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	Aetna	Medicare	26571.56				17706.65	153781.38	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24900.98	Aetna	Medicare	21653.02				12886.37	40848.13	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	Aetna	Medicare	38684.1				29577.23	82870.37	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	Aetna	Medicare	24596.55				15761.29	47155.56	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	Aetna	Medicare	30751.29				21802.88	68636.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	Aetna	Medicare	23251.16				14452.58	42880.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	Aetna	Medicare	19259.44				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	Aetna	Medicare	41086.12				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	Aetna	Medicare	29967.89				21035.14	130341.7	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	Aetna	Medicare	25435.03				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	Aetna	Medicare	32478.38				23495.48	230599.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23873.94	Aetna	Medicare	20759.95				12011.13	40235.72	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	Aetna	Medicare	16799.57				8129.87	28360.29	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	Aetna	Medicare	26038.85				17184.58	58565.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	Aetna	Medicare	19128.07				10411.85	35055.59	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	Aetna	Medicare	18147.02				9450.4	29859.86	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	Aetna	Medicare	29460.49				20537.87	64178.22	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24366.77	Aetna	Medicare	21205.88				12448.16	39453.1	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	Aetna	Medicare	17545.61				8861	28943.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	Aetna	Medicare	27131.99				18255.89	55042.78	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	Aetna	Medicare	21067.28				12312.33	37988.92	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	Aetna	Medicare	28537.29				19633.11	57792.77	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	Aetna	Medicare	19554.72				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	Aetna	Medicare	27140.43				18264.15	60538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	Aetna	Medicare	20530.96				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	Aetna	Medicare	16477.78				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	Aetna	Medicare	32234.92				23256.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	Aetna	Medicare	19408.89				10687.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	Aetna	Medicare	36467.69				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29550.7	Aetna	Medicare	25261.48				19422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	Aetna	Medicare	20027.17				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41186.62	Aetna	Medicare	35814.45				26764.9	85035.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	Aetna	Medicare	24311.76				15491.99	48489.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	Aetna	Medicare	19158.2				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	Aetna	Medicare	25506.14				16662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	Aetna	Medicare	21425.24				12663.13	41639.97	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	Aetna	Medicare	18836.41				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35945.2	Aetna	Medicare	30474.09				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	Aetna	Medicare	21263.74				12504.86	36795.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	Aetna	Medicare	18016.85				9322.83	28779.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	Aetna	Medicare	52479.14				43096.69	143463.85	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	Aetna	Medicare	37395.71				28314.58	92871.77	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	Aetna	Medicare	37395.71				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59452.57	Aetna	Medicare	51706.59				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				38846.35	Aetna	Medicare	34949				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	Aetna	Medicare	25296.43				16456.99	49652.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	Aetna	Medicare	32431.38				23449.41	70696.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	Aetna	Medicare	19612.57				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				29850.4	Aetna	Medicare	22478.6				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	Aetna	Medicare	18750.84				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	Aetna	Medicare	35467.35				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	Aetna	Medicare	22750.99				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	Aetna	Medicare	26956.03				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	Aetna	Medicare	28614.42				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	Aetna	Medicare	20703.3				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	Aetna	Medicare	22523.2				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	Aetna	Medicare	16679.05				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	Aetna	Medicare	18184.38				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	Aetna	Medicare	24218.95				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	Aetna	Medicare	18455.55				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				43197.72	Aetna	Medicare	37563.24				28478.76	89645.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	Aetna	Medicare	20293.53				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	Aetna	Medicare	25360.3				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	Aetna	Medicare	18308.52				9608.67	32968.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	Aetna	Medicare	25051.77				16217.22	45263.72	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG				inpatient				68396.81	Aetna	Medicare	69475.49				49663.28	75884.26	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG				inpatient				39558.06	Aetna	Medicare	34398.31				25377.05	38397.99	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG				inpatient				31573.24	Aetna	Medicare	27454.99				18572.43	28101.93	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG				inpatient				55544.32	Aetna	Medicare	48299.41				39000.46	59011.56	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG				inpatient				34127.66	Aetna	Medicare	29676.23				20749.3	31395.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG				inpatient				26201.06	Aetna	Medicare	22783.53				13994.29	22783.53	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	Aetna	Medicare	36153.12				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	Aetna	Medicare	23506.66				14702.98	48778.25	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	Aetna	Medicare	17703.49				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	Aetna	Medicare	17513.07				8829.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	Aetna	Medicare	25162.65				16325.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	Aetna	Medicare	17639.61				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	Aetna	Medicare	22180.91				13403.71	40649.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	Aetna	Medicare	17081.59				8406.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	Aetna	Medicare	28104.61				19209.07	56423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	Aetna	Medicare	19756				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	Aetna	Medicare	16607.94				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	Aetna	Medicare	28239.59				19341.36	65258.71	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	Aetna	Medicare	19840.36				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	Aetna	Medicare	16453.67				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	Aetna	Medicare	64055.35				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	Aetna	Medicare	38839.57				29729.6	100205.08	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	Aetna	Medicare	30969.44				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	Aetna	Medicare	54908.88				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	Aetna	Medicare	30525.91				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	Aetna	Medicare	24821.57				15991.62	52331.79	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG				inpatient				52310.75	Aetna	Medicare	45487.61				36244.83	54842.02	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	Aetna	Medicare	25486.85				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	Aetna	Medicare	18320.57				9620.48	35067.29	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	Aetna	Medicare	27986.5				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	Aetna	Medicare	20461.05				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	Aetna	Medicare	17780.63				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	Aetna	Medicare	29568.96				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	Aetna	Medicare	21885.63				13114.33	44503.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	Aetna	Medicare	18597.77				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	Aetna	Medicare	27634.57				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24583.58	Aetna	Medicare	21377.03				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20558.6	Aetna	Medicare	17877.04				9185.82	28564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	Aetna	Medicare	27546.59				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	Aetna	Medicare	20604.48				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	Aetna	Medicare	17352.77				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	Aetna	Medicare	23417.48				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	Aetna	Medicare	22038.7				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	Aetna	Medicare	18858.1				10147.28	35648.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	Aetna	Medicare	16304.22				7644.42	28244.97	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	Aetna	Medicare	24385.28				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	Aetna	Medicare	18386.86				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	Aetna	Medicare	16008.94				7355.03	26790.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35893.44	Aetna	Medicare	31211.69				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	Aetna	Medicare	20435.74				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	Aetna	Medicare	16615.17				7949.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	Aetna	Medicare	29779.88				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	Aetna	Medicare	21851.89				13081.26	41924.72	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	Aetna	Medicare	16664.59				7997.58	29870.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	Aetna	Medicare	20154.93				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	Aetna	Medicare	16899.6				8227.9	54377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	Aetna	Medicare	18278.39				9576.14	103992.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	Aetna	Medicare	31256.28				22297.79	59208.73	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	Aetna	Medicare	19420.94				10698.87	33682.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Aetna	Medicare	86448.49				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	Aetna	Medicare	40849.89				31699.76	95075.66	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG				inpatient				160770.36	Aetna	Medicare	139800.31				37458	194695.78	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	Aetna	Medicare	136195.47				125140.69	502648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	Aetna	Medicare	124821.74				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				95286.86	Aetna	Medicare	86336.4				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Aetna	Medicare	80206.61				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Aetna	Medicare	101758.5				57338	300026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83162.49	Aetna	Medicare	72341.29				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Aetna	Medicare	63855.28				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	Aetna	Medicare	68564.11				58860.35	256517.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	Aetna	Medicare	45941.98				36690.12	181320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Aetna	Medicare	110633.79				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Aetna	Medicare	82127.74				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Aetna	Medicare	102709.42				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83518.2	Aetna	Medicare	72624.52				62839.65	200776.83	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Aetna	Medicare	79422.01				47567	226926.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Aetna	Medicare	58064.16				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	Aetna	Medicare	69210.11				59493.45	183695.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	Aetna	Medicare	43602.63				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	Aetna	Medicare	26701.72				15599	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56793.12	Aetna	Medicare	49385.32				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	Aetna	Medicare	35655.36				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Aetna	Medicare	30254.74				19748	98318.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	Aetna	Medicare	67401.06				57720.54	195506.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	Aetna	Medicare	36376.09				27315.32	100903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	Aetna	Medicare	27336.88				18456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	Aetna	Medicare	49848.13				40518.24	127155.02	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	Aetna	Medicare	39273.46				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	Aetna	Medicare	29588.24				20663.07	70602.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	Aetna	Medicare	40038.78				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	Aetna	Medicare	28916.93				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	Aetna	Medicare	18056.62				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Aetna	Medicare	42316.66				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Aetna	Medicare	29688.28				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Aetna	Medicare	49556.46				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Aetna	Medicare	31374.39				12982	77694.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Aetna	Medicare	26796.94				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	Aetna	Medicare	40829.41				31679.68	83312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	Aetna	Medicare	50627.91				41282.44	123207.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				59221.41	Aetna	Medicare	51496.88				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	Aetna	Medicare	80706.78				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	Aetna	Medicare	65209.34				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	Aetna	Medicare	88863.76				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	Aetna	Medicare	58649.9				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	Aetna	Medicare	70368.34				60528.53	197441.73	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	Aetna	Medicare	50016.86				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	Aetna	Medicare	38661.2				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	Aetna	Medicare	55632.01				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	Aetna	Medicare	46119.15				36983.75	116714.55	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG				inpatient				107729.06	Aetna	Medicare	93677.44				83472.01	126301.42	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG				inpatient				95634.72	Aetna	Medicare	83160.62				73165.28	110706.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG				inpatient				74255.48	Aetna	Medicare	64569.98				54946.01	83138.76	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG				inpatient				79125.93	Aetna	Medicare	68805.16				59996.58	89418.98	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG				inpatient				54192.96	Aetna	Medicare	47124.31				37848.83	57269.04	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	Aetna	Medicare	28286.6				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	Aetna	Medicare	19613.78				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	Aetna	Medicare	17243.09				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				36881.67	Aetna	Medicare	32071.01				23096.25	70395.93	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	Aetna	Medicare	17434.73				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17560.66	Aetna	Medicare	15270.14				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Aetna	Medicare	35179.3				13521	85066.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Aetna	Medicare	21637.36				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	Aetna	Medicare	41424.79				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	Aetna	Medicare	27506.82				18623.22	66698.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	Aetna	Medicare	20303.17				11563.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	Aetna	Medicare	24229.8				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	Aetna	Medicare	18883.41				10172.08	35978.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	Aetna	Medicare	15117.07				6480.98	25963.06	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26799.81	Aetna	Medicare	23304.19				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	Aetna	Medicare	18022.88				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32498.01	Aetna	Medicare	28250.44				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	Aetna	Medicare	16993.61				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	Aetna	Medicare	13827.48				5217.15	18820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	Aetna	Medicare	27999.75				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	Aetna	Medicare	21407.16				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19697.4	Aetna	Medicare	17102.08				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	Aetna	Medicare	22524.4				13740.34	41717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	Aetna	Medicare	16607.94				7942.07	25959.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	Aetna	Medicare	22663				13676.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	Aetna	Medicare	17551.63				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	Aetna	Medicare	26551.07				17686.57	54953.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	Aetna	Medicare	19669.22				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26493.51	Aetna	Medicare	23037.83				14243.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20026.37	Aetna	Medicare	17414.24				8732.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	Aetna	Medicare	15247.24				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	Aetna	Medicare	16920.09				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	Aetna	Medicare	19005.14				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	Aetna	Medicare	17102.08				8426.34	27589.65	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39827.36	Aetna	Medicare	34458.57				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	Aetna	Medicare	20101.9				11366.23	37386.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	Aetna	Medicare	16732.08				8063.72	29305.96	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG				inpatient				70664.32	Aetna	Medicare	61447.24				51885.65	78508.12	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG				inpatient				41862.99	Aetna	Medicare	36402.6				27341.31	41370.11	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG				inpatient				49236.58	Aetna	Medicare	42814.42				33625.04	50878.01	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG				inpatient				34855.32	Aetna	Medicare	30308.97				21369.4	32334.02	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG				inpatient				68815.38	Aetna	Medicare	59839.46				50309.99	76124	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG				inpatient				54064.06	Aetna	Medicare	47012.22				37738.99	57102.83	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG				inpatient				49448.64	Aetna	Medicare	42998.82				33805.75	51151.45	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	Aetna	Medicare	69717.51				59990.71	205016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	Aetna	Medicare	37766.13				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	Aetna	Medicare	27709.29				18821.86	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	Aetna	Medicare	63846.85				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	Aetna	Medicare	36991.96				27918.89	99426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32862.65	Aetna	Medicare	28462.3				19500.82	86105.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	Aetna	Medicare	50309.73				40970.62	132553.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	Aetna	Medicare	34118.7				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	Aetna	Medicare	28493.9				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	Aetna	Medicare	52174.22				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				39056.32	Aetna	Medicare	33962.02				24949.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	Aetna	Medicare	27005.44				18131.86	62539.92	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	Aetna	Medicare	40978.85				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	Aetna	Medicare	26446.22				17583.81	63877.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	Aetna	Medicare	23512.69				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	Aetna	Medicare	37029.32				27955.51	94049.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	Aetna	Medicare	23676.6				14869.52	54609.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	Aetna	Medicare	19120.84				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	Aetna	Medicare	37664.83				28568.52	95430.63	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	Aetna	Medicare	26636.64				17770.43	58514.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	Aetna	Medicare	21792.83				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	Aetna	Medicare	43853.32				34643.19	115690.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	Aetna	Medicare	29006.12				20092.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	Aetna	Medicare	24572.09				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	Aetna	Medicare	59915.39				50384.4	155080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40992.58	Aetna	Medicare	35645.72				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	Aetna	Medicare	24836.03				16005.79	52593.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	Aetna	Medicare	28631.29				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23883.64	Aetna	Medicare	20768.39				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	Aetna	Medicare	16916.48				8244.44	28993.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	Aetna	Medicare	29571.37				20646.54	67825.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	Aetna	Medicare	20909.4				12157.6	45934.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	Aetna	Medicare	17246.71				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	Aetna	Medicare	33951.17				24938.84	80549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	Aetna	Medicare	23312.62				14512.81	47069.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	Aetna	Medicare	19146.15				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	Aetna	Medicare	30417.44				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	Aetna	Medicare	20386.33				11644.98	38628.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				19604.32	Aetna	Medicare	16177.67				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	Aetna	Medicare	31686.19				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	Aetna	Medicare	21630.12				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	Aetna	Medicare	17534.76				8850.37	29949.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	Aetna	Medicare	23740.48				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	Aetna	Medicare	18984.65				10271.3	33382.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	Aetna	Medicare	28086.53				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	Aetna	Medicare	20465.87				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	Aetna	Medicare	16582.63				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	Aetna	Medicare	26219.63				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20889.86	Aetna	Medicare	18165.09				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	Aetna	Medicare	15098.99				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	Aetna	Medicare	23985.14				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	Aetna	Medicare	17908.38				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	Aetna	Medicare	28462.56				19559.88	63682.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	Aetna	Medicare	19848.8				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	Aetna	Medicare	16174.06				7516.85	26388.24	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG				inpatient				44122.19	Aetna	Medicare	38367.12				29266.58	44283.24	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG				inpatient				30752.72	Aetna	Medicare	26741.5				17873.19	27043.91	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG				inpatient				25355.59	Aetna	Medicare	22048.34				13273.79	22048.34	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	Aetna	Medicare	73932.19				64121.2	209822.55	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	Aetna	Medicare	42351.61				33171.47	110491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	Aetna	Medicare	34245.24				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	Aetna	Medicare	50702.63				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	Aetna	Medicare	33771.59				24762.85	90601.56	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	Aetna	Medicare	27198.28				18320.85	64462.97	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	Aetna	Medicare	41206.64				10482	159953.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				38323.82	Aetna	Medicare	34194.63				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	Aetna	Medicare	28540.9				15908	65773.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	Aetna	Medicare	50732.76				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	Aetna	Medicare	32344.6				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	Aetna	Medicare	25018.02				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	Aetna	Medicare	37146.23				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	Aetna	Medicare	28491.49				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	Aetna	Medicare	24384.07				15562.86	50872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58698.88	Aetna	Medicare	51042.51				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	Aetna	Medicare	28240.8				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	Aetna	Medicare	26213.61				10272	58806.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	Aetna	Medicare	57525.43				16017	153921.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	Aetna	Medicare	36022.96				26969.24	85468.24	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	Aetna	Medicare	27134.4				18258.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	Aetna	Medicare	32115.61				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	Aetna	Medicare	21397.52				12635.96	40095.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	Aetna	Medicare	16898.4				8236.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	Aetna	Medicare	30494.58				21551.3	66222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	Aetna	Medicare	22095.34				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	Aetna	Medicare	17967.44				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	Aetna	Medicare	28555.36				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	Aetna	Medicare	18871.36				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	Aetna	Medicare	15917.34				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	Aetna	Medicare	31287.62				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	Aetna	Medicare	20148.9				11412.29	36623.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	Aetna	Medicare	16973.12				8299.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	Aetna	Medicare	28804.85				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	Aetna	Medicare	21574.68				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	Aetna	Medicare	18113.27				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	Aetna	Medicare	115304.05				17717	370445.58	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	Aetna	Medicare	82219.34				36879	247179.56	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	Aetna	Medicare	64011.96				54399.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	Aetna	Medicare	110577.15				100034.13	359446.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				86028.36	Aetna	Medicare	77676.84				67791.04	255285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	Aetna	Medicare	60545.73				51002.14	199762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	Aetna	Medicare	88438.32				78337.54	249051.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	Aetna	Medicare	52590.02				43205.36	157490.76	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	Aetna	Medicare	80706.78				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	Aetna	Medicare	43019.3				11315	124592.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	Aetna	Medicare	73598.35				15756	200180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	Aetna	Medicare	44041.34				34827.45	114936.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	Aetna	Medicare	29427.95				20505.98	71671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	Aetna	Medicare	69905.53				60174.97	199450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	Aetna	Medicare	49785.45				40456.82	135369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	Aetna	Medicare	40120.73				30985.16	106884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				55084.16	Aetna	Medicare	47899.27				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	Aetna	Medicare	31228.56				22270.62	77616.13	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				71102.35	Aetna	Medicare	67045.52				8282	195452.37	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				49835.13	Aetna	Medicare	43421.85				8991	114945.83	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42592.04	Aetna	Medicare	37036.55				11229	92559.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	Aetna	Medicare	62554.84				22321	148035.47	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39680.02	Aetna	Medicare	34504.37				25480.99	83818.24	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				29590.29	Aetna	Medicare	25521.99				13737.98	44885.35	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	Aetna	Medicare	49951.78				40619.82	122419.57	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	Aetna	Medicare	36689.45				27622.42	88904.75	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	Aetna	Medicare	29906.42				20974.9	70134.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	Aetna	Medicare	43949.74				34737.68	118206.81	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	Aetna	Medicare	33511.26				8360	80444.14	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	Aetna	Medicare	27623.72				9385	64927.15	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	Aetna	Medicare	39215.6				13093	92973.18	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	Aetna	Medicare	47303.89				38024.83	128883.03	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	Aetna	Medicare	34065.67				25051.05	86533.13	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	Aetna	Medicare	27549				18664.56	64369.35	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	Aetna	Medicare	32191.54				23214.36	82402.29	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	Aetna	Medicare	23429.53				14627.39	50607.68	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	Aetna	Medicare	51304.04				27633	132253.23	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	Aetna	Medicare	37441.51				28359.46	87613.62	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	Aetna	Medicare	31227.35				22269.44	72765.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				58575.53	Aetna	Medicare	50935.24				41583.64	135053.94	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	Aetna	Medicare	32283.13				23304.13	76488.83	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28368.18	Aetna	Medicare	24685.38				15858.15	55975.05	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	Aetna	Medicare	38934.79				29822.91	88857.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	Aetna	Medicare	21745.83				12977.32	43656.63	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	Aetna	Medicare	46894.04				37427.16	119673.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	Aetna	Medicare	30013.69				8902	65820.41	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				29144.95	Aetna	Medicare	25343.43				16503.06	50361.94	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	Aetna	Medicare	40401.55				27418	99943.74	case rate	
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	Aetna	Medicare	29655.74				20729.22	67462.61	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	Aetna	Medicare	29655.74				20729.22	61623.26	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30557.29	Aetna	Medicare	26571.56				17706.65	55011.57	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	Aetna	Medicare	31863.71				22893.09	75771.1	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26986.93	Aetna	Medicare	23466.89				14664	56458.73	case rate	
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	Aetna	Medicare	29676.23				20749.3	65153.39	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				49393.2	Aetna	Medicare	42950.61				33758.51	106582.73	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	Aetna	Medicare	32140.92				7655	72057.63	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	Aetna	Medicare	27881.64				10564	59372.55	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	Aetna	Medicare	26649.9				17783.42	63955.88	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	Aetna	Medicare	20792.49				12043.03	43544.38	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52940.62	Aetna	Medicare	45774.46				36525.94	120219.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37681.99	Aetna	Medicare	32749.56				23761.23	73543.8	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	Aetna	Medicare	26494.42				17631.06	53864.77	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	Aetna	Medicare	51699.36				42332.49	120929.5	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	Aetna	Medicare	32269.88				23291.14	72631.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	Aetna	Medicare	25777.31				16928.27	51259.1	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG				inpatient				50177.68	Aetna	Medicare	43632.77				7692	52091.52	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG				inpatient				38998.11	Aetna	Medicare	33911.4				9003	37675.96	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	Aetna	Medicare	26882.51				12781	59700.21	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	Aetna	Medicare	18314.54				9614.58	37097.3	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	Aetna	Medicare	24532.31				15708.14	48945.98	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	Aetna	Medicare	18277.18				9577.96	29528.3	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	Aetna	Medicare	19580.03				10854.79	35515.87	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19086.66	Aetna	Medicare	16597.09				7931.44	28358.09	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	Aetna	Medicare	32878.52				23887.62	78762.93	case rate	
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	Aetna	Medicare	24100.84				15285.29	55588.18	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	Aetna	Medicare	19048.53				7723	34431.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				35630.1	Aetna	Medicare	30982.69				8903	71099.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	Aetna	Medicare	21290.25				10889	41835.01	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	Aetna	Medicare	17611.89				8925.97	31143.19	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	Aetna	Medicare	38958.89				29846.53	96702.25	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	Aetna	Medicare	22456.91				13674.2	47370.1	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	Aetna	Medicare	17497.4				8813.76	33452.4	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	Aetna	Medicare	32784.51				23795.49	80635.27	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	Aetna	Medicare	23028.19				14234.06	48532.51	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	Aetna	Medicare	18894.26				10182.71	36034.67	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	Aetna	Medicare	29070				9165	62083.54	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	Aetna	Medicare	20119.97				11383.94	35145.31	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27880.9	Aetna	Medicare	24244.26				15425.85	48275.06	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	Aetna	Medicare	18562.82				9857.89	30728.21	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	Aetna	Medicare	24733.59				15905.39	49897.75	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	Aetna	Medicare	18344.67				9644.11	29945.67	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	Aetna	Medicare	27181.4				18304.31	55873.63	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	Aetna	Medicare	18914.75				10202.79	33682.54	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	Aetna	Medicare	30876.63				21925.72	70161.89	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25562.11	Aetna	Medicare	22227.92				13449.78	39853.45	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	Aetna	Medicare	18357.93				9211	29493.19	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	Aetna	Medicare	26142.5				12507	54525.76	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	Aetna	Medicare	19276.31				10557.14	32691.77	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31528.89	Aetna	Medicare	27416.42				18534.64	61326.81	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				23912.75	Aetna	Medicare	20793.7				12044.21	38063.03	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	Aetna	Medicare	17520.3				8836.2	29735.04	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	Aetna	Medicare	44783.76				35555.04	118374.54	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	Aetna	Medicare	28683.12				9078	66425.02	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	Aetna	Medicare	22272.51				11401	45973.65	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.98	Aetna	Medicare	82724.33				16091	204845.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	Aetna	Medicare	50263.93				36864	118811.42	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	Aetna	Medicare	32568.77				23584.06	68597.71	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84559.1	Aetna	Medicare	73529.65				63726.69	190381.46	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient				46886.32	Aetna	Medicare	40596.8				31451.72	97876.36	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient				33208.73	Aetna	Medicare	28877.16				19986.19	59669.01	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient				54955.26	Aetna	Medicare	47787.19				38498.47	109133.78	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient				34353.58	Aetna	Medicare	29872.68				20941.82	62013.33	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	Aetna	Medicare	25849.63				8609	48228.25	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	Aetna	Medicare	29609.94				10681	61221.49	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	Aetna	Medicare	28302.27				14701	53755.55	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	Aetna	Medicare	33179.82				24182.91	72997.7	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	Aetna	Medicare	32428.97				23447.05	61073.26	case rate	
SKIN ULCERS W MCC	592	MS-DRG				inpatient				38280.15	Aetna	Medicare	33287.09				24288.03	66631.76	case rate	
SKIN ULCERS W CC	593	MS-DRG				inpatient				26726.36	Aetna	Medicare	23240.31				14441.95	44054.51	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	Aetna	Medicare	18732.76				10024.44	31603.47	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39095.13	Aetna	Medicare	33995.76				24982.55	77503.01	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				24763.76	Aetna	Medicare	21533.71				12769.43	39455.58	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	Aetna	Medicare	29676.23				20749.3	67092.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	Aetna	Medicare	21289.04				12529.66	45337.84	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21628.6	Aetna	Medicare	18807.48				10097.67	27944.61	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.18	Aetna	Medicare	20033.2				11298.9	37290.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	Aetna	Medicare	15729.33				7681.01	24153.13	case rate	
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	Aetna	Medicare	26211.2				17353.49	58326.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21987.58	Aetna	Medicare	19119.63				10403.59	33066.23	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	Aetna	Medicare	26410.06				17548.38	55265.12	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient				22582.18	Aetna	Medicare	19636.68				10910.3	33565.52	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	Aetna	Medicare	27911.77				19020.09	53860.87	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	Aetna	Medicare	18919.57				10207.52	31244.61	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	Aetna	Medicare	35971.13				26918.45	92196.95	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29641.14	Aetna	Medicare	25774.9				16925.91	57777.17	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	Aetna	Medicare	55086.05				45651.52	161301.75	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36551.8	Aetna	Medicare	31784.17				22815.13	80884.92	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	Aetna	Medicare	23510.28				14706.52	45220.82	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47669.21	Aetna	Medicare	41364.53				32204.11	113927.74	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	Aetna	Medicare	27751.48				18863	70587.07	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	Aetna	Medicare	26122.01				17266.08	61564.75	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	Aetna	Medicare	53603.62				44198.71	148148.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	Aetna	Medicare	31557.59				22593.08	75018.26	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				25982.88	Aetna	Medicare	20506.85				11763.09	50553.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	Aetna	Medicare	43059.08				33864.81	108568.18	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				30698.67	Aetna	Medicare	26694.49				17827.13	62824.67	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	Aetna	Medicare	23773.02				14964.01	42322.6	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	Aetna	Medicare	56058.66				46604.71	143350.73	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	Aetna	Medicare	35610.77				26565.29	91225.67	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	Aetna	Medicare	25392.85				16551.48	59856.24	case rate	
DIABETES W MCC	637	MS-DRG				inpatient				29964.08	Aetna	Medicare	26055.72				17201.12	53880.37	case rate	
DIABETES W CC	638	MS-DRG				inpatient				22452.09	Aetna	Medicare	19558.34				10833.53	34021.91	case rate	
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				18464.34	Aetna	Medicare	16055.95				7401.1	24648.52	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient				28185.83	Aetna	Medicare	24509.41				15885.7	46426.13	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	Aetna	Medicare	17921.64				9229.52	29329.36	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	Aetna	Medicare	23462.07				14659.28	45285.34	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	Aetna	Medicare	28478.23				19576.23	63741.34	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	Aetna	Medicare	20958.81				12206.02	39494.59	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient				20572.46	Aetna	Medicare	17889.1				9197.63	28978.3	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG				inpatient				73637.32	Aetna	Medicare	64032.45				54419.22	82341.67	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG				inpatient				57808.86	Aetna	Medicare	50265.53				41016.5	62060.52	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient				52349.56	Aetna	Medicare	45521.36				36277.9	129292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient				87044.22	Aetna	Medicare	75690.62				65844.5	214109.42	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient				48884.23	Aetna	Medicare	42516.72				33333.29	112078.81	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient				38571.21	Aetna	Medicare	33540.19				24536.07	81025.34	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient				54935.86	Aetna	Medicare	47770.31				38481.93	129799.69	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient				35117.27	Aetna	Medicare	30536.76				21592.64	75962.23	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient				30625.21	Aetna	Medicare	26630.62				17764.53	61100.56	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	Aetna	Medicare	39650.69				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28352.15	Aetna	Medicare	24654.04				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	Aetna	Medicare	20876.86				12125.71	41846.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	Aetna	Medicare	46102.28				36947.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	Aetna	Medicare	26912.64				18040.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	Aetna	Medicare	21518.04				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57369.7	Aetna	Medicare	49886.69				40556.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	Aetna	Medicare	28357.71				19457.12	69397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	Aetna	Medicare	20891.32				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	Aetna	Medicare	43652.05				34445.94	109789.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	Aetna	Medicare	27154.89				18278.33	61728.58	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23025.7	Aetna	Medicare	20022.35				11288.27	37583.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	Aetna	Medicare	29278.5				20359.52	65668.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24948.1	Aetna	Medicare	21694				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	Aetna	Medicare	58998.22				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	Aetna	Medicare	36325.47				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	Aetna	Medicare	27369.42				18488.57	63398.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	Aetna	Medicare	26605.31				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	Aetna	Medicare	19217.26				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	Aetna	Medicare	15824.54				7174.32	24176.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	Aetna	Medicare	31230.97				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	Aetna	Medicare	21191.42				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	Aetna	Medicare	17232.25				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	Aetna	Medicare	22608.77				13823.02	43360.18	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				26903.72	Aetna	Medicare	18177.15				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	Aetna	Medicare	26225.66				17367.66	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	Aetna	Medicare	17921.64				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	Aetna	Medicare	22096.55				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				16368.02	Aetna	Medicare	16841.76				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	Aetna	Medicare	20228.44				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	Aetna	Medicare	28762.66				19853.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	Aetna	Medicare	20796.11				12046.57	40095.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	Aetna	Medicare	16870.68				8199.56	29833.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	Aetna	Medicare	31892.64				22921.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	Aetna	Medicare	26371.49				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	Aetna	Medicare	35586.66				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				35589.17	Aetna	Medicare	26599.28				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	Aetna	Medicare	31494.91				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	Aetna	Medicare	19183.51				10466.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	Aetna	Medicare	25991.58				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	Aetna	Medicare	19829.51				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	Aetna	Medicare	35721.65				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	Aetna	Medicare	25609.79				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	Aetna	Medicare	30866.99				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26863.87	Aetna	Medicare	23351.19				14550.61	48080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	Aetna	Medicare	29341.17				20420.94	64739.92	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	Aetna	Medicare	22037.49				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	Aetna	Medicare	16421.13				7758.99	26883.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	Aetna	Medicare	23721.19				14913.23	47386.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	Aetna	Medicare	17475.7				8792.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	Aetna	Medicare	26213.61				17355.85	56092.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	Aetna	Medicare	18351.9				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	Aetna	Medicare	21772.34				13003.3	42205.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	Aetna	Medicare	15818.52				7168.41	22171.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	Aetna	Medicare	33847.52				24837.26	89946.24	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	Aetna	Medicare	23134.25				14338	53244.56	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	Aetna	Medicare	55961.04				46509.04	157221.61	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	Aetna	Medicare	32589.26				23604.14	79238.82	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	Aetna	Medicare	26786.09				17916.89	54309.45	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	Aetna	Medicare	56482.91				47020.48	140335.48	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34981.44	Aetna	Medicare	30418.65				21476.89	67985.3	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	Aetna	Medicare	25059				16224.3	51793.49	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	Aetna	Medicare	30519.89				21576.1	66858	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26393.71	Aetna	Medicare	22961.05				14158.47	43516.21	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	Aetna	Medicare	32054.14				23079.71	65933.53	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	Aetna	Medicare	20865.16				12104.45	41714.09	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	Aetna	Medicare	28686.73				19779.57	65442.04	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	Aetna	Medicare	20016.32				11282.36	37376.51	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	Aetna	Medicare	24922.81				16090.83	50475.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	Aetna	Medicare	39702.52				30575.3	101496.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	Aetna	Medicare	24045.4				15230.96	47740.67	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34856.7	Aetna	Medicare	30310.18				21370.58	71827.49	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	Aetna	Medicare	21883.22				13111.97	41733.59	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	Aetna	Medicare	20013.91				11280	39429.36	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	Aetna	Medicare	25561.58				16716.84	56205.19	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	Aetna	Medicare	20788.88				12039.48	39802.74	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18650.06	Aetna	Medicare	16217.45				7559.37	27722.27	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	Aetna	Medicare	20382.71				11641.43	34002.4	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	Aetna	Medicare	16143.93				7487.32	21430.45	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				23794.94	Aetna	Medicare	20691.25				9023	44132.52	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	Aetna	Medicare	25091.54				16298.19	56868.31	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	Aetna	Medicare	21472.24				12709.2	41655.58	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	Aetna	Medicare	17103.29				8427.52	25705.61	case rate	
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	Aetna	Medicare	19770.46				11041.41	29422.98	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	Aetna	Medicare	30705.49				8487	68086.72	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	Aetna	Medicare	21556.61				8487	42989.61	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	Aetna	Medicare	19031.65				8487	32980.42	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	Aetna	Medicare	27979.27				8487	60648.08	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	Aetna	Medicare	21301.1				8487	42170.47	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	Aetna	Medicare	19407.68				8487	35133.6	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Aetna	Medicare	30229.43				637	64895.95	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Aetna	Medicare	80152.38				637	214004.1	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Aetna	Medicare	57435.04				637	146159.23	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Aetna	Medicare	38028.46				637	88187.03	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67563.22	Aetna	Medicare	58768.02				637	150134.04	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Aetna	Medicare	26295.56				637	53139.24	case rate	
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Aetna	Medicare	10912.03				637	10912.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	Aetna	Medicare	21291.46				6365	57270.08	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	Aetna	Medicare	20173				6365	33035.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	Aetna	Medicare	20173				6365	33035.03	case rate	
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	Aetna	Medicare	65810.16				56161.42	183395.31	case rate	
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	Aetna	Medicare	43621.92				34416.41	102463.59	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	Aetna	Medicare	28290.21				5977	60706.59	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	Aetna	Medicare	51709				8199	130564.23	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	Aetna	Medicare	29957.04				13379	67173.95	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	Aetna	Medicare	21828.99				13058.82	47998.11	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	Aetna	Medicare	20532.16				6365	39911.96	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	Aetna	Medicare	17225.02				6365	27593.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	Aetna	Medicare	16184.9				6365	23950.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	Aetna	Medicare	36107.32				27051.92	83833.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	Aetna	Medicare	23430.73				14628.57	46983.93	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	Aetna	Medicare	19975.35				11242.2	35964.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	Aetna	Medicare	25460.34				16617.63	52893.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	Aetna	Medicare	19627.04				10900.85	34450.98	case rate	
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	Aetna	Medicare	27160.92				18284.23	62859.78	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	Aetna	Medicare	33699.28				24691.98	64868.64	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	Aetna	Medicare	20750.31				12001.69	38137.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	Aetna	Medicare	16451.26				7788.52	28147.45	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	Aetna	Medicare	34849.06				25818.8	98754.02	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	Aetna	Medicare	20428.51				11686.32	52991.01	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	Aetna	Medicare	16644.1				7977.5	32726.87	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	Aetna	Medicare	78675.97				68770.21	212342.41	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	Aetna	Medicare	35409.5				6969	93394.46	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	Aetna	Medicare	22288.18				8721	47190.67	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	Aetna	Medicare	64902.63				12547	176491.07	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	Aetna	Medicare	35011.77				22952	85596.96	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	Aetna	Medicare	23337.93				14537.62	53010.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	Aetna	Medicare	66059.65				56405.91	193002.74	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	Aetna	Medicare	36946.16				27874.01	87832.06	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	Aetna	Medicare	27822.59				18932.69	63792.05	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	Aetna	Medicare	45670.81				36424.37	121300.07	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	Aetna	Medicare	26130.45				17374.35	55343.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	Aetna	Medicare	22376.16				13595.06	40103.1	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	Aetna	Medicare	17511.86				8827.93	28038.23	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	Aetna	Medicare	14768.76				6139.63	18735.06	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	Aetna	Medicare	75120.55				65285.81	214842.75	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39383.42	Aetna	Medicare	34246.45				25228.23	83318.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				26999.4	Aetna	Medicare	23477.74				14674.63	47299.89	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	Aetna	Medicare	68852.16				59142.64	209627.52	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	Aetna	Medicare	32948.42				23956.12	91767.87	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	Aetna	Medicare	25020.43				16186.61	48988.89	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	Aetna	Medicare	46938.71				37666.94	128446.15	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	Aetna	Medicare	27401.96				18520.46	63768.64	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	Aetna	Medicare	21181.78				12424.54	43730.75	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				39020.95	Aetna	Medicare	31322.57				22362.75	72006.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	Aetna	Medicare	22908.87				14117.13	45981.45	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	Aetna	Medicare	18589.33				9883.88	33787.86	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	Aetna	Medicare	39283.1				30164.26	109917.83	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	Aetna	Medicare	23818.82				15008.9	51742.79	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	Aetna	Medicare	18373.6				9672.45	36377.93	case rate	
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	Aetna	Medicare	40696.83				31549.75	76851.59	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	Aetna	Medicare	68781.05				59072.95	197262.3	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	Aetna	Medicare	32585.65				23600.6	85924.62	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	Aetna	Medicare	28096.17				19200.81	60850.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	Aetna	Medicare	62879.05				53288.85	175075.12	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	Aetna	Medicare	34764.7				25736.12	80225.7	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	Aetna	Medicare	24032.14				15217.96	53833.56	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	Aetna	Medicare	30664.51				21717.84	71293.09	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	Aetna	Medicare	20555.06				11810.34	38414.09	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	Aetna	Medicare	19326.93				10606.74	33713.75	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29883.69	Aetna	Medicare	25985.82				17132.61	53915.48	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	Aetna	Medicare	19167.84				10450.83	32001.34	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	Aetna	Medicare	34347.69				25327.44	83198.03	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	Aetna	Medicare	21160.09				12403.28	42006.64	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	Aetna	Medicare	17176.81				8499.57	29953.48	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				106197.52	Aetna	Medicare	92345.67				82166.84	245560.77	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	Aetna	Medicare	32161.76				23175.38	72412.59	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	Aetna	Medicare	20929.89				12177.68	41070.47	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	Aetna	Medicare	55864.62				46414.55	128777.71	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23066.9	Aetna	Medicare	20057.3				2090	20057.3	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	Aetna	Medicare	19520.98				2090	19520.98	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	Aetna	Medicare	20098.28				2090	20098.28	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	Aetna	Medicare	30847.71				2090	339132.9	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	Aetna	Medicare	28633.7				2090	29849.81	case rate	
PSYCHOSES	885	MS-DRG				inpatient				29316.81	Aetna	Medicare	25492.88				2090	25492.88	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	Aetna	Medicare	30155.91				2090	32107.05	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	Aetna	Medicare	22838.97				2090	22838.97	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	Aetna	Medicare	16025.81				2090	101331.96	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	Aetna	Medicare	25416.95				2090	25416.95	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	Aetna	Medicare	29966.69				2090	31826.46	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	Aetna	Medicare	19136.51				2090	19136.51	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	Aetna	Medicare	61901.61				13124	174162.35	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	Aetna	Medicare	31374.39				22413.54	74909.04	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	Aetna	Medicare	23196.92				14399.42	60432.03	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	Aetna	Medicare	55039.04				45935.46	125836.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	Aetna	Medicare	28368.55				19467.75	69011.18	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	Aetna	Medicare	34808.09				25778.64	71897.7	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64894.15	Aetna	Medicare	56516.65				47093.55	164457.41	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	Aetna	Medicare	32814.64				23825.02	77733.15	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	Aetna	Medicare	23789.89				14980.55	51699.88	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	Aetna	Medicare	28008.19				19114.58	57503.54	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	Aetna	Medicare	19548.7				10824.08	50774.77	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	Aetna	Medicare	29449.64				20527.24	65410.84	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				16984.09	Aetna	Medicare	16507.91				7844.03	24781.15	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	Aetna	Medicare	28266.11				19367.35	57484.62	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	Aetna	Medicare	19165.43				10448.47	30374.75	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35054.9	Aetna	Medicare	30482.52				21539.49	71160.47	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	Aetna	Medicare	20747.9				11999.32	39127.92	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	Aetna	Medicare	16792.34				8122.78	27562.35	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	Aetna	Medicare	28865.11				19954.38	60788.51	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	Aetna	Medicare	20796.11				12046.57	40248.18	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				288538.5	Aetna	Medicare	250903.04				237556.83	717124.19	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	Aetna	Medicare	88999.95				78887.96	229189.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	Aetna	Medicare	46835.06				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	Aetna	Medicare	60652.99				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	Aetna	Medicare	34365.77				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	Aetna	Medicare	34975.61				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	Aetna	Medicare	46757.92				37489.76	127892.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				39043.84	Aetna	Medicare	33951.17				24938.84	84820.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	Aetna	Medicare	32057.76				23083.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	Aetna	Medicare	26961.79				18030.29	53240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	Aetna	Medicare	21960.36				13187.56	40672.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	Aetna	Medicare	24003.63				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	Aetna	Medicare	18079.52				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	Aetna	Medicare	21508.4				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	Aetna	Medicare	15567.83				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	Aetna	Medicare	15337.63				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	Aetna	Medicare	90800.56				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	Aetna	Medicare	54572.62				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	Aetna	Medicare	98464.61				88163.55	296394.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	Aetna	Medicare	58036.44				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	Aetna	Medicare	40369.01				31228.48	95594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	Aetna	Medicare	41246.41				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	Aetna	Medicare	26583.61				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	Aetna	Medicare	19502.9				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	Aetna	Medicare	84726.22				74699.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	Aetna	Medicare	40482.3				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	Aetna	Medicare	44494.5				35271.56	106216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	Aetna	Medicare	25635.1				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	Aetna	Medicare	20592.42				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	Aetna	Medicare	25882.17				17031.03	45634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	Aetna	Medicare	65799.32				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	Aetna	Medicare	38011.58				14901	95680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	Aetna	Medicare	28609.6				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	Aetna	Medicare	50719.51				41372.21	129994.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	Aetna	Medicare	29185.7				20268.57	66042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	Aetna	Medicare	22430.4				13648.21	40594.58	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	Ameriehealth	HMO/PPO	332710.44				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	Ameriehealth	HMO/PPO	111081.44				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306824.15	Ameriehealth	HMO/PPO	253139.77				253139.77	713726.68	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	Ameriehealth	HMO/PPO	166896.78				166896.78	445428.73	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	Ameriehealth	HMO/PPO	125785.6				125785.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	Ameriehealth	HMO/PPO	57276.42				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	Ameriehealth	HMO/PPO	154362.39				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	Ameriehealth	HMO/PPO	64267.66				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	Ameriehealth	HMO/PPO	94173.25				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	Ameriehealth	HMO/PPO	63733.78				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66557.36	Ameriehealth	HMO/PPO	48470.93				48470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	Ameriehealth	HMO/PPO	31300.53				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	Ameriehealth	HMO/PPO	154752.17				154752.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	Ameriehealth	HMO/PPO	71293.15				71293.15	255082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	Ameriehealth	HMO/PPO	71293.15				71293.15	170893.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG				inpatient				532483.55	Ameriehealth	HMO/PPO	445445.49				445445.49	674003.16	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG				inpatient				119652.92	Ameriehealth	HMO/PPO	93633.46				93633.46	141676.71	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	Ameriehealth	HMO/PPO	95213.84				95213.84	406659.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	Ameriehealth	HMO/PPO	63084.15				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	Ameriehealth	HMO/PPO	32623.42				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	Ameriehealth	HMO/PPO	67385.9				67385.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	Ameriehealth	HMO/PPO	44903.86				44903.86	335856.53	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71766.2	Ameriehealth	HMO/PPO	52824.66				52824.66	166852.44	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	Ameriehealth	HMO/PPO	36126.72				36126.72	117633.41	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	Ameriehealth	HMO/PPO	29148.47				29148.47	93839.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	Ameriehealth	HMO/PPO	71808.14				71808.14	209654.82	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	Ameriehealth	HMO/PPO	39647.73				39647.73	123094.39	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40823.9	Ameriehealth	HMO/PPO	26285.36				26285.36	84867.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	Ameriehealth	HMO/PPO	49497.36				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				35379.26	Ameriehealth	HMO/PPO	25224.68				25224.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	Ameriehealth	HMO/PPO	18845.28				18845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	Ameriehealth	HMO/PPO	45931.46				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	Ameriehealth	HMO/PPO	26868.85				26868.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	Ameriehealth	HMO/PPO	21651.7				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	Ameriehealth	HMO/PPO	39224.88				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	Ameriehealth	HMO/PPO	19031.9				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	Ameriehealth	HMO/PPO	13443.87				13443.87	44171.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	Ameriehealth	HMO/PPO	44554.23				44554.23	153227.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	Ameriehealth	HMO/PPO	26672.77				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	Ameriehealth	HMO/PPO	20759.93				20759.93	109672.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	Ameriehealth	HMO/PPO	23770.68				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22550.3	Ameriehealth	HMO/PPO	10883.13				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	Ameriehealth	HMO/PPO	17706.65				17706.65	153781.38	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24900.98	Ameriehealth	HMO/PPO	12886.37				12886.37	40848.13	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	Ameriehealth	HMO/PPO	29577.23				29577.23	82870.37	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	Ameriehealth	HMO/PPO	15761.29				15761.29	47155.56	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	Ameriehealth	HMO/PPO	21802.88				21802.88	68636.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	Ameriehealth	HMO/PPO	14452.58				14452.58	42680.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	Ameriehealth	HMO/PPO	10540.6				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	Ameriehealth	HMO/PPO	31931.26				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	Ameriehealth	HMO/PPO	21035.14				21035.14	130341.7	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				25250.28	Ameriehealth	HMO/PPO	16592.82				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	Ameriehealth	HMO/PPO	23495.48				23495.48	230599.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23873.94	Ameriehealth	HMO/PPO	12011.13				12011.13	40235.72	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	Ameriehealth	HMO/PPO	8129.87				8129.87	28350.29	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	Ameriehealth	HMO/PPO	17184.58				17184.58	58565.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	Ameriehealth	HMO/PPO	10411.85				10411.85	35055.59	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	Ameriehealth	HMO/PPO	9450.4				9450.4	29859.86	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	Ameriehealth	HMO/PPO	20537.87				20537.87	64778.22	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	Ameriehealth	HMO/PPO	12448.16				12448.16	38453.1	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	Ameriehealth	HMO/PPO	8861				8861	28943.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	Ameriehealth	HMO/PPO	18255.89				18255.89	55042.78	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	Ameriehealth	HMO/PPO	12312.33				12312.33	37988.92	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	Ameriehealth	HMO/PPO	19633.11				19633.11	57792.77	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	Ameriehealth	HMO/PPO	10829.98				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	Ameriehealth	HMO/PPO	18264.15				18264.15	60538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	Ameriehealth	HMO/PPO	11786.72				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	Ameriehealth	HMO/PPO	7814.5				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	Ameriehealth	HMO/PPO	23256.88				23256.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	Ameriehealth	HMO/PPO	10687.06				10687.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	Ameriehealth	HMO/PPO	27405.09				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29050.7	Ameriehealth	HMO/PPO	16422.74				16422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	Ameriehealth	HMO/PPO	11292.99				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41186.62	Ameriehealth	HMO/PPO	26764.9				26764.9	85035.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	Ameriehealth	HMO/PPO	15491.99				15491.99	48486.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	Ameriehealth	HMO/PPO	10441.38				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	Ameriehealth	HMO/PPO	16662.51				16662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	Ameriehealth	HMO/PPO	12663.13				12663.13	41639.57	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	Ameriehealth	HMO/PPO	10126.02				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35045.2	Ameriehealth	HMO/PPO	21531.22				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	Ameriehealth	HMO/PPO	12504.86				12504.86	36795.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DR

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	Amerihealth	HMO/PPO	28314.58				28314.58	82871.77	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	Amerihealth	HMO/PPO	28314.58				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59462.57	Amerihealth	HMO/PPO	42339.57				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				39846.35	Amerihealth	HMO/PPO	25622.73				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	Amerihealth	HMO/PPO	16456.99				16456.99	49662.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	Amerihealth	HMO/PPO	23449.41				23449.41	70696.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	Amerihealth	HMO/PPO	10886.68				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	Amerihealth	HMO/PPO	13695.46				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	Amerihealth	HMO/PPO	10042.15				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	Amerihealth	HMO/PPO	26424.73				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	Amerihealth	HMO/PPO	13962.4				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	Amerihealth	HMO/PPO	18083.44				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	Amerihealth	HMO/PPO	19708.7				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	Amerihealth	HMO/PPO	11955.62				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	Amerihealth	HMO/PPO	13739.16				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	Amerihealth	HMO/PPO	8011.75				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	Amerihealth	HMO/PPO	9487.01				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	Amerihealth	HMO/PPO	15401.04				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	Amerihealth	HMO/PPO	9752.77				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				42197.72	Amerihealth	HMO/PPO	28478.76				28478.76	85945.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	Amerihealth	HMO/PPO	11554.03				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	Amerihealth	HMO/PPO	16519.59				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	Amerihealth	HMO/PPO	9608.67				9608.67	32968.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	Amerihealth	HMO/PPO	16217.22				16217.22	45263.72	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG				inpatient				68396.81	Amerihealth	HMO/PPO	49953.28				49953.28	75584.26	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG				inpatient				39558.06	Amerihealth	HMO/PPO	25377.05				25377.05	38397.99	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG				inpatient				31573.24	Amerihealth	HMO/PPO	18572.43				18572.43	28101.93	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG				inpatient				55544.32	Amerihealth	HMO/PPO	39000.46				39000.46	59011.56	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG				inpatient				34127.66	Amerihealth	HMO/PPO	20749.3				20749.3	31395.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG				inpatient				26201.06	Amerihealth	HMO/PPO	13994.29				13994.29	22783.53	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	Amerihealth	HMO/PPO	27096.81				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	Amerihealth	HMO/PPO	14702.98				14702.98	48778.25	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	Amerihealth	HMO/PPO	9015.73				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	Amerihealth	HMO/PPO	8829.11				8829.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	Amerihealth	HMO/PPO	16325.88				16325.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	Amerihealth	HMO/PPO	8953.13				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	Amerihealth	HMO/PPO	13403.71				13403.71	40649.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	Amerihealth	HMO/PPO	8406.26				8406.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	Amerihealth	HMO/PPO	19209.07				19209.07	58423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	Amerihealth	HMO/PPO	11027.24				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	Amerihealth	HMO/PPO	7942.07				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	Amerihealth	HMO/PPO	19341.36				19341.36	65258.71	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	Amerihealth	HMO/PPO	11109.92				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	Amerihealth	HMO/PPO	7790.88				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	Amerihealth	HMO/PPO	54441.66				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	Amerihealth	HMO/PPO	29729.6				29729.6	100205.08	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	Amerihealth	HMO/PPO	22016.67				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	Amerihealth	HMO/PPO	45477.9				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	Amerihealth	HMO/PPO	21582.01				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	Amerihealth	HMO/PPO	15991.62				15991.62	52331.79	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG				inpatient				52310.75	Amerihealth	HMO/PPO	36244.83				36244.83	54842.02	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	Amerihealth	HMO/PPO	16643.61				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	Amerihealth	HMO/PPO	9620.48				9620.48	35067.29	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	Amerihealth	HMO/PPO	19093.32				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	Amerihealth	HMO/PPO	11718.21				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	Amerihealth	HMO/PPO	9091.33				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	Amerihealth	HMO/PPO	20644.17				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	Amerihealth	HMO/PPO	13114.33				13114.33	44503.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	Amerihealth	HMO/PPO	9892.15				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	Amerihealth	HMO/PPO	18748.43				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24583.58	Amerihealth	HMO/PPO	12615.88				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20558.6	Amerihealth	HMO/PPO	9185.82				9185.82	28564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	Amerihealth	HMO/PPO	18662.2				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	Amerihealth	HMO/PPO	11858.77				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	Amerihealth	HMO/PPO	8672.02				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	Amerihealth	HMO/PPO	14615.57				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	Amerihealth	HMO/PPO	13264.34				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	Amerihealth	HMO/PPO	10147.28				10147.28	35648.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	Amerihealth	HMO/PPO	7644.42				7644.42	28244.57	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	Amerihealth	HMO/PPO	15564.04				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	Amerihealth	HMO/PPO	9685.45				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	Amerihealth	HMO/PPO	7355.03				7355.03	26760.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35893.44	Amerihealth	HMO/PPO	22254.08				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	Amerihealth	HMO/PPO	11693.4				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	Amerihealth	HMO/PPO	7949.15				7949.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	Amerihealth	HMO/PPO	20850.88				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	Amerihealth	HMO/PPO	13081.26				13081.26	41924.72	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	Amerihealth	HMO/PPO	7997.58				7997.58	29870.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	Amerihealth	HMO/PPO	11418.2				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	Amerihealth	HMO/PPO	8227.9				8227.9	54377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	Amerihealth	HMO/PPO	9579.14				9579.14	103592.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	Amerihealth	HMO/PPO	22297.79				22297.79	59208.73	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	Amerihealth	HMO/PPO	10898.87				10898.87	33882.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Amerihealth	HMO/PPO	76387.46				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	Amerihealth	HMO/PPO	31699.76				31699.76	95075.66	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG				inpatient				160770.36	Amerihealth	HMO/PPO	128673.52				37458	194695.78	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	Amerihealth	HMO/PPO	125140.69				125140.69	502648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	Amerihealth	HMO/PPO	113994.16				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				99286.86	Amerihealth	HMO/PPO	76277.62				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Amerihealth	HMO/PPO	70270.28				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Amerihealth	HMO/PPO	91391.64				57338	309026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	Amerihealth	HMO/PPO	62562.08				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Amerihealth	HMO/PPO	54245.59				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	Amerihealth	HMO/PPO	58860.35				58860.35	256517.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	Amerihealth	HMO/PPO	36890.12				36890.12	181320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Amerihealth	HMO/PPO	100089.64				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Amerihealth	HMO/PPO	72153.03				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Amerihealth	HMO/PPO	92321.56				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83518.2	Amerihealth	HMO/PPO	62839.65				62839.65	200776.83	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Amerihealth	HMO/PPO	69501.35				47567	226626.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Amerihealth	HMO/PPO	48570.15				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	Amerihealth	HMO/PPO	59493.45				59493.45	183695.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	Amerihealth	HMO/PPO	34397.51				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	Amerihealth	HMO/PPO	17834.21				15559	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56753.12	Amerihealth	HMO/PPO	40064.68				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	Amerihealth	HMO/PPO	26608.99				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Amerihealth	HMO/PPO	21316.25				19748	98318.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	Amerihealth	HMO/PPO	57720.54				57720.54	195506.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	Amerihealth	HMO/PPO	27315.32				27315.32	100903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	Amerihealth	HMO/PPO	18456.68				18456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	Amerihealth	HMO/PPO	40518.24				40518.24	127155.02	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	Amerihealth	HMO/PPO	30154.81				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	Amerihealth	HMO/PPO	20663.07				20663.07	70602.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	Amerihealth	HMO/PPO	30904.84				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	Amerihealth	HMO/PPO	20005.17				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	Amerihealth	HMO/PPO	9361.81				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Amerihealth	HMO/PPO	33137.22				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Amerihealth	HMO/PPO	20761.11				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Amerihealth	HMO/PPO	40232.4				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Amerihealth	HMO/PPO	22413.54				12982	77694.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Amerihealth	HMO/PPO	17927.53				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	Amerihealth	HMO/PPO	31679.68				31679.68	93312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	Amerihealth	HMO/PPO	41282.44				41282.44	123207.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				59221.41	Amerihealth	HMO/PPO	42134.05				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	Amerihealth	HMO/PPO	70760.45				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	Amerihealth	HMO/PPO	55569.66				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	Amerihealth	HMO/PPO	78754.49				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	Amerihealth	HMO/PPO	49144.19				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	Amerihealth	HMO/PPO	60628.53				60628.53	197441.73	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	Amerihealth	HMO/PPO	40683.6				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	Amerihealth	HMO/PPO	29554.79				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	Amerihealth	HMO/PPO	46186.59				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	Amerihealth	HMO/PPO	36863.75				36863.75	116174.55	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG				inpatient				107729.06	Amerihealth	HMO/PPO	83472.01				83472.01	126301.42	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG				inpatient				95634.72	Amerihealth	HMO/PPO	73165.28				73165.28	110706.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG				inpatient				74255.48	Amerihealth	HMO/PPO	54946.01				54946.01	83138.76	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG				inpatient				79125.93	Amerihealth	HMO/PPO	59096.58				59096.58	89418.98	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG				inpatient				54152.96	Amerihealth	HMO/PPO	37848.83				37848.83	57269.04	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	Amerihealth	HMO/PPO	19387.43				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	Amerihealth	HMO/PPO	10887.86				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	Amerihealth	HMO/PPO	8564.53				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				36881.67	Amerihealth	HMO/PPO	23096.25				23096.25	70395.93	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	Amerihealth	HMO/PPO	8752.34				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17560.66	Amerihealth	HMO/PPO	6630.99				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Amerihealth	HMO/PPO	26142.44				13521	85086.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Amerihealth	HMO/PPO	12871.01				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	Amerihealth	HMO/PPO	32263.17				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG			

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	Amerihealth	HMO/PPO	11563.48				11563.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	Amerihealth	HMO/PPO	15411.67				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	Amerihealth	HMO/PPO	10172.08				10172.08	35878.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	Amerihealth	HMO/PPO	6480.98				6480.98	25963.06	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26799.81	Amerihealth	HMO/PPO	14504.55				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	Amerihealth	HMO/PPO	9328.74				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	Amerihealth	HMO/PPO	19351.99				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	Amerihealth	HMO/PPO	8320.03				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	Amerihealth	HMO/PPO	5217.15				5217.15	18820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	Amerihealth	HMO/PPO	19106.31				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	Amerihealth	HMO/PPO	12645.41				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19667.4	Amerihealth	HMO/PPO	8426.34				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	Amerihealth	HMO/PPO	13740.34				13740.34	47717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	Amerihealth	HMO/PPO	7942.07				7942.07	25959.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	Amerihealth	HMO/PPO	13876.17				13876.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	Amerihealth	HMO/PPO	8866.91				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	Amerihealth	HMO/PPO	17686.57				17686.57	54953.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	Amerihealth	HMO/PPO	10942.19				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26453.51	Amerihealth	HMO/PPO	14243.51				14243.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20026.37	Amerihealth	HMO/PPO	8732.26				8732.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	Amerihealth	HMO/PPO	6608.55				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	Amerihealth	HMO/PPO	8247.98				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	Amerihealth	HMO/PPO	10291.38				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	Amerihealth	HMO/PPO	8426.34				8426.34	27589.65	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39627.36	Amerihealth	HMO/PPO	25436.11				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	Amerihealth	HMO/PPO	11366.23				11366.23	37286.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	Amerihealth	HMO/PPO	8063.72				8063.72	29305.96	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG				inpatient				70664.32	Amerihealth	HMO/PPO	51885.65				51885.65	78508.12	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG				inpatient				41862.99	Amerihealth	HMO/PPO	27341.31				27341.31	41370.11	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG				inpatient				49236.58	Amerihealth	HMO/PPO	33625.04				33625.04	50878.01	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG				inpatient				34855.32	Amerihealth	HMO/PPO	21369.4				21369.4	32334.02	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG				inpatient				68815.38	Amerihealth	HMO/PPO	50309.99				50309.99	76124	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG				inpatient				54064.06	Amerihealth	HMO/PPO	37738.99				37738.99	57102.83	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG				inpatient				49448.64	Amerihealth	HMO/PPO	33805.75				33805.75	51151.45	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	Amerihealth	HMO/PPO	59990.71				59990.71	205016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	Amerihealth	HMO/PPO	28679.55				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	Amerihealth	HMO/PPO	18821.66				18821.66	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	Amerihealth	HMO/PPO	54237.32				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	Amerihealth	HMO/PPO	27918.89				27918.89	98426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32662.65	Amerihealth	HMO/PPO	19500.82				19500.82	66105.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	Amerihealth	HMO/PPO	40970.62				40970.62	132553.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	Amerihealth	HMO/PPO	25103.02				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	Amerihealth	HMO/PPO	19590.59				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	Amerihealth	HMO/PPO	42797.86				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				39056.32	Amerihealth	HMO/PPO	24949.47				24949.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	Amerihealth	HMO/PPO	18131.86				18131.86	62539.52	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	Amerihealth	HMO/PPO	31826.14				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	Amerihealth	HMO/PPO	17583.81				17583.81	63877.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	Amerihealth	HMO/PPO	14708.89				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	Amerihealth	HMO/PPO	27955.51				27955.51	94049.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	Amerihealth	HMO/PPO	14869.52				14869.52	54609.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	Amerihealth	HMO/PPO	10404.77				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	Amerihealth	HMO/PPO	28568.52				28568.52	95430.63	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	Amerihealth	HMO/PPO	17770.43				17770.43	58514.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	Amerihealth	HMO/PPO	13023.38				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	Amerihealth	HMO/PPO	34643.19				34643.19	115690.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	Amerihealth	HMO/PPO	20902.58				20902.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	Amerihealth	HMO/PPO	15747.12				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	Amerihealth	HMO/PPO	50384.4				50384.4	150080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40952.58	Amerihealth	HMO/PPO	26599.54				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	Amerihealth	HMO/PPO	16005.79				16005.79	52593.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	Amerihealth	HMO/PPO	19725.24				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23883.64	Amerihealth	HMO/PPO	12019.4				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	Amerihealth	HMO/PPO	8244.44				8244.44	28993.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	Amerihealth	HMO/PPO	20646.54				20646.54	67825.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	Amerihealth	HMO/PPO	12157.6				12157.6	40504.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	Amerihealth	HMO/PPO	8568.08				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	Amerihealth	HMO/PPO	24938.84				24938.84	80549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	Amerihealth	HMO/PPO	14512.81				14512.81	47069.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	Amerihealth	HMO/PPO	10429.57				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	Amerihealth	HMO/PPO	21475.71				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	Amerihealth	HMO/PPO	11644.98				11644.98	38628.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				18604.32	Amerihealth	HMO/PPO	7520.39				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	Amerihealth	HMO/PPO	22728.91				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24674.64	Amerihealth	HMO/PPO	12863.93				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	Amerihealth	HMO/PPO	8850.37				8850.37	29949.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	Amerihealth	HMO/PPO	14932.12				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	Amerihealth	HMO/PPO	10271.3				10271.3	33362.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	Amerihealth	HMO/PPO	19191.36				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	Amerihealth	HMO/PPO	11722.93				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	Amerihealth	HMO/PPO	7917.26				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	Amerihealth	HMO/PPO	17361.75				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20899.86	Amerihealth	HMO/PPO	9468.11				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	Amerihealth	HMO/PPO	6463.26				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	Amerihealth	HMO/PPO	15171.9				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	Amerihealth	HMO/PPO	9216.53				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	Amerihealth	HMO/PPO	19559.88				19559.88	63982.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	Amerihealth	HMO/PPO	11118.18				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	Amerihealth	HMO/PPO	7516.85				7516.85	26388.24	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG				inpatient				44122.19	Amerihealth	HMO/PPO	29266.58				29266.58	44283.24	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG				inpatient				30752.72	Amerihealth	HMO/PPO	17873.19				17873.19	27043.91	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG				inpatient				25355.59	Amerihealth	HMO/PPO	13273.79				13273.79	22048.34	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	Amerihealth	HMO/PPO	64121.2				64121.2	209822.55	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	Amerihealth	HMO/PPO	33171.47				33171.47	110491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	Amerihealth	HMO/PPO	25227.04				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	Amerihealth	HMO/PPO	41355.67				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	Amerihealth	HMO/PPO	24762.85				24762.85	90601.56	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	Amerihealth	HMO/PPO	18320.85				18320.85	64462.97	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	Amerihealth	HMO/PPO	32049.38				10482	159953.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	Amerihealth	HMO/PPO	25177.44				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	Amerihealth	HMO/PPO	19636.65				15908	65773.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	Amerihealth	HMO/PPO	41395.2				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	Amerihealth	HMO/PPO	23364.37				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	Amerihealth	HMO/PPO	16184.14				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	Amerihealth	HMO/PPO	28070.08				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	Amerihealth	HMO/PPO	19588.22				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	Amerihealth	HMO/PPO	15562.86				15562.86	50872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58698.88	Amerihealth	HMO/PPO	41688.76				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	Amerihealth	HMO/PPO	19342.55				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	Amerihealth	HMO/PPO	17355.85				10272	58806.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	Amerihealth	HMO/PPO	48042.18				16017	153921.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	Amerihealth	HMO/PPO	26969.24				26969.24	85468.24	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	Amerihealth	HMO/PPO	18258.25				18258.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	Amerihealth	HMO/PPO	23139.95				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	Amerihealth	HMO/PPO	12635.96				12635.96	40095.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	Amerihealth	HMO/PPO	8226.72				8226.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	Amerihealth	HMO/PPO	21591.3				21591.3	66222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	Amerihealth	HMO/PPO	13319.85				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	Amerihealth	HMO/PPO	9274.41				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	Amerihealth	HMO/PPO	19650.83				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.66	Amerihealth	HMO/PPO	10160.27				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	Amerihealth	HMO/PPO	7265.27				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	Amerihealth	HMO/PPO	22328.5				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	Amerihealth	HMO/PPO	11412.29				11412.29	36623.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	Amerihealth	HMO/PPO	8299.96				8299.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	Amerihealth	HMO/PPO	19895.32				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	Amerihealth	HMO/PPO	12809.59				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	Amerihealth	HMO/PPO	9417.32				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	Amerihealth	HMO/PPO	104666.6				17717	370445.58	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	Amerihealth	HMO/PPO	72242.8				36879	247179.56	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	Amerihealth	HMO/PPO	54399.14				54399.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	Amerihealth	HMO/PPO	100034.13				100034.13	350946.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	Amerihealth	HMO/PPO	67791.04				67791.04	255285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	Amerihealth	HMO/PPO	51002.14				51002.14	199762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	Amerihealth	HMO/PPO	78337.54				78337.54	249051.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	Amerihealth	HMO/PPO	43205.36				43205.36	157490.74	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	Amerihealth	HMO/PPO	70760.45				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	Amerihealth	HMO/PPO	33825.83				11315	124592.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	Amerihealth	HMO/PPO	63794.02				15756	200180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	Amerihealth	HMO/PPO	34827.45				34827.45	114836.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	Amerihealth	HMO/PPO	20505.98				20505.98	71671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	Amerihealth	HMO/PPO	60174.97				60174.97	199450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	Amerihealth	HMO/PPO	40456.82				40456.82	136369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	Amerihealth	HMO/PPO	30985.16				30985.16	108884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				56084.16	Amerihealth	HMO/PPO	38608.32				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes		
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient					Amerihealth	HMO/PPO	27962.69				11229	92559.71	case rate				
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient					Amerihealth	HMO/PPO	52971.12				22321	148035.47	case rate				
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient					Amerihealth	HMO/PPO	25480.99				25480.99	83818.24	case rate				
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient					Amerihealth	HMO/PPO	13737.98				13737.98	44885.35	case rate				
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient					Amerihealth	HMO/PPO	40619.82				40619.82	122419.57	case rate				
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient					Amerihealth	HMO/PPO	27622.42				27622.42	88904.75	case rate				
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient					Amerihealth	HMO/PPO	20974.9				20974.9	70134.59	case rate				
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient					Amerihealth	HMO/PPO	34737.68				34737.68	118206.81	case rate				
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient					Amerihealth	HMO/PPO	24307.72				8360	80444.14	case rate				
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient					Amerihealth	HMO/PPO	18737.8				9385	64927.15	case rate				
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient					Amerihealth	HMO/PPO	30098.12				13093	92973.18	case rate				
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient					Amerihealth	HMO/PPO	38024.83				38024.83	128983.03	case rate				
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient					Amerihealth	HMO/PPO	25051.05				25051.05	86533.13	case rate				
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient					Amerihealth	HMO/PPO	18664.56				18664.56	64369.35	case rate				
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient					Amerihealth	HMO/PPO	23214.36				23214.36	82402.29	case rate				
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient					Amerihealth	HMO/PPO	14627.39				14627.39	50607.68	case rate				
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient					Amerihealth	HMO/PPO	41945.07				27633	132253.23	case rate				
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient					Amerihealth	HMO/PPO	28359.46				28359.46	87613.62	case rate				
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient					Amerihealth	HMO/PPO	22269.44				22269.44	72705.49	case rate				
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient					Amerihealth	HMO/PPO	41583.64				41583.64	136053.94	case rate				
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient					Amerihealth	HMO/PPO	23304.13				23304.13	76488.83	case rate				
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient					Amerihealth	HMO/PPO	15858.15				15858.15	55975.05	case rate				
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient					Amerihealth	HMO/PPO	29822.91				29822.91	88857.95	case rate				
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient					Amerihealth	HMO/PPO	12977.32				12977.32	43656.63	case rate				
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient					Amerihealth	HMO/PPO	37427.16				37427.16	119673.48	case rate				
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient					Amerihealth	HMO/PPO	21080.02				8902	69820.41	case rate				
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient					Amerihealth	HMO/PPO	16503.06				16503.06	50361.94	case rate				
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient					Amerihealth	HMO/PPO	31260.37				27418	98943.74	case rate				
FOOT PROCEDURES W CC	504	MS-DRG				inpatient					Amerihealth	HMO/PPO	20729.22				20729.22	67462.61	case rate				
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient					Amerihealth	HMO/PPO	20729.22				20729.22	61623.26	case rate				
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient					Amerihealth	HMO/PPO	17706.65				17706.65	55011.57	case rate				
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient					Amerihealth	HMO/PPO	22893.09				22893.09	75771.1	case rate				
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient					Amerihealth	HMO/PPO	14664				14664	56458.73	case rate				
ARTHROSCOPY	509	MS-DRG				inpatient					Amerihealth	HMO/PPO	20749.3				20749.3	65153.39	case rate				
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient					Amerihealth	HMO/PPO	33758.51				33758.51	106582.73	case rate				
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient					Amerihealth	HMO/PPO	23164.75				7655	72057.63	case rate				
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient					Amerihealth	HMO/PPO	18990.56				10564	59372.55	case rate				
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient					Amerihealth	HMO/PPO	17783.42				17783.42	63955.88	case rate				
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient					Amerihealth	HMO/PPO	12043.03				12043.03	43544.38	case rate				
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient					Amerihealth	HMO/PPO	36525.94				36525.94	120219.57	case rate				
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient					Amerihealth	HMO/PPO	23761.23				23761.23	73643.8	case rate				
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient					Amerihealth	HMO/PPO	17631.06				17631.06	53864.77	case rate				
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient					Amerihealth	HMO/PPO	42332.49				42332.49	120929.5	case rate				
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient					Amerihealth	HMO/PPO	23291.14				23291.14	72631.03	case rate				
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient					Amerihealth	HMO/PPO	16928.27				16928.27	51259.1	case rate				
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG				inpatient					Amerihealth	HMO/PPO	34427.04				7692	52091.52	case rate				
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG				inpatient					Amerihealth	HMO/PPO	24899.87				9003	37675.96	case rate				
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient					Amerihealth	HMO/PPO	18011.39				12781	59700.21	case rate				
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient					Amerihealth	HMO/PPO	9614.58				9614.58	37097.3	case rate				
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient					Amerihealth	HMO/PPO	15708.14				15708.14	48945.98	case rate				
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient					Amerihealth	HMO/PPO	9577.96				9577.96	29528.3	case rate				
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient					Amerihealth	HMO/PPO	10854.79				10854.79	35515.87	case rate				
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient					Amerihealth	HMO/PPO	7931.44				7931.44	28358.09	case rate				
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient					Amerihealth	HMO/PPO	23867.62				23867.62	78762.93	case rate				
OSTEOMYELITIS W CC	540	MS-DRG				inpatient					Amerihealth	HMO/PPO	15285.29				15285.29	50588.18	case rate				
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient					Amerihealth	HMO/PPO	10333.9				7723	34431.48	case rate				
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient					Amerihealth	HMO/PPO	22029.67				8903	71199.48	case rate				
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient					Amerihealth	HMO/PPO	12530.84				10889	41835.01	case rate				
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient					Amerihealth	HMO/PPO	8925.97				8925.97	31143.19	case rate				
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient					Amerihealth	HMO/PPO	29846.53				29846.53	96702.25	case rate				
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient					Amerihealth	HMO/PPO	13674.2				13674.2	47370.1	case rate				
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient					Amerihealth	HMO/PPO	8813.76				8813.76	33452.4	case rate				
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient					Amerihealth	HMO/PPO	23795.49				23795.49	80635.27	case rate				
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient					Amerihealth	HMO/PPO	14234.06				14234.06	48532.51	case rate				
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient					Amerihealth	HMO/PPO	10182.71				10182.71	36034.67	case rate				
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient					Amerihealth	HMO/PPO	20155.18				9165	62083.54	case rate				
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient					Amerihealth	HMO/PPO	11383.94				11383.94	36145.31	case rate				
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient					Amerihealth	HMO/PPO	15425.85				15425.85	48275.06	case rate				
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient					Amerihealth	HMO/PPO	9857.89				9857.89	30728.21	case rate				
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient					Amerihealth	HMO/PPO	15905.39				15905.39	49897.75	case rate				
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient					Amerihealth	HMO/PPO	9644.11				9644.11	29945.67	case rate				
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient					Amerihealth	HMO/PPO	18304.31				18304.31	59873.63	case rate				
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient					Amerihealth	HMO/PPO	10202.79				10202.79	33682.54	case rate				
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient					Amerihealth	HMO/PPO	21925.72				21925.72	70161.89	case rate				
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient					Amerihealth	HMO/PPO	13449.78				13449.78	39853.45	case rate				
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient					Amerihealth	HMO/PPO	9657.1				9211	29493.19	case rate				
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient					Amerihealth	HMO/PPO	17286.16				12507	54925.76	case rate				
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient					Amerihealth	HMO/PPO	10557.14				10557.14	32691.77	case rate				
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient					Amerihealth	HMO/PPO	18534.64				18534.64	61326.81	case rate				
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient					Amerihealth	HMO/PPO	12044.21				12044.21	38063.03	case rate				
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient					Amerihealth	HMO/PPO	8836.2				8836.2	29735.04	case rate				
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient					Amerihealth	HMO/PPO	35555.04				35555.04	118374.54	case rate				
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient					Amerihealth	HMO/PPO	19776.03				9078	69425.02	case rate				
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient					Amerihealth	HMO/PPO	13493.48				11401	45973.65	case rate				
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient					Amerihealth	HMO/PPO	72737.7				16091	204845.26	case rate				
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient					Amerihealth	HMO/PPO	40925.74				36864	118811.42	case rate				
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient					Amerihealth	HMO/PPO	23694.06				23694.06	68597.71	case rate				
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient					Amerihealth	HMO/PPO	63726.69				63726.69	190381.46	case rate				
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient					Amerihealth	HMO/PPO	31451.72				31451.72	97876.36	case rate				
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient					Amerihealth	HMO/PPO	19966.19				19966.19	59669.01	case rate				
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient					Amerihealth	HMO/PPO	38498.47				38498.47	109133.78	case rate				
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient					Amerihealth	HMO/PPO	20941.82				20941.82	62013.33	case rate				
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient					Amerihealth	HMO/PPO	16999.14				8609	48228.25	case rate				
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient					Amerihealth	HMO/PPO	20984.33				10681	61221.49	case rate				
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient					Amerihealth	HMO/PPO	19402.78				14701	53755.55	case rate				
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient					Amerihealth	HMO/PPO	24182.91				24182.91	72997.7	case rate				
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient					Amerihealth	HMO/PPO	23447.05				23447.05	61073.26	case rate				
SKIN ULCERS W MCC	592	MS-DRG				inpatient					Amerihealth	HMO/PPO	24288.03				24288.03	66631.76	case rate				
SKIN ULCERS W CC	593	MS-DRG				inpatient					Amerihealth	HMO/PPO	14441.95				14441.95	44054.51	case rate				
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient					Amerihealth	HMO/PPO	10024.44				10024.44	31603.47	case rate				
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient					Amerihealth	HMO/PPO	24982.55				24982.55	77503.01	case rate				
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient					Amerihealth	HMO/PPO	12769.43				12769.43	39455.58	case rate				
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient					Amerihealth	HMO/PPO	20749.3				20749.3	67092.04	case rate				
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient					Amerihealth	HMO/PPO	12529.66				12529.66	45337.84	case rate				
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient					Amerihealth	HMO/PPO	10097.67				10097.67	27944.61	case rate				
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient					Amerihealth	HMO/PPO	11298.9				11298.9	37290.69	case rate				
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient					Amerihealth	HMO/PPO	7081.01				7081.01	24153.13	case rate				
CELLULITIS W MCC	602	MS-DRG				inpatient					Amerihealth	HMO/PPO	17353.49				17353.49	56326.11	case rate				
CELLULITIS W/O MCC	603	MS-DRG				inpatient					Amerihealth	HMO/PPO	10403.59				10403.59	33066.23	case rate				
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient					Amerihealth	HMO/PPO	17548.38				17548.38	55265.12	case rate				
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient					Amerihealth	HMO/PPO	10910.3				10910.3	33565.52	case rate				
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient					Amerihealth	HMO/PPO	19020.09				19020.09	53860.87	case rate				
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient					Amerihealth	HMO/PPO	10207.52				10207.52	31244.61	case rate				
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient					Amerihealth	HMO/PPO	26918.45				26918.45	92196.95	case rate				
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient					Amerihealth	HMO/PPO	16925.91				16925.91	57777.17	case rate				
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient					Amerihealth	HMO/PPO	45651.52				45651.52	161301.75	case rate				
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient					Amerihealth	HMO/PPO	22815.13				22815.13	80884.52	case rate				
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient					Amerihealth	HMO/PPO	14706.52				14706.52	45220.82	case rate				
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient					Amerihealth	HMO/PPO	32204.11				32204.11	113927.74	case rate				
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient					Amerihealth	HMO/PPO	18863				18863	70587.07	case rate				
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient					Amerihealth	HMO/PPO	17266.08				17266.08	61564.75	case rate				
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient					Amerihealth	HMO/PPO	44198.71				44198.71	148148.59	case rate				
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient					Amerihealth	HMO/PPO	22593.08				22593.08	75018.26	case rate				
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient					Amerihealth	HMO/PPO	11763.09				11763.09	50553.07	case rate				
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient					Amerihealth	HMO/PPO	33864.81				33864.81	108568.18	case rate				
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient					Amerihealth	HMO/PPO	17827.13				17827.13	62824.67	case rate				
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient					Amerihealth	HMO/PPO	14964.01				14964.01	42322.6	case rate				
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient					Amerihealth	HMO/PPO	46604.71				46604.71	143360.73	case rate				
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient					Amerihealth	HMO/PPO	26565.29				26565.29	91225.67	case rate				
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient					Amerihealth	HMO/PPO	16551.48				16551.48	59856.24	case rate				
DIABETES W MCC	637	MS-DRG				inpatient					Amerihealth	HMO/PPO	17201.12				17201.12	53860.37	case rate				
DIABETES W CC	638	MS-DRG				inpatient					Amerihealth	HMO/PPO	10833.53				10833.53	34021.91	case rate				
DIABETES W/O CC/MCC	639	MS-DRG				inpatient					Amerihealth	HMO/PPO	7401.1				7401.1	24648.52	case rate				
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient					Amerihealth	HMO/PPO	15685.7				15685.7	46426.13	case rate				
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient					Amerihealth	HMO/PPO	9229.52				9229.52	29329.36	case rate				
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient					Amerihealth	HMO/PPO	14659.28				14659.28	49285.34	case rate				
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient					Amerihealth	HMO/PPO	19575.23				19575.23	63741.34	case rate				
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient					Amerihealth	HMO/PPO	12206.02				12206.02	39494.59	case rate				
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient					Amerihealth	HMO/PPO	9197.63				9197.63	28978.3	case rate				
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG				inpatient					Amerihealth	HMO/PPO	54419.22				54419.22	82341.67	case rate				
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG				inpatient					Amerihealth	HMO/PPO	41015.5				41015.5	62060.52	case rate				
KIDNEY TRANSPLANT	652	MS-DRG				inpatient					Amerihealth	HMO/PPO	36277.9				36277.9	129292.6	case rate				
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient					Amerihealth	HMO/PPO	65844.5				65844.5	214109.42	case rate				
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient					Amerihealth	HMO/PPO	33333.29				33333.29	112078.81	case rate				
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient					Amerihealth	HMO/PPO	24536.07				24536.07	81025.34	case rate				
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient					Amerihealth	HMO/PPO	38481.93				38481.93	129799.69	case rate				
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient					Amerihealth	HMO/PPO	21592.64				21592.64	75962.23	case rate				
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient					Amerihealth	HMO/PPO	17764.53				17764.53	61100.56	case rate				

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	Amerihealth	HMO/PPO	30524.51				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28352.15	Amerihealth	HMO/PPO	15827.44				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	Amerihealth	HMO/PPO	12125.71				12125.71	41846.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	Amerihealth	HMO/PPO	36847.22				36847.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	Amerihealth	HMO/PPO	18040.92				18040.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	Amerihealth	HMO/PPO	12754.08				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57369.7	Amerihealth	HMO/PPO	40556.04				40556.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	Amerihealth	HMO/PPO	19457.12				19457.12	69397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	Amerihealth	HMO/PPO	12139.88				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	Amerihealth	HMO/PPO	34445.94				34445.94	109789.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	Amerihealth	HMO/PPO	18278.33				18278.33	61728.58	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23025.7	Amerihealth	HMO/PPO	11288.27				11288.27	37563.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	Amerihealth	HMO/PPO	20359.52				20359.52	65668.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24948.1	Amerihealth	HMO/PPO	12926.53				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	Amerihealth	HMO/PPO	49485.54				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	Amerihealth	HMO/PPO	27265.71				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	Amerihealth	HMO/PPO	18488.57				18488.57	63398.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	Amerihealth	HMO/PPO	17739.72				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	Amerihealth	HMO/PPO	10499.26				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	Amerihealth	HMO/PPO	7174.32				7174.32	24176.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	Amerihealth	HMO/PPO	22272.98				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	Amerihealth	HMO/PPO	12433.99				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	Amerihealth	HMO/PPO	8553.9				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	Amerihealth	HMO/PPO	13823.02				13823.02	43360.18	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20903.72	Amerihealth	HMO/PPO	9479.93				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	Amerihealth	HMO/PPO	17367.66				17367.66	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	Amerihealth	HMO/PPO	9229.52				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	Amerihealth	HMO/PPO	13321.03				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	Amerihealth	HMO/PPO	8171.21				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	Amerihealth	HMO/PPO	11490.25				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	Amerihealth	HMO/PPO	19853.98				19853.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	Amerihealth	HMO/PPO	12046.57				12046.57	40096.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	Amerihealth	HMO/PPO	8199.56				8199.56	29633.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	Amerihealth	HMO/PPO	22921.44				22921.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	Amerihealth	HMO/PPO	17510.58				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	Amerihealth	HMO/PPO	26541.67				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30589.17	Amerihealth	HMO/PPO	17733.82				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	Amerihealth	HMO/PPO	22531.66				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	Amerihealth	HMO/PPO	10466.19				10466.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	Amerihealth	HMO/PPO	17079.46				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	Amerihealth	HMO/PPO	11099.29				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	Amerihealth	HMO/PPO	26673.96				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	Amerihealth	HMO/PPO	16764.09				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	Amerihealth	HMO/PPO	21916.28				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26853.87	Amerihealth	HMO/PPO	14550.61				14550.61	48080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	Amerihealth	HMO/PPO	20420.94				20420.94	64739.92	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	Amerihealth	HMO/PPO	13263.16				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	Amerihealth	HMO/PPO	7758.99				7758.99	26883.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	Amerihealth	HMO/PPO	14913.23				14913.23	47386.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	Amerihealth	HMO/PPO	8792.5				8792.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	Amerihealth	HMO/PPO	17355.85				17355.85	56092.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	Amerihealth	HMO/PPO	9651.19				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	Amerihealth	HMO/PPO	13003.3				13003.3	42205.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	Amerihealth	HMO/PPO	7168.41				7168.41	22717.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	Amerihealth	HMO/PPO	24837.26				24837.26	89946.24	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	Amerihealth	HMO/PPO	14338				14338	53244.56	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	Amerihealth	HMO/PPO	46509.04				46509.04	157221.61	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	Amerihealth	HMO/PPO	23604.14				23604.14	79238.82	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	Amerihealth	HMO/PPO	17916.89				17916.89	54309.45	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	Amerihealth	HMO/PPO	47020.48				47020.48	140335.48	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34081.44	Amerihealth	HMO/PPO	21476.89				21476.89	67985.3	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	Amerihealth	HMO/PPO	16224.3				16224.3	51793.49	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	Amerihealth	HMO/PPO	21576.1				21576.1	66858	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26363.71	Amerihealth	HMO/PPO	14158.47				14158.47	43516.21	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36882.26	Amerihealth	HMO/PPO	23079.71				23079.71	69833.53	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	Amerihealth	HMO/PPO	12104.45				12104.45	41714.09	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	Amerihealth	HMO/PPO	19779.57				19779.57	65442.04	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	Amerihealth	HMO/PPO	11282.36				11282.36	37376.51	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	Amerihealth	HMO/PPO	16090.83				16090.83	50475.66	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	Amerihealth	HMO/PPO	30575.3				30575.3	101496.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	Amerihealth	HMO/PPO	15230.96				15230.96	47740.67	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34896.7	Amerihealth	HMO/PPO	21370.58				21370.58	71827.49	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	Amerihealth	HMO/PPO	13111.97				13111.97	41733.59	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	Amerihealth	HMO/PPO	11280				11280	30429.36	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	Amerihealth	HMO/PPO	16716.84				16716.84	56205.19	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	Amerihealth	HMO/PPO	12039.48				12039.48	39802.74	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18650.06	Amerihealth	HMO/PPO	7559.37				7559.37	27722.27	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	Amerihealth	HMO/PPO	11641.43				11641.43	34002.4	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	Amerihealth	HMO/PPO	7487.32				7487.32	21430.45	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	Amerihealth	HMO/PPO	16256.19				16256.19	56868.31	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	Amerihealth	HMO/PPO	12709.2				12709.2	41655.58	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	Amerihealth	HMO/PPO	8427.52				8427.52	25705.61	case rate	
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	Amerihealth	HMO/PPO	11041.41				11041.41	29422.98	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	Amerihealth	HMO/PPO	8487				8487	68086.72	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	Amerihealth	HMO/PPO	8487				8487	42989.61	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	Amerihealth	HMO/PPO	8487				8487	32980.42	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	Amerihealth	HMO/PPO	8487				8487	60648.08	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	Amerihealth	HMO/PPO	8487				8487	42170.47	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	Amerihealth	HMO/PPO	8487				8487	35133.6	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Amerihealth	HMO/PPO	637				637	64895.95	per diem	Must have Revenue Codes 0170, 0171, 0172, 0179
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Amerihealth	HMO/PPO	1591				637	64895.95	per diem	Must have Revenue Codes 0173
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Amerihealth	HMO/PPO	3183				637	64895.95	per diem	Must have Revenue Codes 0174, 0175
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Amerihealth	HMO/PPO	637				637	214004.1	per diem	Must have Revenue Codes 0170, 0171, 0172, 0179
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Amerihealth	HMO/PPO	1591				637	214004.1	per diem	Must have Revenue Codes 0173
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Amerihealth	HMO/PPO	3183				637	214004.1	per diem	Must have Revenue Codes 0174, 0175
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Amerihealth	HMO/PPO	637				637	146159.23	per diem	Must have Revenue Codes 0170, 0171, 0172, 0179
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Amerihealth	HMO/PPO	1591				637	146159.23	per diem	Must have Revenue Codes 0173
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Amerihealth	HMO/PPO	3183				637	146159.23	per diem	Must have Revenue Codes 0174, 0175
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Amerihealth	HMO/PPO	637				637	88187.03	per diem	Must have Revenue Codes 0170, 0171, 0172, 0179
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Amerihealth	HMO/PPO	1591				637	88187.03	per diem	Must have Revenue Codes 0173
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Amerihealth	HMO/PPO	3183				637	88187.03	per diem	Must have Revenue Codes 0174, 0175
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Amerihealth	HMO/PPO	637				637	150134.04	per diem	Must have Revenue Codes 0170, 0171, 0172, 0179
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Amerihealth	HMO/PPO	1591				637	150134.04	per diem	Must have Revenue Codes 0173
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Amerihealth	HMO/PPO	3183				637	150134.04	per diem	Must have Revenue Codes 0174, 0175
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Amerihealth	HMO/PPO	637				637	53139.24	per diem	Must have Revenue Codes 0170, 0171, 0172, 0179
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Amerihealth	HMO/PPO	1591				637	53139.24	per diem	Must have Revenue Codes 0173
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Amerihealth	HMO/PPO	3183				637	53139.24	per diem	Must have Revenue Codes 0174, 0175
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Amerihealth	HMO/PPO	637				637	10912.03	per diem	Must have Revenue Codes 0170, 0171, 0172, 0179
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Amerihealth	HMO/PPO	1591				637	10912.03	per diem	Must have Revenue Codes 0173
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Amerihealth	HMO/PPO	3183				637	10912.03	per diem	Must have Revenue Codes 0174, 0175
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	Amerihealth	HMO/PPO	6365				6365	57270.08	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	Amerihealth	HMO/PPO	6365				6365	33035.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	Amerihealth	HMO/PPO	6365				6365	33035.03	case rate	
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	Amerihealth	HMO/PPO	56161.42				56161.42	183395.31	case rate	
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	Amerihealth	HMO/PPO	34416.41				34416.41	102463.59	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	Amerihealth	HMO/PPO	19390.97				5977	60706.59	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	Amerihealth	HMO/PPO	42341.94				8199	130564.23	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	Amerihealth	HMO/PPO	21024.51				13379	67173.95	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	Amerihealth	HMO/PPO	13058.82				13058.82	47998.11	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	Amerihealth	HMO/PPO	6365				6365	39911.96	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	Amerihealth	HMO/PPO	6365				6365	27893.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	Amerihealth	HMO/PPO	6365				6365	23950.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	Amerihealth	HMO/PPO	27051.92				27051.92	83833.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	Amerihealth	HMO/PPO	14628.57				14628.57	46983.93	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	Amerihealth	HMO/PPO	11242.2				11242.2	35964.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	Amerihealth	HMO/PPO	16617.63				16617.63	52893.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	Amerihealth	HMO/PPO	10900.85				10900.85	34450.98	case rate	
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	Amerihealth	HMO/PPO	18284.23				18284.23	62859.78	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	Amerihealth	HMO/PPO	24691.98				24691.98	64868.64	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	Amerihealth	HMO/PPO	12001.69				12001.69	38137.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	Amerihealth	HMO/PPO	7788.52				7788.52	28147.45	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	Amerihealth	HMO/PPO	25818.8				25818.8	98754.02	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	Amerihealth	HMO/PPO	11686.32				11686.32	52991.01	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	Amerihealth	HMO/PPO	7977.5				7977.5	32726.87	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	Amerihealth	HMO/PPO	68770.21				68770.21	212342.41	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	Amerihealth	HMO/PPO	26368.04				6969	93364.46	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	Amerihealth	HMO/PPO	13508.84				8721	47190.67	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	Amerihealth	HMO/PPO	55272.01				12547	176491.07	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	Amerihealth	HMO/PPO	25979.26				22952	85596.96	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	Amerihealth	HMO/PPO	14537.62				14537.62	53010.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	Amerihealth	HMO/PPO	56405.91				56405.91	193002.74	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42468.08	Amerihealth	HMO/PPO	27874.01				27874.01	87832.06	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	Amerihealth	HMO/PPO	18932.69				18932.69	63792.05	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASM

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	Amerihealth	HMO/PPO	65286.81				65286.81	214842.75	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39383.42	Amerihealth	HMO/PPO	25228.23				25228.23	83318.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				26999.4	Amerihealth	HMO/PPO	14674.63				14674.63	47299.89	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	Amerihealth	HMO/PPO	59142.64				59142.64	209627.52	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	Amerihealth	HMO/PPO	23956.12				23956.12	91767.87	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	Amerihealth	HMO/PPO	16186.51				16186.51	48988.89	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	Amerihealth	HMO/PPO	37666.94				37666.94	128446.15	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	Amerihealth	HMO/PPO	18520.46				18520.46	63768.64	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	Amerihealth	HMO/PPO	12424.54				12424.54	43730.75	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	Amerihealth	HMO/PPO	22362.75				22362.75	72006.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	Amerihealth	HMO/PPO	14117.13				14117.13	45981.45	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	Amerihealth	HMO/PPO	9883.88				9883.88	33787.86	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	Amerihealth	HMO/PPO	30164.26				30164.26	109917.83	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	Amerihealth	HMO/PPO	15008.9				15008.9	51742.79	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	Amerihealth	HMO/PPO	9672.45				9672.45	36377.93	case rate	
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	Amerihealth	HMO/PPO	31549.75				31549.75	76851.59	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	Amerihealth	HMO/PPO	59072.95				59072.95	197282.3	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	Amerihealth	HMO/PPO	23600.6				23600.6	85924.62	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	Amerihealth	HMO/PPO	19200.81				19200.81	60850.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	Amerihealth	HMO/PPO	53288.85				53288.85	175075.12	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	Amerihealth	HMO/PPO	25736.12				25736.12	80225.7	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	Amerihealth	HMO/PPO	15217.96				15217.96	53833.56	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	Amerihealth	HMO/PPO	21717.84				21717.84	71293.09	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	Amerihealth	HMO/PPO	11810.34				11810.34	38414.09	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	Amerihealth	HMO/PPO	10606.74				10606.74	33713.75	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29883.69	Amerihealth	HMO/PPO	17132.61				17132.61	53915.48	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	Amerihealth	HMO/PPO	10450.83				10450.83	32001.34	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	Amerihealth	HMO/PPO	25327.44				25327.44	83198.03	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	Amerihealth	HMO/PPO	12403.28				12403.28	42006.64	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	Amerihealth	HMO/PPO	8499.57				8499.57	29953.48	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				196197.52	Amerihealth	HMO/PPO	82166.84				82166.84	245560.77	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	Amerihealth	HMO/PPO	23175.38				23175.38	72412.59	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	Amerihealth	HMO/PPO	12177.68				12177.68	41070.47	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	Amerihealth	HMO/PPO	46414.55				46414.55	128777.71	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23065.9	Amerihealth	HMO/PPO	11322.52				2090	20057.3	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	Amerihealth	HMO/PPO	10796.91				2090	19520.98	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	Amerihealth	HMO/PPO	11362.68				2090	20098.28	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	Amerihealth	HMO/PPO	21897.38				2090	33132.9	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	Amerihealth	HMO/PPO	19727.6				2090	29849.81	case rate	
PSYCHOSES	885	MS-DRG				inpatient				29316.81	Amerihealth	HMO/PPO	16649.52				2090	25492.88	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	Amerihealth	HMO/PPO	21219.4				2090	32107.05	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	Amerihealth	HMO/PPO	14048.62				2090	22838.97	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	Amerihealth	HMO/PPO	7371.57				2090	101331.96	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	Amerihealth	HMO/PPO	16575.11				2090	25416.95	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	Amerihealth	HMO/PPO	21033.95				2090	31826.46	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	Amerihealth	HMO/PPO	10420.12				2090	19136.51	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	Amerihealth	HMO/PPO	52330.94				13124	174162.35	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	Amerihealth	HMO/PPO	22413.54				22413.54	74909.04	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	Amerihealth	HMO/PPO	14399.42				14399.42	60432.03	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63264.9	Amerihealth	HMO/PPO	45605.46				45605.46	125836.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	Amerihealth	HMO/PPO	19467.75				19467.75	69011.18	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	Amerihealth	HMO/PPO	25778.64				25778.64	71897.7	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64994.15	Amerihealth	HMO/PPO	47053.55				47053.55	164457.41	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	Amerihealth	HMO/PPO	23825.02				23825.02	77733.15	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	Amerihealth	HMO/PPO	14980.55				14980.55	51699.88	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	Amerihealth	HMO/PPO	19114.58				19114.58	57503.54	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	Amerihealth	HMO/PPO	10824.08				10824.08	90774.77	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	Amerihealth	HMO/PPO	20527.24				20527.24	65410.84	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				18984.09	Amerihealth	HMO/PPO	7844.03				7844.03	24781.15	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	Amerihealth	HMO/PPO	19367.35				19367.35	57484.62	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	Amerihealth	HMO/PPO	10448.47				10448.47	30374.75	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35054.9	Amerihealth	HMO/PPO	21539.49				21539.49	71160.47	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	Amerihealth	HMO/PPO	11999.32				11999.32	39127.92	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	Amerihealth	HMO/PPO	8122.78				8122.78	27562.35	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	Amerihealth	HMO/PPO	19954.38				19954.38	60788.51	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	Amerihealth	HMO/PPO	12046.57				12046.57	40248.18	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				288538.5	Amerihealth	HMO/PPO	237556.83				237556.83	717124.19	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	Amerihealth	HMO/PPO	78887.96				78887.96	229189.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	Amerihealth	HMO/PPO	37565.36				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	Amerihealth	HMO/PPO	51107.27				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	Amerihealth	HMO/PPO	25345.16				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	Amerihealth	HMO/PPO	25942.82				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	Amerihealth	HMO/PPO	37489.76				37489.76	127892.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				39043.84	Amerihealth	HMO/PPO	24938.84				24938.84	84820.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	Amerihealth	HMO/PPO	23083.25				23083.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	Amerihealth	HMO/PPO	18030.29				18030.29	53240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	Amerihealth	HMO/PPO	13187.56				13187.56	40672.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	Amerihealth	HMO/PPO	15191.98				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	Amerihealth	HMO/PPO	9384.25				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	Amerihealth	HMO/PPO	12744.63				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	Amerihealth	HMO/PPO	6922.73				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	Amerihealth	HMO/PPO	6697.13				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	Amerihealth	HMO/PPO	80652.6				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	Amerihealth	HMO/PPO	45148.35				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	Amerihealth	HMO/PPO	88163.55				88163.55	296394.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	Amerihealth	HMO/PPO	48542.98				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	Amerihealth	HMO/PPO	31228.48				31228.48	95594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	Amerihealth	HMO/PPO	32088.36				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	Amerihealth	HMO/PPO	17718.46				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	Amerihealth	HMO/PPO	10779.19				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	Amerihealth	HMO/PPO	74699.6				74699.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	Amerihealth	HMO/PPO	31339.51				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	Amerihealth	HMO/PPO	35271.56				35271.56	106216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	Amerihealth	HMO/PPO	16788.89				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	Amerihealth	HMO/PPO	11846.95				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	Amerihealth	HMO/PPO	17031.03				17031.03	45634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	Amerihealth	HMO/PPO	56150.78				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	Amerihealth	HMO/PPO	28918.14				14961	95680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	Amerihealth	HMO/PPO	19703.98				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	Amerihealth	HMO/PPO	41372.21				41372.21	129994.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	Amerihealth	HMO/PPO	20268.57				20268.57	66042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	Amerihealth	HMO/PPO	13648.21				13648.21	40594.58	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	Amerihealth	Medicare	347996.2				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	Amerihealth	Medicare	121849.65				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306824.15	Amerihealth	Medicare	266803.61				253139.77	713726.68	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205652.09	Amerihealth	Medicare	178802.69				166896.78	445428.73	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	Amerihealth	Medicare	136853.53				125785.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	Amerihealth	Medicare	66947.9				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	Amerihealth	Medicare	166012.81				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	Amerihealth	Medicare	74081.64				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	Amerihealth	Medicare	104596.81				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	Amerihealth	Medicare	73536.88				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66557.36	Amerihealth	Medicare	57962.92				49470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	Amerihealth	Medicare	40442.53				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	Amerihealth	Medicare	166410.54				154752.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	Amerihealth	Medicare	81250.34				71293.15	250082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	Amerihealth	Medicare	81250.34				71293.15	170883.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG				inpatient				532483.55	Amerihealth	Medicare	463029.18				445445.49	674003.16	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG				inpatient				119652.92	Amerihealth	Medicare	104046.02				93633.46	141676.71	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	Amerihealth	Medicare	105658.61				95213.84	406659.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	Amerihealth	Medicare	72874				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	Amerihealth	Medicare	41792.38				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	Amerihealth	Medicare	77263.44				67365.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	Amerihealth	Medicare	54323.14				44903.86	335856.53	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71786.2	Amerihealth	Medicare	62405.4				52824.66	166852.44	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	Amerihealth	Medicare	45367.09				36126.72	117633.41	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	Amerihealth	Medicare	38246.6				29148.47	93839.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	Amerihealth	Medicare	81775.82				71808.14	209954.82	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	Amerihealth	Medicare	48959.87				39647.73	123094.39	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	Amerihealth	Medicare	35325.13				26285.36	84867.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	Amerihealth	Medicare	59010.27				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	Amerihealth	Medicare	34242.83				25224.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	Amerihealth	Medicare	27733.4				18845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	Amerihealth	Medicare	55371.68				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	Amerihealth	Medicare	35920.51				26868.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35198.57	Amerihealth	Medicare	30597.02				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	Amerihealth	Medicare	48528.4				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	Amerihealth	Medicare	27923.82				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	Amerihealth	Medicare	22221.89				13443.87	44171.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	Amerihealth	Medicare	53966.39				44554.23	153227.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	Amerihealth	Medicare	35720.44				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	Amerihealth	Medicare	29687.07				20759.93	109672.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	Amerihealth	Medicare	32759.2				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22550.3	Amerihealth	Medicare	19608.96				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	Amerihealth	Medicare	30751.29				21802.88	68638.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	Amerihealth	Medicare	23251.16				14452.58	42880.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	Amerihealth	Medicare	19259.44				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	Amerihealth	Medicare	41086.12				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	Amerihealth	Medicare	29967.89				21035.14	130341.7	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	Amerihealth	Medicare	25435.03				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	Amerihealth	Medicare	32478.38				23495.48	230599.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23673.94	Amerihealth	Medicare	20759.95				12011.13	40235.72	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	Amerihealth	Medicare	16799.57				8129.87	28350.29	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	Amerihealth	Medicare	26038.85				17184.58	58565.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	Amerihealth	Medicare	19128.07				10411.85	35055.59	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	Amerihealth	Medicare	18147.02				9450.4	29859.86	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	Amerihealth	Medicare	29460.49				20537.87	64178.22	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	Amerihealth	Medicare	21205.88				12448.16	38453.1	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	Amerihealth	Medicare	17545.61				8861	28943.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	Amerihealth	Medicare	27131.99				18255.89	55042.78	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	Amerihealth	Medicare	21067.28				12312.33	37988.92	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	Amerihealth	Medicare	28537.29				19633.11	57792.77	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	Amerihealth	Medicare	19554.72				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	Amerihealth	Medicare	27140.43				18264.15	66538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	Amerihealth	Medicare	20530.96				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	Amerihealth	Medicare	16477.78				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	Amerihealth	Medicare	32234.92				23256.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	Amerihealth	Medicare	19408.89				10697.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	Amerihealth	Medicare	36467.69				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29050.7	Amerihealth	Medicare	25261.48				16422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	Amerihealth	Medicare	20027.17				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41188.62	Amerihealth	Medicare	35814.45				26764.9	85035.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	Amerihealth	Medicare	24311.76				15491.99	48489.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	Amerihealth	Medicare	19158.2				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				26332.06	Amerihealth	Medicare	25506.14				18662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	Amerihealth	Medicare	21425.24				12663.13	41639.97	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	Amerihealth	Medicare	18836.41				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35045.2	Amerihealth	Medicare	30474.09				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	Amerihealth	Medicare	21263.74				12504.86	36795.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	Amerihealth	Medicare	18016.85				9322.83	28779.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	Amerihealth	Medicare	52479.14				43096.69	143463.85	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	Amerihealth	Medicare	37395.71				28314.58	92871.17	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	Amerihealth	Medicare	37395.71				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59462.57	Amerihealth	Medicare	51706.59				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				39846.35	Amerihealth	Medicare	34649				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	Amerihealth	Medicare	25296.43				16458.99	49852.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	Amerihealth	Medicare	32431.38				23449.41	70696.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	Amerihealth	Medicare	19612.57				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	Amerihealth	Medicare	22478.6				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	Amerihealth	Medicare	18750.84				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	Amerihealth	Medicare	35467.35				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	Amerihealth	Medicare	22750.99				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	Amerihealth	Medicare	26956.03				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	Amerihealth	Medicare	28614.42				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	Amerihealth	Medicare	20703.3				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	Amerihealth	Medicare	22523.2				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	Amerihealth	Medicare	16679.05				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				29912.03	Amerihealth	Medicare	18184.38				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	Amerihealth	Medicare	24218.95				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	Amerihealth	Medicare	18455.55				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				43197.72	Amerihealth	Medicare	37563.24				28478.76	89645.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	Amerihealth	Medicare	20293.53				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	Amerihealth	Medicare	25360.3				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	Amerihealth	Medicare	18308.52				9608.67	32968.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	Amerihealth	Medicare	25051.77				16217.22	45263.72	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG				inpatient				68396.81	Amerihealth	Medicare	59475.49				49953.28	75584.26	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG				inpatient				39558.06	Amerihealth	Medicare	34398.31				25377.05	38397.99	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG				inpatient				31573.24	Amerihealth	Medicare	27454.99				18572.43	28101.93	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG				inpatient				55544.32	Amerihealth	Medicare	48299.41				39000.46	59011.56	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG				inpatient				34127.66	Amerihealth	Medicare	29676.23				20749.3	31395.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG				inpatient				26201.06	Amerihealth	Medicare	22783.53				13984.29	22783.53	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	Amerihealth	Medicare	36153.12				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	Amerihealth	Medicare	23506.66				14702.98	48778.52	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	Amerihealth	Medicare	17703.49				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	Amerihealth	Medicare	17513.07				8829.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	Amerihealth	Medicare	25162.65				16325.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	Amerihealth	Medicare	17639.61				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25908.05	Amerihealth	Medicare	22180.91				13403.71	40649.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	Amerihealth	Medicare	17081.59				8406.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	Amerihealth	Medicare	28104.61				19209.07	58423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	Amerihealth	Medicare	19756				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	Amerihealth	Medicare	16607.94				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	Amerihealth	Medicare	28239.59				19341.36	65258.71	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	Amerihealth	Medicare	19840.36				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	Amerihealth	Medicare	16453.67				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	Amerihealth	Medicare	64055.35				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	Amerihealth	Medicare	38839.57				29729.6	100205.08	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	Amerihealth	Medicare	30969.44				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	Amerihealth	Medicare	54908.88				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	Amerihealth	Medicare	30525.91				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	Amerihealth	Medicare	24821.57				15991.62	52331.79	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG				inpatient				52310.75	Amerihealth	Medicare	45487.61				36244.83	54842.02	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	Amerihealth	Medicare	25486.85				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	Amerihealth	Medicare	18320.57				9620.48	35067.29	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	Amerihealth	Medicare	27986.5				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	Amerihealth	Medicare	20461.05				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	Amerihealth	Medicare	17780.63				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	Amerihealth	Medicare	29566.96				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	Amerihealth	Medicare	21885.63				13114.33	44003.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	Amerihealth	Medicare	18597.77				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	Amerihealth	Medicare	27634.57				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24583.58	Amerihealth	Medicare	21377.03				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20558.6	Amerihealth	Medicare	17877.04				9185.82	28564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	Amerihealth	Medicare	27546.59				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	Amerihealth	Medicare	20604.48				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	Amerihealth	Medicare	17352.77				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	Amerihealth	Medicare	23417.48				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	Amerihealth	Medicare	22038.7				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	Amerihealth	Medicare	18858.1				10147.28	35648.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	Amerihealth	Medicare	16304.22				7644.42	28044.97	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	Amerihealth	Medicare	24385.28				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	Amerihealth	Medicare	18386.86				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	Amerihealth	Medicare	16008.94				7355.03	26790.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35853.44	Amerihealth	Medicare	31211.69				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	Amerihealth	Medicare	20435.74				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	Amerihealth	Medicare	16615.17				7949.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	Amerihealth	Medicare	29779.88				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	Amerihealth	Medicare	21851.89				13081.26	41924.72	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	Amerihealth	Medicare	16664.59				7997.58	29870.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	Amerihealth	Medicare	20154.93				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	Amerihealth	Medicare	16899.6				8227.9	34377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	Amerihealth	Medicare	18278.39				9579.14	103592.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	Amerihealth	Medicare	31256.28				22297.79	59208.73	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	Amerihealth	Medicare	19420.94				10698.87	33682.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Amerihealth	Medicare	86448.49				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	Amerihealth	Medicare	40849.89				31699.76	95075.66	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG				inpatient				160770.36	Amerihealth	Medicare	139800.31				37458	194995.78	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	Amerihealth	Medicare	136195.47				125140.69	502648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	Amerihealth	Medicare	124821.74				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				98286.86	Amerihealth	Medicare	86336.4				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Amerihealth	Medicare	80206.61				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Amerihealth	Medicare	101798.5				57338	300026.26	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	Amerihealth	Medicare	72341.29				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Amerihealth	Medicare	63855.28				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	Amerihealth	Medicare	68564.11				58860.35	256517.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	Amerihealth	Medicare	45941.98				36690.12	181320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Amerihealth	Medicare	110633.79				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Amerihealth	Medicare	82127.74				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Amerihealth	Medicare	102709.42				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83518.2	Amerihealth	Medicare	72624.52				62839.65	200778.83	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Amerihealth	Medicare	79422.01				47567	226626.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Amerihealth	Medicare	58064.16				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	Amerihealth	Medicare	69210.11				59493.45	183895.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	Amerihealth	Medicare	43602.63				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	Amerihealth	Medicare	26701.72				15559	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56793.12	Amerihealth	Medicare	49385.32				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41093.67	Amerihealth	Medicare	35855.36				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Amerihealth	Medicare	30254.74				19748	98318.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	Amerihealth	Medicare	67401.06				57720.54	195506.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	Amerihealth	Medicare	36376.09				27315.32	109903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	Amerihealth	Medicare	27336.88				19456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	Amerihealth	Medicare	49848.13				40518.24	127155.02	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	Amerihealth	Medicare	36273.46				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	Amerihealth	Medicare	29588.24				20663.07	70602.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	Amerihealth	Medicare	40038.78				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	Amerihealth	Medicare	28916.93				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	Amerihealth	Medicare	18056.62				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Amerihealth	Medicare	42316.66				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Amerihealth	Medicare	29688.28				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Amerihealth	Medicare	49556.46				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Amerihealth	Medicare	31374.39				12982	77684.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Amerihealth	Medicare	26796.94				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	Amerihealth	Medicare	40829.41				31679.68	93312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	Amerihealth	Medicare	50627.91				41282.44	123207.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				59221.41	Amerihealth	Medicare	51486.88				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	Amerihealth	Medicare	80706.78				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	Amerihealth	Medicare	65206.34				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	Amerihealth	Medicare	88863.76				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	Amerihealth	Medicare	58649.9				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	Amerihealth	Medicare	70368.34				60628.53	197441.73	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	Amerihealth	Medicare	50016.86				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44482.38	Amerihealth	Medicare	38691.2				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	Amerihealth	Medicare	55632.01				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	Amerihealth	Medicare	46119.15				36863.75	116174.55	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG				inpatient				107729.06	Amerihealth	Medicare	93677.44				83472.01	126301.42	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG				inpatient				95634.72	Amerihealth	Medicare	83160.62				73165.28	110706.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG				inpatient				74255.48	Amerihealth	Medicare	64569.98				54946.01	83138.76	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG				inpatient				79125.93	Amerihealth	Medicare	68805.16				59096.58	89418.98	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG				inpatient				54192.96	Amerihealth	Medicare	47124.31				37848.83	57269.04	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	Amerihealth	Medicare	28286.6				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	Amerihealth	Medicare	19613.78				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	Amerihealth	Medicare	17243.09				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				36881.67	Amerihealth	Medicare	32071.01				23096.25	70395.93	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	Amerihealth	Medicare	17434.73				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17560.66	Amerihealth	Medicare	15270.14				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Amerihealth	Medicare	35179.3				13521	85066.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Amerihealth	Medicare	21637.36				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	Amerihealth	Medicare	41424.79				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	Amerihealth	Medicare	27506.82				18623.22	66698.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	Amerihealth	Medicare	20303.17				11563.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	Amerihealth	Medicare	24229.8				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	Amerihealth	Medicare	18883.41				10172.08	35878.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	Amerihealth	Medicare	15117.07				6480.98	25963.06	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26795.81	Amerihealth	Medicare	23304.19				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	Amerihealth	Medicare	18022.88				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	Amerihealth	Medicare	28250.44				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	Amerihealth	Medicare	16993.61				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	Amerihealth	Medicare	13827.48				5217.15	19820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	Amerihealth	Medicare	27999.75				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	Amerihealth	Medicare	21407.16				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19667.4	Amerihealth	Medicare	17102.08				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25803.06	Amerihealth	Medicare	22524.4				13740.34	47717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	Amerihealth	Medicare	16607.94				7942.07	25959.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	Amerihealth	Medicare	22663				13876.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	Amerihealth	Medicare	17551.63				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	Amerihealth	Medicare	26551.07				17686.57	54963.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	Amerihealth	Medicare	19669.22				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26493.51	Amerihealth	Medicare	23037.83				14243.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20008.37	Amerihealth	Medicare	17414.24				8732.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	Amerihealth	Medicare	15247.24				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	Amerihealth	Medicare	16920.09				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	Amerihealth	Medicare	19005.14				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	Amerihealth	Medicare	17102.08				8426.34	27589.65	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39627.36	Amerihealth	Medicare	34458.57				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	Amerihealth	Medicare	20101.9				11366.23	37286.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	Amerihealth	Medicare	16732.08				8063.72	29305.96	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG				inpatient				70664.32	Amerihealth	Medicare	61447.24				51885.65	78508.12	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG				inpatient				41862.99	Amerihealth	Medicare	36402.6				27341.31	41370.11	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG				inpatient				49236.58	Amerihealth	Medicare	42814.42				33625.04	50878.01	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG				inpatient				34855.32	Amerihealth	Medicare	30308.97				21369.4	32334.02	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG				inpatient				68815.38	Amerihealth	Medicare	59839.46				50309.99	76724	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG				inpatient				54064.06	Amerihealth	Medicare	47012.22				37738.99	57102.83	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG				inpatient				49448.64	Amerihealth	Medicare	42998.82				33805.75	51151.45	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	Amerihealth	Medicare	69717.51				59990.71	205016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	Amerihealth	Medicare	37768.13				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	Amerihealth	Medicare	27709.29				18821.66	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	Amerihealth	Medicare	63846.85				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	Amerihealth	Medicare	36991.96				27918.89	98426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32662.65	Amerihealth	Medicare	28402.3				19500.82	66105.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57866.19	Amerihealth	Medicare	50309.73				40970.62	132553.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	Amerihealth	Medicare	34118.7				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	Amerihealth	Medicare	28493.9				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	Amerihealth	Medicare	52174.22				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				39056.32	Amerihealth	Medicare	33962.02				24949.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	Amerihealth	Medicare	27005.44				18131.86	62539.92	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	Amerihealth	Medicare	40978.85				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	Amerihealth	Medicare	26446.22				17583.81	63877.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	Amerihealth	Medicare	23512.69				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	Amerihealth	Medicare	37029.32				27955.51	94049.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	Amerihealth	Medicare	23676.6				14869.52	54609.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	Amerihealth	Medicare	19120.84				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	Amerihealth	Medicare	37654.83				28568.52	95430.63	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	Amerihealth	Medicare	26636.64				17770.43	58514.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	Amerihealth	Medicare	21792.83				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	Amerihealth	Medicare	43853.32				34643.19	115690.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	Amerihealth	Medicare	29006.12				20092.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	Amerihealth	Medicare	24572.09				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	Amerihealth	Medicare	59915.39				50384.4	165080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40952.58	Amerihealth	Medicare	35645.72				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	Amerihealth	Medicare	24836.03				16005.79	52593.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	Amerihealth	Medicare	28631.29				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23883.64	Amerihealth	Medicare	20768.39				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	Amerihealth	Medicare	16916.48				8244.44	28993.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	Amerihealth	Medicare	29571.37				20646.54	67825.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	Amerihealth	Medicare	20909.4				12157.6	40504.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	Amerihealth	Medicare	17246.71				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	Amerihealth	Medicare	33951.17				24938.84	80549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	Amerihealth	Medicare	23312.62				14512.81	47069.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	Amerihealth	Medicare	19146.15				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	Amerihealth	Medicare	30417.44				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	Amerihealth	Medicare	20386.33				11644.98	38628.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				18604.32	Amerihealth	Medicare	16177.67				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	Amerihealth	Medicare	31696.19				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	Amerihealth	Medicare	21630.12				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	Amerihealth	Medicare	17534.76				8850.37	29945.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	Amerihealth	Medicare	23740.48				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	Amerihealth	Medicare	18984.65				10271.3	33362.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	Amerihealth	Medicare	28086.53				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				25535.76	Amerihealth	Medicare	20465.87				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	Amerihealth	Medicare	16582.63				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	Amerihealth	Medicare	26219.63				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20889.86	Amerihealth	Medicare	18165.09				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	Amerihealth	Medicare	15098.99				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	Amerihealth	Medicare	23985.14				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	Amerihealth	Medicare	17908.38				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	Amerihealth	Medicare	28462.66				19559.88	63882.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	Amerihealth	Medicare	19848.8				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	Amerihealth	Medicare	16174.06				7516.85	26388.24	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG				inpatient				41122.19	Amerihealth	Medicare	36367.12				29266.58	44283.24	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG				inpatient				30752.72	Amerihealth	Medicare	26741.5				17873.19	27043.91	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG				inpatient				25355.59	Amerihealth	Medicare	22048.34				13273.79	22048.34	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	Amerihealth	Medicare	73932.19				64121.2	209822.55	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	Amerihealth	Medicare	42351.61				33171.47	110491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	Amerihealth	Medicare	34245.24				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	Amerihealth	Medicare	50702.63				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	Amerihealth	Medicare	33771.59				24762.85	90601.56	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	Amerihealth	Medicare	27198.28				18320.85	64462.97	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	Amerihealth	Medicare	41209.64				10482	155953.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	Amerihealth	Medicare	34194.63				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	Amerihealth	Medicare	28540.9				15908	65733.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	Amerihealth	Medicare	50732.76				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	Amerihealth	Medicare	32344.6				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	Amerihealth	Medicare	25018.02				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	Amerihealth	Medicare	37146.23				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	Amerihealth	Medicare	28491.49				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	Amerihealth	Medicare	24384.07				15562.86	50872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58698.88	Amerihealth	Medicare	51042.51				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	Amerihealth	Medicare	28240.8				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	Amerihealth	Medicare	26213.61				10272	58806.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	Amerihealth	Medicare	57525.43				16017	153921.62	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	Amerihealth	Medicare	36022.96				26969.24	85468.24	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	Amerihealth	Medicare	27134.4				18258.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	Amerihealth	Medicare	32115.61				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	Amerihealth	Medicare	21397.52				12635.96	40095.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	Amerihealth	Medicare	16898.4				8226.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	Amerihealth	Medicare	30494.58				21551.3	66222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	Amerihealth	Medicare	22095.34				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	Amerihealth	Medicare	17967.44				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	Amerihealth	Medicare	28555.36				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	Amerihealth	Medicare	18871.36				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	Amerihealth	Medicare	15917.34				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	Amerihealth	Medicare	31287.62				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	Amerihealth	Medicare	20148.9				11412.29	39623.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	Amerihealth	Medicare	16973.12				8299.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	Amerihealth	Medicare	28804.85				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	Amerihealth	Medicare	21574.68				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	Amerihealth	Medicare	18113.27				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	Amerihealth	Medicare	115304.05				17717	370445.58	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	Amerihealth	Medicare	82219.34				36879	247179.56	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	Amerihealth	Medicare	64011.96				54398.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	Amerihealth	Medicare	110577.15				100034.13	355946.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	Amerihealth	Medicare	77676.84				67791.04	255285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	Amerihealth	Medicare	60545.73				51002.14	199762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	Amerihealth	Medicare	88438.32				78337.54	249551.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	Amerihealth	Medicare	52580.02				43205.36	157490.76	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	Amerihealth	Medicare	80706.78				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	Amerihealth	Medicare	43019.3				11315	124592.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	Amerihealth	Medicare	73598.35				15756	200180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	Amerihealth	Medicare	44041.34				34827.45	114836.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	Amerihealth	Medicare	29427.95				20505.98	71671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	Amerihealth	Medicare	69905.53				60174.97	199450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	Amerihealth	Medicare	49785.45				40456.82	135369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	Amerihealth	Medicare	40120.73				30985.16	108884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				55084.16	Amerihealth	Medicare	47899.27				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	Amerihealth	Medicare	31228.56				22270.62	77616.13	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				77102.35	Amerihealth	Medicare	67045.52				8282	196452.37	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				49935.13	Amerihealth	Medicare	43421.85				8991	114945.83	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42592.04	Amerihealth	Medicare	37036.55				11229	92559.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	Amerihealth	Medicare	62554.84				22321	148035.47	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39680.02	Amerihealth	Medicare	34504.37				25480.99	83818.24	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				25900.29	Amerihealth	Medicare	22521.99				13737.98	44885.35	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	Amerihealth	Medicare	49961.78				40619.82	122419.57	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	Amerihealth	Medicare	36689.45				27622.42	88904.75	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	Amerihealth	Medicare	29906.42				20974.9	70134.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	Amerihealth	Medicare	43949.74				34737.68	118206.81	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	Amerihealth	Medicare	33511.26				8360	80444.14	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	Amerihealth	Medicare	27623.72				9385	64927.15	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	Amerihealth	Medicare	39215.6				13093	92973.18	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	Amerihealth	Medicare	47303.89				38024.83	126883.03	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	Amerihealth	Medicare	34065.67				25051.05	86533.13	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	Amerihealth	Medicare	27549				18664.56	64369.35	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	Amerihealth	Medicare	32191.54				23214.36	82402.29	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	Amerihealth	Medicare	23429.53				14627.39	50607.68	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	Amerihealth	Medicare	51304.04				27633	132253.23	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	Amerihealth	Medicare	37441.51				28359.46	87613.62	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	Amerihealth	Medicare	31227.35				22269.44	72705.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				58575.53	Amerihealth	Medicare	50935.24				41583.64	135053.94	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	Amerihealth	Medicare	32283.13				23304.13	76488.83	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28388.18	Amerihealth	Medicare	24685.38				15858.15	55975.05	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	Amerihealth	Medicare	38934.79				29822.91	88857.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	Amerihealth	Medicare	21745.83				12977.32	43656.63	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	Amerihealth	Medicare	46694.04				37427.16	119673.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	Amerihealth	Medicare	30013.69				8902	66820.41	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				29144.95	Amerihealth	Medicare	25343.43				16503.06	50361.94	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	Amerihealth	Medicare	40401.55				27418	98943.74	case rate	
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	Amerihealth	Medicare	29655.74				20729.22	67462.61	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	Amerihealth	Medicare	29655.74				20729.22	61623.26	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30557.29	Amerihealth	Medicare	26571.96				17706.65	55011.57	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	Amerihealth	Medicare	31863.71				22893.09	75775.1	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26986.93	Amerihealth	Medicare	23466.89				14664	56458.73	case rate	
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	Amerihealth	Medicare	29676.23				20749.3	65153.39	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				49393.2	Amerihealth	Medicare	42950.61				33758.51	106582.73	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	Amerihealth	Medicare	32140.92				7655	72057.63	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	Amerihealth	Medicare	27881.64				10564	59372.55	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	Amerihealth	Medicare	26649.9				17783.42	63955.88	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	Amerihealth	Medicare	20792.49				12043.03	43544.38	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52640.62	Amerihealth	Medicare	45774.46				36525.94	120219.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37661.99	Amerihealth	Medicare	32749.56				23761.23	73543.8	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	Amerihealth	Medicare	26494.42				17631.06	53864.77	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	Amerihealth	Medicare	51699.36				42332.49	120929.5	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	Amerihealth	Medicare	32269.88				23291.14	72631.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	Amerihealth	Medicare	25777.31				16928.27	51259.1	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG				inpatient				50177.68	Amerihealth	Medicare	43632.77				7692	52091.52	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG				inpatient				38998.11	Amerihealth	Medicare	33911.4				9003	37675.96	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	Amerihealth	Medicare	26882.51				12781	59700.21	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	Amerihealth	Medicare	18314.54				9614.58	37097.3	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	Amerihealth	Medicare	24532.31				15708.14	48945.98	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	Amerihealth	Medicare	18277.18				9577.96	29528.3	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	Amerihealth	Medicare	19580.03				10854.79	35515.87	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19086.66	Amerihealth	Medicare	16597.09				7931.44	28358.09	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	Amerihealth	Medicare	32878.52				23897.62	78762.93	case rate	
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	Amerihealth	Medicare	24100.84				15285.29	50588.18	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	Amerihealth	Medicare	19048.53				7723	34431.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				39530.1	Amerihealth	Medicare	30982.69				8903	71199.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	Amerihealth	Medicare	21290.25				10889	41835.01	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	Amerihealth	Medicare	17611.89				8925.97	31143.19	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	Amerihealth	Medicare	38956.89				29846.53	96702.25	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	Amerihealth	Medicare	22456.91				13674.2	47370.1	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	Amerihealth	Medicare	17497.4				8813.76	33452.4	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	Amerihealth	Medicare	32784.51				23795.49	80635.27	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	Amerihealth	Medicare	23028.19				14234.06	48532.51	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	Amerihealth	Medicare	18894.26				10182.71	36034.67	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	Amerihealth	Medicare	29070				9165	62083.54	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	Amerihealth	Medicare	20119.97				11383.94	35145.31	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27880.9	Amerihealth	Medicare	24244.26				15425.85	48275.06	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	Amerihealth	Medicare	18562.82				9857.89	30728.21	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	Amerihealth	Medicare	24733.59				15905.39	49897.75	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	Amerihealth	Medicare	18344.67				9644.11	29945.67	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	Amerihealth	Medicare	27181.4				18304.31	55873.63	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	Amerihealth	Medicare	18914.75				10202.79	33682.54	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	Amerihealth	Medicare	30876.63				21925.72	70161.89	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25562.11	Amerihealth	Medicare	22227.92				13449.78	39853.45	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	Amerihealth	Medicare	18357.93				9211	29493.19	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	Amerihealth	Medicare	26142.5				12507	54925.76	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	Amerihealth	Medicare	19276.31				10557.14	32691.77	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31528.89	Amerihealth	Medicare	27416.42				18534.64	61326.81	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				23912.75	Amerihealth	Medicare	20793.7				12044.21	38803.03	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	Amerihealth	Medicare	17520.3				8836.2	29735.04	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	Amerihealth	Medicare	44783.76				35555.04	118374.54	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	Amerihealth	Medicare	28683.12				9078	66425.02	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	Amerihealth	Medicare	22272.51				11401	45973.65	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.98	Amerihealth	Medicare	82724.33				16091	204845.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	Amerihealth	Medicare	50263.93				36864	118811.42	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	Amerihealth	Medicare	32568.77				23584.06	68597.71	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84559.1	Amerihealth	Medicare	73529.65				63726.69	190381.46	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient				46686.32	Amerihealth	Medicare	40596.8				31451.72	97876.36	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient				33208.73	Amerihealth	Medicare	28877.16				19966.19	59669.01	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient				54955.26	Amerihealth	Medicare	47787.19				38498.47	109133.78	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient				34353.58	Amerihealth	Medicare	29872.68				20941.82	62013.33	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	Amerihealth	Medicare	25849.63				8609	48228.25	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	Amerihealth	Medicare	29609.94				10681	61221.49	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	Amerihealth	Medicare	28302.27				14701	53755.55	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	Amerihealth	Medicare	33179.82				24182.91	72997.7	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	Amerihealth	Medicare	32428.97				23447.05	61073.26	case rate	
SKIN ULCERS W MCC	592	MS-DRG				inpatient				38280.15	Amerihealth	Medicare	33287.09				24288.03	66631.76	case rate	
SKIN ULCERS W CC	593	MS-DRG				inpatient				25726.36	Amerihealth	Medicare	23240.31				14441.95	44054.51	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	Amerihealth	Medicare	18732.76				10024.44	31603.47	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39095.13	Amerihealth	Medicare	33995.76				24982.55	77503.01	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				24763.76	Amerihealth	Medicare	21533.71				12769.43	39455.58	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	Amerihealth	Medicare	29676.23				20749.3	67092.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	Amerihealth	Medicare	21289.04				12529.66	45337.84	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21628.6	Amerihealth	Medicare	18807.48				10097.67	27944.61	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.16	Amerihealth	Medicare	20033.2				11298.9	37290.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	Amerihealth	Medicare	15729.33				7081.01	24153.13	case rate	
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	Amerihealth	Medicare	26211.2				17353.49	56326.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21987.58	Amerihealth	Medicare	19119.63				10403.59	33066.23	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	Amerihealth	Medicare	26410.06				17548.38	55265.12	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	Amerihealth	Medicare	27911.77				19020.09	53860.87	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	Amerihealth	Medicare	18919.57				10207.52	31244.61	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	Amerihealth	Medicare	35971.13				26918.45	92196.95	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29641.14	Amerihealth	Medicare	25774.9				16925.91	57777.17	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	Amerihealth	Medicare	55086.05				45651.52	161301.75	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36551.8	Amerihealth	Medicare	31784.17				22815.13	80884.92	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	Amerihealth	Medicare	23510.28				14706.52	45220.82	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47569.21	Amerihealth	Medicare	41364.53				32204.11	113927.74	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	Amerihealth	Medicare	27751.48				18863	70587.07	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	Amerihealth	Medicare	26122.01				17266.08	61564.75	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	Amerihealth	Medicare	53603.62				44198.71	148148.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	Amerihealth	Medicare	31557.59				22593.08	75018.26	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				23382.88	Amerihealth	Medicare	20326.85				11763.09	50553.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	Amerihealth	Medicare	43059.08				33864.81	108568.18	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				30698.67	Amerihealth	Medicare	26694.49				17827.13	62824.67	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	Amerihealth	Medicare	23773.02				14964.01	42322.6	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	Amerihealth	Medicare	56058.66				46604.71	143350.73	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	Amerihealth	Medicare	35610.77				26565.29	91225.67	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	Amerihealth	Medicare	25392.85				16551.48	59856.24	case rate	
DIABETES W MCC	637	MS-DRG				inpatient				29994.08	Amerihealth	Medicare	26055.72				17201.12	53880.37	case rate	
DIABETES W CC	638	MS-DRG				inpatient				22492.09	Amerihealth	Medicare	19558.34				10833.53	34021.91	case rate	
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				16464.34	Amerihealth	Medicare	16055.95				7401.1	24648.52	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient				28165.83	Amerihealth	Medicare	24509.41				15685.7	46426.13	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	Amerihealth	Medicare	17921.64				9229.52	29329.36	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	Amerihealth	Medicare	23462.07				14659.28	49285.34	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	Amerihealth	Medicare	28478.23				19575.23	63741.34	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	Amerihealth	Medicare	20958.81				12206.02	39484.59	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient				20572.46	Amerihealth	Medicare	17889.1				9197.63	28978.3	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG				inpatient				73637.32	Amerihealth	Medicare	64032.45				54419.22	82341.67	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG				inpatient				57908.86	Amerihealth	Medicare	50355.53				41015.5	62060.52	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient				52349.56	Amerihealth	Medicare	45521.36				36277.9	126292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient				87044.22	Amerihealth	Medicare	75690.62				65844.5	214109.42	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient				48894.23	Amerihealth	Medicare	42516.72				33333.29	112078.81	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient				38571.21	Amerihealth	Medicare	33540.19				24536.07	81025.34	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient				54935.86	Amerihealth	Medicare	47770.31				38481.93	129759.69	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient				35117.27	Amerihealth	Medicare	30536.76				21592.64	75962.23	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient				30625.21	Amerihealth	Medicare	26630.62				17764.53	61100.56	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	Amerihealth	Medicare	39650.69				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28352.15	Amerihealth	Medicare	24654.04				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	Amerihealth	Medicare	20876.86				12125.71	41846.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	Amerihealth	Medicare	46102.28				36847.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	Amerihealth	Medicare	26912.64				18040.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	Amerihealth	Medicare	21518.04				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57369.7	Amerihealth	Medicare	49886.69				40556.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	Amerihealth	Medicare	28357.71				19457.12	69397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	Amerihealth	Medicare	20891.32				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	Amerihealth	Medicare	43652.05				34445.94	109789.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	Amerihealth	Medicare	27154.89				18278.33	61728.58	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23025.7	Amerihealth	Medicare	20022.35				11288.27	37583.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	Amerihealth	Medicare	29278.5				20359.52	65668.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24948.1	Amerihealth	Medicare	21694				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	Amerihealth	Medicare	58998.22				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	Amerihealth	Medicare	36325.47				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	Amerihealth	Medicare	27369.42				18488.57	63388.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	Amerihealth	Medicare	26605.31				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	Amerihealth	Medicare	19217.26				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	Amerihealth	Medicare	15824.54				7174.32	24178.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	Amerihealth	Medicare	31230.97				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	Amerihealth	Medicare	21191.42				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	Amerihealth	Medicare	17232.25				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	Amerihealth	Medicare	22608.77				13823.02	43360.19	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20903.72	Amerihealth	Medicare	18177.15				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	Amerihealth	Medicare	26225.66				17367.66	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	Amerihealth	Medicare	17921.64				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	Amerihealth	Medicare	22096.55				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	Amerihealth	Medicare	16841.75				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	Amerihealth	Medicare	20228.44				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	Amerihealth	Medicare	28762.66				19863.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	Amerihealth	Medicare	20796.11				12046.57	40095.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	Amerihealth	Medicare	16870.68				8199.56	29633.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	Amerihealth	Medicare	31892.64				22921.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	Amerihealth	Medicare	26371.49				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	Amerihealth	Medicare	35586.66				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30589.17	Amerihealth	Medicare	26599.28				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	Amerihealth	Medicare	31494.91				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	Amerihealth	Medicare	19183.51				10466.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	Amerihealth	Medicare	25931.58				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	Amerihealth	Medicare	19829.51				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	Amerihealth	Medicare	35721.65				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	Amerihealth	Medicare	25609.79				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	Amerihealth	Medicare	30866.99				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26853.87	Amerihealth	Medicare	23351.19				14550.61	48080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	Amerihealth	Medicare	29341.17				20420.94	64739.92	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	Amerihealth	Medicare	22037.49				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	Amerihealth	Medicare	16421.13				7758.99	26883.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	Amerihealth	Medicare	23721.19				14913.23	47366.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	Amerihealth	Medicare	17475.7				8762.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	Amerihealth	Medicare	26213.61				17355.85	56092.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	Amerihealth	Medicare	18351.9				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	Amerihealth	Medicare	21772.34				13003.3	42205.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	Amerihealth	Medicare	15818.52				7168.41	22171.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	Amerihealth	Medicare	33847.52				24837.26	89946.24	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	Amerihealth	Medicare	23134.25				14338	53244.56	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	Amerihealth	Medicare	55961.04				46509.04	157221.61	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	Amerihealth	Medicare	32589.26				23604.14	79238.82	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	Amerihealth	Medicare	26786.09				17916.89	54309.45	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	Amerihealth	Medicare	56482.91				47020.48	140335.48	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34081.44	Amerihealth	Medicare	30418.65				21476.89	67986.3	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	Amerihealth	Medicare	25059				16224.3	51793.49	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	Amerihealth	Medicare	30519.89				21576.1	66858	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26363.71	Amerihealth	Medicare	22961.05				14158.47	43516.21	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	Amerihealth	Medicare	32054.14				23079.71	69383.53	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	Amerihealth	Medicare	20855.16				12104.45	41714.09	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	Amerihealth	Medicare	28686.73				19779.57	65442.04	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	Amerihealth	Medicare	20016.32				11282.36	37376.51	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				3866.23	Amerihealth	Medicare	34922.81				16090.83	50475.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	Amerihealth	Medicare	39702.52				30575.3	101496.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	Amerihealth	Medicare	24045.4				15230.96	47740.67	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34856.7	Amerihealth	Medicare	30310.18				21370.58	71827.49	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	Amerihealth	Medicare	21883.22				13111.97	41733.59	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	Amerihealth	Medicare	20013.91				11280	30429.36	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	Amerihealth	Medicare	25561.58				16716.84	56205.19	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	Amerihealth	Medicare	20788.88				12039.48	39802.74	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18650.06	Amerihealth	Medicare	16217.45				7559.37	27722.27	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	Amerihealth	Medicare	20382.71				11641.43	34002.4	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	Amerihealth	Medicare	16143.93				7487.32	21430.45	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				23794.94	Amerihealth	Medicare	20691.25				9023	44132.52	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	Amerihealth	Medicare	25091.54				16256.19	56868.31	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	Amerihealth	Medicare	21472.24				12709.2	41655.58	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	Amerihealth	Medicare	17103.29				8427.52	25705.61	case rate	
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	Amerihealth	Medicare	19770.46				11041.41	29422.98	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	Amerihealth	Medicare	30705.49				8487	68086.72	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	Amerihealth	Medicare	21556.61				8487	42989.61	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	Amerihealth	Medicare	19031.65				8487	32980.42	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	Amerihealth	Medicare	27979.27				8487	60648.08	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	Amerihealth	Medicare	21301.1				8487	42170.47	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	Amerihealth	Medicare	19407.68				8487	35133.6	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Amerihealth	Medicare	30229.43				637	64895.95	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Amerihealth	Medicare	80152.38				637	214004.1	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Amerihealth	Medicare	57435.04				637	146159.23	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Amerihealth	Medicare	38028.46				637	89187.03	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Amerihealth	Medicare	58768.02				637	150134.04	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Amerihealth	Medicare	26295.56				637	53139.24	case rate	
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Amerihealth	Medicare	10912.03				637	10912.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	Amerihealth	Medicare	21291.46				6365	57270.08	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	Amerihealth	Medicare	20173				6365	33035.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	Amerihealth	Medicare	20173				6365	33035.03	case rate	
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	Amerihealth	Medicare	65810.16				56161.42	183395.31	case rate	
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	Amerihealth	Medicare	43621.92				34416.41	102463.59	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	Amerihealth	Medicare	28290.21				5977	60706.59	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	Amerihealth	Medicare	51709				8199	130564.23	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	Amerihealth	Medicare	29957.04				13379	67173.95	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	Amerihealth	Medicare	21826.99				13058.82	47898.11	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	Amerihealth	Medicare	20532.16				6365	39911.96	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	Amerihealth	Medicare	17225.02				6365	27593.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	Amerihealth	Medicare	16184.9				6365	23950.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	Amerihealth	Medicare	36107.32				27051.92	83833.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	Amerihealth	Medicare	23430.73				14628.57	46983.93	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				2297.65	Amerihealth	Medicare	1997.35				11242.2	35964.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	Amerihealth	Medicare	25460.34				16617.63	52893.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	Amerihealth	Medicare	19627.04				10900.85	34450.98	case rate	
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	Amerihealth	Medicare	27160.92				18284.23	62859.78	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	Amerihealth	Medicare	33699.28				24691.98	64868.64	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	Amerihealth	Medicare	20750.31				12001.69	38137.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	Amerihealth	Medicare	16451.26				7788.52	28147.45	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	Amerihealth	Medicare	34849.06				25818.8	96754.02	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	Amerihealth	Medicare	20428.51				11686.32	52991.01	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	Amerihealth	Medicare	16644.1				7977.5	32726.87	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	Amerihealth	Medicare	78675.97				68770.21	212342.41	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	Amerihealth	Medicare	35409.5				6969	93394.46	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	Amerihealth	Medicare	22288.18				8721	47190.67	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	Amerihealth	Medicare	64902.63				12547	176491.07	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	Amerihealth	Medicare	35011.77				22652	85596.96	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	Amerihealth	Medicare	23337.93				14537.62	53010.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	Amerihealth	Medicare	66059.65				56405.91	193002.74	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	Amerihealth	Medicare	36946.16				27874.01	87832.06	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	Amerihealth	Medicare	27822.59				18932.69	63752.05	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	Amerihealth	Medicare	45670.81				36424.37	121300.07	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	Amerihealth	Medicare	26130.45				17274.35	55343.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	Amerihealth	Medicare	22376.16				13595.06	40103.1	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	Amerihealth	Medicare	17511.86				8827.93	28038.23	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	Amerihealth	Medicare	14768.76				6139.63	18735.08	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	Amerihealth	Medicare	75120.55				65285.81	214842.75	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39383.42	Amerihealth	Medicare	34246.45				25228.23	83318.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				26999.4	Amerihealth	Medicare	23477.74				14674.63	47299.89	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	Amerihealth	Medicare	68852.16				59142.64	209627.52	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	Amerihealth	Medicare	32948.42				23956.12	91767.87	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	Amerihealth	Medicare	25020.43				16186.51	48988.89	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	Amerihealth	Medicare	46938.71				37686.94	128446.15	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	Amerihealth	Medicare	27401.96				18520.46	63768.64	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	Amerihealth	Medicare	21181.78				12424.54	43730.75	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	Amerihealth	Medicare	31322.57				22362.75	72006.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	Amerihealth	Medicare	22908.87				14117.13	45981.45	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	Amerihealth	Medicare	18589.33				9883.88	33787.86	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	Amerihealth	Medicare	39283.1				30164.26	109917.83	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	Amerihealth	Medicare	23818.82				15008.9	51742.79	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	Amerihealth	Medicare	18373.6				9672.45	36377.93	case rate	
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	Amerihealth	Medicare	40896.83				31549.75	76851.59	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	Amerihealth	Medicare	68781.05				59072.95	197282.3	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	Amerihealth	Medicare	32585.65				23600.6	85924.62	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	Amerihealth	Medicare	28096.17				19200.81	60850.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	Amerihealth	Medicare	62879.05				53288.85	175075.12	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	Amerihealth	Medicare	34764.7				25736.12	80225.7	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	Amerihealth	Medicare	24032.14				15217.96	53833.56	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	Amerihealth	Medicare	30664.51				21717.84	71293.09	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	Amerihealth	Medicare	20555.06				11810.34	38414.09	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	Amerihealth	Medicare	19326.93				10606.74	33713.75	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29883.69	Amerihealth	Medicare	25985.82				17132.61	53915.48	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	Amerihealth	Medicare	19167.84				10450.83	32001.34	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	Amerihealth	Medicare	34347.69				25327.44	83198.03	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	Amerihealth	Medicare	21160.09				12403.28	42006.64	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	Amerihealth	Medicare	17176.81				8499.57	29953.48	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				106197.52	Amerihealth	Medicare	92345.67				82166.84	245560.77	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	Amerihealth	Medicare	32151.76				23175.38	72412.59	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	Amerihealth	Medicare	20929.89				12177.68	41070.47	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	Amerihealth	Medicare	55864.62				46414.55	128777.71	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23065.9	Amerihealth	Medicare	20057.3				2090	20057.3	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	Amerihealth	Medicare	19520.98				2090	19520.98	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	Amerihealth	Medicare	20098.28				2090	20098.28	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	Amerihealth	Medicare	30847.71				2090	33132.9	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	Amerihealth	Medicare	28633.7				2090	29849.81	case rate	
PSYCHOSES	885	MS-DRG				inpatient				29316.81	Amerihealth	Medicare	25492.88				2090	25492.88	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	Amerihealth	Medicare	30155.91				2090	32107.05	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	Amerihealth	Medicare	22838.97				2090	22838.97	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	Amerihealth	Medicare	16025.81				2090	101331.96	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	Amerihealth	Medicare	25416.95				2090	25416.95	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	Amerihealth	Medicare	29966.69				2090	31826.46	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	Amerihealth	Medicare	19136.51				2090	19136.51	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	Amerihealth	Medicare	61901.61				13124	174162.35	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	Amerihealth	Medicare	31374.39				22413.54	74069.04	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	Amerihealth	Medicare	23196.92				14399.42	60432.03	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	Amerihealth	Medicare	55039.04				45605.46	125836.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	Amerihealth	Medicare	28368.55				19467.75	69011.18	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	Amerihealth	Medicare	34808.09				25778.64	71897.2	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64994.15	Amerihealth	Medicare	56516.65				47053.55	164457.41	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	Amerihealth	Medicare	32814.64				23825.02	77733.15	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	Amerihealth	Medicare	23788.89				14980.55	51699.88	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32259.42	Amerihealth	Medicare	28008.19				19114.58	57503.54	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	Amerihealth	Medicare	19548.7				10824.08	90774.77	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	Amerihealth	Medicare	29449.64				20527.24	65410.84	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				18984.09	Amerihealth	Medicare	16507.91				7844.03	24781.15	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	Amerihealth	Medicare	28266.11				19367.35	57484.62	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	Amerihealth	Medicare	19165.43				10448.47	30374.75	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35054.9	Amerihealth	Medicare	30482.52				21539.49	71160.47	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	Amerihealth	Medicare	20747.9				11998.32	39127.92	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	Amerihealth	Medicare	16792.34				8122.78	27562.35	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	Amerihealth	Medicare	28865.11				19954.38	60788.51	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	Amerihealth	Medicare	20796.11				12046.57	40248.18	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				288538.5	Amerihealth	Medicare	250903.04				237556.83	717124.19	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	Amerihealth	Medicare	88999.95				78887.96	229189.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	Amerihealth	Medicare	46835.06				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	Amerihealth	Medicare	60652.99				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	Amerihealth	Medicare	34365.77				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	Amerihealth	Medicare	34975.61				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	Amerihealth	Medicare	46757.92				37489.76	127852.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				38043.84	Amerihealth	Medicare	33961.17				24938.84	84820.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	Amerihealth	Medicare	32057.76				23083.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	Amerihealth	Medicare	26901.79				18030.29	53240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	Amerihealth	Medicare	21960.36				13187.56	40672.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	Amerihealth	Medicare	24005.63				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	Amerihealth	Medicare	18079.52				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	Amerihealth	Medicare	21508.4				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	Amerihealth	Medicare	15567.83				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	Amerihealth	Medicare	15337.63				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	Amerihealth	Medicare	90800.56				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	Amerihealth	Medicare	54572.62				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	Amerihealth	Medicare	98464.61				88163.55	296394.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				68741.91	Amerihealth	Medicare	59036.44				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	Amerihealth	Medicare	40369.01				31228.48	95594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	Amerihealth	Medicare	41246.41				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	Amerihealth	Medicare	26583.61				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	Amerihealth	Medicare	19502.9				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	Amerihealth	Medicare	84726.22				74699.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	Amerihealth	Medicare	40482.3				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	Amerihealth	Medicare	44494.5				35271.56	108216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	Amerihealth	Medicare	25635.1				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	Amerihealth	Medicare	20592.42				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	Amerihealth	Medicare	25882.17				17031.03	45634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	Amerihealth	Medicare	65799.32				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	Amerihealth	Medicare	38011.58				14901	95680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	Amerihealth	Medicare	28609.6				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	Amerihealth	Medicare	50719.51				41372.21	129984.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	Amerihealth	Medicare	29185.7				20268.57	66042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	Amerihealth	Medicare	22430.4				13648.21	40594.58	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	Horizon	Indemnity	1030198.27				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	Horizon	Indemnity	523579.26				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306824.15	Horizon	Indemnity	713726.68				253139.77	713726.68	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	Horizon	Indemnity	445428.73				166896.78	445428.73	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	Horizon	Indemnity	295704				125785.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	Horizon	Indemnity	295704				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	Horizon	Indemnity	415463.56				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	Horizon	Indemnity	204747.74				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	Horizon	Indemnity	176073.7				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84587.41	Horizon	Indemnity	191617.99				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66657.36	Horizon	Indemnity	148761				48470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	Horizon	Indemnity	90749.79				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	Horizon	Indemnity	466145.35				154762.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	Horizon	Indemnity	255082.38				71293.15	255082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	Horizon	Indemnity	170893.57				71293.15	170893.57	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	Horizon	Indemnity	406659.68				95213.84	406659.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	Horizon	Indemnity	308373.74				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	Horizon	Indemnity	201178.6				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	Horizon	Indemnity	212982.12				67385.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient			

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	Horizon	Indemnity	93839.14				29148.47	93839.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	Horizon	Indemnity	209654.82				71808.14	209654.82	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	Horizon	Indemnity	123094.39				39647.73	123094.39	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	Horizon	Indemnity	84867.53				26285.36	84867.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	Horizon	Indemnity	163162.38				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	Horizon	Indemnity	89798.01				25224.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	Horizon	Indemnity	65832.11				18845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	Horizon	Indemnity	140417.4				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	Horizon	Indemnity	86607.24				26968.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	Horizon	Indemnity	67326.08				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				56807.66	Horizon	Indemnity	125204.67				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	Horizon	Indemnity	65208				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	Horizon	Indemnity	44171.53				13443.87	44171.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	Horizon	Indemnity	153227.3				44554.23	153227.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	Horizon	Indemnity	91994.11				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	Horizon	Indemnity	73001.6				20759.93	109672.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	Horizon	Indemnity	68327.5				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22550.3	Horizon	Indemnity	35656.3				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	Horizon	Indemnity	51356.62				17706.65	153781.38	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24060.98	Horizon	Indemnity	40848.13				12886.37	40848.13	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	Horizon	Indemnity	82870.37				29577.23	82870.37	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	Horizon	Indemnity	47155.56				15761.29	47155.56	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	Horizon	Indemnity	68636.72				21802.88	68636.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	Horizon	Indemnity	42880.4				14452.58	42880.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	Horizon	Indemnity	32481.13				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	Horizon	Indemnity	111080.23				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	Horizon	Indemnity	75817.91				21035.14	130341.7	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	Horizon	Indemnity	63503.4				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	Horizon	Indemnity	72911.88				23495.48	230599.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23873.94	Horizon	Indemnity	40235.72				12011.13	40235.72	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	Horizon	Indemnity	28350.29				8129.67	28350.29	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	Horizon	Indemnity	58565.11				17184.58	58565.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	Horizon	Indemnity	35055.59				10411.85	35055.59	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	Horizon	Indemnity	29859.86				9450.4	29859.86	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	Horizon	Indemnity	64178.22				20537.87	64178.22	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	Horizon	Indemnity	38453.1				12448.16	38453.1	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	Horizon	Indemnity	28943.19				8861	28943.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	Horizon	Indemnity	55042.78				18255.89	55042.78	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	Horizon	Indemnity	37888.92				12312.33	37888.92	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	Horizon	Indemnity	57792.77				19633.11	57792.77	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22467.93	Horizon	Indemnity	32172.97				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	Horizon	Indemnity	60538.86				18264.15	60538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	Horizon	Indemnity	37840.69				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	Horizon	Indemnity	29118.73				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	Horizon	Indemnity	73286.35				23256.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22330.22	Horizon	Indemnity	33335.38				10687.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	Horizon	Indemnity	84200.51				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29050.7	Horizon	Indemnity	50514.07				16422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	Horizon	Indemnity	36015.16				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41186.62	Horizon	Indemnity	85035.26				26764.9	85035.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	Horizon	Indemnity	48489.6				15491.99	48489.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	Horizon	Indemnity	32972.62				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	Horizon	Indemnity	57714.76				16662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	Horizon	Indemnity	41639.97				12663.13	41639.97	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	Horizon	Indemnity	30948.15				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35045.2	Horizon	Indemnity	62879.28				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	Horizon	Indemnity	36796.3				12504.86	36796.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	Horizon	Indemnity	28779.36				9322.83	28779.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	Horizon	Indemnity	143463.85				43096.69	143463.85	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	Horizon	Indemnity	92871.77				28314.58	92871.77	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	Horizon	Indemnity	82343.78				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59462.57	Horizon	Indemnity	138041.87				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				39846.35	Horizon	Indemnity	72182.45				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	Horizon	Indemnity	49652.01				16456.99	49652.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	Horizon	Indemnity	70696.29				23449.41	70696.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	Horizon	Indemnity	33908.79				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	Horizon	Indemnity	41991.04				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	Horizon	Indemnity	30480.07				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	Horizon	Indemnity	89821.42				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	Horizon	Indemnity	48957.69				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	Horizon	Indemnity	53131.43				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32996.58	Horizon	Indemnity	66623.96				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	Horizon	Indemnity	39104.52				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	Horizon	Indemnity	41320.12				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	Horizon	Indemnity	27531.14				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	Horizon	Indemnity	29368.37				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	Horizon	Indemnity	51930.02				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	Horizon	Indemnity	31603.47				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				43197.72	Horizon	Indemnity	89645.89				28478.76	89645.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	Horizon	Indemnity	47295.99				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	Horizon	Indemnity	53716.54				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	Horizon	Indemnity	32968.72				9608.67	32968.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	Horizon	Indemnity	45263.72				16217.22	45263.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	Horizon	Indemnity	75014.36				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	Horizon	Indemnity	48778.25				14702.98	48778.25	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	Horizon	Indemnity	28233.27				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	Horizon	Indemnity	27737.88				8829.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	Horizon	Indemnity	51781.79				16325.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	Horizon	Indemnity	27453.13				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	Horizon	Indemnity	40649.19				13403.71	40649.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	Horizon	Indemnity	27765.18				8406.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	Horizon	Indemnity	56423.63				19209.07	56423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	Horizon	Indemnity	34454.88				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	Horizon	Indemnity	25740.72				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	Horizon	Indemnity	65258.71				19341.36	65258.71	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	Horizon	Indemnity	34727.93				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	Horizon	Indemnity	26462.35				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73863.65	Horizon	Indemnity	191887.14				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	Horizon	Indemnity	100205.08				29729.6	100205.08	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	Horizon	Indemnity	72256.57				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	Horizon	Indemnity	136446.49				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	Horizon	Indemnity	74019.68				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	Horizon	Indemnity	52331.79				15991.62	52331.79	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	Horizon	Indemnity	57141.35				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	Horizon	Indemnity	35067.29				9620.48	35067.29	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	Horizon	Indemnity	71804.09				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	Horizon	Indemnity	49710.52				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	Horizon	Indemnity	35944.95				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	Horizon	Indemnity	66155.87				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	Horizon	Indemnity	44503.09				13114.33	44503.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	Horizon	Indemnity	31014.47				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	Horizon	Indemnity	58155.54				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24583.58	Horizon	Indemnity	39178.63				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20558.6	Horizon	Indemnity	28564.83				9185.82	28564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	Horizon	Indemnity	60831.42				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	Horizon	Indemnity	41113.38				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	Horizon	Indemnity	29926.17				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	Horizon	Indemnity	48185.35				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	Horizon	Indemnity	46445.63				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	Horizon	Indemnity	35648.5				10147.28	35648.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	Horizon	Indemnity	28244.97				7644.42	28244.97	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	Horizon	Indemnity	51360.52				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	Horizon	Indemnity	35114.1				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	Horizon	Indemnity	26790.01				7355.03	26790.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35893.44	Horizon	Indemnity	63897.37				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	Horizon	Indemnity	39073.31				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	Horizon	Indemnity	29586.81				7949.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	Horizon	Indemnity	69541.68				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	Horizon	Indemnity	41924.72				13081.26	41924.72	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	Horizon	Indemnity	27261.99				7997.58	29870.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	Horizon	Indemnity	36070.48				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	Horizon	Indemnity	27187.88				8227.9	54377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	Horizon	Indemnity	29941.77				9579.14	103592.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	Horizon	Indemnity	59208.73				22297.79	59208.73	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	Horizon	Indemnity	33682.54				10698.87	33682.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Horizon	Indemnity	218302.68				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	Horizon	Indemnity	95075.66				31699.76	95075.66	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	Horizon	Indemnity	502648.1				125140.69	502648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	Horizon	Indemnity	383083.85				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				96286.86	Horizon	Indemnity	248193.74				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Horizon	Indemnity	230348.04				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Horizon	Indemnity	300026.24				57338	300026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	Horizon	Indemnity	203043.14				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Horizon	Indemnity	179720.85				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	Horizon	Indemnity	256517.83				58860.35	256517.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52633.28	Horizon	Indemnity	181320.14				36690.12	181320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Horizon	Indemnity	327615.89				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Horizon	Indemnity	240298.72				27830	240298.72	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Horizon	Indemnity	29762.76				53769	29762.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83518.2	Horizon	Indemnity	20077.6				62839.65	20077.6	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Horizon	Indemnity	226626.77				47567	226626.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Horizon	Indemnity	153153.18				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	Horizon	Indemnity	183895.67				59493.45	183895.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	Horizon	Indemnity	107070.31				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	Horizon	Indemnity	62255.17				15559	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56793.12	Horizon	Indemnity	145765.26				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	Horizon	Indemnity	99635.58				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Horizon	Indemnity	82335.98				19748	98318.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	Horizon	Indemnity	195506.98				57720.54	195506.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	Horizon	Indemnity	103903.31				27315.32	103903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	Horizon	Indemnity	65445.94				19456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	Horizon	Indemnity	127155.02				40518.24	127155.02	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	Horizon	Indemnity	101195.86				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	Horizon	Indemnity	70862.67				20663.07	70862.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	Horizon	Indemnity	99089.48				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	Horizon	Indemnity	68211.54				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	Horizon	Indemnity	43925.78				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Horizon	Indemnity	116584.12				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Horizon	Indemnity	81797.68				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Horizon	Indemnity	141185.84				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Horizon	Indemnity	77694.14				12982	77694.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Horizon	Indemnity	63616.52				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	Horizon	Indemnity	93312.55				31679.68	93312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	Horizon	Indemnity	123207.51				41282.44	123207.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				59221.41	Horizon	Indemnity	121573.12				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	Horizon	Indemnity	280518.84				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	Horizon	Indemnity	228116.84				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	Horizon	Indemnity	261491.23				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	Horizon	Indemnity	161914.16				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	Horizon	Indemnity	197441.73				60628.53	197441.73	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	Horizon	Indemnity	136282.66				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	Horizon	Indemnity	102124.23				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	Horizon	Indemnity	142473.07				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	Horizon	Indemnity	116174.55				36863.75	116174.55	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	Horizon	Indemnity	64638.5				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	Horizon	Indemnity	38211.26				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	Horizon	Indemnity	29216.24				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				36881.67	Horizon	Indemnity	70395.93				23096.25	70395.93	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20045.94	Horizon	Indemnity	29902.77				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17580.66	Horizon	Indemnity	23263.77				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Horizon	Indemnity	85066.47				13521	85066.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Horizon	Indemnity	44425.07				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	Horizon	Indemnity	105088.76				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	Horizon	Indemnity	66698.07				18623.22	66698.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	Horizon	Indemnity	39451.68				11563.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	Horizon	Indemnity	52480.02				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	Horizon	Indemnity	35878.64				10172.08	35878.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	Horizon	Indemnity	25963.06				6480.98	25963.06	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26799.81	Horizon	Indemnity	45279.33				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	Horizon	Indemnity	21504.56				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	Horizon	Indemnity	59895.25				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	Horizon	Indemnity	25448.17				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	Horizon	Indemnity	18820.88				5217.15	18820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	Horizon	Indemnity	56575.75				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	Horizon	Indemnity	39931.47				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19667.4	Horizon	Indemnity	28326.88				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	Horizon	Indemnity	41717.99				13740.34	41717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	Horizon	Indemnity	25959.16				7942.07	25959.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	Horizon	Indemnity	42170.47				13876.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	Horizon	Indemnity	28081.14				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	Horizon	Indemnity	54953.06				17686.57	54953.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	Horizon	Indemnity	33389.99				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26493.51	Horizon	Indemnity	46948.83				14243.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20026.37	Horizon	Indemnity	29781.84				8732.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	Horizon	Indemnity	21933.64				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	Horizon	Indemnity	26805.61				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	Horizon	Indemnity	31264.11				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	Horizon	Indemnity	27589.65				8426.34	27589.65	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39627.36	Horizon	Indemnity	78915.06				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	Horizon	Indemnity	37286.79				11366.23	37286.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	Horizon	Indemnity	29305.96				8063.72	29305.96	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	Horizon	Indemnity	205016.89				59990.71	205016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	Horizon	Indemnity	96905.09				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	Horizon	Indemnity	60152.69				18821.66	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	Horizon	Indemnity	194750.25				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	Horizon	Indemnity	98426.36				27918.89	98426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32662.65	Horizon	Indemnity	66105.16				19500.82	66105.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	Horizon	Indemnity	132553.59				40970.62	132553.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	Horizon	Indemnity	75197.69				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	Horizon	Indemnity	50950.94				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	Horizon	Indemnity	158446.43				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				39056.32	Horizon	Indemnity	89645.89				24949.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	Horizon	Indemnity	62539.92				18131.86	62539.92	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	Horizon	Indemnity	116521.71				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	Horizon	Indemnity	63877.86				17583.81	63877.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	Horizon	Indemnity	48236.06				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	Horizon	Indemnity	94049.78				27955.51	94049.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	Horizon	Indemnity	54609.8				14869.52	54609.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	Horizon	Indemnity	37044.95				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	Horizon	Indemnity	95430.63				28568.52	95430.63	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	Horizon	Indemnity	58514.4				17770.43	58514.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	Horizon	Indemnity	41093.87				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	Horizon	Indemnity	115690.86				34643.19	115690.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	Horizon	Indemnity	67521.12				20092.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	Horizon	Indemnity	52846.68				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	Horizon	Indemnity	155080.13				50384.4	155080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40992.58	Horizon	Indemnity	83346.26				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	Horizon	Indemnity	52593.14				16005.79	52593.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	Horizon	Indemnity	75829.61				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23883.64	Horizon	Indemnity	43250.96				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	Horizon	Indemnity	28993.9				8244.44	28993.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	Horizon	Indemnity	67825.37				20646.54	67825.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	Horizon	Indemnity	40504.87				12157.6	40504.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	Horizon	Indemnity	29551.7				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	Horizon	Indemnity	80549.46				24938.84	80549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	Horizon	Indemnity	47069.75				14512.81	47069.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	Horizon	Indemnity	35718.71				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	Horizon	Indemnity	69775.72				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	Horizon	Indemnity	38628.63				11644.98	38628.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				19604.32	Horizon	Indemnity	25479.37				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	Horizon	Indemnity	75907.62				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	Horizon	Indemnity	42712.67				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	Horizon	Indemnity	29949.57				8850.37	29949.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	Horizon	Indemnity	52698.46				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	Horizon	Indemnity	33362.69				10271.3	33362.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	Horizon	Indemnity	66229.99				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	Horizon	Indemnity	38230.76				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	Horizon	Indemnity	27176.18				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	Horizon	Indemnity	59708.01				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20889.86	Horizon	Indemnity	32890.7				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	Horizon	Indemnity	23053.14				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27382.91	Horizon	Indemnity	47647.05				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	Horizon	Indemnity	29465.89				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	Horizon	Indemnity	63682.83				19559.88	63682.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	Horizon	Indemnity	36709.49				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	Horizon	Indemnity	26388.24				7516.85	26388.24	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	Horizon	Indemnity	209822.55				64121.2	209822.55	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	Horizon	Indemnity	110491.23				33171.47	110491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39362.03	Horizon	Indemnity	78279.25				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	Horizon	Indemnity	157841.83				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	Horizon	Indemnity	90601.56				24762.85	90601.56	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	Horizon	Indemnity	64462.97				18320.85	64462.97	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	Horizon	Indemnity	155953.89				10482	155953.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	Horizon	Indemnity	92910.77				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	Horizon	Indemnity	65773.6				15908	65773.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	Horizon	Indemnity	139535.84				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	Horizon	Indemnity	78747.33				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	Horizon	Indemnity	54340.65				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	Horizon	Indemnity	94529.56				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	Horizon	Indemnity	64915.45				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	Horizon	Indemnity	50872.93				15562.86	50872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58688.88	Horizon	Indemnity	137211.02				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	Horizon	Indemnity	69397.35				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	Horizon	Indemnity	58806.95				10272	58806.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				68154.24	Horizon	Indemnity	153621.62				16017	153621.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	Horizon	Indemnity	85468.24				26969.24	85468.24	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	Horizon	Indemnity	58233.55				18258.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	Horizon	Indemnity	71226.78				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	Horizon	Indemnity	40095.3				12635.96	40095.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	Horizon	Indemnity	25397.46				8226.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	Horizon	Indemnity	66222.18				21551.3	66222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	Horizon	Indemnity	44308.05				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	Horizon	Indemnity	33772.26				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	Horizon	Indemnity	63901.27				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	Horizon	Indemnity	33635.74				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	Horizon	Indemnity	24235.05				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	Horizon	Indemnity	72443.8				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	Horizon	Indemnity	36623.67				11412.29	36623.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	Horizon	Indemnity	27141.07				8299.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	Horizon	Indemnity	62836.38				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	Horizon	Indemnity	41643.87				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	Horizon	Indemnity	31010.57				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	Horizon	Indemnity	370445.58				17717	370445.58	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	Horizon	Indemnity	247179.56				36879	247179.56	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	Horizon	Indemnity	195035				54399.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	Horizon	Indemnity	355946.68				100034.13	355946.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	Horizon	Indemnity	255285.21				67791.04	255285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	Horizon	Indemnity	199762.65				51002.14	199762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	Horizon	Indemnity	249051.89				78337.54	249051.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	Horizon	Indemnity	157490.76				43205.36	157490.76	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	Horizon	Indemnity	174848.88				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	Horizon	Indemnity	124592.26				11315	124592.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	Horizon	Indemnity	200180.02				15756	200180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	Horizon	Indemnity	114836.61				34827.45	114836.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	Horizon	Indemnity	71671.46				20505.98	71671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	Horizon	Indemnity	199450.59				60174.97	199450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	Horizon	Indemnity	136369.89				40456.82	136369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	Horizon	Indemnity	108884.14				30985.16	108884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				56084.16	Horizon	Indemnity	123816.02				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	Horizon	Indemnity	77616.13				22270.62	77616.13	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				77102.35	Horizon	Indemnity	195452.37				8282	195452.37	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				49935.13	Horizon	Indemnity	114945.83				8991	114945.83	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42592.04	Horizon	Indemnity	92559.71				11229	92559.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	Horizon	Indemnity	148035.47				22321	148035.47	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39680.02	Horizon	Indemnity	83818.24				25480.99	83818.24	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				25900.29	Horizon	Indemnity	44885.35				13737.98	44885.35	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	Horizon	Indemnity	122419.57				40619.82	122419.57	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	Horizon	Indemnity	88904.75				27622.42	88904.75	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	Horizon	Indemnity	70134.59				20974.9	70134.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	Horizon	Indemnity	118206.81				34737.68	118206.81	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	Horizon	Indemnity	80444.14				8360	80444.14	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	Horizon	Indemnity	64927.15				9385	64927.15	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	Horizon	Indemnity	92973.18				13093	92973.18	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	Horizon	Indemnity	128883.03				38024.83	128883.03	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	Horizon	Indemnity	86533.13				25051.05	86533.13	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	Horizon	Indemnity	64369.35				18664.56	64369.35	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	Horizon	Indemnity	82402.29				23214.36	82402.29	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	Horizon	Indemnity	50607.68				14627.39	50607.68	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	Horizon	Indemnity	132253.23				27633	132253.23	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	Horizon	Indemnity	87613.62				28299.46	87613.62	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	Horizon	Indemnity	68414.38				22269.44	72705.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				58575.53	Horizon	Indemnity	135053.94				41583.64	135053.94	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	Horizon	Indemnity	76488.83				23304.13	76488.83	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28388.18	Horizon	Indemnity	55975.05				15858.15	55975.05	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	Horizon	Indemnity	88857.95				29822.91	88857.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	Horizon	Indemnity	43656.63				12977.32	43656.63	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	Horizon	Indemnity	119673.48				37427.16	119673.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	Horizon	Indemnity	65820.41				8902	65820.41	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				29144.95	Horizon	Indemnity	50361.94				16503.06	50361.94	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	Horizon	Indemnity	98943.74				27418	98943.74	case rate	
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	Horizon	Indemnity	67462.61				20729.22	67462.61	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	Horizon	Indemnity	61623.26				20729.22	61623.26	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30557.29	Horizon	Indemnity	55011.57				17706.65	55011.57	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	Horizon	Indemnity	75771.1				22893.09	75771.1	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26986.93	Horizon	Indemnity	56458.73				14664	56458.73	case rate	
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	Horizon	Indemnity	65153.39				20749.3	65153.39	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				49393.2	Horizon	Indemnity	106582.73				33758.51	106582.73	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	Horizon	Indemnity	72057.63				7655	72057.63	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	Horizon	Indemnity	59372.55				10564	59372.55	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	Horizon	Indemnity	63955.88				17783.42	63955.88	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	Horizon	Indemnity	38999.2				12043.03	43544.38	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52640.62	Horizon	Indemnity	120219.57				36525.94	120219.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37661.99	Horizon	Indemnity	73643.8				23761.23	73643.8	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	Horizon	Indemnity	53864.77				17631.06	53864.77	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	Horizon	Indemnity	120929.5				42332.49	120929.5	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	Horizon	Indemnity	72631.03				23291.14	72631.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	Horizon	Indemnity	51259.1				16928.27	51259.1	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	Horizon	Indemnity	59700.21				12781	59700.21	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	Horizon	Indemnity	30249.93				9614.58	37097.3	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	Horizon	Indemnity	48945.98				15708.14	48945.98	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	Horizon	Indemnity	29528.3				9577.96	29528.3	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	Horizon	Indemnity	35515.87				10854.79	35515.87	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19096.66	Horizon	Indemnity	28358.09				7931.44	28358.09	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	Horizon	Indemnity	78762.93				23887.62	78762.93	case rate	
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	Horizon	Indemnity	50588.18				15285.29	50588.18	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	Horizon	Indemnity	34431.48				7723	34431.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				33630.1	Horizon	Indemnity	71199.48				8903	71199.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	Horizon	Indemnity	41835.01				10889	41835.01	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	Horizon	Indemnity	31143.19				8925.97	31143.19	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	Horizon	Indemnity	96702.25				29846.53	96702.25	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	Horizon	Indemnity	47370.1				13674.2	47370.1	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	Horizon	Indemnity	33452.4				8813.76	33452.4	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	Horizon	Indemnity	80635.27				23795.49	80635.27	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	Horizon	Indemnity	48532.61				14234.06	48532.61	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	Horizon	Indemnity	36034.67				10182.71	36034.67	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	Horizon	Indemnity	62083.54				9165	62083.54	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	Horizon	Indemnity	35145.31				11383.94	35145.31	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27880.9	Horizon	Indemnity	48275.06				15425.85	48275.06	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	Horizon	Indemnity	29624.4				9857.89	50728.21	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	Horizon	Indemnity	49897.75				15905.39	49897.75	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	Horizon	Indemnity	29945.67				9644.11	29945.67	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	Horizon	Indemnity	55873.63				18304.31	55873.63	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	Horizon	Indemnity	33682.54				10202.79	33682.54	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	Horizon	Indemnity	70161.89				21925.72	70161.89	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25822.11	Horizon	Indemnity	39853.45				13449.78	39853.45	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	Horizon	Indemnity	29493.19				9211	29493.19	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	Horizon	Indemnity	54925.76				12507	54925.76	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	Horizon	Indemnity	32691.77				10557.14	32691.77	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31526.89	Horizon	Indemnity	61326.81				18534.54	61326.81	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				23912.75	Horizon	Indemnity	38063.03				12044.21	38063.03	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	Horizon	Indemnity	29735.04				8836.2	29735.04	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	Horizon	Indemnity	118374.54				35555.04	118374.54	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	Horizon	Indemnity	66425.02				9078	66425.02	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	Horizon	Indemnity	45973.65				11401	45973.65	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.98	Horizon	Indemnity	204845.26				16091	204845.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	Horizon	Indemnity	118811.42				36864	118811.42	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	Horizon	Indemnity	68597.71				23084.06	68597.71	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84559.1	Horizon	Indemnity	190381.46				63726.69	190381.46	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient				46886.32	Horizon	Indemnity	97876.36				31451.72	97876.36	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient				33208.73	Horizon	Indemnity	59869.01				19966.19	59869.01	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient				54955.26	Horizon	Indemnity	109133.78				38498.47	109133.78	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient				34353.58	Horizon	Indemnity	62013.33				20941.82	62013.33	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	Horizon	Indemnity	48228.25				8609	48228.25	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	Horizon	Indemnity	61221.49				10981	61221.49	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	Horizon	Indemnity	53755.55				14701	53755.55	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	Horizon	Indemnity	72997.7				24182.91	72997.7	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	Horizon	Indemnity	61073.26				23447.05	61073.26	case rate	
SKIN ULCERS W MCC	592	MS-DRG				inpatient				38280.15	Horizon	Indemnity	66631.76				24288.03	66631.76	case rate	
SKIN ULCERS W CC	593	MS-DRG				inpatient				26726.36	Horizon	Indemnity	44054.51				14441.95	44054.51	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	Horizon	Indemnity	31603.47				10024.44	31603.47	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39095.13	Horizon	Indemnity	77503.01				24982.55	77503.01	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				24763.76	Horizon	Indemnity	39455.58				12769.43	39455.58	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	Horizon	Indemnity	67092.04				20749.3	67092.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	Horizon	Indemnity	45337.84				12529.66	45337.84	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21638.6	Horizon	Indemnity	27944.61				10097.67	27944.61	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.18	Horizon	Indemnity	37290.69				11298.9	37290.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	Horizon	Indemnity	24153.13				7081.01	24153.13	case rate	
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	Horizon	Indemnity	56326.11				17353.49	56326.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21987.58	Horizon	Indemnity	33066.23				10403.59	33066.23	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	Horizon	Indemnity	55265.12				17548.38	55265.12	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient				22582.18	Horizon	Indemnity	33565.52				10910.3	33565.52	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	Horizon	Indemnity	53860.87				19020.09	53860.87	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	Horizon	Indemnity	31244.61				10207.52	31244.61	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	Horizon	Indemnity	92196.95				26918.45	92196.95	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29841.14	Horizon	Indemnity	57777.17				16925.91	57777.17	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	Horizon	Indemnity	161301.75				45651.52	161301.75	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36551.8	Horizon	Indemnity	80884.92				22815.13	80884.92	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	Horizon	Indemnity	45220.82				14706.52	45220.82	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47569.21	Horizon	Indemnity	113927.74				32204.11	113927.74	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	Horizon	Indemnity	70587.07				18863	70587.07	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	Horizon	Indemnity	61564.75				17266.08	61564.75	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	Horizon	Indemnity	148148.59				44198.71	148148.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	Horizon	Indemnity	75018.26				22593.08	75018.26	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				23582.88	Horizon	Indemnity	50553.07				11763.09	50553.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	Horizon	Indemnity	108568.18				33864.81	108568.18	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				30698.67	Horizon	Indemnity	62824.67				17827.13	62824.67	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	Horizon	Indemnity	42322.6				14964.01	42322.6	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	Horizon	Indemnity	143350.73				46604.71	143350.73	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	Horizon	Indemnity	91225.67				26565.29	91225.67	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	Horizon	Indemnity	59856.24				16551.48	59856.24	case rate	
DIABETES W MCC	637	MS-DRG				inpatient				29964.08	Horizon	Indemnity	53880.37				17201.12	53880.37	case rate	
DIABETES W CC	638	MS-DRG				inpatient				22492.09	Horizon	Indemnity	34021.91				10833.53	34021.91	case rate	
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				18464.34	Horizon	Indemnity	24648.52				7401.1	24648.52	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient				28195.83	Horizon	Indemnity	46426.13				15685.7	46426.13	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	Horizon	Indemnity	29329.36				9229.52	29329.36	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	Horizon	Indemnity	49285.34				14659.28	49285.34	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	Horizon	Indemnity	63741.34				19575.23	63741.34	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	Horizon	Indemnity	39494.59				12206.02	39494.59	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient				20572.46	Horizon	Indemnity	28978.3				9197.63	28978.3	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient				52349.56	Horizon	Indemnity	129292.6				36277.9	129292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient				87044.22	Horizon	Indemnity	214109.42				65844.5	214109.42	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient				48894.23	Horizon	Indemnity	112078.81				33333.29	112078.81	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient				38571.21	Horizon	Indemnity	81025.34				24536.07	81025.34	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient				54935.86	Horizon	Indemnity	129799.69				38481.93	129799.69	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient				35117.27	Horizon	Indemnity	75962.23				21592.64	75962.23	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient				30625.21	Horizon	Indemnity	61100.56				17764.53	61100.56	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	Horizon	Indemnity	106375.99				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28352.15	Horizon	Indemnity	56466.53				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	Horizon	Indemnity	41846.71				12125.71	41846.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	Horizon	Indemnity	123991.55				36847.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	Horizon	Indemnity	63983.18				18040.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	Horizon	Indemnity	46250.6				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57389.7	Horizon	Indemnity	123995.45				40556.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	Horizon	Indemnity	69397.35				19457.12	69397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	Horizon	Indemnity	42143.16				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	Horizon	Indemnity	109788.1				34445.94	109788.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	Horizon	Indemnity	61728.58				18278.33	61728.58	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23025.7	Horizon	Indemnity	37583.24				11288.27	37583.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	Horizon	Indemnity	65668.28				20359.52	65668.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24948.1	Horizon	Indemnity	41226.5				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	Horizon	Indemnity	139539.74				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	Horizon	Indemnity	90188.08				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	Horizon	Indemnity	63398.08				18488.57	63398.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	Horizon	Indemnity	59758.72				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	Horizon	Indemnity	35847.43				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	Horizon	Indemnity	24176.54				7174.32	24176.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	Horizon	Indemnity	66998.42				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	Horizon	Indemnity	41101.68				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	Horizon	Indemnity	30850.64				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	Horizon	Indemnity	43360.18				13823.02	43360.18	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20903.72	Horizon	Indemnity	30975.46				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	Horizon	Indemnity	51629.67				17367.66	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	Horizon	Indemnity	27386.81				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	Horizon	Indemnity	44807.34				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	Horizon	Indemnity	26860.22				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	Horizon	Indemnity	37446.72				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	Horizon	Indemnity	63000.21				19853.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	Horizon	Indemnity	40095.3				12046.57	40095.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	Horizon	Indemnity	29833.62				8199.56	29833.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	Horizon	Indemnity	69877.14				22921.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	Horizon	Indemnity	54863.35				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	Horizon	Indemnity	79254.42				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30589.17	Horizon	Indemnity	65122.19				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	Horizon	Indemnity	81271.08				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	Horizon	Indemnity	42002.74				10466.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	Horizon	Indemnity	57082.84				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	Horizon	Indemnity	35515.87				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	Horizon	Indemnity	86201.57				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	Horizon	Indemnity	57067.24				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	Horizon	Indemnity	76231.38				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26863.87	Horizon	Indemnity	48080.03				14550.61	48080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	Horizon	Indemnity	64739.92				20420.94	64739.92	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	Horizon	Indemnity	42966.21				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18894.3	Horizon	Indemnity	26883.62				7758.99	26883.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	Horizon	Indemnity	47366.2				14913.23	47366.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	Horizon	Indemnity	29820.85				8792.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	Horizon	Indemnity	56092.07				17355.85	56092.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	Horizon	Indemnity	30870.14				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	Horizon	Indemnity	42205.57				13003.3	42205.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	Horizon	Indemnity	22171.58				7168.41	22171.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	Horizon	Indemnity	89946.24				24837.26	89946.24	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	Horizon	Indemnity	53244.56				14338	53244.56	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	Horizon	Indemnity	157221.61				46509.04	157221.61	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	Horizon	Indemnity	79238.82				23604.14	79238.82	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	Horizon	Indemnity	54309.45				17916.89	54309.45	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	Horizon	Indemnity	140335.48				47020.48	140335.48	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34981.44	Horizon	Indemnity	67985.3				21476.89	67985.3	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	Horizon	Indemnity	51793.49				16224.3	51793.49	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	Horizon	Indemnity	66858				21576.1	66858	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26363.71	Horizon	Indemnity	43516.21				14158.47	43516.21	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	Horizon	Indemnity	65933.53				23079.71	65933.53	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	Horizon	Indemnity	41714.09				12104.45	41714.09	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	Horizon	Indemnity	65442.04				19779.57	65442.04	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	Horizon	Indemnity	37376.51				11282.36	37376.51	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	Horizon	Indemnity	50475.06				16090.83	50475.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	Horizon	Indemnity	101496.21				30575.3	101496.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	Horizon	Indemnity	47740.67				15230.96	47740.67	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34896.7	Horizon	Indemnity	71827.49				21370.58	71827.49	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	Horizon	Indemnity	41733.59				13111.97	41733.59	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	Horizon	Indemnity	30429.36				11280	30429.36	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	Horizon	Indemnity	56205.19				16716.84	56205.19	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	Horizon	Indemnity	39802.74				12039.48	39802.74	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18650.06	Horizon	Indemnity	27722.27				7599.37	27722.27	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	Horizon	Indemnity	34002.4				11641.43	34002.4	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	Horizon	Indemnity	21430.45				7487.32	21430.45	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				23794.94	Horizon	Indemnity	44132.52				9023	44132.52	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	Horizon	Indemnity	56868.31				16256.19	56868.31	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	Horizon	Indemnity	41655.58				12709.2	41655.58	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	Horizon	Indemnity	25705.61				8427.52	25705.61	case rate	
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	Horizon	Indemnity	29422.98				11041.41	29422.98	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	Horizon	Indemnity	68086.72				8487	68086.72	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	Horizon	Indemnity	42989.61				8487	42989.61	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	Horizon	Indemnity	32980.42				8487	32980.42	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	Horizon	Indemnity	60648.08				8487	60648.08	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	Horizon	Indemnity	42170.47				8487	42170.47	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	Horizon	Indemnity	35133.6				8487	35133.6	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Horizon	Indemnity	64895.95				637	64895.95	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Horizon	Indemnity	214004.1				637	214004.1	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Horizon	Indemnity	146159.23				637	146159.23	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Horizon	Indemnity	88187.03				637	88187.03	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Horizon	Indemnity	150134.04				637	150134.04	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Horizon	Indemnity	53139.24				637	53139.24	case rate	
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Horizon	Indemnity	7192.89				637	10912.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	Horizon	Indemnity	57270.08				6365	57270.08	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	Horizon	Indemnity	33035.03				6365	33035.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	Horizon	Indemnity	33035.03				6365	33035.03	case rate	
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	Horizon	Indemnity	183395.31				56161.42	183395.31	case rate	
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	Horizon	Indemnity	102463.59				34416.41	102463.59	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	Horizon	Indemnity	60706.59				5977	60706.59	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	Horizon	Indemnity	130564.23				8199	130564.23	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	Horizon	Indemnity	67173.95				13379	67173.95	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	Horizon	Indemnity	47998.11				13058.82	47998.11	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	Horizon	Indemnity	39911.96				6365	39911.96	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	Horizon	Indemnity	27593.55				6365	27593.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	Horizon	Indemnity	23950.3				6365	23950.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	Horizon	Indemnity	83833.84				27051.92	83833.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	Horizon	Indemnity	46983.93				14628.57	46983.93	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	Horizon	Indemnity	35964.45				11242.2	35964.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	Horizon	Indemnity	52893.49				16617.63	52893.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	Horizon	Indemnity	34450.98				10900.85	34450.98	case rate	
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	Horizon	Indemnity	62859.78				18284.23	62859.78	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	Horizon	Indemnity	64868.64				24691.98	64868.64	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	Horizon	Indemnity	38137.14				12001.69	38137.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	Horizon	Indemnity	28147.45				7788.52	28147.45	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	Horizon	Indemnity	98754.02				25818.8	98754.02	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23452.79	Horizon	Indemnity	52991.01				11686.32	52991.01	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	Horizon	Indemnity	32726.87				7977.5	32726.87	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	Horizon	Indemnity	212342.41				68770.21	212342.41	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	Horizon	Indemnity	93394.46				6969	93394.46	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	Horizon	Indemnity	47190.67				8721	47190.67	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	Horizon	Indemnity	176491.07				12547	176491.07	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	Horizon	Indemnity	85596.96				22652	85596.96	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	Horizon	Indemnity	53010.51				14537.62	53010.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	Horizon	Indemnity	193002.74				56405.91	193002.74	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	Horizon	Indemnity	87832.06				27874.01	87832.06	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	Horizon	Indemnity	63792.05				18932.69	63792.05	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	Horizon	Indemnity	121300.07				36424.37	121300.07	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	Horizon	Indemnity	56343.13				17274.35	56343.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	Horizon	Indemnity	40103.1				13595.06	40103.1	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	Horizon	Indemnity	28038.23				8827.93	28038.23	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	Horizon	Indemnity	18735.06				6139.63	18735.06	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	Horizon	Indemnity	214842.75				65285.81	214842.75	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39383.42	Horizon	Indemnity	83318.95				25228.23	83318.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				26999.4	Horizon	Indemnity	47299.89				14674.63	47299.89	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	Horizon	Indemnity	209627.52				59142.64	209627.52	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	Horizon	Indemnity	91767.87				23956.12	91767.87	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	Horizon	Indemnity	48988.89				16186.51	48988.89	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	Horizon	Indemnity	128446.15				37666.94	128446.15	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	Horizon	Indemnity	63768.64				18520.46	63768.64	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	Horizon	Indemnity	43730.75				12424.54	43730.75	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	Horizon	Indemnity	72006.92				22362.75	72006.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	Horizon	Indemnity	45981.45				14117.13	45981.45	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	Horizon	Indemnity	33787.86				9883.88	33787.86	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	Horizon	Indemnity	109917.83				30164.26	109917.83	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	Horizon	Indemnity	51742.79				15008.9	51742.79	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	Horizon	Indemnity	36377.93				9672.45	36377.93	case rate	
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	Horizon	Indemnity	76851.59				31549.75	76851.59	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	Horizon	Indemnity	197262.3				59072.95	197262.3	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	Horizon	Indemnity	85924.62				23600.6	85924.62	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	Horizon	Indemnity	60850.92				19200.81	60850.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	Horizon	Indemnity	175075.12				53288.85	175075.12	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	Horizon	Indemnity	80225.7				25736.12	80225.7	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	Horizon	Indemnity	53833.56				15217.96	53833.56	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	Horizon	Indemnity	71293.09				21717.84	71293.09	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	Horizon	Indemnity	38414.09				11810.34	38414.09	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	Horizon	Indemnity	33713.75				10606.74	33713.75	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29863.69	Horizon	Indemnity	53915.48				17132.61	53915.48	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	Horizon	Indemnity	32001.34				10450.83	32001.34	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	Horizon	Indemnity	83198.03				25327.44	83198.03	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	Horizon	Indemnity	42006.64				12403.28	42006.64	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	Horizon	Indemnity	29953.48				8499.57	29953.48	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				106197.52	Horizon	Indemnity	245560.77				82166.84	245560.77	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	Horizon	Indemnity	72412.59				23175.38	72412.59	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	Horizon	Indemnity	41070.47				12177.68	41070.47	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	Horizon	Indemnity	128777.71				46414.55	128777.71	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23095.9	Horizon	Indemnity	3056				2090	20097.3	per diem	
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	Horizon	Indemnity	3056				2090	19520.98	per diem	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	Horizon	Indemnity	3056				2090	20098.28	per diem	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	Horizon	Indemnity	3056				2090	33132.9	per diem	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	Horizon	Indemnity	3056				2090	29849.81	per diem	
PSYCHOSES	885	MS-DRG				inpatient				29316.81	Horizon	Indemnity	3056				2090	25492.88	per diem	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	Horizon	Indemnity	3056				2090	32107.05	per diem	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	Horizon	Indemnity	3056				2090	22838.97	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	Horizon	Indemnity	3056				2090	101331.96	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	Horizon	Indemnity	3056				2090	25416.95	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	Horizon	Indemnity	3056				2090	31826.46	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	Horizon	Indemnity	3056				2090	19136.51	per diem	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	Horizon	Indemnity	174162.35				13124	174162.35	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	Horizon	Indemnity	74909.04				22413.54	74909.04	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	Horizon	Indemnity	45402.25				14399.42	60432.03	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	Horizon	Indemnity	125836.58				45805.46	125836.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	Horizon	Indemnity	69011.18				19467.75	69011.18	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	Horizon	Indemnity	71897.7				25778.64	71897.7	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64894.15	Horizon	Indemnity	164457.41				47053.55	164457.41	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	Horizon	Indemnity	77733.15				23825.02	77733.15	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	Horizon	Indemnity	51699.88				14980.55	51699.88	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	Horizon	Indemnity	57414.4				19114.58	57503.54	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	Horizon	Indemnity	32880.06				10824.08	90774.77	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	Horizon	Indemnity	65410.84				20527.24	65410.84	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				18984.09	Horizon	Indemnity	24781.15				7844.03	24781.15	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	Horizon	Indemnity	57484.62				19367.35	57484.62	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	Horizon	Indemnity	30374.75				10448.47	30374.75	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35054.9	Horizon	Indemnity	71160.47				21539.49	71160.47	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	Horizon	Indemnity	39127.92				11999.32	39127.92	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	Horizon	Indemnity	27862.35				8122.78	27862.35	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	Horizon	Indemnity	60788.51				19954.38	60788.51	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	Horizon	Indemnity	33928.29				12046.57	40248.18	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				288538.5	Horizon	Indemnity	717124.19				237556.83	717124.19	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	Horizon	Indemnity	229189.53				78687.96	229189.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	Horizon	Indemnity	115936.61				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	Horizon	Indemnity	111571.72				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	Horizon	Indemnity	71519.33				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	Horizon	Indemnity	71059.05				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	Horizon	Indemnity	127892.25				37489.76	127892.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				39043.84	Horizon	Indemnity	84820.72				24938.84	84820.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	Horizon	Indemnity	72217.56				23083.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	Horizon	Indemnity	53240.65				18030.29	53240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	Horizon	Indemnity	40672.6				13187.56	40672.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	Horizon	Indemnity	47026.84				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	Horizon	Indemnity	30433.26				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	Horizon	Indemnity	44709.82				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	Horizon	Indemnity	29056.31				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	Horizon	Indemnity	31143.19				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	Horizon	Indemnity	237821.78				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	Horizon	Indemnity	147594.69				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	Horizon	Indemnity	296394.69				88163.55	296394.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	Horizon	Indemnity	163041.46				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	Horizon	Indemnity	95594.45				31228.48	95594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	Horizon	Indemnity	109024.57				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	Horizon	Indemnity	57531.42				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	Horizon	Indemnity	38004.52				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	Horizon	Indemnity	218388.49				74699.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	Horizon	Indemnity	108739.81				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	Horizon	Indemnity	106216.06				35271.56	106216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	Horizon	Indemnity	50315.13				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	Horizon	Indemnity	36611.97				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	Horizon	Indemnity	45634.29				17031.03	45634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	Horizon	Indemnity	170480.09				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	Horizon	Indemnity	95680.27				14901	95680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	Horizon	Indemnity	61205.88				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	Horizon	Indemnity	129994.73				41372.21	129994.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	Horizon	Indemnity	66042.75				20268.57	66042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	Horizon	Indemnity	40594.58				13648.21	40594.58	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	Horizon	Medicare Blue	347996.2				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	Horizon	Medicare Blue	121849.65				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306824.15	Horizon	Medicare Blue	266803.61				253139.77	713726.68	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	Horizon	Medicare Blue	178802.69				166896.78	445428.73	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	Horizon	Medicare Blue	136853.53				125785.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	Horizon	Medicare Blue	66947.9				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	Horizon	Medicare Blue	166012.81				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	Horizon	Medicare Blue	74081.64				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	Horizon	Medicare Blue	104596.81				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	Horizon	Medicare Blue	73536.88				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66957.36	Horizon	Medicare Blue	57962.92				48470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	Horizon	Medicare Blue	40442.53				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	Horizon	Medicare Blue	166410.54				154752.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	Horizon	Medicare Blue	81250.34				71293.15	255082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	Horizon	Medicare Blue	81250.34				71293.15	170893.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG				inpatient				532483.55	Horizon	Medicare Blue	463029.18				445445.49	674003.16	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG				inpatient				119652.92	Horizon	Medicare Blue	104046.02				93633.46	141676.71	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121977.41	Horizon	Medicare Blue	106668.61				96213.84	406699.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	Horizon	Medicare Blue	72874				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	Horizon	Medicare Blue	41792.38				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	Horizon	Medicare Blue	77263.44				67385.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	Horizon	Medicare Blue	54323.14				44903.86	335856.53	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71786.2	Horizon	Medicare Blue	62405.4				52824.66	166852.44	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	Horizon	Medicare Blue	45367.09				36126.72	117633.41	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	Horizon	Medicare Blue	38246.6		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40823.9	Horizon	Medicare Blue	35325.13				26286.36	84867.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	Horizon	Medicare Blue	59010.27				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	Horizon	Medicare Blue	34242.83				25224.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	Horizon	Medicare Blue	27733.4				18845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	Horizon	Medicare Blue	55371.68				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	Horizon	Medicare Blue	35920.51				26868.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	Horizon	Medicare Blue	30597.02				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	Horizon	Medicare Blue	48528.4				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	Horizon	Medicare Blue	27923.82				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	Horizon	Medicare Blue	22221.89				13443.87	44171.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	Horizon	Medicare Blue	53966.39				44554.23	153227.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	Horizon	Medicare Blue	35720.44				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	Horizon	Medicare Blue	29687.07				20729.93	109572.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	Horizon	Medicare Blue	32759.2				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22550.3	Horizon	Medicare Blue	19608.96				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	Horizon	Medicare Blue	26571.66				17706.65	153781.38	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24900.98	Horizon	Medicare Blue	21653.02				12886.37	40848.13	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	Horizon	Medicare Blue	38684.1				29577.23	82870.37	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	Horizon	Medicare Blue	24586.55				15761.29	47155.56	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	Horizon	Medicare Blue	30751.29				21802.88	68636.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	Horizon	Medicare Blue	23251.16				14452.58	42880.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	Horizon	Medicare Blue	19259.44				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	Horizon	Medicare Blue	41086.12				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	Horizon	Medicare Blue	29967.89				21035.14	110341.2	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	Horizon	Medicare Blue	25435.03				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	Horizon	Medicare Blue	32478.38				23495.48	230599.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23673.94	Horizon	Medicare Blue	20759.95				12011.13	40235.72	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	Horizon	Medicare Blue	16799.57				8129.87	28350.29	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	Horizon	Medicare Blue	26038.85				17184.58	58565.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	Horizon	Medicare Blue	19128.07				10411.85	35055.59	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	Horizon	Medicare Blue	18147.02				9450.4	29859.86	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	Horizon	Medicare Blue	29460.49				20537.87	64178.22	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	Horizon	Medicare Blue	21205.88				12448.16	38453.1	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	Horizon	Medicare Blue	17545.61				8861	28943.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	Horizon	Medicare Blue	27131.99				18255.89	55042.78	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	Horizon	Medicare Blue	21067.28				12312.33	37988.92	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	Horizon	Medicare Blue	28537.29				19633.11	57792.77	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	Horizon	Medicare Blue	19554.72				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	Horizon	Medicare Blue	27140.43				18264.15	60538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	Horizon	Medicare Blue	20530.96				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	Horizon	Medicare Blue	16477.78				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	Horizon	Medicare Blue	32234.92				23266.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	Horizon	Medicare Blue	19408.89				10687.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	Horizon	Medicare Blue	36467.69				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29050.7	Horizon	Medicare Blue	25261.48				16422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	Horizon	Medicare Blue	20027.17				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41186.62	Horizon	Medicare Blue	35814.45				26764.9	85035.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	Horizon	Medicare Blue	24311.76				15491.99	48489.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	Horizon	Medicare Blue	19158.2				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	Horizon	Medicare Blue	25506.14				16662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	Horizon	Medicare Blue	21425.24				12663.13	41639.97	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	Horizon	Medicare Blue	18836.41				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35045.2	Horizon	Medicare Blue	30474.09				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	Horizon	Medicare Blue	21263.74				12504.86	36796.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	Horizon	Medicare Blue	18016.85				9322.83	28779.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	Horizon	Medicare Blue	52479.14				43096.69	143463.85	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	Horizon	Medicare Blue	37395.71				28314.58	92871.77	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	Horizon	Medicare Blue	37395.71				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59462.57	Horizon	Medicare Blue	51706.59				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				39846.35	Horizon	Medicare Blue	34649				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	Horizon	Medicare Blue	25296.43				16456.99	49662.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	Horizon	Medicare Blue	32431.38				23449.41	70696.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	Horizon	Medicare Blue	19612.57				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	Horizon	Medicare Blue	22478.6				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	Horizon	Medicare Blue	18750.84				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	Horizon	Medicare Blue	35467.35				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	Horizon	Medicare Blue	22750.99				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	Horizon	Medicare Blue	26956.03				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	Horizon	Medicare Blue	28614.42				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	Horizon	Medicare Blue	20703.3				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	Horizon	Medicare Blue	22523.2				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	Horizon	Medicare Blue	16679.05				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	Horizon	Medicare Blue	18184.38				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	Horizon	Medicare Blue	24218.95				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	Horizon	Medicare Blue	18455.55				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				42197.72	Horizon	Medicare Blue	37563.24				28478.76	89645.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	Horizon	Medicare Blue	20293.53				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	Horizon	Medicare Blue	25360.3				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	Horizon	Medicare Blue	18308.52				9608.67	32968.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	Horizon	Medicare Blue	25051.77				16217.22	45263.72	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG				inpatient				68396.81	Horizon	Medicare Blue	59475.49				49953.28	75584.26	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG				inpatient				39558.06	Horizon	Medicare Blue	34398.31				25377.05	98397.99	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG				inpatient				31573.24	Horizon	Medicare Blue	27454.99				18572.43	28101.93	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG				inpatient				55544.32	Horizon	Medicare Blue	48299.41				39000.46	59011.56	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG				inpatient				34127.66	Horizon	Medicare Blue	29676.23				20749.3	31395.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG				inpatient				26201.06	Horizon	Medicare Blue	22783.53				13994.29	22783.53	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	Horizon	Medicare Blue	36153.12				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	Horizon	Medicare Blue	23506.66				14702.98	48778.25	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	Horizon	Medicare Blue	17703.49				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	Horizon	Medicare Blue	17513.07				8829.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	Horizon	Medicare Blue	25162.65				16325.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	Horizon	Medicare Blue	17639.61				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	Horizon	Medicare Blue	22180.91				13403.71	40649.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	Horizon	Medicare Blue	17081.59				8406.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	Horizon	Medicare Blue	28104.61				19209.07	56423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	Horizon	Medicare Blue	19756				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19059.13	Horizon	Medicare Blue	16607.94				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	Horizon	Medicare Blue	28239.59				19341.36	65258.21	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	Horizon	Medicare Blue	19840.36				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	Horizon	Medicare Blue	16453.67				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	Horizon	Medicare Blue	64055.35				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	Horizon	Medicare Blue	38839.57				29729.6	100205.08	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	Horizon	Medicare Blue	30969.44				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	Horizon	Medicare Blue	54908.88				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	Horizon	Medicare Blue	30525.91				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	Horizon	Medicare Blue	24821.57				15991.62	52331.79	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG				inpatient				52310.75	Horizon	Medicare Blue	45487.61				36244.83	54842.02	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	Horizon	Medicare Blue	25486.85				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	Horizon	Medicare Blue	18320.57				9620.48	35067.29	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	Horizon	Medicare Blue	27986.5				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	Horizon	Medicare Blue	20461.05				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	Horizon	Medicare Blue	17780.63				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	Horizon	Medicare Blue	29568.96				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	Horizon	Medicare Blue	21885.63				13114.33	44503.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	Horizon	Medicare Blue	18597.77				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	Horizon	Medicare Blue	27634.57				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24583.58	Horizon	Medicare Blue	21377.03				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20558.6	Horizon	Medicare Blue	17877.04				9185.82	28564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	Horizon	Medicare Blue	27546.59				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	Horizon	Medicare Blue	20604.48				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	Horizon	Medicare Blue	17352.77				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	Horizon	Medicare Blue	23417.48				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	Horizon	Medicare Blue	22038.7				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	Horizon	Medicare Blue	18858.1				10147.28	35648.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	Horizon	Medicare Blue	16304.22				7644.42	28244.97	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	Horizon	Medicare Blue	24385.28				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	Horizon	Medicare Blue	18386.86				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	Horizon	Medicare Blue	16008.94				7355.03	26790.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35893.44	Horizon	Medicare Blue	31211.69				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	Horizon	Medicare Blue	20435.74				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	Horizon	Medicare Blue	16615.17				7949.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	Horizon	Medicare Blue	29779.88				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	Horizon	Medicare Blue	21851.89				13081.26	41924.72	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	Horizon	Medicare Blue	16664.59				7997.58	29870.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	Horizon	Medicare Blue	20154.93				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	Horizon	Medicare Blue	16899.6				8227.9	54377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	Horizon	Medicare Blue	18278.39				9579.14	103592.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	Horizon	Medicare Blue	31256.28				22297.79	59208.73	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	Horizon	Medicare Blue	19420.94				10998.87	33882.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Horizon	Medicare Blue	86448.49				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	Horizon	Medicare Blue	40849.89				31699.76	95075.66	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG				inpatient				160770.36	Horizon	Medicare Blue	139800.31				37458	194895.78	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	Horizon	Medicare Blue	136195.47				125140.69	502648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	Horizon	Medicare Blue	124821.74				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				98286.86	Horizon	Medicare Blue	86336.4				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Horizon	Medicare Blue	80206.61				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Horizon	Medicare Blue	101798.5				57338	300026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	Horizon	Medicare Blue	72341.29				57338	203043.14	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Horizon	Medicare Blue	63855.28				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	Horizon	Medicare Blue	68564.11				58860.35	256517.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	Horizon	Medicare Blue	45941.98				36690.12	181320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Horizon	Medicare Blue	110633.79				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Horizon	Medicare Blue	82127.74				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Horizon	Medicare Blue	102709.42				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83618.2	Horizon	Medicare Blue	72624.52				62839.65	200776.83	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Horizon	Medicare Blue	79422.01				47567	226926.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Horizon	Medicare Blue	58064.16				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	Horizon	Medicare Blue	69210.11				59493.45	183695.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	Horizon	Medicare Blue	43602.63				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	Horizon	Medicare Blue	26701.72				15559	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56763.12	Horizon	Medicare Blue	49385.32				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	Horizon	Medicare Blue	35655.36				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Horizon	Medicare Blue	30254.74				19748	98318.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	Horizon	Medicare Blue	67401.06				57720.54	195508.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	Horizon	Medicare Blue	36376.09				27315.32	103903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	Horizon	Medicare Blue	27336.88				18456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	Horizon	Medicare Blue	49848.13				40518.24	127155.02	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	Horizon	Medicare Blue	39273.46				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34028.48	Horizon	Medicare Blue	29588.24				20663.07	70602.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	Horizon	Medicare Blue	40038.78				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	Horizon	Medicare Blue	28916.93				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	Horizon	Medicare Blue	18056.62				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Horizon	Medicare Blue	42316.66				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Horizon	Medicare Blue	29688.28				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Horizon	Medicare Blue	49556.46				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Horizon	Medicare Blue	31374.39				12982	77684.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Horizon	Medicare Blue	26796.94				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	Horizon	Medicare Blue	40829.41				31679.68	93312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	Horizon	Medicare Blue	50627.91				41282.44	123307.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				59221.41	Horizon	Medicare Blue	51496.88				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	Horizon	Medicare Blue	80706.78				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	Horizon	Medicare Blue	65206.34				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	Horizon	Medicare Blue	88863.76				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	Horizon	Medicare Blue	58649.9				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	Horizon	Medicare Blue	70368.34				60628.53	197441.73	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	Horizon	Medicare Blue	50016.86				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	Horizon	Medicare Blue	38661.2				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	Horizon	Medicare Blue	55632.01				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	Horizon	Medicare Blue	46119.15				36863.75	116174.55	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG				inpatient				107729.06	Horizon	Medicare Blue	93677.44				83472.01	226301.42	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG				inpatient				95634.72	Horizon	Medicare Blue	83160.62				73165.28	117076.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG				inpatient				74255.48	Horizon	Medicare Blue	64569.98				54946.01	83138.76	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG				inpatient				79125.93	Horizon	Medicare Blue	68805.16				59096.58	89418.98	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG				inpatient				54192.96	Horizon	Medicare Blue	47124.31				37848.83	57269.04	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	Horizon	Medicare Blue	28286.6				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	Horizon	Medicare Blue	19613.78				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	Horizon	Medicare Blue	17243.09				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				36881.67	Horizon	Medicare Blue	32071.01				23096.25	70365.53	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	Horizon	Medicare Blue	17434.73				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17560.66	Horizon	Medicare Blue	15270.14				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Horizon	Medicare Blue	35179.3				13521	85066.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Horizon	Medicare Blue	21637.36				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	Horizon	Medicare Blue	41424.79				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	Horizon	Medicare Blue	27506.82				18623.22	66698.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	Horizon	Medicare Blue	20303.17				11583.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	Horizon	Medicare Blue	24229.8				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	Horizon	Medicare Blue	18883.41				10172.08	35878.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	Horizon	Medicare Blue	15117.07				6480.98	25963.06	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26799.81	Horizon	Medicare Blue	23304.19				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	Horizon	Medicare Blue	18022.88				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	Horizon	Medicare Blue	28250.44				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	Horizon	Medicare Blue	16993.61				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	Horizon	Medicare Blue	13827.48				5217.15	18820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	Horizon	Medicare Blue	27999.75				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	Horizon	Medicare Blue	21407.16				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19867.4	Horizon	Medicare Blue	17102.08				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	Horizon	Medicare Blue	22524.4				13740.34	47717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	Horizon	Medicare Blue	16607.94				7942.07	25959.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	Horizon	Medicare Blue	22663				13876.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	Horizon	Medicare Blue	17551.63				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	Horizon	Medicare Blue	26551.07				17686.57	54953.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	Horizon	Medicare Blue	19669.22				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26493.51	Horizon	Medicare Blue	23037.83				14243.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20005.37	Horizon	Medicare Blue	17414.24				8722.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	Horizon	Medicare Blue	15247.24				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	Horizon	Medicare Blue	16920.09				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	Horizon	Medicare Blue	19005.14				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	Horizon	Medicare Blue	17102.08				8426.34	27389.65	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39627.36	Horizon	Medicare Blue	34458.57				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	Horizon	Medicare Blue	20101.9				11366.23	37286.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	Horizon	Medicare Blue	16722.08				8063.72	29305.96	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG				inpatient				70664.32	Horizon	Medicare Blue	61447.24				51885.65	78508.12	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG				inpatient				41862.99	Horizon	Medicare Blue	36402.6				27341.31	41370.11	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG				inpatient				49236.58	Horizon	Medicare Blue	42814.42				33625.04	50878.01	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG				inpatient				34895.32	Horizon	Medicare Blue	30309.97				21369.4	32334.02	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG				inpatient				68815.38	Horizon	Medicare Blue	59839.46				50309.99	76124	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG				inpatient				54064.06	Horizon	Medicare Blue	47012.22				37738.99	57102.83	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG				inpatient				49448.64	Horizon	Medicare Blue	42998.82				33805.75	51151.45	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	Horizon	Medicare Blue	69717.51				59990.71	205016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	Horizon	Medicare Blue	37768.13				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	Horizon	Medicare Blue	27709.29				18821.66	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	Horizon	Medicare Blue	63846.85				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	Horizon	Medicare Blue	36991.96				27918.89	98426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32662.65	Horizon	Medicare Blue	28402.3				19500.82	66105.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	Horizon	Medicare Blue	50309.73				40970.62	132553.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	Horizon	Medicare Blue	34118.7				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	Horizon	Medicare Blue	28493.9				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	Horizon	Medicare Blue	52174.22				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				39056.32	Horizon	Medicare Blue	33962.02				24949.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	Horizon	Medicare Blue	27005.44				18131.86	62539.92	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	Horizon	Medicare Blue	40978.85				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	Horizon	Medicare Blue	26446.22				17583.81	63877.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	Horizon	Medicare Blue	23512.69				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	Horizon	Medicare Blue	37029.32				27955.51	94048.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	Horizon	Medicare Blue	23676.6				14869.52	54609.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	Horizon	Medicare Blue	19120.84				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	Horizon	Medicare Blue	37664.83				28568.52	95430.63	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	Horizon	Medicare Blue	26636.64				17770.43	58514.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	Horizon	Medicare Blue	21792.83				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	Horizon	Medicare Blue	43853.32				34643.19	115690.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	Horizon	Medicare Blue	29006.12				20092.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	Horizon	Medicare Blue	24572.09				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	Horizon	Medicare Blue	59915.39				50384.4	150080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40952.58	Horizon	Medicare Blue	35645.72				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28581.44	Horizon	Medicare Blue	24836.03				16005.79	52593.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	Horizon	Medicare Blue	28631.29				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23883.64	Horizon	Medicare Blue	20768.39				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	Horizon	Medicare Blue	16916.48				8244.44	28993.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	Horizon	Medicare Blue	29571.37				20646.54	67825.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	Horizon	Medicare Blue	20909.4				12157.6	40504.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	Horizon	Medicare Blue	17246.71				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	Horizon	Medicare Blue	33951.17				24938.84	85549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	Horizon	Medicare Blue	23312.62				14512.81	47099.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	Horizon	Medicare Blue	19146.15				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	Horizon	Medicare Blue	30417.44				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	Horizon	Medicare Blue	20386.33				11644.98	38628.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				18604.32	Horizon	Medicare Blue	16177.67				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	Horizon	Medicare Blue	31696.19				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	Horizon	Medicare Blue	21630.12				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	Horizon	Medicare Blue	17534.76				8850.37	29949.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	Horizon	Medicare Blue	23740.48				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	Horizon	Medicare Blue	18984.65				10271.3	33362.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	Horizon	Medicare Blue	28086.53				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	Horizon	Medicare Blue	20465.87				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	Horizon	Medicare Blue	16582.63				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	Horizon	Medicare Blue	26219.63				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20899.86	Horizon	Medicare Blue	18165.09				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	Horizon	Medicare Blue	15098.99				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	Horizon	Medicare Blue	23985.14				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	Horizon	Medicare Blue	17908.38				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	Horizon	Medicare Blue	28462.56				19559.88	63982.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	Horizon	Medicare Blue	19848.8				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	Horizon	Medicare Blue	16174.06				7516.85	26388.24	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG				inpatient				44122.19	Horizon	Medicare Blue	38367.12				29266.58	44283.24	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG				inpatient				30752.72	Horizon	Medicare Blue	26741.5				17873.19	27043.91	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG				inpatient				25355.59	Horizon	Medicare Blue	22048.34				13273.79	22048.34	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	Horizon	Medicare Blue	73932.19				64121.2	209822.55	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	Horizon	Medicare Blue	42351.61				33171.47	110491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	Horizon	Medicare Blue	34245.24				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	Horizon	Medicare Blue	50702.63				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	Horizon	Medicare Blue	33771.59				24762.85	90601.56	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	Horizon	Medicare Blue	27198.28				18320.85	64462.97	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	Horizon	Medicare Blue	41206.64				10482	156953.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	Horizon	Medicare Blue	34194.63				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	Horizon	Medicare Blue	28540.9				15908	65773.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	Horizon	Medicare Blue	50732.76				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	Horizon	Medicare Blue	32344.6				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	Horizon	Medicare Blue	25018.02				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	Horizon	Medicare Blue	37146.23				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	Horizon	Medicare Blue	28491.49				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	Horizon	Medicare Blue	24384.07				15562.86	50872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58898.88	Horizon	Medicare Blue	51042.51				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	Horizon	Medicare Blue	28240.8				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	Horizon	Medicare Blue	26213.61				10272	58806.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	Horizon	Medicare Blue	57525.43				16017	153921.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	Horizon	Medicare Blue	36022.96				26969.24	85468.24	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	Horizon	Medicare Blue	27134.4				18258.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	Horizon	Medicare Blue	32115.61				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	Horizon	Medicare Blue	21397.52				12635.96	40095.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	Horizon	Medicare Blue	16898.4				8226.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	Horizon	Medicare Blue	30494.58				21551.3	66222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	Horizon	Medicare Blue	22095.34				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	Horizon	Medicare Blue	17967.44				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	Horizon	Medicare Blue	28555.36				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	Horizon	Medicare Blue	18871.36				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	Horizon	Medicare Blue	15917.34				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	Horizon	Medicare Blue	31287.62				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	Horizon	Medicare Blue	20148.9				11412.29	36623.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	Horizon	Medicare Blue	16973.12				8299.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	Horizon	Medicare Blue	28804.85				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	Horizon	Medicare Blue	21574.68				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	Horizon	Medicare Blue	18113.27				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	Horizon	Medicare Blue	115304.05				17717	370445.58	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94522.24	Horizon	Medicare Blue	82219.34				36879	247179.56	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	Horizon	Medicare Blue	64011.96				54399.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	Horizon	Medicare Blue	110577.15				100034.13	355946.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	Horizon	Medicare Blue	77676.84				67791.04	255285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69827.59	Horizon	Medicare Blue	60545.73				51002.14	196762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	Horizon	Medicare Blue	88438.32				78337.54	249051.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	Horizon	Medicare Blue	52590.02				43205.36	157490.76	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	Horizon	Medicare Blue	80706.78				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	Horizon	Medicare Blue	43019.3				11315	124592.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	Horizon	Medicare Blue	73598.35				15756	200180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	Horizon	Medicare Blue	44041.34				34827.45	114836.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	Horizon	Medicare Blue	29427.95				20505.98	71671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	Horizon	Medicare Blue	69905.53				60174.97	198450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	Horizon	Medicare Blue	49785.45				40456.82	135369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	Horizon	Medicare Blue	40120.73				30985.16	108884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				55084.16	Horizon	Medicare Blue	47899.27				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	Horizon	Medicare Blue	31228.56				22270.62	77616.13	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				77102.35	Horizon	Medicare Blue	67045.52				8282	195452.37	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				49335.13	Horizon	Medicare Blue	43421.85				8991	114945.83	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42992.04	Horizon	Medicare Blue	37086.55				11229	92559.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	Horizon	Medicare Blue	62554.84				22321	148035.47	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39680.02	Horizon	Medicare Blue	34504.37				25480.99	83818.24	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				25900.29	Horizon	Medicare Blue	22521.99				13737.98	44885.35	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	Horizon	Medicare Blue	49951.78				40619.82	122419.57	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	Horizon	Medicare Blue	36689.45				27622.42	88904.75	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	Horizon	Medicare Blue	29906.42				20974.9	70134.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	Horizon	Medicare Blue	43949.74				34737.68	118206.81	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	Horizon	Medicare Blue	33511.26				8360	80444.14	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	Horizon	Medicare Blue	27623.72				9385	64927.15	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	Horizon	Medicare Blue	39215.6				13093	92973.18	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	Horizon	Medicare Blue	47303.89				38024.83	128883.03	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	Horizon	Medicare Blue	34065.67				25051.05	86533.13	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	Horizon	Medicare Blue	27549				18664.56	64369.35	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	Horizon	Medicare Blue	32191.54				23214.36	82402.29	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	Horizon	Medicare Blue	23429.53				14627.39	50667.68	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	Horizon	Medicare Blue	51304.04				27633	132253.23	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	Horizon	Medicare Blue	37441.51				28359.46	87613.62	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	Horizon	Medicare Blue	31227.35				22269.44	72705.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				58575.53	Horizon	Medicare Blue	50935.24				41583.64	135053.94	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	Horizon	Medicare Blue	32283.13				23304.13	76488.83	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28388.18	Horizon	Medicare Blue	24685.38				15858.15	55975.05	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	Horizon	Medicare Blue	38934.79				29822.91	88857.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	Horizon	Medicare Blue	21745.83				12977.32	43666.63	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	Horizon	Medicare Blue	46694.04				37427.16	119673.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	Horizon	Medicare Blue	30013.69				8902	69820.41	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				29144.95	Horizon	Medicare Blue	25343.43				16503.06	53081.94	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	Horizon	Medicare Blue	40401.55				27418	99943.74	case rate	
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	Horizon	Medicare Blue	29655.74				20729.22	67462.61	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	Horizon	Medicare Blue	29655.74				20729.22	61623.26	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30057.29	Horizon	Medicare Blue	26571.56				17706.65	55011.57	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	Horizon	Medicare Blue	31863.71				22893.09	75771.1	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26986.93	Horizon	Medicare Blue	23466.89				14664	56458.73	case rate	
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	Horizon	Medicare Blue	29676.23				20749.3	66153.39	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				49393.2	Horizon	Medicare Blue	42960.61				33758.51	106582.73	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	Horizon	Medicare Blue	32140.92				7655	72057.63	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	Horizon	Medicare Blue	27881.64				10564	59372.55	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	Horizon	Medicare Blue	26649.9				17783.42	63955.88	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	Horizon	Medicare Blue	20792.49				12043.03	43544.38	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52640.62	Horizon	Medicare Blue	45774.46				36525.94	120219.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37661.99	Horizon	Medicare Blue	32749.56				23761.23	73543.8	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	Horizon	Medicare Blue	26494.42				17631.06	53864.77	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	Horizon	Medicare Blue	51699.36				42332.49	120929.5	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	Horizon	Medicare Blue	32269.88				23291.14	72631.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	Horizon	Medicare Blue	25777.31				16928.27	51259.1	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/TH MCC	521	MS-DRG				inpatient				50177.68	Horizon	Medicare Blue	43632.77				7692	52091.52	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/THOUT MCC	522	MS-DRG				inpatient				38998.11	Horizon	Medicare Blue	33911.4				9003	37675.96	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	Horizon	Medicare Blue	26882.51				12781	59700.21	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	Horizon	Medicare Blue	18314.54				9614.58	37097.3	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	Horizon	Medicare Blue	24532.31				15708.14	48945.98	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	Horizon	Medicare Blue	18277.18				9577.96	29528.3	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	Horizon	Medicare Blue	19580.03				10854.79	35515.87	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19086.66	Horizon	Medicare Blue	16597.09				7931.44	28358.09	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	Horizon	Medicare Blue	32878.52				23887.82	78762.93	case rate	
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	Horizon	Medicare Blue	24100.84				15285.29	50588.18	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	Horizon	Medicare Blue	19048.53				7723	34431.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				35630.1	Horizon	Medicare Blue	30982.69				8903	71199.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	Horizon	Medicare Blue	21290.25				10889	41835.01	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	Horizon	Medicare Blue	17611.89				8925.97	31143.19	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	Horizon	Medicare Blue	38956.89				29846.53	96702.25	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	Horizon	Medicare Blue	22466.91				13674.2	47370.1	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	Horizon	Medicare Blue	17497.4				8813.76	33452.4	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	Horizon	Medicare Blue	32784.51				23795.49	80635.27	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	Horizon	Medicare Blue	23026.19				14234.06	48532.51	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	Horizon	Medicare Blue	18894.26				10182.71	36034.67	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	Horizon	Medicare Blue	29070				9165	62083.54	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	Horizon	Medicare Blue	20119.97				11383.94	36145.31	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27880.9	Horizon	Medicare Blue	24244.26				15425.85	48275.06	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	Horizon	Medicare Blue	18562.82				9857.89	50728.21	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	Horizon	Medicare Blue	24733.59				15905.39	49897.75	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	Horizon	Medicare Blue	18344.67				9644.11	29945.67	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	Horizon	Medicare Blue	27181.4				18304.31	59973.63	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	Horizon	Medicare Blue	18914.75				10202.79	33682.54	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	Horizon	Medicare Blue	30876.63				21925.72	70161.89	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25562.11	Horizon	Medicare Blue	22227.92				13449.78	39853.45	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	Horizon	Medicare Blue	18357.93				9211	29493.19	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	Horizon	Medicare Blue	26142.5				12507	54925.76	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	Horizon	Medicare Blue	19276.31				10557.14	32691.77	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31528.89	Horizon	Medicare Blue	27416.42				18534.64	61326.81	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				23912.75	Horizon	Medicare Blue	20793.7				12044.21	38063.03	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	Horizon	Medicare Blue	17520.3				8836.2	29735.04	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	Horizon	Medicare Blue	44783.76				35555.04	118374.54	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	Horizon	Medicare Blue	28683.12				9078	69425.02	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	Horizon	Medicare Blue	22272.51				11401	45973.65	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.98	Horizon	Medicare Blue	82724.33				16091	204845.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	Horizon	Medicare Blue	50263.93				36864	118811.42	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	Horizon	Medicare Blue	32568.77				23584.06	68597.71	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84559.1	Horizon	Medicare Blue	73529.65				63726.69	190381.46	case r

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	Horizon	Medicare Blue	25849.63				8609	48228.25	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	Horizon	Medicare Blue	29609.94				10681	61221.49	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	Horizon	Medicare Blue	28302.27				14701	53755.55	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	Horizon	Medicare Blue	33179.82				24182.91	72997.7	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	Horizon	Medicare Blue	32428.97				23447.05	61073.26	case rate	
SKIN ULCERS W MCC	592	MS-DRG				inpatient				38280.15	Horizon	Medicare Blue	33287.09				24288.03	66631.76	case rate	
SKIN ULCERS W CC	593	MS-DRG				inpatient				26726.36	Horizon	Medicare Blue	23240.31				14441.95	44054.51	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	Horizon	Medicare Blue	18732.76				10024.44	31603.47	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39055.13	Horizon	Medicare Blue	33995.76				24982.55	77503.01	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				24763.76	Horizon	Medicare Blue	21533.71				12769.43	39455.58	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	Horizon	Medicare Blue	29676.23				20749.3	67092.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	Horizon	Medicare Blue	21289.04				12529.66	45337.84	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21628.6	Horizon	Medicare Blue	18807.48				10097.67	27944.61	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.18	Horizon	Medicare Blue	20033.2				11298.9	37290.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	Horizon	Medicare Blue	15729.33				7081.01	24153.13	case rate	
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	Horizon	Medicare Blue	26211.2				17363.49	56326.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21987.58	Horizon	Medicare Blue	19119.63				10403.59	33006.23	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	Horizon	Medicare Blue	26410.06				17548.38	55265.12	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient				22582.18	Horizon	Medicare Blue	19636.68				10910.3	33565.52	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	Horizon	Medicare Blue	27911.77				19020.09	53860.87	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	Horizon	Medicare Blue	18919.57				10207.52	31244.61	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	Horizon	Medicare Blue	35971.13				26918.45	92196.95	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29641.14	Horizon	Medicare Blue	25774.9				16925.91	57777.17	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	Horizon	Medicare Blue	55086.05				45651.52	161301.75	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36551.8	Horizon	Medicare Blue	31784.17				22815.13	80884.92	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	Horizon	Medicare Blue	23510.28				14706.52	45220.82	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47569.21	Horizon	Medicare Blue	41364.53				32204.11	113927.74	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	Horizon	Medicare Blue	27751.48				18863	70587.07	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	Horizon	Medicare Blue	26122.01				17266.08	61564.75	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	Horizon	Medicare Blue	53603.62				44196.71	148148.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	Horizon	Medicare Blue	31557.59				22593.08	75018.26	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				23582.88	Horizon	Medicare Blue	20506.85				11763.09	50553.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	Horizon	Medicare Blue	43059.08				33864.81	108568.18	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				30698.67	Horizon	Medicare Blue	26694.49				17827.13	62824.67	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	Horizon	Medicare Blue	23773.02				14964.01	42322.6	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	Horizon	Medicare Blue	56058.66				46604.71	143350.73	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	Horizon	Medicare Blue	35610.77				26565.29	91225.67	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	Horizon	Medicare Blue	25392.85				16551.48	59856.24	case rate	
DIABETES W MCC	637	MS-DRG				inpatient				29964.08	Horizon	Medicare Blue	26055.72				17201.12	53880.37	case rate	
DIABETES W CC	638	MS-DRG				inpatient				22492.09	Horizon	Medicare Blue	19558.34				10833.53	34021.91	case rate	
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				18464.34	Horizon	Medicare Blue	16055.95				7401.1	24648.52	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient				28185.83	Horizon	Medicare Blue	24509.41				15885.7	46428.13	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	Horizon	Medicare Blue	17921.64				9229.52	29329.36	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	Horizon	Medicare Blue	23462.07				14659.28	49285.34	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	Horizon	Medicare Blue	28478.23				19575.23	63741.34	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	Horizon	Medicare Blue	20958.81				12206.02	39494.59	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient				20572.46	Horizon	Medicare Blue	17889.1				9197.63	28978.3	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG				inpatient				73637.32	Horizon	Medicare Blue	64032.45				54419.22	82341.67	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG				inpatient				57908.86	Horizon	Medicare Blue	50355.53				41015.5	62060.52	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient				52345.56	Horizon	Medicare Blue	45521.36				36277.9	126292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient				87044.22	Horizon	Medicare Blue	75690.62				65844.5	214109.42	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient				48894.23	Horizon	Medicare Blue	42516.72				33333.29	112078.81	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient				38571.21	Horizon	Medicare Blue	33540.19				24536.07	81025.34	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient				54935.86	Horizon	Medicare Blue	47770.31				38481.93	129799.69	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient				35117.27	Horizon	Medicare Blue	30536.76				21592.64	75962.23	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient				30625.21	Horizon	Medicare Blue	26630.62				17764.53	61100.56	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	Horizon	Medicare Blue	39650.69				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28352.15	Horizon	Medicare Blue	24654.04				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	Horizon	Medicare Blue	20876.86				12125.71	41846.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	Horizon	Medicare Blue	46102.28				36847.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	Horizon	Medicare Blue	26912.64				18940.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	Horizon	Medicare Blue	21518.04				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57369.7	Horizon	Medicare Blue	49886.69				40556.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	Horizon	Medicare Blue	28357.71				19457.12	66397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	Horizon	Medicare Blue	20891.32				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	Horizon	Medicare Blue	43652.05				34445.94	109789.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	Horizon	Medicare Blue	27154.89				18278.33	61728.58	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23026.7	Horizon	Medicare Blue	20022.35				11288.27	37983.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	Horizon	Medicare Blue	29278.5				20359.52	65668.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24948.1	Horizon	Medicare Blue	21694				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	Horizon	Medicare Blue	58998.22				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	Horizon	Medicare Blue	36325.47				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	Horizon	Medicare Blue	27369.42				18488.57	63398.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	Horizon	Medicare Blue	26605.31				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	Horizon	Medicare Blue	19217.26				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	Horizon	Medicare Blue	15824.54				7174.32	24176.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	Horizon	Medicare Blue	31230.97				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	Horizon	Medicare Blue	21191.42				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	Horizon	Medicare Blue	17232.25				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	Horizon	Medicare Blue	22608.77				13823.02	43360.18	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20903.72	Horizon	Medicare Blue	18177.15				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	Horizon	Medicare Blue	26225.66				17367.66	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	Horizon	Medicare Blue	17921.64				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	Horizon	Medicare Blue	22096.55				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	Horizon	Medicare Blue	16841.75				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	Horizon	Medicare Blue	20228.44				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	Horizon	Medicare Blue	28762.66				19853.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	Horizon	Medicare Blue	20796.11				12046.57	40095.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	Horizon	Medicare Blue	16870.68				8199.56	29633.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	Horizon	Medicare Blue	31892.64				22921.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	Horizon	Medicare Blue	26371.49				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	Horizon	Medicare Blue	35586.66				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30589.17	Horizon	Medicare Blue	26599.28				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	Horizon	Medicare Blue	31494.91				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	Horizon	Medicare Blue	19183.51				10466.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	Horizon	Medicare Blue	25931.58				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	Horizon	Medicare Blue	19829.51				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	Horizon	Medicare Blue	35721.65				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	Horizon	Medicare Blue	25609.79				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	Horizon	Medicare Blue	30866.99				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26853.87	Horizon	Medicare Blue	23351.19				14550.61	48080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	Horizon	Medicare Blue	29341.17				20420.94	64739.92	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	Horizon	Medicare Blue	22037.49				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	Horizon	Medicare Blue	16421.13				7758.99	26883.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	Horizon	Medicare Blue	23721.19				14913.23	47386.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	Horizon	Medicare Blue	17475.7				8762.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	Horizon	Medicare Blue	26213.61				17355.85	56092.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	Horizon	Medicare Blue	18351.9				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	Horizon	Medicare Blue	21772.34				13003.3	42205.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	Horizon	Medicare Blue	15818.52				7168.41	22717.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	Horizon	Medicare Blue	33847.52				24837.26	89946.24	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	Horizon	Medicare Blue	23134.25				14338	53244.56	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	Horizon	Medicare Blue	55961.04				46509.04	157221.61	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	Horizon	Medicare Blue	32589.26				23604.14	79238.82	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	Horizon	Medicare Blue	26786.09				17916.89	54309.45	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	Horizon	Medicare Blue	56482.91				47020.48	140335.48	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34581.44	Horizon	Medicare Blue	30418.65				21476.89	67986.3	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	Horizon	Medicare Blue	25059				16224.3	51793.49	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	Horizon	Medicare Blue	30519.89				21576.1	66858	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26363.71	Horizon	Medicare Blue	22961.05				14158.47	43516.21	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	Horizon	Medicare Blue	32064.14				23079.71	69593.53	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	Horizon	Medicare Blue	20855.16				12104.45	41714.09	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	Horizon	Medicare Blue	28686.73				19779.57	65442.04	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	Horizon	Medicare Blue	20016.32				11282.36	37376.51	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	Horizon	Medicare Blue	24922.81				16090.83	50475.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	Horizon	Medicare Blue	39702.52				30575.3	101496.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	Horizon	Medicare Blue	24045.4				15230.96	47740.67	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34856.7	Horizon	Medicare Blue	30310.18				21570.58	71827.49	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	Horizon	Medicare Blue	21883.22				13111.97	41733.59	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	Horizon	Medicare Blue	20013.91				11280	30429.36	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	Horizon	Medicare Blue	25561.58				16716.84	56205.19	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	Horizon	Medicare Blue	20788.88				12039.48	39802.74	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18650.06	Horizon	Medicare Blue	16217.45				7559.37	27722.27	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	Horizon	Medicare Blue	20382.71				11641.43	34002.4	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	Horizon	Medicare Blue	16143.93				7487.32	21430.45	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				23794.84	Horizon	Medicare Blue	20691.25				9023	44132.52	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	Horizon	Medicare Blue	25091.54				16256.19	56868.31	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	Horizon	Medicare Blue	21472.24				12709.2	41655.58	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19868.78	Horizon	Medicare Blue	17163.29				8427.52	25705.61	case rate	
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	Horizon	Medicare Blue	19770.46				11041.41	29422.98	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	Horizon	Medicare Blue	30705.49				8487	68086.72	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	Horizon	Medicare Blue	21556.61				8487	42989.61	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	Horizon	Medicare Blue	19031.65				8487	32980.42	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	Horizon	Medicare Blue	27979.27				8487	60648.08	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	Horizon	Medicare Blue	21301.1				8487	42170.47	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	Horizon	Medicare Blue	19407.68				8487	35133.6	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Horizon	Medicare Blue	30229.43				637	64865.95	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Horizon	Medicare Blue	80152.38				637	214004.1	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Horizon	Medicare Blue	57435.04				637	146159.23	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Horizon	Medicare Blue	38028.46				637	88187.03	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Horizon	Medicare Blue	58768.02				637	150134.04	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Horizon	Medicare Blue	26295.56				637	53139.24	case rate	
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Horizon	Medicare Blue	10912.03				637	10912.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	Horizon	Medicare Blue	21291.46				6365	57270.08	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	Horizon	Medicare Blue	20173				6365	33035.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	Horizon	Medicare Blue	20173				6365	33035.03	case rate	
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	Horizon	Medicare Blue	65810.16				56161.42	183365.31	case rate	
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	Horizon	Medicare Blue	43621.92				34416.41	102463.59	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	Horizon	Medicare Blue	28290.21				5977	60706.59	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	Horizon	Medicare Blue	51709				8199	130564.23	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	Horizon	Medicare Blue	29957.04				13379	67173.95	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	Horizon	Medicare Blue	21828.99				13058.82	47998.11	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	Horizon	Medicare Blue	20532.16				6365	39911.96	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	Horizon	Medicare Blue	17225.02				6365	27763.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	Horizon	Medicare Blue	16194.9				6365	23950.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	Horizon	Medicare Blue	36107.32				27051.92	83833.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	Horizon	Medicare Blue	23430.73				14628.57	46963.93	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	Horizon	Medicare Blue	19975.35				11242.2	35964.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	Horizon	Medicare Blue	25460.34				16617.63	52893.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	Horizon	Medicare Blue	19627.04				10900.85	34450.98	case rate	
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	Horizon	Medicare Blue	27160.92				18284.23	62859.78	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	Horizon	Medicare Blue	33699.28				24691.98	64868.64	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	Horizon	Medicare Blue	20750.31				12001.69	38137.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	Horizon	Medicare Blue	16451.26				7788.52	28147.45	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	Horizon	Medicare Blue	34848.08				25818.8	96754.02	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	Horizon	Medicare Blue	20428.51				11686.32	52991.01	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	Horizon	Medicare Blue	16644.1				7977.5	32726.87	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	Horizon	Medicare Blue	78675.97				68770.21	212342.41	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	Horizon	Medicare Blue	35409.5				6969	93394.46	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	Horizon	Medicare Blue	22288.18				8721	47190.67	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	Horizon	Medicare Blue	64902.63				12547	176491.07	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	Horizon	Medicare Blue	35011.77				22662	85596.96	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	Horizon	Medicare Blue	23337.93				14537.62	53010.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	Horizon	Medicare Blue	66059.65				56405.91	193002.74	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	Horizon	Medicare Blue	36946.16				27874.01	87832.06	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	Horizon	Medicare Blue	27822.59				18932.69	63792.05	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	Horizon	Medicare Blue	45670.81				36424.37	121300.07	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	Horizon	Medicare Blue	26130.45				17274.35	55343.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	Horizon	Medicare Blue	22376.16				13595.06	40103.1	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	Horizon	Medicare Blue	17511.86				8827.93	28038.23	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	Horizon	Medicare Blue	14768.76				6139.63	18735.08	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	Horizon	Medicare Blue	75120.55				65285.81	214842.75	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39363.42	Horizon	Medicare Blue	34246.45				25228.23	83318.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				26999.4	Horizon	Medicare Blue	23477.74				14674.63	47299.89	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	Horizon	Medicare Blue	68852.16				59142.64	209627.52	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	Horizon	Medicare Blue	32948.42				23956.12	91767.87	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	Horizon	Medicare Blue	25020.43				16186.51	48988.89	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	Horizon	Medicare Blue	46938.71				37666.94	128446.15	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	Horizon	Medicare Blue	27401.96				18520.46	63768.64	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	Horizon	Medicare Blue	21181.78				12424.54	43730.75	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	Horizon	Medicare Blue	31322.57				22362.75	72006.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	Horizon	Medicare Blue	22908.87				14117.13	45981.45	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	Horizon	Medicare Blue	18589.33				9883.88	33787.86	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	Horizon	Medicare Blue	39283.1				30164.26	109917.83	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	Horizon	Medicare Blue	23818.82				15008.9	51742.79	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	Horizon	Medicare Blue	18373.6				9672.45	36377.93	case rate	
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	Horizon	Medicare Blue	40696.83				31549.75	76851.59	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	Horizon	Medicare Blue	68781.05				59072.95	197262.3	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	Horizon	Medicare Blue	32585.65				23600.6	85924.62	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	Horizon	Medicare Blue	28096.17				19200.81	60850.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	Horizon	Medicare Blue	62879.05				53288.85	175075.12	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	Horizon	Medicare Blue	34764.7				25736.12	80225.7	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	Horizon	Medicare Blue	24032.14				15217.96	53833.56	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	Horizon	Medicare Blue	30664.51				21717.84	71293.09	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	Horizon	Medicare Blue	20555.06				11810.34	38414.09	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	Horizon	Medicare Blue	19326.93				10606.74	33713.75	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29883.69	Horizon	Medicare Blue	25985.82				17132.61	53915.48	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	Horizon	Medicare Blue	19167.84				10450.83	32001.34	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	Horizon	Medicare Blue	34347.69				25327.44	83198.03	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	Horizon	Medicare Blue	21160.09				12403.28	42006.64	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	Horizon	Medicare Blue	17176.81				8499.57	29953.48	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				106197.52	Horizon	Medicare Blue	92345.67				82166.84	245560.77	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	Horizon	Medicare Blue	32151.76				23175.38	72412.59	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	Horizon	Medicare Blue	20929.89				12177.68	41070.47	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	Horizon	Medicare Blue	55864.62				46414.55	128777.71	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23065.9	Horizon	Medicare Blue	20057.3				2090	20057.3	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	Horizon	Medicare Blue	19520.98				2090	19520.98	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	Horizon	Medicare Blue	20098.28				2090	20098.28	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	Horizon	Medicare Blue	30847.71				2090	33132.9	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	Horizon	Medicare Blue	28633.7				2090	29849.81	case rate	
PSYCHOSES	885	MS-DRG				inpatient				25316.81	Horizon	Medicare Blue	25492.88				2090	25492.88	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	Horizon	Medicare Blue	30155.91				2090	32107.05	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	Horizon	Medicare Blue	22838.97				2090	22838.97	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	Horizon	Medicare Blue	16025.81				2090	101331.96	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	Horizon	Medicare Blue	25416.95				2090	25416.95	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	Horizon	Medicare Blue	29966.69				2090	31826.46	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	Horizon	Medicare Blue	19136.51				2090	19136.51	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71166.85	Horizon	Medicare Blue	61901.61				13124	174162.35	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	Horizon	Medicare Blue	31374.39				22413.54	74909.04	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	Horizon	Medicare Blue	23196.92				14399.42	60432.03	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	Horizon	Medicare Blue	55039.04				45605.46	125836.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	Horizon	Medicare Blue	28368.55				19467.75	69011.18	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	Horizon	Medicare Blue	34808.09				25778.64	71897.2	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64994.15	Horizon	Medicare Blue	56516.65				47053.55	164457.41	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	Horizon	Medicare Blue	32814.64				23825.02	77733.15	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	Horizon	Medicare Blue	23789.89				14980.55	51699.88	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	Horizon	Medicare Blue	28008.19				19114.58	57503.54	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	Horizon	Medicare Blue	19548.7				10824.08	90774.77	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	Horizon	Medicare Blue	29449.64				20527.24	65410.84	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				19984.09	Horizon	Medicare Blue	16507.91				7844.03	24781.15	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	Horizon	Medicare Blue	28266.11				19367.35	57484.62	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	Horizon	Medicare Blue	19165.43				10448.47	30374.75	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35054.9	Horizon	Medicare Blue	30482.52				21539.49	71160.47	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	Horizon	Medicare Blue	20747.9				11999.32	39127.92	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	Horizon	Medicare Blue	16792.34				8122.78	27562.35	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	Horizon	Medicare Blue	28865.11				19954.38	60788.51	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	Horizon	Medicare Blue	20796.11				12046.57	40248.18	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				288538.5	Horizon	Medicare Blue	250903.04				237556.83	717124.19	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	Horizon	Medicare Blue	88999.95				78887.96	229189.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	Horizon	Medicare Blue	46835.06				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	Horizon	Medicare Blue	60652.99				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	Horizon	Medicare Blue	34365.77				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	Horizon	Medicare Blue	34975.61				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	Horizon	Medicare Blue	46757.92				37489.76	127862.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				38043.84	Horizon	Medicare Blue	33061.17				24938.84	84820.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	Horizon	Medicare Blue	32057.76				23083.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	Horizon	Medicare Blue	26901.79				18030.29	53240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	Horizon	Medicare Blue	21960.36				13187.56	40672.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	Horizon	Medicare Blue	24005.63				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	Horizon	Medicare Blue	18079.52				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	Horizon	Medicare Blue	21508.4				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	Horizon	Medicare Blue	15567.83				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	Horizon	Medicare Blue	15337.63				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	Horizon	Medicare Blue	90800.56				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	Horizon	Medicare Blue	54572.62				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	Horizon	Medicare Blue	98464.61				88163.55	296394.59	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	Horizon	Medicare Blue	58036.44				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	Horizon	Medicare Blue	40369.01				31228.48	95594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	Horizon	Medicare Blue	41246.41				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	Horizon	Medicare Blue	26583.61				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	Horizon	Medicare Blue	19502.9				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	Horizon	Medicare Blue	84726.22				74699.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	Horizon	Medicare Blue	40482.3				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	Horizon	Medicare Blue	44494.5				35271.56	108216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	Horizon	Medicare Blue	25635.1				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	Horizon	Medicare Blue	20592.42				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	Horizon	Medicare Blue	25882.17				17031.03	45634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	Horizon	Medicare Blue	65799.32				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	Horizon	Medicare Blue	38011.58				14901	95680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	Horizon	Medicare Blue	28609.6				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	Horizon	Medicare Blue	50719.51				41372.21	129994.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	Horizon	Medicare Blue	29185.7				20268.57	66042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	Horizon	Medicare Blue	22430.4				13648.21	40594.58	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	Horizon	MGD	445282.72				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	Horizon	MGD	192527.71				168996.78	445428.73	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	Horizon	MGD	295704				125785.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	Horizon	MGD	295704				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	Horizon	MGD	179575.86				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	Horizon	MGD	88498.14				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	Horizon	MGD	76104.35				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	Horizon	MGD	82823.06				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66657.36	Horizon	MGD	64298.98				48470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	Horizon	MGD	39224.79				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	Horizon	MGD	201482.06				154752.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	Horizon	MGD	110254.28				71293.15	250082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	Horizon	MGD	73865.35				71293.15	170893.57	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	Horizon	MGD	175770.56				95213.84	406659.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	Horizon	MGD	133288.42				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	Horizon	MGD	86955.45				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	Horizon	MGD	92057.29				67385.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	Horizon	MGD	66081.08				44903.86	335856.53	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71766.2	Horizon	MGD	72118.65				52824.66	166852.44	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	Horizon	MGD	50844.7				36126.72	117633.41	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	Horizon	MGD	40560.1				29148.47	93939.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	Horizon	MGD	90619.13				71808.14	209654.82	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	Horizon	MGD	53205.1				39647.73	123094.39	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	Horizon	MGD	36682.3				26285.36	84967.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	Horizon	MGD	70523.69				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	Horizon	MGD	38813.41				25224.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	Horizon	MGD	28454.62				18845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	Horizon	MGD	60892.63				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	Horizon	MGD	37434.26				26868.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	Horizon	MGD	29100.36				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	Horizon	MGD	54117.23				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	Horizon	MGD	28184.86				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	Horizon	MGD	19092.26				13443.87	44171.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	Horizon	MGD	66229.45				44554.23	153227.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	Horizon	MGD	39762.62				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	Horizon	MGD	31553.49				20759.93	109672.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	Horizon	MGD	28668.74				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22550.3	Horizon	MGD	15411.73				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	Horizon	MGD	22197.88				17706.65	153781.38	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24800.98	Horizon	MGD	17655.79				12886.37	40848.13	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	Horizon	MGD	35819.07				29577.23	82870.37	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	Horizon	MGD	20382.05				15761.29	47155.56	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	Horizon	MGD	29866.86				21802.88	68636.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	Horizon	MGD	18534.2				14452.58	42880.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	Horizon	MGD	14039.32				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	Horizon	MGD	48012.22				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	Horizon	MGD	32770.78				21935.14	130341.7	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	Horizon	MGD	27448.08				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	Horizon	MGD	31514.71				23495.48	230599.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23673.94	Horizon	MGD	17391.09				12011.13	40235.72	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	Horizon	MGD	12253.85				8129.87	28350.29	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	Horizon	MGD	25313.6				17184.58	58565.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	Horizon	MGD	15152.08				10411.85	35055.59	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	Horizon	MGD	12906.33				9450.4	29859.86	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	Horizon	MGD	27739.76				20537.87	64178.22	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	Horizon	MGD	16620.59				12448.16	38453.1	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	Horizon	MGD	12510.12				8861	28943.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	Horizon	MGD	23791.15				18255.89	55042.78	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	Horizon	MGD	16419.95				12312.33	37988.92	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	Horizon	MGD	24979.78				19633.11	57792.77	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	Horizon	MGD	13906.13				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	Horizon	MGD	26166.72				18264.15	60538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	Horizon	MGD	16355.89				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	Horizon	MGD	12585.99				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	Horizon	MGD	31676.57				23256.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22330.22	Horizon	MGD	14408.56				10697.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	Horizon	MGD	36394				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29050.7	Horizon	MGD	21833.7				16422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	Horizon	MGD	15866.84				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41186.62	Horizon	MGD	36754.8				26764.9	85035.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	Horizon	MGD	20958.67				15491.99	48489.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	Horizon	MGD	14251.76				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	Horizon	MGD	24946.06				16662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	Horizon	MGD	17998.05				12663.13	41639.97	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	Horizon	MGD	13376.72				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35045.2	Horizon	MGD	27178.32				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	Horizon	MGD	15904.04				12504.86	36786.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	Horizon	MGD	12439.31				9322.83	28779.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	Horizon	MGD	62009.39				43096.69	143463.85	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	Horizon	MGD	40141.97				28314.58	92871.17	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	Horizon	MGD	35591.46				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59462.57	Horizon	MGD	59665.85				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				39846.35	Horizon	MGD	31199.43				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	Horizon	MGD	21461.09				16458.99	49852.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	Horizon	MGD	30557.06				23449.41	70696.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	Horizon	MGD	14656.4				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	Horizon	MGD	18149.79				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	Horizon	MGD	13174.4				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	Horizon	MGD	38823.52				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	Horizon	MGD	21160.99				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	Horizon	MGD	22965.01				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	Horizon	MGD	28796.88				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	Horizon	MGD	16902.15				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	Horizon	MGD	17859.8				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	Horizon	MGD	11899.79				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	Horizon	MGD	12693.89				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	Horizon	MGD	22445.72				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	Horizon	MGD	13659.97				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				42197.72	Horizon	MGD	38747.65				29478.76	89645.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	Horizon	MGD	20442.75				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	Horizon	MGD	23217.91				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	Horizon	MGD	14250.07				9608.67	32968.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	Horizon	MGD	19564.34				16217.22	45263.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	Horizon	MGD	32423.47				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	Horizon	MGD	21083.43				14702.98	48778.25	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	Horizon	MGD	12203.27				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	Horizon	MGD	11989.15				8829.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	Horizon	MGD	22381.65				16325.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	Horizon	MGD	11866.07				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	Horizon	MGD	17869.81				13403.71	40649.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	Horizon	MGD	12000.95				8406.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	Horizon	MGD	24387.99				19209.07	56423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	Horizon	MGD	14892.44				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	Horizon	MGD	11125.91				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	Horizon	MGD	28206.78				19341.36	65258.71	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	Horizon	MGD	15010.46				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	Horizon	MGD	11437.82				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	Horizon	MGD	82639.4				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	Horizon	MGD	43311.65				29729.6	100205.08	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	Horizon	MGD	31231.46				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	Horizon	MGD	58976.28				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	Horizon	MGD	31993.54				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	Horizon	MGD	22619.38				15991.62	52331.79	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	Horizon	MGD	24698.21				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	Horizon	MGD	15157.14				9620.48	35067.29	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	Horizon	MGD	31035.89				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	Horizon	MGD	21486.38				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	Horizon	MGD	15536.49				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	Horizon	MGD	28594.56				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	Horizon	MGD	19235.57				13114.33	44503.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	Horizon	MGD	13405.39				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	Horizon	MGD	25136.57				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24583.58	Horizon	MGD	16934.18				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20598.6	Horizon	MGD	12346.58				9185.82	28564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	Horizon	MGD	26293.17				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	Horizon	MGD	17770.44				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	Horizon	MGD	12934.99				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	Horizon	MGD	20827.16				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	Horizon	MGD	20075.2				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	Horizon	MGD	15408.35				10147.28	39848.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	Horizon	MGD	12208.33				7644.42	28244.97	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	Horizon	MGD	22199.56				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	Horizon	MGD	15177.37				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	Horizon	MGD	11579.45				7355.03	26790.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35893.44	Horizon	MGD	27618.37				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	Horizon	MGD	16888.66				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	Horizon	MGD	12788.31				7948.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	Horizon	MGD	30058.01				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	Horizon	MGD	18121.13				13081.26	41924.72	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	Horizon	MGD	11783.45				7997.58	29870.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	Horizon	MGD	15850.09				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	Horizon	MGD	11751.42				8227.9	54377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	Horizon	MGD	12941.74				9579.14	103592.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	Horizon	MGD	25591.79				22297.79	59208.73	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	Horizon	MGD	14558.61				10698.87	33682.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Horizon	MGD	94356.99				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	Horizon	MGD	41094.56				31699.76	95075.66	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	Horizon	MGD	217259.65				125140.69	520648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	Horizon	MGD	165580.37				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				99286.86	Horizon	MGD	107276.81				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Horizon	MGD	95563.36				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Horizon	MGD	129880.38				57338	300026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	Horizon	MGD	87761.36				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Horizon	MGD	77680.76				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	Horizon	MGD	110874.73				58860.35	256517.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	Horizon	MGD	78372.02				36690.12	181320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Horizon	MGD	141605.45				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Horizon	MGD	103864.34				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Horizon	MGD	128771.62				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83518.2	Horizon	MGD	86781.79				62839.65	200776.83	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Horizon	MGD	97954.91				47567	226626.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Horizon	MGD	66197.42				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	Horizon	MGD	76398.8				59493.45	183895.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	Horizon	MGD	46279.01				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	Horizon	MGD	26908.56				15559	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56753.12	Horizon	MGD	63004.13				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	Horizon	MGD	43095.5				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Horizon	MGD	35588.09				19748	98318.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	Horizon	MGD	84504.01				57720.54	195506.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	Horizon	MGD	43613.45				27315.32	109903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	Horizon	MGD	28287.71				18456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	Horizon	MGD	54960.23				40518.24	127155.02	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	Horizon	MGD	43739.9				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	Horizon	MGD	30516.6				20993.07	70802.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	Horizon	MGD	42829.46				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	Horizon	MGD	29483.08				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	Horizon	MGD	18986.05				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Horizon	MGD	50391.17				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Horizon	MGD	35355.42				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Horizon	MGD	61024.77				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Horizon	MGD	33981.75				12982	77894.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Horizon	MGD	27496.97				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	Horizon	MGD	40332.49				31679.68	93312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	Horizon	MGD	53254				41282.44	123207.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				59221.41	Horizon	MGD	52547.56				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	Horizon	MGD	121248.69				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	Horizon	MGD	98598.97				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	Horizon	MGD	113024.38				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	Horizon	MGD	69984.17				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	Horizon	MGD	85340.26				60828.53	197441.73	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	Horizon	MGD	58905.47				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	Horizon	MGD	44141.17				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	Horizon	MGD	61581.15				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	Horizon	MGD	50214.14				36863.75	116174.55	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	Horizon	MGD	27938.71				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	Horizon	MGD	16516.06				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	Horizon	MGD	12628.14				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				36881.67	Horizon	MGD	30427.24				23096.25	70395.93	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	Horizon	MGD	12924.88				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17560.66	Horizon	MGD	10055.3				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Horizon	MGD	36768.29				13521	85066.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Horizon	MGD	19201.85				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	Horizon	MGD	45422.53				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	Horizon	MGD	28826.91				18623.22	66698.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	Horizon	MGD	17052.2				11563.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	Horizon	MGD	22683.44				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	Horizon	MGD	15507.83				10172.08	36878.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	Horizon	MGD	11222.02				6480.98	25963.08	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26799.81	Horizon	MGD	19571.09				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	Horizon	MGD	9294.92				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32489.01	Horizon	MGD	25889.53				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	Horizon	MGD	10999.46				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	Horizon	MGD	8134.95				5217.15	18820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	Horizon	MGD	24453.74				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	Horizon	MGD	17259.58				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19667.4	Horizon	MGD	12243.73				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	Horizon	MGD	18031.77				13740.34	41717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	Horizon	MGD	11220.33				7942.07	25959.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	Horizon	MGD	18227.35				13876.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	Horizon	MGD	12137.51				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	Horizon	MGD	23752.37				17686.57	54953.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				228.16	Horizon	MGD	14432.16				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26493.51	Horizon	MGD	20292.7				14343.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20026.37	Horizon	MGD	12872.61				8732.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	Horizon	MGD	9480.38				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	Horizon	MGD	11586.19				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	Horizon	MGD	13513.29				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	Horizon	MGD	11925.08				8426.34	27589.65	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39627.36	Horizon	MGD	34109.47				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	Horizon	MGD	16116.47				11366.23	37286.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	Horizon	MGD	12666.92				8063.72	29305.96	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	Horizon	MGD	88614.47				59990.71	205016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	Horizon	MGD	41886.3				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	Horizon	MGD	25999.81				18821.86	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	Horizon	MGD	84176.92				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	Horizon	MGD	42542.84				27918.89	98426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32862.65	Horizon	MGD	28572.64				19500.62	66105.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	Horizon	MGD	57293.65				40970.62	132553.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	Horizon	MGD	32922.71				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	Horizon	MGD	22022.53				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	Horizon	MGD	68485.32				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				39056.32	Horizon	MGD	38747.65				24949.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	Horizon	MGD	27031.64				18131.86	62539.92	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	Horizon	MGD	50364.19				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	Horizon	MGD	27609.94				17583.81	63877.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	Horizon	MGD	20849.08				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	Horizon	MGD	40951.15				27955.51	94049.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	Horizon	MGD	23604				14869.52	54608.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	Horizon	MGD	16011.94				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	Horizon	MGD	41247.99				28568.52	95430.63	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	Horizon	MGD	25291.69				17770.43	58514.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	Horizon	MGD	17762.01				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	Horizon	MGD	50005.07				34643.19	115690.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	Horizon	MGD	29184.66				20092.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	Horizon	MGD	22841.93				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	Horizon	MGD	67030.3				50384.4	155080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40992.58	Horizon	MGD	36024.76				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	Horizon	MGD	22732.34				16005.79	52593.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	Horizon	MGD	32775.84				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23883.64	Horizon	MGD	19894.37				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	Horizon	MGD	12532.04				8244.44	28993.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	Horizon	MGD	29316.17				20646.54	67825.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	Horizon	MGD	17607.42				12157.6	40934.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	Horizon	MGD	12773.14				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	Horizon	MGD	34815.9				24938.84	80549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	Horizon	MGD	20344.96				14512.81	47069.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	Horizon	MGD	15438.7				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	Horizon	MGD	30159.17				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	Horizon	MGD	16696.46				11644.98	38628.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				19604.32	Horizon	MGD	11012.95				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	Horizon	MGD	32809.56				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	Horizon	MGD	18461.7				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	Horizon	MGD	12945.11				8850.37	29949.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	Horizon	MGD	22777.86				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	Horizon	MGD	14420.36				10271.3	33382.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	Horizon	MGD	28626.59				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	Horizon	MGD	16524.49				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	Horizon	MGD	11746.36				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	Horizon	MGD	25807.6				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20889.86	Horizon	MGD	14216.35				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	Horizon	MGD	9964.26				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	Horizon	MGD	20594.49				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	Horizon	MGD	12736.04				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	Horizon	MGD	27525.64				19559.88	63682.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22626.12	Horizon	MGD	15866.95				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	Horizon	MGD	11403.79				7516.85	26388.24	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	Horizon	MGD	90891.63				64121.2	209822.55	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	Horizon	MGD	47757.64				33171.47	119491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	Horizon	MGD	33834.65				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	Horizon	MGD	68223.99				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				39837.33	Horizon	MGD	39160.72				24762.85	90901.56	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	Horizon	MGD	27862.84				18320.85	64462.97	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	Horizon	MGD	67407.97				10482	159953.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	Horizon	MGD	40158.83				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	Horizon	MGD	28429.33				15908	65773.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	Horizon	MGD	60311.59				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	Horizon	MGD	34036.97				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	Horizon	MGD	23487.67				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	Horizon	MGD	40858.52				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	Horizon	MGD	28058.41				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	Horizon	MGD	21988.81				15562.86	50872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58698.88	Horizon	MGD	59306.74				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	Horizon	MGD	29995.63				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	Horizon	MGD	25418.14				10272	58806.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	Horizon	MGD	66529.56				16017	153921.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	Horizon	MGD	36941.95				26969.24	85468.24	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	Horizon	MGD	25170.29				18258.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	Horizon	MGD	30786.36				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	Horizon	MGD	17330.39				12635.96	40095.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	Horizon	MGD	10977.55				8226.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	Horizon	MGD	28623.22				21551.3	66222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	Horizon	MGD	19151.27				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	Horizon	MGD	14597.39				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	Horizon	MGD	27620.05				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.66	Horizon	MGD	14538.38				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	Horizon	MGD	10475.12				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	Horizon	MGD	31312.39				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	Horizon	MGD	15829.85				11412.29	36623.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	Horizon	MGD	11731.19				8299.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	Horizon	MGD	27159.77				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	Horizon	MGD	17999.74				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	Horizon	MGD	13403.7				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	Horizon	MGD	160117.73				17717	370445.58	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	Horizon	MGD	106838.45				36879	247179.56	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	Horizon	MGD	84300				54399.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MAL/G/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	Horizon	MGD	153850.87				100034.13	350946.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MAL/G/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	Horizon	MGD	110341.96				67791.04	255285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MAL/G/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	Horizon	MGD	86343.43				51002.14	199762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	Horizon	MGD	107647.73				78337.54	249051.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	Horizon	MGD	68072.25				43205.36	157490.76	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	Horizon	MGD	75574.95				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	Horizon	MGD	53852.53				11315	124592.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	Horizon	MGD	86523.83				15756	200180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	Horizon	MGD	49635.84				34827.45	114836.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	Horizon	MGD	30978.56				20505.98	71671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	Horizon	MGD	86208.55				60174.97	199450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	Horizon	MGD	58519.94				40456.82	133369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	Horizon	MGD	47063				30985.16	108884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				56084.16	Horizon	MGD	53517.01				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	Horizon	MGD	33548.03				22270.62	77616.13	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				77102.35	Horizon	MGD	84480.4				8282	195452.37	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				49935.13	Horizon	MGD	49683.05				8991	114945.83	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42592.04	Horizon	MGD	40007.09				11229	92559.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	Horizon	MGD	63985.39				22321	148035.47	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39680.02	Horizon	MGD	36228.77				25480.99	83818.24	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				25900.29	Horizon	MGD	19400.8				13737.98	44885.35	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	Horizon	MGD	52913.42				40619.82	122419.57	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	Horizon	MGD	38427.31				27622.42	88904.75	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	Horizon	MGD	30314.28				20974.9	70134.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	Horizon	MGD	51092.54				34737.68	118206.81	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	Horizon	MGD	34770.38				8360	80444.14	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	Horizon	MGD	28063.47				9385	64927.15	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	Horizon	MGD	40185.81				13093	92973.18	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	Horizon	MGD	56707.13				38024.83	128883.03	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	Horizon	MGD	37402.22				25951.05	86533.13	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	Horizon	MGD	27822.37				18994.56	64369.58	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	Horizon	MGD	35616.75				23214.36	82402.29	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	Horizon	MGD	21874.16				14627.39	50607.68	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	Horizon	MGD	57163.83				27633	132253.23	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	Horizon	MGD	37869.25				28359.46	87613.62	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	Horizon	MGD	29570.75				22269.44	72705.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				58575.53	Horizon	MGD	58374.38				41583.64	135053.94	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	Horizon	MGD	33060.77				23304.13	76488.83	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28388.18	Horizon	MGD	24194.1				15858.15	55975.05	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	Horizon	MGD	38407.08				29822.91	88857.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	Horizon	MGD	18869.71				12977.32	43656.63	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	Horizon	MGD	51726.48				37427.16	119673.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	Horizon	MGD	28449.56				8902	65820.41	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				29144.95	Horizon	MGD	21767.95				16503.06	50361.94	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	Horizon	MGD	43198.69				27418	99943.74	case rate	
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	Horizon	MGD	29159.37				20729.22	67462.61	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	Horizon	MGD	26635.43				20729.22	61623.26	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30557.29	Horizon	MGD	23777.66				17706.65	55011.57	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	Horizon	MGD	32750.55				22893.09	75771.1	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26986.93	Horizon	MGD	24403.16				14664	56458.73	case rate	
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	Horizon	MGD	28161.26				20749.3	65153.39	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				49393.2	Horizon	MGD	46068.26				33758.51	106582.73	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	Horizon	MGD	31145.48				7655	72057.63	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	Horizon	MGD	25662.61				10564	59372.55	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	Horizon	MGD	27643.66				17783.42	63955.88	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	Horizon	MGD	16856.63				12043.03	43544.38	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52640.62	Horizon	MGD	51962.52				36525.94	120219.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37661.99	Horizon	MGD	31787.84				23761.23	73643.8	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	Horizon	MGD	23281.97				17631.06	53864.77	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	Horizon	MGD	52269.37				42332.49	120509.5	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	Horizon	MGD	31393.32				23291.14	72631.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	Horizon	MGD	22155.73				16928.27	51259.1	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	Horizon	MGD	25804.23				12781	59700.21	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	Horizon	MGD	13074.93				9614.58	37097.3	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	Horizon	MGD	21155.93				15708.14	48945.98	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	Horizon	MGD	12763.02				9577.96	29528.3	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	Horizon	MGD	15351.03				10854.79	35515.87	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19086.66	Horizon	MGD	12257.22				7931.44	28358.09	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	Horizon	MGD	34043.71				23887.62	78762.93	case rate	
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	Horizon	MGD	21865.73				15285.29	50588.18	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	Horizon	MGD	14882.32				7723	34431.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				33630.1	Horizon	MGD	30774.56				8983	71199.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	Horizon	MGD	18082.35				10889	41835.01	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	Horizon	MGD	13461.02				8925.97	31143.19	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	Horizon	MGD	41797.63				29846.53	96702.25	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	Horizon	MGD	20474.78				13674.2	47370.1	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	Horizon	MGD	14459.14				8813.76	33452.4	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	Horizon	MGD	34852.99				23795.49	80635.27	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	Horizon	MGD	20977.21				14234.06	48532.51	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	Horizon	MGD	15575.27				10182.71	36034.67	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	Horizon	MGD	26834.38				9165	62083.54	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	Horizon	MGD	15190.86				11383.94	35145.31	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27880.9	Horizon	MGD	20865.94				15425.85	48275.06	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	Horizon	MGD	12761.33				9857.89	30728.21	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	Horizon	MGD	21567.31				15905.39	49897.75	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	Horizon	MGD	12943.42				9644.11	29945.67	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	Horizon	MGD	24150.26				18304.31	55873.63	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	Horizon	MGD	14558.61				10202.79	33682.54	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	Horizon	MGD	30326.08				21925.72	70161.89	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25562.11	Horizon	MGD	17225.86				13449.78	39853.45	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	Horizon	MGD	12747.85				9211	29493.19	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	Horizon	MGD	23740.57				12507	54925.76	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	Horizon	MGD	14130.37				10557.14	32691.77	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31528.89	Horizon	MGD	26507.29				18534.64	61326.81	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				23912.75	Horizon	MGD	16451.99				12044.21	38063.03	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	Horizon	MGD	12852.38				8836.2	29735.04	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	Horizon	MGD	51165.04				35555.04	118374.54	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	Horizon	MGD	28710.89				9078	86425.02	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	Horizon	MGD	19871.2				11401	45973.65	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.98	Horizon	MGD	88540.29				16091	204845.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	Horizon	MGD	51353.87				36864	118811.42	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	Horizon	MGD	29650				23584.06	68597.71	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84559.1	Horizon	MGD	82288.6				63726.69	190381.46	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient				46686.32	Horizon	MGD	42305.11				31451.72	97876.36	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient				33208.73	Horizon	MGD	25790.74				19966.19	69669.01	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient				54955.26	Horizon	MGD	47170.91				38498.47	109133.78	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient				34353.58	Horizon	MGD	26804.03				20941.82	62013.33	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	Horizon	MGD	20845.7				8609	48228.25	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	Horizon	MGD	26461.77				10681	61221.49	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	Horizon	MGD	23234.77				14701	53755.55	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	Horizon	MGD	31551.8				24182.91	72997.7	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	Horizon	MGD	26397.7				23447.05	61073.26	case rate	
SKIN ULCERS W MCC	592	MS-DRG				inpatient				38280.15	Horizon	MGD	28800.25				24288.03	66631.76	case rate	
SKIN ULCERS W CC	593	MS-DRG				inpatient				26726.36	Horizon	MGD	19041.68				14441.95	44054.51	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	Horizon	MGD	13659.97				10024.44	31803.47	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39095.13	Horizon	MGD	33499.13				24982.55	77503.01	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				24763.76	Horizon	MGD	17053.89				12769.43	39455.58	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	Horizon	MGD	28999.2				20749.3	67092.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	Horizon	MGD	19596.38				12529.86	45337.84	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21628.6	Horizon	MGD	12078.5				10097.67	27944.61	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.18	Horizon	MGD	16118.16				11298.9	37290.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	Horizon	MGD	10439.71				7081.01	24153.13	case rate	
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	Horizon	MGD	24345.84				17353.49	58326.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21987.58	Horizon	MGD	14292.22				10403.59	33066.23	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	Horizon	MGD	23867.25				17548.38	55265.12	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient				22582.18	Horizon	MGD	14508.03				10910.3	33565.52	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	Horizon	MGD	23280.29				19020.09	53860.87	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	Horizon	MGD	13504.86				10207.52	31244.61	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	Horizon	MGD	39850.3				26918.45	92196.95	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29641.14	Horizon	MGD	24973.03				16925.91	57777.17	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	Horizon	MGD	69719.47				45651.52	161301.75	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36551.8	Horizon	MGD	34960.9				22815.13	80884.92	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	Horizon	MGD	19545.8				14706.52	45220.82	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47569.21	Horizon	MGD	45943				32204.11	113927.74	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	Horizon	MGD	30509.86				18863	70587.07	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	Horizon	MGD	26610.14				17266.08	61564.75	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	Horizon	MGD	64034.28				44198.71	148148.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	Horizon	MGD	32425.15				22593.08	75018.26	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				23582.88	Horizon	MGD	21850.56				11763.09	50553.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	Horizon	MGD	46926.44				33864.81	108568.18	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				30898.67	Horizon	MGD	27154.72				17827.13	62824.67	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	Horizon	MGD	18293.1				14964.01	42322.6	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	Horizon	MGD	61960.5				46604.71	143350.73	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	Horizon	MGD	38430.48				26565.29	91225.67	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	Horizon	MGD	25871.67				16551.48	59856.24	case rate	
DIABETES W MCC	637	MS-DRG				inpatient				29964.08	Horizon	MGD	23288.72				17201.12	53880.37	case rate	
DIABETES W CC	638	MS-DRG				inpatient				22492.09	Horizon	MGD	14705.29				10833.53	34021.91	case rate	
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				18464.34	Horizon	MGD	10653.83				7401.1	24648.52	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUID/ELECTROLYTES W MCC	640	MS-DRG				inpatient				28185.83	Horizon	MGD	20066.77				15685.7	46426.13	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUID/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	Horizon	MGD	12677.03				9229.52	29329.36	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	Horizon	MGD	21302.61				14659.28	49285.34	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	Horizon	MGD	27550.93				19575.23	63741.34	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	Horizon	MGD	17070.75				12206.02	39494.59	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient				20572.46	Horizon	MGD	12525.29				9197.63	28978.3	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient				52349.56	Horizon	MGD	55884.16				36277.9	129292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient				87044.22	Horizon	MGD	92544.54				65844.5	214109.42	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient				48894.23	Horizon	MGD	48443.84				33333.29	112078.81	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient				38571.21	Horizon	MGD	35021.59				24536.07	81025.34	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient				54935.86	Horizon	MGD	56103.34				38481.93	129799.69	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient				35117.27	Horizon	MGD	32833.16				21592.64	75962.23	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient				30625.21	Horizon	MGD	26409.5				17764.53	61100.56	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	Horizon	MGD	45978.91				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28352.15	Horizon	MGD	24406.54				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	Horizon	MGD	18087.41				12125.71	41846.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	Horizon	MGD	53592.88				36847.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	Horizon	MGD	27655.46				18040.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	Horizon	MGD	19990.9				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57369.7	Horizon	MGD	53594.57				40556.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	Horizon	MGD	29995.63				19457.12	69397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	Horizon	MGD	18215.54				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	Horizon	MGD	47454.16				34445.94	109789.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	Horizon	MGD	26680.95				18278.33	61728.58	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23025.7	Horizon	MGD	16244.61				11288.27	37583.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	Horizon	MGD	28383.81				20359.52	65968.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24848.1	Horizon	MGD	17819.33				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	Horizon	MGD	60313.28				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	Horizon	MGD	38982.01				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	Horizon	MGD	27402.96				18488.57	63388.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	Horizon	MGD	25829.52				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	Horizon	MGD	15494.34				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	Horizon	MGD	10449.83				7174.32	24176.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	Horizon	MGD	28958.74				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	Horizon	MGD	17765.38				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	Horizon	MGD	13334.57				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	Horizon	MGD	19741.58				13823.02	43360.18	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20903.72	Horizon	MGD	13388.53				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	Horizon	MGD	22315.9				17367.66	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	Horizon	MGD	11837.41				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	Horizon	MGD	19367.08				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	Horizon	MGD	11699.8				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	Horizon	MGD	16185.6				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	Horizon	MGD	27230.59				19853.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	Horizon	MGD	17330.39				12046.57	40095.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	Horizon	MGD	12808.54				8199.56	29633.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	Horizon	MGD	30203				22921.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	Horizon	MGD	23713.59				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	Horizon	MGD	34256.15				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30589.17	Horizon	MGD	28147.77				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	Horizon	MGD	35127.81				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	Horizon	MGD	18154.85				10466.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	Horizon	MGD	24672.92				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	Horizon	MGD	15351.03				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	Horizon	MGD	37258.91				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	Horizon	MGD	24666.18				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	Horizon	MGD	32949.5				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26863.87	Horizon	MGD	20781.64				14550.61	48080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	Horizon	MGD	27982.54				20420.94	64739.92	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	Horizon	MGD	18571.29				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	Horizon	MGD	11619.91				7758.99	26883.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W CC	725	MS-DRG				inpatient				27279.37	Horizon	MGD	20473.1				14913.23	47366.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	Horizon	MGD	12889.47				8792.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	Horizon	MGD	24244.68				17355.85	56092.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	Horizon	MGD	13343				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	Horizon	MGD	18242.52				13003.3	42205.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	Horizon	MGD	9583.22				7168.41	22171.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	Horizon	MGD	38877.47				24837.26	89946.24	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	Horizon	MGD	23013.9				14338	53244.56	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	Horizon	MGD	67955.92				46509.04	157221.61	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	Horizon	MGD	34249.4				23604.14	79238.82	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	Horizon	MGD	23474.18				17916.89	54309.43	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	Horizon	MGD	60657.22				47020.48	140335.48	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34981.44	Horizon	MGD	29385.29				21476.89	67985.3	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	Horizon	MGD	22386.71				16224.3	51763.49	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	Horizon	MGD	28898.04				21576.1	66858	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26383.71	Horizon	MGD	18809.02				14158.47	43516.21	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	Horizon	MGD	28498.46				23079.71	65933.53	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	Horizon	MGD	18030.08				12104.45	41714.09	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	Horizon	MGD	28286.02				19779.57	65442.04	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	Horizon	MGD	16155.25				11282.36	37376.51	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	Horizon	MGD	21816.84				16090.83	50475.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	Horizon	MGD	43869.72				30575.3	101496.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	Horizon	MGD	20634.95				15230.96	47740.67	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34866.7	Horizon	MGD	31046				21370.58	71827.49	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	Horizon	MGD	18038.51				13111.97	41733.59	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	Horizon	MGD	13152.49				11280	30429.36	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	Horizon	MGD	24293.57				16716.84	56205.19	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	Horizon	MGD	17203.94				12039.48	39802.74	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18692.06	Horizon	MGD	11982.4				7559.37	27722.27	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	Horizon	MGD	14696.86				11641.43	34002.4	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	Horizon	MGD	9262.88				7487.32	21430.45	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				25794.94	Horizon	MGD	19075.4				9023	44132.52	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	Horizon	MGD	24580.19				16256.19	56868.31	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24893.08	Horizon	MGD	18004.79				12709.2	41655.58	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	Horizon	MGD	11110.74				8427.52	25705.61	case rate	
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	Horizon	MGD	12717.5				11041.41	29422.98	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	Horizon	MGD	29429.13				8487	68036.72	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	Horizon	MGD	18581.41				8487	42989.61	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	Horizon	MGD	14255.13				8487	32980.42	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	Horizon	MGD	26213.93				8487	69848.08	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	Horizon	MGD	18227.35				8487	42170.47	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	Horizon	MGD	15185.8				8487	35133.6	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Horizon	MGD	28049.98				637	64895.95	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Horizon	MGD	92499.02				637	214004.1	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Horizon	MGD	63174.42				637	146159.23	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Horizon	MGD	38117.09				637	88187.03	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Horizon	MGD	64892.45				637	150134.04	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Horizon	MGD	22968.38				637	53139.24	case rate	
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Horizon	MGD	3108.98				637	10912.03	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	Horizon	MGD	24753.85				6365	57270.08	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	Horizon	MGD	14278.73				6365	33035.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	Horizon	MGD	14278.73				6365	33035.03	case rate	
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	Horizon	MGD	79268.98				56161.42	183395.31	case rate	
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	Horizon	MGD	44287.85				34416.41	102463.59	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	Horizon	MGD	26239.22				5977	60706.59	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	Horizon	MGD	56433.79				8199	130564.23	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	Horizon	MGD	29034.61				13379	67173.95	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	Horizon	MGD	20746.23				13058.82	47998.11	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	Horizon	MGD	17251.15				6365	39911.96	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	Horizon	MGD	11926.76				6365	27593.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	Horizon	MGD	10352.04				6365	23950.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	Horizon	MGD	36235.51				27051.92	83833.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	Horizon	MGD	20307.87				14628.57	46983.93	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	Horizon	MGD	15544.92				11242.2	35964.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	Horizon	MGD	22862.16				16617.63	52893.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	Horizon	MGD	14890.75				10900.85	34450.98	case rate	
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	Horizon	MGD	27169.89				18284.23	62859.78	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	Horizon	MGD	28038.18				24691.98	64868.64	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	Horizon	MGD	16484.02				12001.69	38137.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	Horizon	MGD	12166.18				7788.52	28147.45	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	Horizon	MGD	42684.46				25818.8	98754.02	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	Horizon	MGD	22904.31				11686.32	52991.01	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	Horizon	MGD	14145.54				7977.5	32726.87	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	Horizon	MGD	91780.78				68770.21	212342.41	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	Horizon	MGD	40367.9				6969	93394.46	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	Horizon	MGD	20397.23				8721	47190.67	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	Horizon	MGD	76284.76				12547	176491.07	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	Horizon	MGD	36997.58				22652	85596.96	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	Horizon	MGD	22912.74				14537.62	53010.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75868.59	Horizon	MGD	83421.59				59405.91	193002.74	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	Horizon	MGD	37963.66				27874.01	87832.06	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	Horizon	MGD	27572.84				18932.69	63792.05	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	Horizon	MGD	52429.54				36424.37	121300.07	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	Horizon	MGD	23920.97				17274.35	53343.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	Horizon	MGD	17333.77				13595.06	40103.1	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	Horizon	MGD	12118.97				8827.93	28038.23	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	Horizon	MGD	8097.86				6139.63	18735.06	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	Horizon	MGD	92861.51				65285.81	214842.75	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39383.42	Horizon	MGD	36012.96				25228.23	83318.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				26999.4	Horizon	MGD	20444.44				14674.63	47299.89	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	Horizon	MGD	90667.33				59142.64	209627.57	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	Horizon	MGD	39664.84				23956.12	91767.87	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	Horizon	MGD	21174.47				16186.51	48988.89	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	Horizon	MGD	55518.29				37666.94	128446.15	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	Horizon	MGD	27562.73				18520.46	63768.64	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	Horizon	MGD	18901.75				12424.54	43730.75	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	Horizon	MGD	31123.56				22362.75	72006.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	Horizon	MGD	19874.57				14117.13	45981.45	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	Horizon	MGD	14664.13				9883.88	33787.86	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	Horizon	MGD	47509.79				30164.26	109917.83	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	Horizon	MGD	22364.79				15008.9	51742.79	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	Horizon	MGD	15723.64				9672.45	36377.93	case rate	
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	Horizon	MGD	33217.57				31549.75	76851.59	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	Horizon	MGD	85262.71				59072.95	197262.3	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	Horizon	MGD	37139.21				23600.6	85924.62	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	Horizon	MGD	26301.6				19200.81	60860.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	Horizon	MGD	75672.74				53288.85	175075.12	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	Horizon	MGD	34675.96				25736.12	80225.7	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	Horizon	MGD	23268.49				15217.96	53833.56	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	Horizon	MGD	30815.02				21717.84	71293.09	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	Horizon	MGD	16603.73				11810.34	38414.09	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	Horizon	MGD	14572.1				10606.74	33713.75	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29883.69	Horizon	MGD	23303.89				17132.61	53915.48	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	Horizon	MGD	13831.94				10450.83	32001.34	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	Horizon	MGD	35960.69				25327.44	83198.03	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	Horizon	MGD	18156.53				12403.28	42006.64	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	Horizon	MGD	12946.79				8499.57	29953.48	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				106197.52	Horizon	MGD	106138.76				82166.84	245560.77	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	Horizon	MGD	31298.9				23175.38	72412.59	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	Horizon	MGD	17751.89				12177.68	41070.47	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	Horizon	MGD	59681.6				46414.55	128777.71	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23065.9	Horizon	MGD	2361				2090	20057.3	per diem	
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	Horizon	MGD	2361				2090	19520.98	per diem	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	Horizon	MGD	2361				2090	20098.28	per diem	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				36474.86	Horizon	MGD	2361				2090	33132.9	per diem	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	Horizon	MGD	2361				2090	29849.81	per diem	
PSYCHOSES	885	MS-DRG				inpatient				29316.81	Horizon	MGD	2361				2090	25492.88	per diem	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	Horizon	MGD	2361				2090	32107.05	per diem	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	Horizon	MGD	2361				2090	22838.97	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	Horizon	MGD	2361				2090	101331.96	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	Horizon	MGD	2361				2090	25416.95	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	Horizon	MGD	2361				2090	31826.46	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	Horizon	MGD	2361				2090	19136.51	per diem	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	Horizon	MGD	75278.21				13124	174162.35	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	Horizon	MGD	32377.94				22413.54	74909.04	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26076.46	Horizon	MGD	19823.35				14399.42	60432.03	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	Horizon	MGD	54390.36				45605.46	125836.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	Horizon	MGD	29828.71				19467.75	69011.18	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	Horizon	MGD	31076.35				25778.64	71897.7	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64894.15	Horizon	MGD	71083.45				47053.55	164457.41	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	Horizon	MGD	33598.61				23825.02	77733.15	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	Horizon	MGD	22346.24				14980.55	51699.88	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	Horizon	MGD	24816.23				19114.58	57503.54	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	Horizon	MGD	14125.31				10824.08	30774.77	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	Horizon	MGD	28272.53				20527.24	65410.84	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				18984.09	Horizon	MGD	10711.16				7844.03	24781.15	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32596.03	Horizon	MGD	24846.58				19367.35	57484.62	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	Horizon	MGD	13128.88				10448.47	30374.75	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35054.9	Horizon	MGD	30757.7				21539.49	71160.47	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	Horizon	MGD	16912.27				11999.32	39127.92	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	Horizon	MGD	11913.28				8122.78	27562.35	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	Horizon	MGD	28274.62				19954.38	60788.51	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	Horizon	MGD	14664.83				12046.57	40248.18	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				288538.5	Horizon	MGD	305962.67				237556.83	717124.19	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	Horizon	MGD	99062.62				78887.96	229189.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	Horizon	MGD	50111.29				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	Horizon	MGD	48224.66				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	Horizon	MGD	30912.81				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	Horizon	MGD	30713.86				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	Horizon	MGD	55278.88				37489.76	127892.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				39043.84	Horizon	MGD	36662.07				24938.84	84820.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	Horizon	MGD	31214.6				23983.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	Horizon	MGD	23012.21				18030.29	53240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	Horizon	MGD	17579.92				13187.56	40672.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	Horizon	MGD	20326.42				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	Horizon	MGD	13154.17				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	Horizon	MGD	19324.93				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	Horizon	MGD	12559.01				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	Horizon	MGD	13461.02				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	Horizon	MGD	102793.73				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	Horizon	MGD	63794.87				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	Horizon	MGD	128110.71				88163.55	296394.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	Horizon	MGD	70471.43				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	Horizon	MGD	41318.8				31228.48	95594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	Horizon	MGD	47123.7				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	Horizon	MGD	24866.81				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	Horizon	MGD	16426.7				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	Horizon	MGD	94394.08				74699.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	Horizon	MGD	47000.62				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	Horizon	MGD	45909.78				35271.56	106216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	Horizon	MGD	21747.71				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	Horizon	MGD	15824.8				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	Horizon	MGD	19724.51				17031.03	45634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	Horizon	MGD	73686.63				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	Horizon	MGD	41355.89				14901	95680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	Horizon	MGD	26455.03				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	Horizon	MGD	56187.64				41372.21	129994.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	Horizon	MGD	28545.67				20268.57	69042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	Horizon	MGD	17546.2				13648.21	40594.58	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	Horizon	PPO	476103.89				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	Horizon	PPO	24197.01				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306824.15	Horizon	PPO	328947.23				253139.77	713726.68	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	Horizon	PPO	205853.92				166896.78	445428.73	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	Horizon	PPO	295704				125785.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	Horizon	PPO	295704				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	Horizon	PPO	192005.58				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	Horizon	PPO	94623.72				64267.66	204747.74	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	Horizon	PPO	81372.08				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	Horizon	PPO	88555.83				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66657.36	Horizon	PPO	68749.57				48470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	Horizon	PPO	41939.82				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	Horizon	PPO	215426.06				154752.17	486145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	Horizon	PPO	117885.76				71293.15	250082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	Horizon	PPO	78978.09				71293.15	170893.57	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	Horizon	PPO	187936.88				95213.84	406659.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	Horizon	PPO	142514.25				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	Horizon	PPO	92974.25				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	Horizon	PPO	98429.22				67385.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	Horizon	PPO	70655.02				44903.86	335856.53	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71799.2	Horizon	PPO	77119.49				52824.66	166852.44	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	Horizon	PPO	54364.02				36126.72	117633.41	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	Horizon	PPO	43367.55				29148.47	93839.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	Horizon	PPO	96891.52				71808.14	209654.82	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	Horizon	PPO	56887.8				39647.73	123094.39	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	Horizon	PPO	39221.34				26285.36	84867.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	Horizon	PPO	75405.14				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	Horizon	PPO	41499.96				25224.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	Horizon	PPO	30424.17				18845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	Horizon	PPO	64893.59				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	Horizon	PPO	40025.35				26868.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	Horizon	PPO	31114.6				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	Horizon	PPO	57863.06				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	Horizon	PPO	30135.74				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	Horizon	PPO	20413.77				13443.87	44771.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	Horizon	PPO	70813.66				44554.23	153237.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	Horizon	PPO	42514.88				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	Horizon	PPO	33737.53				20759.93	109672.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	Horizon	PPO	30663.11				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22550.3	Horizon	PPO	16478.48				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	Horizon	PPO	23734.35				17706.65	153781.38	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24900.98	Horizon	PPO	18877.87				12886.37	40848.13	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	Horizon	PPO	38298.36				29577.23	82870.37	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	Horizon	PPO	21792.84				15761.29	47155.56	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	Horizon	PPO	31720.31				21802.88	68636.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	Horizon	PPO	19817.08				14452.58	42880.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	Horizon	PPO	15011.08				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	Horizon	PPO	51335.49				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	Horizon	PPO	35039.08				21035.14	130341.7	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	Horizon	PPO	29347.96				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	Horizon	PPO	33696.07				23495.48	230599.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23873.94	Horizon	PPO	18594.85				12011.13	40235.72	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	Horizon	PPO	13102.02				8129.87	28350.29	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	Horizon	PPO	27065.74				17184.58	58565.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	Horizon	PPO	16200.86				10411.85	35055.59	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	Horizon	PPO	13799.67				9450.4	29859.86	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33679.56	Horizon	PPO	29659.82				20537.87	64178.22	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	Horizon	PPO	17771.02				12448.16	38453.1	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	Horizon	PPO	13376.03				8861	28943.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	Horizon	PPO	25437.9				18255.89	55042.78	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	Horizon	PPO	17556.5				12312.33	37988.92	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	Horizon	PPO	26708.8				19633.11	57792.77	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	Horizon	PPO	14868.67				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	Horizon	PPO	27977.9				18264.15	60538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	Horizon	PPO	17487.99				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	Horizon	PPO	13457.16				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	Horizon	PPO	33869.13				23256.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	Horizon	PPO	15405.87				10687.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	Horizon	PPO	38913.08				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29050.7	Horizon	PPO	23344.97				16422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	Horizon	PPO	16644.33				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41166.62	Horizon	PPO	39298.86				26764.9	85035.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	Horizon	PPO	22409.36				15491.99	48489.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	Horizon	PPO	15238.22				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	Horizon	PPO	26672.75				19662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	Horizon	PPO	19243.82				12663.13	41639.97	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	Horizon	PPO	14302.62				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35045.2	Horizon	PPO	29059.52				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	Horizon	PPO	17004.87				12504.86	36795.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	Horizon	PPO	13309.32				9322.83	28779.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	Horizon	PPO	66301.5				43096.69	143463.85	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	Horizon	PPO	42920.48				28314.58	92871.77	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	Horizon	PPO	38055				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59462.57	Horizon	PPO	63795.75				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				39846.35	Horizon	PPO	33358.96				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	Horizon	PPO	22946.57				16456.99	49652.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	Horizon	PPO	32672.13				23449.41	70696.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	Horizon	PPO	15670.87				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	Horizon	PPO	19406.07				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	Horizon	PPO	14086.3				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	Horizon	PPO	41510.77				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	Horizon	PPO	22625.69				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	Horizon	PPO	24554.58				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	Horizon	PPO	30790.12				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23608.8	Horizon	PPO	18072.07				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	Horizon	PPO	19096				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	Horizon	PPO	12723.46				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	Horizon	PPO	13572.53				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	Horizon	PPO	23999.35				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	Horizon	PPO	14605.48				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				43197.72	Horizon	PPO	41429.65				28478.76	89645.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	Horizon	PPO	21857.74				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	Horizon	PPO	24824.98				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	Horizon	PPO	15236.42				9608.67	32968.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	Horizon	PPO	20918.53				16217.22	45263.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	Horizon	PPO	34667.72				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	Horizon	PPO	22542.76				14702.98	48778.25	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	Horizon	PPO	13047.94				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	Horizon	PPO	12819				8829.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	Horizon	PPO	23930.84				16325.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	Horizon	PPO	12687.4				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	Horizon	PPO	18785.94				13403.71	40649.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	Horizon	PPO	12831.62				8406.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	Horizon	PPO	26076.06				19209.07	56423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	Horizon	PPO	15923.25				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	Horizon	PPO	11896.02				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	Horizon	PPO	30159.17				19341.36	65258.71	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	Horizon	PPO	16049.44				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	Horizon	PPO	12229.52				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	Horizon	PPO	88680.22				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	Horizon	PPO	46309.56				29729.6	100205.08	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	Horizon	PPO	33393.21				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	Horizon	PPO	63058.45				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	Horizon	PPO	34208.04				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	Horizon	PPO	24185.02				15991.62	52331.79	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	Horizon	PPO	26407.75				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	Horizon	PPO	16206.27				9620.48	35097.29	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	Horizon	PPO	33184.1				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	Horizon	PPO	22973.61				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	Horizon	PPO	16611.88				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	Horizon	PPO	30573.79				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	Horizon	PPO	20567				13114.33	44693.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	Horizon	PPO	14333.27				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	Horizon	PPO	26876.45				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24563.58	Horizon	PPO	18106.32				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20598.6	Horizon	PPO	13201.17				9185.62	28564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	Horizon	PPO	28113.11				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	Horizon	PPO	19000.46				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	Horizon	PPO	13830.31				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	Horizon	PPO	22268.75				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	Horizon	PPO	21464.75				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	Horizon	PPO	16474.88				10147.28	35648.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	Horizon	PPO	13053.35				7644.42	28244.97	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	Horizon	PPO	23736.15				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	Horizon	PPO	16227.91				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	Horizon	PPO	12380.94				7355.03	26790.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				30863.44	Horizon	PPO	29530.03				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	Horizon	PPO	18067.65				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	Horizon	PPO	13673.48				7949.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	Horizon	PPO	32138.54				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	Horizon	PPO	19375.42				13081.26	41924.72	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	Horizon	PPO	12599.07				7997.58	29870.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	Horizon	PPO	16947.18				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	Horizon	PPO	12564.82				8227.9	54377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	Horizon	PPO	13837.53				9579.14	103592.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	Horizon	PPO	27363.18				22297.79	59208.73	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	Horizon	PPO	15898.31				10898.87	33982.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Horizon	PPO	100888.11				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	Horizon	PPO	43939.01				31699.76	95075.66	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	Horizon	PPO	232297.72				125140.69	502648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	Horizon	PPO	177041.36				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				96286.86	Horizon	PPO	114702.2				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Horizon	PPO	106454.84				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Horizon	PPO	138656.47				57338	300026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83162.49	Horizon	PPO	93835.94				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Horizon	PPO	83057.6				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	Horizon	PPO	118549.16				58860.35	256517.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	Horizon	PPO	83796.71				36690.12	181320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Horizon	PPO	151406.97				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Horizon	PPO	111053.53				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Horizon	PPO	137684.82				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				835.18.2	Horizon	PPO	92788.57				62839.65	200776.83	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Horizon	PPO	104735.07				47567	226826.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Horizon	PPO	70779.41				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	Horizon	PPO	84894.55				59493.45	183695.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	Horizon	PPO	49482.31				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	Horizon	PPO	28771.09				15559	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56793.12	Horizon	PPO	67365.1				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	Horizon	PPO	46046.37				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Horizon	PPO	38051.39				19748	98318.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	Horizon	PPO	90353.13				57720.54	195506.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	Horizon	PPO	46632.24				27315.32	100903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	Horizon	PPO	30245.7				18456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	Horizon	PPO	58764.41				40518.24	127155.02	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	Horizon	PPO	46767.45				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	Horizon	PPO	32628.87				20663.07	70602.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	Horizon	PPO	45793.99				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	Horizon	PPO	31523.81				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	Horizon	PPO	20300.2				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Horizon	PPO	53879.1				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Horizon	PPO	37802.62				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Horizon	PPO	65248.73				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Horizon	PPO	35906.18				12982	77694.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Horizon	PPO	29403.23				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	Horizon	PPO	43124.19				31679.68	93312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	Horizon	PPO	56940.08				41282.44	123207.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				59221.41	Horizon	PPO	56184.75				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	Horizon	PPO	129641.17				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	Horizon	PPO	105423.7				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	Horizon	PPO	120847.6				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	Horizon	PPO	74828.27				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	Horizon	PPO	91247.27				60628.53	197441.73	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	Horizon	PPO	62982.73				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	Horizon	PPO	47196.49				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	Horizon	PPO	65843.62				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	Horizon	PPO	53689.81				36863.75	116174.55	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	Horizon	PPO	29872.54				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	Horizon	PPO	17659.25				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	Horizon	PPO	13502.22				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				3688.67	Horizon	PPO	32533.33				23096.25	70395.93	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	Horizon	PPO	13819.5				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17560.66	Horizon	PPO	10751.3				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Horizon	PPO	36313.28				13521	85086.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Horizon	PPO	20530.95				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	Horizon	PPO	48566.54				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	Horizon	PPO	30824.37				18623.22	66698.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	Horizon	PPO	18232.51				11563.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	Horizon	PPO	24253.53				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	Horizon	PPO	16581.23				10172.08	36878.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	Horizon	PPO	11998.77				6480.98	25963.06	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26795.81	Horizon	PPO	20525.74				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	Horizon	PPO	9938.29				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	Horizon	PPO	27680.46				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				18542.65	Horizon	PPO	11760.81				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15801.6	Horizon	PPO	8698.03				5217.15	18820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	Horizon	PPO	26146.36				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	Horizon	PPO	18454.24				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19667.4	Horizon	PPO	13091.21				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	Horizon	PPO	19279.88				13740.34	41717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	Horizon	PPO	11996.97				7942.07	25959.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	Horizon	PPO	19488.99				13876.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	Horizon	PPO	12977.64				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	Horizon	PPO	25396.44				17686.57	54953.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	Horizon	PPO	15431.11				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26493.51	Horizon	PPO	21697.3				14243.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20026.37	Horizon	PPO	13763.61				8732.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	Horizon	PPO	10136.58				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	Horizon	PPO	12388.15				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	Horizon	PPO	14448.64				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	Horizon	PPO	12750.5				8426.34	27589.65	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39627.36	Horizon	PPO	36470.42				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	Horizon	PPO	17232.01				11366.23	37286.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	Horizon	PPO	13543.69				8063.72	29305.96	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	Horizon	PPO	94748.11				59990.71	205016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	Horizon	PPO	44784.48				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	Horizon	PPO	27799.44				18821.66	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	Horizon	PPO	90033.4				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	Horizon	PPO	45487.53				27918.89	98426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32662.65	Horizon	PPO	30550.36				19500.82	66105.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	Horizon	PPO	61259.35				40970.62	132553.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	Horizon	PPO	34752.45				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	Horizon	PPO	23546.87				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	Horizon	PPO	73225.67				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				36056.32	Horizon	PPO	41429.65				24948.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	Horizon	PPO	28902.69				18131.86	62539.52	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	Horizon	PPO	53850.25				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	Horizon	PPO	29521.02				17583.81	63677.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	Horizon	PPO	22292.19				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	Horizon	PPO	43464.9				27955.51	94049.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	Horizon	PPO	25237.8				14869.52	54609.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	Horizon	PPO	17120.24				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	Horizon	PPO	44103.95				28568.52	95430.63	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	Horizon	PPO	27042.3				17770.43	58514.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	Horizon	PPO	18991.44				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	Horizon	PPO	53466.28				34643.19	115980.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	Horizon	PPO	31204.74				20092.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	Horizon	PPO	24422.98				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	Horizon	PPO	71669.94				50384.4	150080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40992.58	Horizon	PPO	38518.29				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	Horizon	PPO	24305.8				16005.79	52593.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	Horizon	PPO	35044.49				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23863.64	Horizon	PPO	19988.34				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	Horizon	PPO	13399.47				8244.44	28993.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	Horizon	PPO	31345.35				20646.54	67825.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	Horizon	PPO	18719.24				12157.6	40504.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	Horizon	PPO	13657.26				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	Horizon	PPO	37225.76				24938.84	80549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	Horizon	PPO	21753.18				14512.81	47069.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	Horizon	PPO	16507.32				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	Horizon	PPO	32246.7				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	Horizon	PPO	17852.14				11644.98	38628.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				18604.32	Horizon	PPO	11775.24				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	Horizon	PPO	35080.54				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	Horizon	PPO	19739.57				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	Horizon	PPO	13841.13				8850.37	29949.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	Horizon	PPO	24354.48				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	Horizon	PPO	15418.49				10271.3	33362.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	Horizon	PPO	30808.04				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	Horizon	PPO	17668.26				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	Horizon	PPO	12559.41				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	Horizon	PPO	27593.93				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20899.86	Horizon	PPO	15293.37				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	Horizon	PPO	10653.96				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	Horizon	PPO	22019.98				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20994.64	Horizon	PPO	13617.6				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	Horizon	PPO	29430.88				19559.88	63682.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	Horizon	PPO	16965.21				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	Horizon	PPO	12195.27				7516.85	26388.24	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	Horizon	PPO	96969.04				64121.2	209822.55	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	Horizon	PPO	51063.28				33171.47	110491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	Horizon	PPO	36176.58				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	Horizon	PPO	72946.26				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	Horizon	PPO	41871.31				24762.85	90601.58	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	Horizon	PPO	29791.42				18320.85	64462.97	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	Horizon	PPO	72073.75				10482	159563.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				38323.82	Horizon	PPO	42938.51				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	Horizon	PPO	30397.13				15908	65773.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	Horizon	PPO	64486.18				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	Horizon	PPO	36392.91				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	Horizon	PPO	25113.41				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	Horizon	PPO	43686.63				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	Horizon	PPO	30000.53				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	Horizon	PPO	23510.81				15562.86	52872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58698.88	Horizon	PPO	63411.78				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	Horizon	PPO	32071.84				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	Horizon	PPO	27177.51				10272	58806.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	Horizon	PPO	71134.54				16017	153921.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	Horizon	PPO	39498.96				26969.24	85468.24	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	Horizon	PPO	26912.51				18258.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	Horizon	PPO	32917.3				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	Horizon	PPO	18529.95				12635.96	40096.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	Horizon	PPO	11737.38				8226.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	Horizon	PPO	30604.44				21551.3	66222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25459.64	Horizon	PPO	20476.87				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	Horizon	PPO	15607.78				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	Horizon	PPO	29531.83				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	Horizon	PPO	15544.68				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				16304.95	Horizon	PPO	11200.18				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	Horizon	PPO	33479.74				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	Horizon	PPO	16925.55				11412.29	36623.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	Horizon	PPO	12543.19				8299.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	Horizon	PPO	29039.69				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	Horizon	PPO	19245.63				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	Horizon	PPO	14331.47				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132996.66	Horizon	PPO	171200.62				17717	370445.58	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	Horizon	PPO	114233.49				36879	247179.56	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	Horizon	PPO	90135				54399.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	Horizon	PPO	164499.98				100034.13	355946.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89339.36	Horizon	PPO	117979.5				67791.04	255285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	Horizon	PPO	92319.87				51002.14	199762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	Horizon	PPO	115098.79				78337.54	249051.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	Horizon	PPO	72784.01				43205.36	157490.76	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	Horizon	PPO	80806.03				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	Horizon	PPO	57580.04				11315	124592.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	Horizon	PPO	92512.76				15756	200180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	Horizon	PPO	53071.49				34827.45	114838.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	Horizon	PPO	33122.81				20505.98	71671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	Horizon	PPO	92175.66				60174.97	199450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	Horizon	PPO	62560.9				40456.82	133369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	Horizon	PPO	50320.57				30985.16	108884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REPLACEMENT	469	MS-DRG				inpatient				55084.16	Horizon	PPO	57221.3				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	Horizon	PPO	35870.12				22270.62	77616.13	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				77102.35	Horizon	PPO	90327.89				8282	195452.37	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				48935.13	Horizon	PPO	53121.96				8991	114945.83	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42592.04	Horizon	PPO	42776.27				11229	92559.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	Horizon	PPO	68414.27				22321	148035.47	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39680.02	Horizon	PPO	38736.42				25480.99	83818.24	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				25900.29	Horizon	PPO	20743.67				13737.98	44885.35	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	Horizon	PPO	56575.94				40619.82	122419.57	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	Horizon	PPO	41087.14				27622.42	88904.75	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	Horizon	PPO	32412.55				20974.9	70134.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	Horizon	PPO	54629.02				34737.68	118206.81	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	Horizon	PPO	37177.08				8360	80444.14	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	Horizon	PPO	30005.94				9385	64927.15	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	Horizon	PPO	42967.35				13093	92973.18	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	Horizon	PPO	59563.01				38024.83	128883.03	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	Horizon	PPO	39991.1				25051.05	86533.13	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	Horizon	PPO	29748.16				18664.56	64369.35	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	Horizon	PPO	38082.04				23214.36	82402.29	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	Horizon	PPO	23388.23				14627.39	50607.68	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	Horizon	PPO	61120.54				27633	132253.23	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	Horizon	PPO	40460.44				28359.46	87613.62	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	Horizon	PPO	31617.56				22269.44	72705.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				58575.53	Horizon	PPO	62414.88				41583.64	135053.94	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	Horizon	PPO	35349.14				23304.13	76488.83	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28388.18	Horizon	PPO	25868.75				15858.15	55975.06	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	Horizon	PPO	41065.51				29822.91	88857.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	Horizon	PPO	20175.82				12977.32	43656.63	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	Horizon	PPO	55306.84				37427.16	119673.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	Horizon	PPO	30418.76				8902	69820.41	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				29144.95	Horizon	PPO	23274.66				16503.06	50361.94	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	Horizon	PPO	46188.78				27418	99943.74	case rate	
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	Horizon	PPO	31777.7				20729.22	67462.61	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	Horizon	PPO	28479.05				20729.22	61623.26	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30557.29	Horizon	PPO	25423.48				17706.65	55011.57	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	Horizon	PPO	35017.45				22893.09	75771.1	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26986.93	Horizon	PPO	26092.28				14664	54648.73	case rate	
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	Horizon	PPO	30110.5				20749.3	65153.39	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				49393.2	Horizon	PPO	49256.97				33758.51	106582.73	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	Horizon	PPO	33301.28				7655	72057.63	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	Horizon	PPO	27438.9				10564	59372.55	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	Horizon	PPO	29557.07				17783.42	63955.88	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	Horizon	PPO	18023.39				12043.03	43544.38	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52640.62	Horizon	PPO	55559.21				36525.94	120219.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37661.99	Horizon	PPO	33988.11				23761.23	73543.8	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	Horizon	PPO	24893.48				17631.06	53864.77	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	Horizon	PPO	55887.31				42332.49	120929.5	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	Horizon	PPO	33566.27				23291.14	72631.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	Horizon	PPO	23889.28				16928.27	51259.1	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	Horizon	PPO	27590.32				12781	59700.21	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	Horizon	PPO	13979.94				9614.58	37097.3	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	Horizon	PPO	22620.28				15708.14	48945.98	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	Horizon	PPO	13646.44				9577.96	29528.3	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	Horizon	PPO	16413.58				10854.79	35515.87	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19086.66	Horizon	PPO	13105.63				7931.44	28358.09	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	Horizon	PPO	36400.12				23887.62	78762.93	case rate	
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	Horizon	PPO	23379.22				15286.29	50588.18	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	Horizon	PPO	15912.43				7723	34431.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				35630.1	Horizon	PPO	32904.68				8903	71199.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	Horizon	PPO	19333.96				10889	41835.01	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	Horizon	PPO	14392.76				8925.97	31143.19	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	Horizon	PPO	44690.74				29846.53	96702.25	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	Horizon	PPO	21891.99				13674.2	47370.1	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	Horizon	PPO	15459.96				8813.76	33452.4	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	Horizon	PPO	37265.41				23795.49	80635.27	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	Horizon	PPO	22429.19				14234.06	48532.51	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	Horizon	PPO	16653.34				10182.71	36034.67	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	Horizon	PPO	28691.77				9165	62083.54	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	Horizon	PPO	16242.33				11383.94	35145.31	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27880.9	Horizon	PPO	22310.22				15425.85	49275.06	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	Horizon	PPO	13644.64				9857.89	30728.21	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	Horizon	PPO	23060.14				15905.39	49897.75	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	Horizon	PPO	13839.33				9644.11	29945.67	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	Horizon	PPO	25821.87				18304.31	55873.63	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	Horizon	PPO	15566.31				10202.79	33682.54	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	Horizon	PPO	32425.16				21925.72	70161.89	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25562.11	Horizon	PPO	18418.19				13449.78	39853.45	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	Horizon	PPO	13630.21				9211	29493.19	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	Horizon	PPO	25383.82				12507	54925.76	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	Horizon	PPO	15108.43				10557.14	32691.77	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31528.89	Horizon	PPO	28342.05				18534.64	61326.81	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				25912.75	Horizon	PPO	17590.75				12044.21	38063.03	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	Horizon	PPO	13741.98				8836.2	29735.04	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	Horizon	PPO	54706.54				35555.04	118374.54	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	Horizon	PPO	30698.18				9078	66425.02	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	Horizon	PPO	21246.62				11401	45973.65	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.98	Horizon	PPO	94668.79				16091	204845.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	Horizon	PPO	54508.44				36864	118811.42	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	Horizon	PPO	31702.28				23584.06	68597.71	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84539.1	Horizon	PPO	87984.38				63726.69	190381.46	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient				46686.32	Horizon	PPO	45233.35				31451.72	97876.36	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient				33208.73	Horizon	PPO	27575.9				19966.19	59669.01	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient				54955.26	Horizon	PPO	50435.94				38498.67	109133.78	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient				34353.58	Horizon	PPO	28659.32				20941.82	62013.33	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	Horizon	PPO	22288.58				8609	48228.25	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	Horizon	PPO	28293.38				10681	61221.49	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	Horizon	PPO	24843.01				14701	53755.55	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	Horizon	PPO	33735.73				24182.91	72997.7	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	Horizon	PPO	28224.87				23447.05	61073.26	case rate	
SKIN ULCERS W MCC	592	MS-DRG				inpatient				36280.15	Horizon	PPO	30793.72				24288.03	66631.76	case rate	
SKIN ULCERS W CC	593	MS-DRG				inpatient				28726.36	Horizon	PPO	20359.69				14441.95	44054.51	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	Horizon	PPO	14605.48				10024.44	31603.47	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39095.13	Horizon	PPO	35817.85				24982.55	77903.01	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				34763.76	Horizon	PPO	18234.31				12769.43	39455.58	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	Horizon	PPO	31006.44				20749.3	67092.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	Horizon	PPO	20952.78				12529.66	45337.84	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21626.6	Horizon	PPO	12914.54				10097.67	27944.61	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.18	Horizon	PPO	17233.81				11298.9	37290.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	Horizon	PPO	11162.32				7081.01	24153.13	case rate	
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	Horizon	PPO	26030.99				17353.49	56326.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21987.58	Horizon	PPO	15281.49				10403.59	33066.23	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	Horizon	PPO	25540.65				17548.38	55265.12	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient				22582.18	Horizon	PPO	15512.23				10910.3	33565.52	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	Horizon	PPO	24891.68				19020.09	53860.87	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	Horizon	PPO	14439.63				10207.52	31244.61	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	Horizon	PPO	42608.62				26918.45	92196.95	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29641.14	Horizon	PPO	26701.59				16925.91	57777.17	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	Horizon	PPO	74545.25				45851.52	161301.75	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36551.8	Horizon	PPO	37380.79				22815.13	80884.92	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	Horizon	PPO	20898.7				14706.52	45220.82	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47569.21	Horizon	PPO	52651.46				32204.11	113927.74	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	Horizon	PPO	32921.66				18863	70587.07	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	Horizon	PPO	28452.01				17266.08	61564.75	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	Horizon	PPO	68466.55				44198.71	148148.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	Horizon	PPO	34669.53				22593.08	75018.26	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				23582.88	Horizon	PPO	23362.99				11763.09	50553.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	Horizon	PPO	50174.55				33864.81	108568.18	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				30698.67	Horizon	PPO	29034.29				17827.13	62824.67	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	Horizon	PPO	19559.3				14964.01	42322.6	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	Horizon	PPO	66249.23				46924.71	143350.73	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	Horizon	PPO	42159.74				26565.29	91225.67	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	Horizon	PPO	27662.43				16551.48	59856.24	case rate	
DIABETES W MCC	637	MS-DRG				inpatient				29864.08	Horizon	PPO	24900.7				17201.12	53880.37	case rate	
DIABETES W CC	638	MS-DRG				inpatient				22492.09	Horizon	PPO	15723.15				10833.53	34021.91	case rate	
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				18464.34	Horizon	PPO	11391.26				7401.1	24648.52	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient				28165.83	Horizon	PPO	21455.74				15685.7	46426.13	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	Horizon	PPO	13594.5				9229.52	29329.36	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	Horizon	PPO	22777.11				14659.28	49285.34	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	Horizon	PPO	29457.92				19575.23	63741.34	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	Horizon	PPO	18252.34				12206.02	39494.59	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient				20572.46	Horizon	PPO	13362.26				9197.63	28978.3	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient				52349.56	Horizon	PPO	59752.29				36277.9	129292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient				67044.22	Horizon	PPO	98950.2				65844.5	214109.42	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient				48894.23	Horizon	PPO	51796.98				33333.29	113078.81	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient				38571.21	Horizon	PPO	37445.68				24536.07	81025.34	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient				54935.86	Horizon	PPO	59986.65				38481.93	129799.69	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient				35117.27	Horizon	PPO	35105.78				21592.64	75962.23	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient				30625.21	Horizon	PPO	28237.49				17764.53	61100.56	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	Horizon	PPO	49161.43				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28362.15	Horizon	PPO	26095.89				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	Horizon	PPO	19339.37				12125.71	41846.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	Horizon	PPO	57302.42				36847.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	Horizon	PPO	29569.69				18040.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	Horizon	PPO	21374.61				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57369.7	Horizon	PPO	57304.23				40556.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	Horizon	PPO	32071.84				19457.12	69397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	Horizon	PPO	19476.37				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	Horizon	PPO	50738.79				34445.94	109789.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	Horizon	PPO	29527.73				18278.33	61728.58	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23025.7	Horizon	PPO	17369.01				11288.27	37583.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	Horizon	PPO	30348.45				20359.52	65668.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24948.1	Horizon	PPO	19052.74				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	Horizon	PPO	64487.99				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	Horizon	PPO	41680.23				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	Horizon	PPO	29299.28				18488.57	63398.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	Horizon	PPO	27617.36				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	Horizon	PPO	16566.81				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	Horizon	PPO	11173.13				7174.32	24176.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	Horizon	PPO	30963.18				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	Horizon	PPO	18866.05				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	Horizon	PPO	14257.55				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	Horizon	PPO	20038.81				13823.02	43360.18	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20903.72	Horizon	PPO	14315.24				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	Horizon	PPO	23860.54				17367.66	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	Horizon	PPO	12656.76				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	Horizon	PPO	20707.61				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	Horizon	PPO	12413.39				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	Horizon	PPO	17305.92				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	Horizon	PPO	29115.41				19853.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	Horizon	PPO	18529.95				12046.57	40095.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	Horizon	PPO	13685.11				8199.56	29633.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	Horizon	PPO	32293.57				22521.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	Horizon	PPO	25354.98				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	Horizon	PPO	36627.26				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30589.17	Horizon	PPO	30096.08				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	Horizon	PPO	37559.25				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	Horizon	PPO	19411.47				10466.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	Horizon	PPO	26380.71				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	Horizon	PPO	16413.58				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	Horizon	PPO	39837.87				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	Horizon	PPO	26373.5				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	Horizon	PPO	35230.17				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26853.87	Horizon	PPO	22220.08				14550.61	48080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	Horizon	PPO	29919.41				20420.94	64739.92	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	Horizon	PPO	19856.74				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	Horizon	PPO	12424.21				7758.99	26883.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	Horizon	PPO	21890.19				14913.23	47386.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	Horizon	PPO	13781.64				8792.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	Horizon	PPO	25922.83				17355.85	56052.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	Horizon	PPO	14296.57				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	Horizon	PPO	19505.21				13003.3	42205.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	Horizon	PPO	10246.55				7168.41	22171.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	Horizon	PPO	41568.46				24837.26	89946.24	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	Horizon	PPO	24606.86				14308	53244.56	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	Horizon	PPO	72659.63				46509.04	157221.61	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	Horizon	PPO	36620.05				23604.14	79238.82	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	Horizon	PPO	25098.99				17916.89	54309.45	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	Horizon	PPO	64855.74				47020.48	140335.48	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34981.44	Horizon	PPO	31419.26				21476.89	67985.3	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	Horizon	PPO	23936.25				16224.3	51793.49	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	Horizon	PPO	30898.28				21576.1	68858	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26393.71	Horizon	PPO	20110.92				14158.47	43516.21	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	Horizon	PPO	30471.04				23079.71	65933.53	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23963.44	Horizon	PPO	19278.07				12104.45	41714.09	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	Horizon	PPO	30243.9				19779.57	65442.04	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	Horizon	PPO	17273.47				11282.36	37376.51	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	Horizon	PPO	23326.94				16090.83	50475.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	Horizon	PPO	46906.25				30575.3	101496.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	Horizon	PPO	22063.25				15230.96	47740.67	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34856.7	Horizon	PPO	33194.92				21370.58	71827.49	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	Horizon	PPO	19287.09				13111.97	41733.59	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	Horizon	PPO	14062.86				11280	30429.36	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	Horizon	PPO	25975.1				16716.84	56205.19	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	Horizon	PPO	18394.75				12039.48	39802.74	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18650.06	Horizon	PPO	12811.79				7559.37	27722.27	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	Horizon	PPO	15714.14				11641.43	34022.4	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	Horizon	PPO	9904.03				7487.32	21430.45	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				23794.94	Horizon	PPO	20395.75				9023	44132.52	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	Horizon	PPO	26281.56				16256.19	56868.31	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	Horizon	PPO	19251.03				12709.2	41655.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	Horizon	PPO	11879.79				8427.52	25705.61	case rate	
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	Horizon	PPO	13597.77				11041.41	29422.98	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	Horizon	PPO	31466.13				8487	68086.72	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24780.1	Horizon	PPO	19867.56				8487	42889.61	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	Horizon	PPO	15241.83				8487	32980.42	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	Horizon	PPO	28028.38				8487	60648.08	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	Horizon	PPO	19488.99				8487	42170.47	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	Horizon	PPO	16298.92				8487	35133.6	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Horizon	PPO	29991.52				637	64895.95	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Horizon	PPO	98901.53				637	214004.1	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Horizon	PPO	67547.17				637	146159.23	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Horizon	PPO	40755.44				637	88187.03	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Horizon	PPO	69384.12				637	150134.04	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Horizon	PPO	24558.18				637	53139.24	case rate	
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Horizon	PPO	3324.18				637	10912.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	Horizon	PPO	26467.24				6365	57270.08	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	Horizon	PPO	15267.07				6365	33035.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	Horizon	PPO	15267.07				6365	33035.03	case rate	
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	Horizon	PPO	84755.74				56161.42	183365.31	case rate	
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	Horizon	PPO	47353.32				34416.41	102463.59	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true															
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	Horizon	PPO	28565.42				5977	60706.59	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	Horizon	PPO	60339.97				8199	130564.23	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	Horizon	PPO	31044.3				13379	67173.95	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	Horizon	PPO	22182.22				13058.82	47998.11	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.98	Horizon	PPO	18445.23				6365	39911.96	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	Horizon	PPO	12752.3				6365	27593.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	Horizon	PPO	11068.58				6365	23950.3	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	Horizon	PPO	38743.63				27051.92	83833.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	Horizon	PPO	21713.52				14628.57	46983.53	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	Horizon	PPO	16620.89				11242.2	35964.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	Horizon	PPO	24444.61				16617.63	52893.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	Horizon	PPO	15921.45				10900.85	34450.98	case rate	
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	Horizon	PPO	29550.51				18284.23	62859.78	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	Horizon	PPO	29978.9				24691.98	64868.64	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	Horizon	PPO	17625				12001.69	38137.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	Horizon	PPO	13008.28				7788.52	28147.45	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	Horizon	PPO	45638.96				25818.8	98754.02	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	Horizon	PPO	24489.68				11686.32	52991.01	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	Horizon	PPO	15124.65				7977.5	32726.87	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	Horizon	PPO	98133.58				68770.21	212342.41	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	Horizon	PPO	43162.05				6969	93394.46	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	Horizon	PPO	21809.06				8721	47190.67	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	Horizon	PPO	81564.96				12547	176491.07	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	Horizon	PPO	39558.45				22652	85596.96	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	Horizon	PPO	24498.69				14537.62	53010.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	Horizon	PPO	89195.79				56405.91	193002.74	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42468.08	Horizon	PPO	40591.4				27874.01	87832.06	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	Horizon	PPO	29481.36				18932.69	63792.05	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	Horizon	PPO	56058.56				36424.37	121300.07	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	Horizon	PPO	25576.71				17274.35	55343.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.68	Horizon	PPO	18533.56				13595.06	40103.1	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	Horizon	PPO	12967.81				8827.93	28038.23	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	Horizon	PPO	8658.37				6139.63	18735.06	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86386.63	Horizon	PPO	99289.11				65285.81	214842.75	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				38383.42	Horizon	PPO	38505.67				25228.23	83318.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				26999.4	Horizon	PPO	21859.54				14674.63	47299.89	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	Horizon	PPO	96878.9				59142.64	209627.52	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	Horizon	PPO	42410.32				23956.12	91767.87	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	Horizon	PPO	22640.11				16186.51	48988.89	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	Horizon	PPO	59361.11				37666.94	128446.15	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	Horizon	PPO	29470.54				18520.46	63768.64	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	Horizon	PPO	20210.07				12424.54	43730.75	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	Horizon	PPO	33277.84				22362.75	72006.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	Horizon	PPO	21250.23				14117.13	45981.45	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	Horizon	PPO	15614.99				9883.88	33787.86	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	Horizon	PPO	50798.28				30164.26	109917.83	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	Horizon	PPO	23912.82				15008.9	51742.79	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	Horizon	PPO	16811.98				9672.45	36377.93	case rate	
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	Horizon	PPO	35516.8				31549.75	76851.59	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	Horizon	PPO	91164.34				59072.95	197262.3	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	Horizon	PPO	38709.88				23600.6	85924.62	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	Horizon	PPO	28122.12				19200.81	60850.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	Horizon	PPO	80910.58				53288.85	175075.12	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	Horizon	PPO	37076.13				25736.12	80235.7	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	Horizon	PPO	24879.06				15217.96	53833.56	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	Horizon	PPO	32947.95				21717.84	71293.09	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	Horizon	PPO	17752.99				11810.34	38414.09	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	Horizon	PPO	15580.74				10606.74	33713.75	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29883.69	Horizon	PPO	24916.92				17132.61	53915.48	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	Horizon	PPO	14789.35				10450.83	32001.34	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	Horizon	PPO	38449.79				25327.44	83198.03	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	Horizon	PPO	19413.28				12403.28	42006.64	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	Horizon	PPO	13842.93				8499.57	29953.48	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				106197.52	Horizon	PPO	113485.37				82166.84	245560.77	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	Horizon	PPO	33465.32				23175.38	72412.69	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	Horizon	PPO	18980.63				12177.68	41070.47	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	Horizon	PPO	59514.34				46414.55	128777.71	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23065.9	Horizon	PPO	2090				2090	20057.3	per diem	
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	Horizon	PPO	2090				2090	19520.98	per diem	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	Horizon	PPO	2090				2090	20098.28	per diem	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	Horizon	PPO	2090				2090	33132.9	per diem	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	Horizon	PPO	2090				2090	29849.81	per diem	
PSYCHOSES	885	MS-DRG				inpatient				25316.81	Horizon	PPO	2090				2090	25492.88	per diem	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	Horizon	PPO	2090				2090	32107.05	per diem	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	Horizon	PPO	2090				2090	22638.97	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	Horizon	PPO	2090				2090	10133.96	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	Horizon	PPO	2090				2090	25416.95	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	Horizon	PPO	2090				2090	31826.46	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	Horizon	PPO	2090				2090	19136.51	per diem	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	Horizon	PPO	804886.75				13124	1741923.35	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	Horizon	PPO	34619.05				22413.54	74909.04	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	Horizon	PPO	20981.63				14399.42	60432.03	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	Horizon	PPO	58155.1				45655.46	126836.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	Horizon	PPO	31893.37				19467.75	69011.18	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	Horizon	PPO	33227.37				25778.64	71897.7	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64994.15	Horizon	PPO	76003.63				47053.55	164457.41	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	Horizon	PPO	35924.21				23825.02	77733.15	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	Horizon	PPO	23892.99				14980.55	51699.88	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	Horizon	PPO	26533.94				19114.58	57503.54	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	Horizon	PPO	15103.02				10824.08	90774.77	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	Horizon	PPO	30229.48				20527.24	65410.84	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				18984.09	Horizon	PPO	11452.55				7844.03	24781.15	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	Horizon	PPO	26566.39				19367.35	57484.62	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	Horizon	PPO	14037.62				10448.47	30374.75	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				32054.9	Horizon	PPO	32886.66				21539.49	71160.47	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	Horizon	PPO	18082.88				11999.32	39127.92	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	Horizon	PPO	12737.88				8122.78	27562.35	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	Horizon	PPO	28093.28				19954.38	60788.51	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	Horizon	PPO	15679.88				12046.57	40248.18	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				288638.5	Horizon	PPO	331417.38				237556.83	717124.19	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	Horizon	PPO	105919.44				78887.96	229189.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	Horizon	PPO	53579.85				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	Horizon	PPO	51562.63				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	Horizon	PPO	33052.5				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	Horizon	PPO	32839.79				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	Horizon	PPO	59105.12				37489.76	127892.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				39043.84	Horizon	PPO	39199.71				24938.84	84820.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	Horizon	PPO	33375.19				23083.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	Horizon	PPO	24605.05				18030.29	52240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	Horizon	PPO	18796.75				13187.56	40672.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	Horizon	PPO	21733.35				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	Horizon	PPO	14064.67				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	Horizon	PPO	20952.55				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	Horizon	PPO	13428.31				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	Horizon	PPO	14392.76				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	Horizon	PPO	109908.82				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	Horizon	PPO	68210.56				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	Horizon	PPO	136978.16				88163.55	296394.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	Horizon	PPO	75349.25				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	Horizon	PPO	44178.77				31228.48	99594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	Horizon	PPO	50365.47				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	Horizon	PPO	26588.02				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	Horizon	PPO	17563.71				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	Horizon	PPO	100927.76				74699.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	Horizon	PPO	50253.87				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	Horizon	PPO	49087.52				35271.56	106216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	Horizon	PPO	23253.03				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	Horizon	PPO	16920.14				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	Horizon	PPO	21089.79				17031.03	45634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	Horizon	PPO	78787				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	Horizon	PPO	44218.43				14901	95680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	Horizon	PPO	28286.17				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	Horizon	PPO	60076.78				41372.21	129994.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	Horizon	PPO	30521.51				20268.57	66042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	Horizon	PPO	16760.7				13648.21	40594.58	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	Qualcare	Qualcare	234847				125765.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	Qualcare	Qualcare	234847				57276.42	295704	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Qualcare	Qualcare	49635				49635	218302.68	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				161545	Qualcare	Qualcare	78485				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				99286.86	Qualcare	Qualcare	78485				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Qualcare	Qualcare	78485				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Qualcare	Qualcare	57338				57338	300026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	Qualcare	Qualcare	57338				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Qualcare	Qualcare	57338				17199	179720.85	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Qualcare	Qualcare	63792				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Qualcare	Qualcare	63792				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Qualcare	Qualcare	58118				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83518.2	Qualcare	Qualcare	71166				62839.65	200776.83	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Qualcare	Qualcare	47567				47567	229626.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Qualcare	Qualcare	33990				33990	153153.18	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56793.12	Qualcare	Qualcare	28745				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	Qualcare	Qualcare	19748				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Qualcare	Qualcare	19748				19748	98318.1	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Qualcare	Qualcare	15797				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Qualcare	Qualcare	15797				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Qualcare	Qualcare	12982				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Qualcare	Qualcare	12982				12982	77694.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Qualcare	Qualcare	12982				12982	63616.52	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Qualcare	Qualcare	13521				13521	85086.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Qualcare	Qualcare	9969				9969	44425.07	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	UHC	Medicare	347996.2				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	UHC	Medicare	121849.65				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306824.15	UHC	Medicare	266803.61				253139.77	713726.68	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205923.09	UHC	Medicare	178922.69				168896.78	445428.73	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	UHC	Medicare	136853.53				125785.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	UHC	Medicare	66947.9				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	UHC	Medicare	166012.81				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	UHC	Medicare	74081.64				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	UHC	Medicare	104596.81				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	UHC	Medicare	73536.88				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66657.36	UHC	Medicare	57962.92				48470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	UHC	Medicare	40442.53				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	UHC	Medicare	166410.54				154752.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	UHC	Medicare	81250.34				71293.15	250082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	UHC	Medicare	81250.34				71293.15	170893.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG				inpatient				532483.55	UHC	Medicare	463029.18				445445.49	674003.16	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG				inpatient				119652.92	UHC	Medicare	104046.02				93633.46	141676.71	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	UHC	Medicare	105658.61				95213.84	406659.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83865.11	UHC	Medicare	72874				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48081.24	UHC	Medicare	41792.38				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	UHC	Medicare	77263.44				67385.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	UHC	Medicare	54323.14				44903.86	335856.53	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71786.2	UHC	Medicare	62405.4				52824.66	166852.44	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	UHC	Medicare	45367.09				36126.72	117633.41	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	UHC	Medicare	38246.6				29148.47	93839.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	UHC	Medicare	81775.82				71808.14	209654.82	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				58303.85	UHC	Medicare	48959.87				39647.73	123094.39	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	UHC	Medicare	35325.13				26285.36	84867.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	UHC	Medicare	59010.27				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				38379.26	UHC	Medicare	34242.83				25224.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	UHC	Medicare	27733.4				18845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	UHC	Medicare	55371.68				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	UHC	Medicare	35920.51				26868.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	UHC	Medicare	30597.02				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	UHC	Medicare	48528.4				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	UHC	Medicare	27923.82				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	UHC	Medicare	22221.89				13443.87	44171.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	UHC	Medicare	53966.39				44554.23	153227.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	UHC	Medicare	35720.44				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	UHC	Medicare	29687.07				20759.93	109672.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	UHC	Medicare	32759.2				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22500.3	UHC	Medicare	19808.96				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	UHC	Medicare	26571.56				17706.65	153781.38	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24500.98	UHC	Medicare	21653.02				12686.37	40848.13	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	UHC	Medicare	38684.1				29577.23	82870.37	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	UHC	Medicare	24586.55				15761.29	47155.56	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	UHC	Medicare	30751.29				21802.88	68636.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	UHC	Medicare	23251.16				14452.58	42880.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	UHC	Medicare	19259.44				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	UHC	Medicare	41086.12				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	UHC	Medicare	29967.89				21035.14	130341.7	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	UHC	Medicare	25435.03				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	UHC	Medicare	32478.38				23495.48	230599.55	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23873.94	UHC	Medicare	20759.95				12011.13	40235.72	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	UHC	Medicare	16799.57				8129.87	28350.29	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	UHC	Medicare	26038.85				17184.58	58565.11	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	UHC	Medicare	19128.07				10411.85	35055.59	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	UHC	Medicare	18147.02				9450.4	29859.86	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	UHC	Medicare	29460.49				20537.87	64178.22	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	UHC	Medicare	21205.88				12448.16	38453.1	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	UHC	Medicare	17545.61				8861	28943.19	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	UHC	Medicare	27131.99				18255.89	55042.78	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	UHC	Medicare	21067.28				12312.33	37988.92	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32917.88	UHC	Medicare	28537.29				19633.11	57792.77	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	UHC	Medicare	19554.72				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	UHC	Medicare	27140.43				18264.15	60538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	UHC	Medicare	20530.96				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	UHC	Medicare	16477.78				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	UHC	Medicare	32234.92				23256.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	UHC	Medicare	19408.89				10687.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	UHC	Medicare	36467.69				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29050.7	UHC	Medicare	25261.48				16422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	UHC	Medicare	20027.17				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41166.62	UHC	Medicare	35814.45				26764.9	85035.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	UHC	Medicare	24311.76				15491.99	49489.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	UHC	Medicare	19158.2				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	UHC	Medicare	25506.14				16662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	UHC	Medicare	21425.24				12663.13	41639.97	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21681.87	UHC	Medicare	18836.41				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35045.2	UHC	Medicare	30474.09				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	UHC	Medicare	21263.74				12504.86	36795.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	UHC	Medicare	18016.85				9322.83	28779.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	UHC	Medicare	52479.14				43096.69	143463.85	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	UHC	Medicare	37395.71				28314.58	92871.77	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	UHC	Medicare	37395.71				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59482.57	UHC	Medicare	51706.59				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				39846.35	UHC	Medicare	34649				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	UHC	Medicare	25296.43				16456.99	49652.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	UHC	Medicare	32431.38				23449.41	70696.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	UHC	Medicare	19612.57				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	UHC	Medicare	22478.6				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	UHC	Medicare	18750.84				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	UHC	Medicare	35467.35				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	UHC	Medicare	22750.99				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	UHC	Medicare	26955.03				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	UHC	Medicare	28614.42				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	UHC	Medicare	20703.3				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	UHC	Medicare	22523.2				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	UHC	Medicare	16679.05				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	UHC	Medicare	18184.38				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	UHC	Medicare	24218.95				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	UHC	Medicare	18455.55				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				43197.72	UHC	Medicare	37563.24				28478.76	89645.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	UHC	Medicare	20293.53				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	UHC	Medicare	25360.3				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	UHC	Medicare	18308.52				9608.67	32968.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	UHC	Medicare	25051.77				16217.22	45263.72	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG				inpatient				68396.81	UHC	Medicare	59475.49				49953.28	75584.26	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG				inpatient				39558.06	UHC	Medicare	34398.31				25377.05	38397.99	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG				inpatient				31573.24	UHC	Medicare	27454.99				18572.43	28101.93	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG				inpatient				55544.32	UHC	Medicare	48299.41				39000.46	59011.56	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG				inpatient				34127.66	UHC	Medicare	29676.23				20748.3	31395.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG				inpatient				26201.06	UHC	Medicare	22783.53				13994.29	22783.53	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	UHC	Medicare	36153.12				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	UHC	Medicare	23506.66				14702.98	49778.25	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	UHC	Medicare	17703.49				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	UHC	Medicare	17513.07				8825.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	UHC	Medicare	25162.65				16325.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	UHC	Medicare	17639.61				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25038.05	UHC	Medicare	22180.91				13403.71	40649.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	UHC	Medicare	17081.59				8406.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	UHC	Medicare	28104.61				19209.07	56423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	UHC	Medicare	19756				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	UHC	Medicare	16607.94				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	UHC	Medicare	28239.59				19341.36	65258.71	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	UHC	Medicare	19840.36				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	UHC	Medicare	16453.67				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	UHC	Medicare	64055.35				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	UHC	Medicare	38839.57				29729.6	100205.08	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	UHC	Medicare	30969.44				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	UHC	Medicare	54908.88				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	UHC	Medicare	30525.91				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	UHC	Medicare	24821.57				15991.62	52331.79	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG				inpatient				52310.75	UHC	Medicare	45487.61				36244.83	54842.02	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	UHC	Medicare	25486.85				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	UHC	Medicare	18320.57				9620.48	35067.29	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	UHC	Medicare	27986.5				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	UHC	Medicare	20461.05				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	UHC	Medicare	17780.63				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	UHC	Medicare	29568.96				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	UHC	Medicare	21885.63				13114.33	44503.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	UHC	Medicare	18597.77				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	UHC	Medicare	27634.57				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24563.58	UHC	Medicare	21377.03				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20558.6	UHC	Medicare	17877.04				9185.82	29564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	UHC	Medicare	27546.59				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	UHC	Medicare	20604.48				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	UHC	Medicare	17352.77				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	UHC	Medicare	23417.48				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	UHC	Medicare	22038.7				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	UHC	Medicare	18858.1				10147.28	35648.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	UHC	Medicare	16304.22				7644.42	28244.97	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	UHC	Medicare	24385.28				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	UHC	Medicare	18386.86				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	UHC	Medicare	16008.94				7355.03	26750.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35893.44	UHC	Medicare	31211.69				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	UHC	Medicare	20435.74				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	UHC	Medicare	16615.17				7949.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	UHC	Medicare	29779.88				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	UHC	Medicare	21851.89				13081.26	41924.72	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	UHC	Medicare	16664.59				7997.58	29870.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	UHC	Medicare	20154.93				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	UHC	Medicare	16899.6				8227.9	54377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	UHC	Medicare	18278.39				9579.14	103592.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	UHC	Medicare	31256.28				22297.79	59208.73	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	UHC	Medicare	19420.94				10698.87	33682.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	UHC	Medicare	86448.49				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	UHC	Medicare	40849.89				31699.76	95075.66	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG				inpatient				160770.36	UHC	Medicare	139800.31				37458	194695.78	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	UHC	Medicare	136195.47				125140.69	502648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	UHC	Medicare	124821.74				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				99286.86	UHC	Medicare	86336.4				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	UHC	Medicare	80206.61				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	UHC	Medicare	101758.5				57338	300026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	UHC	Medicare	72341.29				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	UHC	Medicare	63855.28				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	UHC	Medicare	68564.11				58860.35	256517.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	UHC	Medicare	45941.98				36690.12	181320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	UHC	Medicare	110633.79				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	UHC	Medicare	82127.74				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	UHC	Medicare	102709.42				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83618.2	UHC	Medicare	72724.52				62839.65	200776.83	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	UHC	Medicare	79422.01				47567	226626.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	UHC	Medicare	58064.16				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	UHC	Medicare	69210.11				59493.45	183695.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	UHC	Medicare	43602.63				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	UHC	Medicare	26701.72				15559	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56793.12	UHC	Medicare	49385.32				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	UHC	Medicare	35655.36				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	UHC	Medicare	30254.74				19748	98318.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	UHC	Medicare	67401.06				57720.54	195506.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	UHC	Medicare	36376.09				27315.32	109903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	UHC	Medicare	27336.88				18456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	UHC	Medicare	49846.13				40518.24	127155.02	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	UHC	Medicare	39273.46				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	UHC	Medicare	29588.24				20663.07	70602.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	UHC	Medicare	40038.78				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	UHC	Medicare	28916.93				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	UHC	Medicare	18056.62				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	UHC	Medicare	42316.66				15797	116584.12	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	UHC	Medicare	29688.28				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	UHC	Medicare	49556.46				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	UHC	Medicare	31374.39				12982	77694.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	UHC	Medicare	26796.94				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	UHC	Medicare	40829.41				31679.68	93312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	UHC	Medicare	50627.91				41282.44	123207.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				59221.41	UHC	Medicare	51496.88				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	UHC	Medicare	80706.78				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	UHC	Medicare	65206.34				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	UHC	Medicare	88863.76				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	UHC	Medicare	58649.9				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	UHC	Medicare	70368.34				60628.53	197441.73	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	UHC	Medicare	50016.86				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	UHC	Medicare	38661.2				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	UHC	Medicare	55632.01				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	UHC	Medicare	46119.15				36863.75	116174.55	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG				inpatient				107729.06	UHC	Medicare	93677.44				83472.01	126301.42	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG				inpatient				95634.72	UHC	Medicare	83160.62				73165.28	110706.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG				inpatient				74255.48	UHC	Medicare	64569.98				54946.01	83138.76	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG				inpatient				79125.93	UHC	Medicare	68805.16				59096.58	89418.98	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG				inpatient				54192.96	UHC	Medicare	47124.31				37848.83	57269.04	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	UHC	Medicare	28286.6				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22595.84	UHC	Medicare	19613.78				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	UHC	Medicare	17243.09				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				36881.67	UHC	Medicare	32071.01				23096.25	70395.93	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	UHC	Medicare	17434.73				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17560.66	UHC	Medicare	15270.14				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	UHC	Medicare	35179.3				13521	85066.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	UHC	Medicare	21637.36				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	UHC	Medicare	41424.79				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	UHC	Medicare	27506.82				18623.22	66698.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	UHC	Medicare	20303.17				11563.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	UHC	Medicare	24229.8				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	UHC	Medicare	18883.41				10172.08	35878.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	UHC	Medicare	15117.07				6480.98	25963.06	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26799.81	UHC	Medicare	23304.19				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	UHC	Medicare	18022.88				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	UHC	Medicare	28250.44				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	UHC	Medicare	16993.61				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	UHC	Medicare	13827.48				5217.15	18820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	UHC	Medicare	27999.75				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	UHC	Medicare	21407.16				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19667.4	UHC	Medicare	17102.08				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	UHC	Medicare	22524.4				13740.34	41717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	UHC	Medicare	16607.94				7942.07	25959.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	UHC	Medicare	22663				13876.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	UHC	Medicare	17551.63				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	UHC	Medicare	26551.07				17686.57	54953.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	UHC	Medicare	19669.22				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26493.51	UHC	Medicare	23037.83				14343.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20026.37	UHC	Medicare	17414.24				8732.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	UHC	Medicare	15247.24				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	UHC	Medicare	16920.09				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	UHC	Medicare	19005.14				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	UHC	Medicare	17102.08				8426.34	27589.65	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39627.36	UHC	Medicare	34458.57				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	UHC	Medicare	20101.9				11366.23	37286.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	UHC	Medicare	16732.08				8063.72	29305.96	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG				inpatient				70664.32	UHC	Medicare	61447.24				51885.65	785081.2	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG				inpatient				41882.99	UHC	Medicare	36402.6				27341.31	41370.11	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG				inpatient				49236.58	UHC	Medicare	42814.42				33625.04	50878.01	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG				inpatient				34855.32	UHC	Medicare	30308.97				21369.4	32334.02	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG				inpatient				68815.38	UHC	Medicare	59839.46				50309.99	76124	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG				inpatient				54064.06	UHC	Medicare	47012.22				37738.99	57102.83	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG				inpatient				49448.64	UHC	Medicare	42998.82				33805.75	51151.45	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	UHC	Medicare	69717.51				59990.71	205016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	UHC	Medicare	37766.13				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	UHC	Medicare	27709.29				18821.66	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	UHC	Medicare	63846.85				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	UHC	Medicare	36991.96				27918.89	98426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32662.65	UHC	Medicare	28402.3				19500.82	66105.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	UHC	Medicare	50309.73				40976.62	132563.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	UHC	Medicare	34118.7				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	UHC	Medicare	28493.9				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	UHC	Medicare	52174.22				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				39056.32	UHC	Medicare	33962.02				24949.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	UHC	Medicare	27005.44				18131.86	62539.92	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	UHC	Medicare	40978.85				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	UHC	Medicare	26446.22				17583.81	63877.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	UHC	Medicare	23512.69				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	UHC	Medicare	37029.32				27955.51	94049.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	UHC	Medicare	23676.6				14869.52	54609.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	UHC	Medicare	19120.84				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	UHC	Medicare	37654.83				28568.52	95430.63	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	UHC	Medicare	26836.64				17770.43	58614.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	UHC	Medicare	21792.83				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	UHC	Medicare	43853.32				34643.19	115690.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	UHC	Medicare	29006.12				20092.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	UHC	Medicare	24572.09				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	UHC	Medicare	59915.39				50384.4	165080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40992.58	UHC	Medicare	35645.72				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	UHC	Medicare	24836.03				16005.79	52993.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	UHC	Medicare	28631.29				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23883.64	UHC	Medicare	20768.39				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	UHC	Medicare	16916.48				8244.44	28993.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	UHC	Medicare	29571.37				20646.54	67625.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	UHC	Medicare	20909.4				12157.6	40504.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	UHC	Medicare	17246.71				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				38043.84	UHC	Medicare	33951.17				24938.84	80549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	UHC	Medicare	23312.82				14512.81	47069.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	UHC	Medicare	19146.15				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	UHC	Medicare	30417.44				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	UHC	Medicare	20386.33				11644.98	39028.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				19804.32	UHC	Medicare	16177.67				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	UHC	Medicare	31696.19				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	UHC	Medicare	21630.12				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	UHC	Medicare	17534.76				8850.37	29949.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	UHC	Medicare	23740.48				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	UHC	Medicare	18984.65				10271.3	33362.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	UHC	Medicare	28086.53				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	UHC	Medicare	20465.87				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	UHC	Medicare	16582.63				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	UHC	Medicare	26219.63				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20889.86	UHC	Medicare	18165.09				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	UHC	Medicare	15098.99				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	UHC	Medicare	23985.14				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	UHC	Medicare	17908.38				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	UHC	Medicare	28462.56				19559.88	63682.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	UHC	Medicare	19848.8				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	UHC	Medicare	16174.06				7516.85	26388.24	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG				inpatient				44122.19	UHC	Medicare	38367.12				29266.58	44283.24	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG				inpatient				30752.72	UHC	Medicare	26741.5				17873.19	27043.91	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG				inpatient				25355.59	UHC	Medicare	22048.34				13273.79	22048.34	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	UHC	Medicare	73932.19				64121.2	209822.55	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	UHC	Medicare	42351.61				33171.47	110491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				38382.03	UHC	Medicare	34245.24				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	UHC	Medicare	50702.63				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	UHC	Medicare	33771.59				24762.85	90601.56	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	UHC	Medicare	27198.28				18320.85	64462.97	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	UHC	Medicare	41226.64				10482	155963.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	UHC	Medicare	34194.63				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	UHC	Medicare	28540.9				15908	65773.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	UHC	Medicare	50732.76				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	UHC	Medicare	32344.6				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	UHC	Medicare	25018.02				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	UHC	Medicare	37146.23				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	UHC	Medicare	28491.49				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	UHC	Medicare	24384.07				15562.86	50872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58698.88	UHC	Medicare	51042.51				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	UHC	Medicare	28240.8				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	UHC	Medicare	26213.61				10272	58808.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	UHC	Medicare	57525.43				16017	153921.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	UHC	Medicare	36022.96				26969.24	85468.24	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	UHC	Medicare	27134.4				18258.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	UHC	Medicare	32115.61				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	UHC	Medicare	21397.52				12635.96	40095.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	UHC	Medicare	16898.4				8226.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	UHC	Medicare	30494.58				21551.3	66222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	UHC	Medicare	22095.34				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	UHC	Medicare	17967.44				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	UHC	Medicare	28555.36				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	UHC	Medicare	18871.36				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	UHC	Medicare	15917.34				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	UHC	Medicare	31287.62				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	UHC	Medicare	20148.9				11412.29	36923.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	UHC	Medicare	16973.12				8289.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	UHC	Medicare	28804.85				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	UHC	Medicare	21574.68				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	UHC	Medicare	18113.27				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	UHC	Medicare	115304.05				17717	370445.58	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	UHC	Medicare	82219.34				36879	247179.56	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	UHC	Medicare	64011.96				54399.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	UHC	Medicare	110577.15				100034.13	355946.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	UHC	Medicare	77676.84				67791.04	252285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	UHC	Medicare	60545.73				51002.14	199762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	UHC	Medicare	88438.32				78337.54	249051.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	UHC	Medicare	52580.02				43205.36	157490.76	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	UHC	Medicare	80706.78				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	UHC	Medicare	43019.3				11315	124582.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	UHC	Medicare	73598.35				15756	200180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	UHC	Medicare	44041.34				34827.45	114836.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	UHC	Medicare	29427.95				20505.98	71671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	UHC	Medicare	69905.53				60174.97	199450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	UHC	Medicare	49785.45				40456.82	135369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	UHC	Medicare	40120.73				30985.16	108884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				55084.16	UHC	Medicare	47899.27				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	UHC	Medicare	31228.56				22270.62	77616.13	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				77102.35	UHC	Medicare	67045.52				6282	195452.37	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				49935.13	UHC	Medicare	43421.85				8991	114945.83	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42592.04	UHC	Medicare	37036.55				11229	92559.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	UHC	Medicare	62554.84				22321	148035.47	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39880.02	UHC	Medicare	34504.37				25480.99	83818.24	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				25900.29	UHC	Medicare	22521.99				13737.98	44885.35	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	UHC	Medicare	49951.78				40619.82	122419.57	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	UHC	Medicare	36689.45				27622.42	88904.75	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	UHC	Medicare	29906.42				20974.9	70134.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	UHC	Medicare	43949.74				34737.68	118206.81	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	UHC	Medicare	33511.26				8360	80444.14	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	UHC	Medicare	27623.72				9385	64927.15	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	UHC	Medicare	39215.6				13093	92973.18	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	UHC	Medicare	47303.89				38024.83	128883.03	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	UHC	Medicare	34065.67				25051.05	86533.13	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	UHC	Medicare	27549				18664.56	64369.35	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	UHC	Medicare	32191.54				23214.36	82402.29	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	UHC	Medicare	23429.53				14627.39	50607.68	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	UHC	Medicare	51304.04				27633	132253.23	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	UHC	Medicare	37441.51				28359.46	87613.62	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	UHC	Medicare	31227.35				22269.44	72705.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				58575.53	UHC	Medicare	50935.24				41583.64	136053.94	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	UHC	Medicare	32283.13				23304.13	76488.83	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28388.18	UHC	Medicare	24685.38				15858.15	55975.05	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	UHC	Medicare	38934.79				29822.91	88857.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	UHC	Medicare	21745.83				12977.32	43656.63	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	UHC	Medicare	46694.04				37427.16	119673.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	UHC	Medicare	30013.69				8902	85820.41	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				29144.95	UHC	Medicare	25343.43				16503.06	50361.94	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	UHC	Medicare	40401.55				27418	99943.74	case rate	
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	UHC	Medicare	29655.74				20729.22	67462.61	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	UHC	Medicare	29655.74				20729.22	61623.26	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30557.29	UHC	Medicare	26571.56				17706.65	55011.57	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	UHC	Medicare	31863.71				22893.09	75771.1	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26996.93	UHC	Medicare	23466.89				14864	54458.73	case rate	
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	UHC	Medicare	29676.23				20749.3	65153.39	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				49393.2	UHC	Medicare	42950.61				33758.51	106582.73	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	UHC	Medicare	32140.92				7655	72057.63	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	UHC	Medicare	27881.64				10564	59372.55	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	UHC	Medicare	26649.9				17783.42	63955.88	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	UHC	Medicare	20792.49				12043.03	43544.38	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52640.62	UHC	Medicare	45774.46				36525.94	120219.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37661.99	UHC	Medicare	32749.56				23761.23	73543.8	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	UHC	Medicare	26494.42				17631.06	53864.77	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	UHC	Medicare	51699.36				42332.49	120929.5	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	UHC	Medicare	32269.88				23291.14	72631.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	UHC	Medicare	25777.31				16928.27	51259.1	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG				inpatient				50177.68	UHC	Medicare	43632.77				7692	52091.52	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG				inpatient				38998.11	UHC	Medicare	33911.4				9003	37675.96	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	UHC	Medicare	26882.51				12781	59700.21	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	UHC	Medicare	18314.54				9614.58	37097.3	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	UHC	Medicare	24532.31				15708.14	48945.98	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	UHC	Medicare	18277.18				9577.96	29528.3	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	UHC	Medicare	19580.03				10854.79	35515.87	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19086.66	UHC	Medicare	16597.09				7931.44	28358.09	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	UHC	Medicare	32878.52				29887.62	76762.93	case rate	
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	UHC	Medicare	24100.84				15285.29	50588.18	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	UHC	Medicare	19048.53				7723	34431.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				35630.1	UHC	Medicare	30982.69				8903	71199.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	UHC	Medicare	21290.25				10889	41835.01	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	UHC	Medicare	17611.89				8925.97	31143.19	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	UHC	Medicare	38958.89				29846.53	96702.25	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	UHC	Medicare	22456.91				13674.2	47370.1	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	UHC	Medicare	17497.4				8813.76	33452.4	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	UHC	Medicare	32784.51				23795.49	80635.27	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	UHC	Medicare	23028.19				14234.06	48532.51	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	UHC	Medicare	18894.26				10182.71	36034.67	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	UHC	Medicare	29070				9165	62083.54	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	UHC	Medicare	20119.97				11383.94	35145.31	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27880.9	UHC	Medicare	24244.26				15425.85	48275.06	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	UHC	Medicare	18562.82				9857.89	50728.21	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	UHC	Medicare	24733.59				15905.39	49897.75	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	UHC	Medicare	18344.67				9644.11	29945.67	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	UHC	Medicare	27181.4				18304.31	55873.63	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	UHC	Medicare	18914.75				10202.79	33682.54	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	UHC	Medicare	30876.63				21925.72	70161.89	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25562.11	UHC	Medicare	22227.92				13449.78	39853.45	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	UHC	Medicare	18357.93				9211	29493.19	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	UHC	Medicare	26142.5				12507	54925.76	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	UHC	Medicare	19276.31				10557.14	32691.77	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31528.89	UHC	Medicare	27416.42				18534.64	61326.81	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				23912.75	UHC	Medicare	20793.7				12044.21	38063.03	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	UHC	Medicare	17520.3				8836.2	29735.04	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	UHC	Medicare	44783.76				35555.04	118374.54	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	UHC	Medicare	28683.12				9078	66425.02	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	UHC	Medicare	22272.61				11401	45973.65	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.98	UHC	Medicare	82724.33				16091	204845.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	UHC	Medicare	50263.93				36864	118811.42	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	UHC	Medicare	32568.77				23584.06	68597.71	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84509.1	UHC	Medicare	73529.65				63726.69	193081.46	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient				46686.32	UHC	Medicare	40596.8				31451.72	97876.36	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient				33208.73	UHC	Medicare	28877.16				19966.19	59669.01	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient				54955.26	UHC	Medicare	47787.19				38498.47	109133.78	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient				34353.58	UHC	Medicare	29872.68				20941.82	62013.33	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	UHC	Medicare	25849.63				8609	48228.25	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	UHC	Medicare	29609.94				10681	61221.49	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	UHC	Medicare	28302.27				14701	53755.55	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	UHC	Medicare	33179.82				24182.91	72997.7	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	UHC	Medicare	32428.97				23447.05	61073.26	case rate	
SKIN ULCERS W MCC	592	MS-DRG				inpatient				38280.15	UHC	Medicare	33287.09				24288.03	66631.76	case rate	
SKIN ULCERS W CC	593	MS-DRG				inpatient				26726.36	UHC	Medicare	23240.31				14441.95	44054.51	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	UHC	Medicare	18732.76				10024.44	31603.47	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39095.13	UHC	Medicare	33995.76				24982.55	77503.01	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				24763.76	UHC	Medicare	21533.71				12769.43	39455.58	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	UHC	Medicare	29676.23				20748.3	67092.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	UHC	Medicare	21289.04				12529.66	45337.84	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21628.6	UHC	Medicare	18807.48				10097.67	27944.61	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.18	UHC	Medicare	20033.2				11298.9	37290.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	UHC	Medicare	15729.33				7081.01	24153.13	case rate	
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	UHC	Medicare	26211.2				17353.49	56326.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21967.58	UHC	Medicare	19119.63				10403.59	33066.23	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	UHC	Medicare	26410.06				17548.38	55265.12	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient				22582.18	UHC	Medicare	19636.68				10910.3	33565.52	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	UHC	Medicare	27911.77				19020.09	53860.87	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	UHC	Medicare	18919.57				10207.52	31244.61	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	UHC	Medicare	35971.13				26918.45	92196.95	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29641.14	UHC	Medicare	25774.9				16925.91	57777.17	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	UHC	Medicare	55086.05				45651.52	161301.75	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36551.8	UHC	Medicare	31784.17				22815.13	80884.92	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	UHC	Medicare	23510.28				14706.52	45220.82	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47569.21	UHC	Medicare	41364.53				32204.11	113927.74	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	UHC	Medicare	27751.48				18863	70587.07	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	UHC	Medicare	26122.01				17286.08	61984.75	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	UHC	Medicare	53603.62				44198.71	148148.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	UHC	Medicare	31557.59				22593.08	75018.26	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				23582.88	UHC	Medicare	20506.85				11763.09	50553.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	UHC	Medicare	43059.08				33864.81	108568.18	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				30698.67	UHC	Medicare	26694.49				17827.13	62824.67	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	UHC	Medicare	23773.02				14964.01	42322.6	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	UHC	Medicare	56058.66				46604.71	143350.73	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	UHC	Medicare	35619.77				26565.29	91225.67	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	UHC	Medicare	25392.85				16551.48	59856.24	case rate	
DIABETES W MCC	637	MS-DRG				inpatient				29964.08	UHC	Medicare	26055.72				17201.12	53880.37	case rate	
DIABETES W CC	638	MS-DRG				inpatient				22492.09	UHC	Medicare	19558.34				10833.53	34021.91	case rate	
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				19464.34	UHC	Medicare	16555.95				7401.1	24648.52	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient				28185.83	UHC	Medicare	24509.41				15685.7	46426.13	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	UHC	Medicare	17921.64				9229.52	29329.36	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	UHC	Medicare	23462.07				14659.28	49285.34	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	UHC	Medicare	28478.23				19575.23	63741.34	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	UHC	Medicare	20958.81				12206.02	39494.59	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient				20572.46	UHC	Medicare	17889.1				9197.63	28978.3	case rate	
KIDNEY TRANSPLANT WITH HEMANLYSIS WITH MCC	650	MS-DRG				inpatient				73637.32	UHC	Medicare	64032.45				54419.22	82341.67	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG				inpatient				57908.86	UHC	Medicare	50355.53				41015.5	62060.52	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient				52349.56	UHC	Medicare	45521.36				36277.9	129292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient				87044.22	UHC	Medicare	75690.62				65844.5	214109.42	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient				48894.23	UHC	Medicare	42516.72				33333.29	112078.81	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient				38571.21	UHC	Medicare	33540.19				24536.07	81025.34	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient				54935.86	UHC	Medicare	47770.31				38481.93	129799.69	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient				35117.27	UHC	Medicare	30536.76				21592.64	75962.23	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient				30625.21	UHC	Medicare	26630.62				17764.53	61100.56	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	UHC	Medicare	39650.69				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28352.15	UHC	Medicare	24654.04				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	UHC	Medicare	20876.86				12125.71	41946.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	UHC	Medicare	46102.28				36847.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	UHC	Medicare	26912.64				18040.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	UHC	Medicare	21518.04				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57389.7	UHC	Medicare	49886.69				40556.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	UHC	Medicare	28357.71				19457.12	69397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	UHC	Medicare	20891.32				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	UHC	Medicare	43652.05				34445.94	109789.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	UHC	Medicare	27154.89				18278.33	61728.68	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23025.7	UHC	Medicare	20022.35				11288.27	37583.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	UHC	Medicare	29278.5				20359.52	65668.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24948.1	UHC	Medicare	21684				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	UHC	Medicare	58998.22				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	UHC	Medicare	36325.47				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	UHC	Medicare	27369.42				18488.57	63398.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	UHC	Medicare	26605.31				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	UHC	Medicare	19217.26				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	UHC	Medicare	15824.54				7174.32	24176.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	UHC	Medicare	31230.97				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	UHC	Medicare	21191.42				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	UHC	Medicare	17232.25				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	UHC	Medicare	22608.77				13823.02	43360.18	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20903.72	UHC	Medicare	18177.15				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	UHC	Medicare	26225.66				17367.86	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	UHC	Medicare	17921.64				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	UHC	Medicare	22096.55				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	UHC	Medicare	16841.75				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	UHC	Medicare	20228.44				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	UHC	Medicare	28762.66				19853.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	UHC	Medicare	20796.11				12046.57	40095.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	UHC	Medicare	16870.68				8199.56	29633.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	UHC	Medicare	31892.64				22921.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	UHC	Medicare	26371.49				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	UHC	Medicare	35586.66				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				35588.17	UHC	Medicare	26599.28				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	UHC	Medicare	31494.91				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	UHC	Medicare	19183.51				10466.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	UHC	Medicare	25931.58				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	UHC	Medicare	19829.51				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	UHC	Medicare	35721.65				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	UHC	Medicare	25609.79				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	UHC	Medicare	30866.99				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26853.87	UHC	Medicare	23351.19				14550.61	48080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	UHC	Medicare	29341.17				20420.94	64739.92	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	UHC	Medicare	22037.49				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	UHC	Medicare	16421.13				7758.99	26883.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	UHC	Medicare	23721.19				14913.23	47386.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	UHC	Medicare	17475.7				8792.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	UHC	Medicare	26213.61				17355.85	56092.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	UHC	Medicare	18351.9				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	UHC	Medicare	21772.34				13003.3	42205.57	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	UHC	Medicare					7168.41	22171.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	UHC	Medicare					33847.52	24837.26	89946.24	case rate
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	UHC	Medicare					23134.25	14338	53244.56	case rate
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	UHC	Medicare					55961.04	46509.04	157221.61	case rate
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	UHC	Medicare					32589.26	23604.14	79208.82	case rate
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	UHC	Medicare					26786.09	17916.89	54309.45	case rate
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	UHC	Medicare					56482.91	47020.48	140335.48	case rate
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34981.44	UHC	Medicare					30418.65	21476.89	67985.3	case rate
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	UHC	Medicare					25059	16224.3	51793.49	case rate
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	UHC	Medicare					30519.89	21576.1	66858	case rate
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26393.71	UHC	Medicare					22951.05	14158.47	43516.21	case rate
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	UHC	Medicare					32054.14	23079.71	69933.53	case rate
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	UHC	Medicare					20855.16	12104.45	41714.09	case rate
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	UHC	Medicare					28686.73	19779.57	65442.04	case rate
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	UHC	Medicare					20016.32	11282.36	37376.51	case rate
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	UHC	Medicare					24922.81	16080.83	50475.06	case rate
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	UHC	Medicare					39702.52	30575.3	101496.21	case rate
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	UHC	Medicare					24045.4	15230.96	47740.67	case rate
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34856.7	UHC	Medicare					30310.18	21370.58	71827.49	case rate
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	UHC	Medicare					21883.22	13111.97	41733.59	case rate
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	UHC	Medicare					20013.91	11280	30429.36	case rate
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	UHC	Medicare					25561.58	16716.84	56205.19	case rate
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	UHC	Medicare					20788.88	12039.48	39802.74	case rate
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18850.06	UHC	Medicare					16217.45	7559.37	27722.27	case rate
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	UHC	Medicare					20382.71	11641.43	34002.4	case rate
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	UHC	Medicare					16143.93	7487.32	21430.45	case rate
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				25794.94	UHC	Medicare					20691.25	9023	44132.52	case rate
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28852.27	UHC	Medicare					25091.54	16256.19	56868.31	case rate
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	UHC	Medicare					21472.24	12709.2	41655.58	case rate
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	UHC	Medicare					17103.29	8427.52	25705.61	case rate
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	UHC	Medicare					19770.46	11641.41	29422.98	case rate
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	UHC	Medicare					30705.49	8487	68086.72	case rate
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	UHC	Medicare					21556.61	8487	42989.61	case rate
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21686.4	UHC	Medicare					19031.65	8487	32980.42	case rate
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	UHC	Medicare					27979.27	8487	60648.08	case rate
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	UHC	Medicare					21301.1	8487	42170.47	case rate
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	UHC	Medicare					19407.68	8487	35133.6	case rate
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	UHC	Medicare					30229.43	637	64895.95	case rate
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	UHC	Medicare					80152.38	637	214004.1	case rate
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	UHC	Medicare					57435.04	637	146159.23	case rate
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	UHC	Medicare					38028.46	637	88187.03	case rate
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	UHC	Medicare					58768.02	637	150134.04	case rate
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	UHC	Medicare					26295.56	637	53139.24	case rate
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	UHC	Medicare					10912.03	637	10912.03	case rate
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	UHC	Medicare					21291.46	6365	57270.08	case rate
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	UHC	Medicare					20173	6365	33035.03	case rate
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	UHC	Medicare					20173	6365	33035.03	case rate
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	UHC	Medicare					65810.16	56161.42	183395.31	case rate
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	UHC	Medicare					43621.92	34416.41	102463.59	case rate
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	UHC	Medicare					28290.21	5977	60706.59	case rate
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	UHC	Medicare					51709	8199	130564.23	case rate
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34460.6	UHC	Medicare					29957.04	13379	67173.95	case rate
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25703.34	UHC	Medicare					21828.99	13058.82	47998.11	case rate
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	UHC	Medicare					20532.16	6365	39911.96	case rate
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	UHC	Medicare					17225.02	6365	27593.55	case rate
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	UHC	Medicare					16184.9	6365	23950.3	case rate
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	UHC	Medicare					36107.32	27051.92	83833.84	case rate
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	UHC	Medicare					23430.73	14628.57	46983.93	case rate
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	UHC	Medicare					19975.35	11242.2	35964.45	case rate
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	UHC	Medicare					25460.34	16617.63	52893.49	case rate
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	UHC	Medicare					19627.04	10900.85	34460.98	case rate
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	UHC	Medicare					27160.92	18284.23	62859.78	case rate
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	UHC	Medicare					33699.28	24691.98	64868.64	case rate
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	UHC	Medicare					20750.31	12001.69	38137.14	case rate
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	UHC	Medicare					16451.26	7788.52	28147.45	case rate
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	UHC	Medicare					34849.06	25818.8	98754.02	case rate
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	UHC	Medicare					20428.51	11686.32	52991.01	case rate
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	UHC	Medicare					16644.1	7977.5	32726.87	case rate
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	UHC	Medicare					78675.97	68770.21	212342.41	case rate
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	UHC	Medicare					35409.5	6969	93394.46	case rate
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	UHC	Medicare					22288.18	8721	47190.67	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	UHC	Medicare					64902.63	12547	176491.07	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	UHC	Medicare					35011.77	22652	85596.96	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	UHC	Medicare					23337.93	14537.62	53010.51	case rate
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	UHC	Medicare					66059.65	56405.91	193002.74	case rate
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	UHC	Medicare					36946.16	27874.01	87832.06	case rate
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	UHC	Medicare					27822.59	18932.69	63762.05	case rate
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	UHC	Medicare					45670.81	36424.37	121300.07	case rate
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	UHC	Medicare					26130.45	17274.35	55343.13	case rate
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	UHC	Medicare					22376.16	13595.06	40103.1	case rate
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	UHC	Medicare					17511.86	8827.93	28038.23	case rate
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	UHC	Medicare					14768.76	6139.63	18735.06	case rate
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	UHC	Medicare					75120.55	65285.81	214842.75	case rate
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39383.42	UHC	Medicare					34246.45	25228.23	83318.95	case rate
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				26999.4	UHC	Medicare					23477.74	14674.63	47299.89	case rate
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	UHC	Medicare					68852.16	59142.64	209627.52	case rate
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37899.68	UHC	Medicare					32948.42	23956.12	91767.87	case rate
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	UHC	Medicare					25020.43	16186.51	48988.89	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	UHC	Medicare					46938.71	37666.94	128446.15	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	UHC	Medicare					27401.96	18520.46	63768.64	case rate
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	UHC	Medicare					21181.78	12424.54	43730.75	case rate
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	UHC	Medicare					31322.57	22362.75	72006.92	case rate
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	UHC	Medicare					22908.87	14117.13	45981.45	case rate
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	UHC	Medicare					18589.33	9883.88	33787.86	case rate
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	UHC	Medicare					39283.1	30164.26	109917.83	case rate
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	UHC	Medicare					23818.82	15008.9	51742.79	case rate
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	UHC	Medicare					18373.6	9672.45	36377.93	case rate
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	UHC	Medicare					40896.83	31549.75	76851.59	case rate
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	UHC	Medicare					68781.05	59072.95	197282.3	case rate
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	UHC	Medicare					32585.65	23600.6	85924.62	case rate
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	UHC	Medicare					28096.17	19200.81	60850.92	case rate
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	UHC	Medicare					62879.05	53288.85	175075.12	case rate
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	UHC	Medicare					34764.7	25736.12	80225.7	case rate
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	UHC	Medicare					24032.14	15217.96	53833.56	case rate
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	UHC	Medicare					30664.51	21717.84	71293.09	case rate
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	UHC	Medicare					20555.06	11810.34	38414.09	case rate
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	UHC	Medicare					19326.93	10606.74	33713.75	case rate
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29883.69	UHC	Medicare					25985.82	17132.61	53915.48	case rate
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	UHC	Medicare					19167.84	10450.83	32001.34	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39489.84	UHC	Medicare					34347.69	25327.44	83198.03	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	UHC	Medicare					21160.09	12403.28	42006.64	case rate
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	UHC	Medicare					17176.81	8499.57	29953.48	case rate
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				106197.52	UHC	Medicare					92345.67	82166.84	246560.77	case rate
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	UHC	Medicare					32151.76	23175.38	72412.59	case rate
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	UHC	Medicare					20929.89	12177.68	41070.47	case rate
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	UHC	Medicare					55864.62	46414.55	128777.71	case rate
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23085.9	UHC	Medicare					20057.3	2090	20057.3	case rate
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	UHC	Medicare					19520.98	2090	19520.98	case rate
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	UHC	Medicare					20098.28	2090	20098.28	case rate
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	UHC	Medicare					30847.71	2090	33132.9	case rate
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	UHC	Medicare					28633.7	2090	29849.81	case rate
PSYCHOSES	885	MS-DRG				inpatient				29316.81	UHC	Medicare					25492.88	2090	25492.88	case rate
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	UHC	Medicare					30155.91	2090	32107.05	case rate
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	UHC	Medicare					22838.97	2090	22838.97	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	UHC	Medicare					16025.81	2090	101331.96	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	UHC	Medicare					25416.95	2090	25416.95	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	UHC	Medicare					29966.69	2090	31826.46	case rate
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	UHC	Medicare					19136.51	2090	19136.51	case rate
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	UHC	Medicare					61901.61	13124	174162.35	case rate
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	UHC	Medicare					31374.39	22413.54	74909.04	case rate
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	UHC	Medicare					23196.92	14399.42	60432.03	case rate
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	UHC	Medicare					55039.04	45605.46	125836.58	case rate
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	UHC	Medicare					28368.55	19467.75	69011.18	case rate
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	UHC	Medicare					34808.09	25778.64	71897.7	case rate
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64994.15	UHC	Medicare					56516.65	47053.55	164457.41	case rate
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	UHC	Medicare					32814.64	23825.02	77733.15	case rate
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	UHC	Medicare					23789.89	14980.55	51699.88	case rate
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	UHC	Medicare					28008.19	19114.58	57503.54	case rate
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	UHC	Medicare					19548.7	10824.08	90774.77	case rate
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	UHC	Medicare					29449.64	20527.24	65410.84	case rate
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				16984.09	UHC	Medicare					16507.91	7844.03	24781.15	case rate
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	UHC	Medicare					28266.11	19367.35	57484.62	case rate
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	UHC	Medicare					19165.43	10448.47	30374.75	case rate
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35054.9	UHC	Medicare					30482.52	21539.49	71160.47	case rate
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	UHC	Medicare					20747.9	11999.32	39127.92	case rate
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	UHC	Medicare					16792.34	8122.78	27562.35	case rate
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	UHC	Medicare					28865.11	19954.38	60788.51	case rate
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	UHC	Medicare					20796.11	12046.57	40248.18	case rate

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				28853.6	UHC	Medicare	29296.04				23756.83	71724.19	case rate	
FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	UHC	Medicare	88999.95				78887.96	229189.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	UHC	Medicare	46835.06				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	UHC	Medicare	60662.99				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	UHC	Medicare	34365.77				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	UHC	Medicare	34975.61				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	UHC	Medicare	46757.92				37489.76	127892.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				39043.84	UHC	Medicare	33951.17				24938.84	84920.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	UHC	Medicare	32057.76				23083.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	UHC	Medicare	26901.79				18030.29	53240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	UHC	Medicare	21960.36				13187.56	40672.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	UHC	Medicare	24005.63				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	UHC	Medicare	18079.52				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	UHC	Medicare	21508.4				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	UHC	Medicare	15567.83				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	UHC	Medicare	15337.63				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	UHC	Medicare	90800.56				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	UHC	Medicare	54572.62				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	UHC	Medicare	98464.61				88163.55	296394.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	UHC	Medicare	58036.44				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	UHC	Medicare	40369.01				31228.48	95594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	UHC	Medicare	41246.41				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	UHC	Medicare	26583.61				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	UHC	Medicare	19502.9				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	UHC	Medicare	84726.22				74699.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	UHC	Medicare	40482.3				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	UHC	Medicare	44494.5				35271.56	106216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	UHC	Medicare	25635.1				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	UHC	Medicare	20592.42				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	UHC	Medicare	25882.17				17031.03	45634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75869.21	UHC	Medicare	65799.32				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	UHC	Medicare	38011.58				14901	95680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	UHC	Medicare	28609.6				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	UHC	Medicare	50719.51				41372.21	129994.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	UHC	Medicare	29185.7				20268.57	66042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	UHC	Medicare	22430.4				13648.21	40594.58	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	United	Commercial/PPO	503423.86				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	United	Commercial/PPO	168077.22				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				309824.15	United	Commercial/PPO	383025.56				253139.77	713728.68	case rate	For One Day Stay, Rate = $6,649/case
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	United	Commercial/PPO	252531.36				166896.78	445428.73	case rate	For One Day Stay, Rate = $6,649/case
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	United	Commercial/PPO	190326.08				125785.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	United	Commercial/PPO	88694.9				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	United	Commercial/PPO	233565.59				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	United	Commercial/PPO	97243.34				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	United	Commercial/PPO	142493.46				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	United	Commercial/PPO	96435.52				63733.78	260411	case rate	For One Day Stay, Rate = $6,649/case
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66657.36	United	Commercial/PPO	73341.33				48470.93	260411	case rate	For One Day Stay, Rate = $6,649/case
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	United	Commercial/PPO	47360.8				31300.53	260411	case rate	For One Day Stay, Rate = $6,649/case
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	United	Commercial/PPO	234155.37				154752.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	United	Commercial/PPO	107873.6				71293.15	255082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	United	Commercial/PPO	107873.6				71293.15	170893.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG				inpatient				532483.55	United	Commercial/PPO	674003.16				445445.49	674003.16	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG				inpatient				119652.92	United	Commercial/PPO	141676.71				93633.46	141676.71	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	United	Commercial/PPO	144067.98				95213.84	406659.68	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	United	Commercial/PPO	95452.56				63084.15	308373.74	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	United	Commercial/PPO	49362.46				32623.42	201178.6	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	United	Commercial/PPO	101961.55				67385.9	213020.69	case rate	For One Day Stay, Rate = $6,649/case
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	United	Commercial/PPO	67943.98				44903.86	335856.53	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71766.2	United	Commercial/PPO	79928.95				52824.66	166852.44	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	United	Commercial/PPO	54663.3				36126.72	117633.41	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	United	Commercial/PPO	44104.52				29148.47	93939.14	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	United	Commercial/PPO	108652.82				71808.14	209654.82	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	United	Commercial/PPO	59990.94				39647.73	123094.39	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	United	Commercial/PPO	39772.35				26285.36	84967.53	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	United	Commercial/PPO	74894.4				49497.36	163162.38	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	United	Commercial/PPO	38167.44				25224.68	110311.2	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	United	Commercial/PPO	28514.78				18845.28	181413.8	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	United	Commercial/PPO	69498.85				45931.46	298933.84	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	United	Commercial/PPO	40655.23				26868.85	86607.24	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	United	Commercial/PPO	32761.16				21651.7	67326.08	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	United	Commercial/PPO	59351.12				39224.88	125204.67	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	United	Commercial/PPO	28797.15				19031.9	65208	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	United	Commercial/PPO	20341.91				13443.87	44171.53	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	United	Commercial/PPO	67414.97				44554.23	153227.3	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	United	Commercial/PPO	40356.55				26672.77	91994.11	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	United	Commercial/PPO	31411.83				20799.93	109672.39	case rate	For One Day Stay, Rate = $6,649/case
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	United	Commercial/PPO	35967.4				23770.68	86031.48	case rate	For One Day Stay, Rate = $6,649/case
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22550.3	United	Commercial/PPO	16467.26				10883.13	105287.55	case rate	For One Day Stay, Rate = $6,649/case
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	United	Commercial/PPO	35791.92				17706.65	153781.38	case rate	For One Day Stay, Rate = $6,649/case
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24900.98	United	Commercial/PPO	19498.35				12886.37	40848.13	case rate	For One Day Stay, Rate = $6,649/case
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	United	Commercial/PPO	44753.28				29577.23	82870.37	case rate	For One Day Stay, Rate = $6,649/case
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	United	Commercial/PPO	23848.4				15761.29	47155.56	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	United	Commercial/PPO	32989.92				21802.88	68636.72	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	United	Commercial/PPO	21868.18				14452.58	42880.4	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	United	Commercial/PPO	15948.97				10540.6	32481.13	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	United	Commercial/PPO	48315.16				31931.26	111080.23	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	United	Commercial/PPO	31828.24				21935.14	130341.7	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	United	Commercial/PPO	25106.59				16592.82	145735.96	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	United	Commercial/PPO	35550.98				23495.48	230599.95	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23673.94	United	Commercial/PPO	18174.04				12011.13	40235.72	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	United	Commercial/PPO	12301.3				8129.87	28350.29	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	United	Commercial/PPO	26001.97				17184.58	58565.11	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	United	Commercial/PPO	15754.17				10411.85	35055.59	case rate	For One Day Stay, Rate = $6,649/case
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	United	Commercial/PPO	14299.39				9450.4	29859.86	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	United	Commercial/PPO	31075.83				20537.87	64178.22	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	United	Commercial/PPO	18835.3				12448.16	38453.1	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	United	Commercial/PPO	13407.57				8861	28943.19	case rate	For One Day Stay, Rate = $6,649/case
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31261.79	United	Commercial/PPO	27622.96				18255.89	55042.78	case rate	For One Day Stay, Rate = $6,649/case
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	United	Commercial/PPO	18829.77				12312.33	37988.92	case rate	For One Day Stay, Rate = $6,649/case
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	United	Commercial/PPO	29706.84				19633.11	57792.77	case rate	For One Day Stay, Rate = $6,649/case
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	United	Commercial/PPO	16386.84				10829.98	32172.97	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	United	Commercial/PPO	27635.47				18264.15	60538.86	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	United	Commercial/PPO	17834.47				11786.72	37840.69	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	United	Commercial/PPO	11824.12				7814.5	29118.73	case rate	For One Day Stay, Rate = $6,649/case
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	United	Commercial/PPO	35189.97				23256.88	73286.35	case rate	For One Day Stay, Rate = $6,649/case
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	United	Commercial/PPO	16170.59				10587.06	33335.38	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	United	Commercial/PPO	41466.61				27405.09	84200.51	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29060.7	United	Commercial/PPO	24849.23				16422.74	50514.07	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	United	Commercial/PPO	17087.42				11292.99	36015.16	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41188.62	United	Commercial/PPO	40497.95				26764.9	85035.26	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	United	Commercial/PPO	23440.92				15491.99	48489.6	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	United	Commercial/PPO	15798.85				10441.38	32972.62	case rate	For One Day Stay, Rate = $6,649/case
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	United	Commercial/PPO	25212.03				19662.51	57714.76	case rate	For One Day Stay, Rate = $6,649/case
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	United	Commercial/PPO	19160.57				12663.13	41639.97	case rate	For One Day Stay, Rate = $6,649/case
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	United	Commercial/PPO	15321.67				10126.02	30948.15	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35045.2	United	Commercial/PPO	32578.87				21531.22	62879.28	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	United	Commercial/PPO	18921.09				12504.86	36795.3	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	United	Commercial/PPO	14106.37				9322.83	28779.36	case rate	For One Day Stay, Rate = $6,649/case
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	United	Commercial/PPO	65229.57				43096.69	143463.85	case rate	For One Day Stay, Rate = $6,649/case
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	United	Commercial/PPO	42842.76				28314.58	92871.77	case rate	For One Day Stay, Rate = $6,649/case
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	United	Commercial/PPO	42842.76				28314.58	82343.78	case rate	For One Day Stay, Rate = $6,649/case
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59462.57	United	Commercial/PPO	64063.97				42339.57	138041.87	case rate	For One Day Stay, Rate = $6,649/case
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				39846.35	United	Commercial/PPO	38769.73				25622.73	72182.45	case rate	For One Day Stay, Rate = $6,649/case
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	United	Commercial/PPO	24901.08				16456.99	49652.01	case rate	For One Day Stay, Rate = $6,649/case
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	United	Commercial/PPO	35481.28				23449.41	70696.29	case rate	For One Day Stay, Rate = $6,649/case
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	United	Commercial/PPO	16472.62				10886.68	33908.79	case rate	For One Day Stay, Rate = $6,649/case
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	United	Commercial/PPO	20722.58				13695.46	41991.04	case rate	For One Day Stay, Rate = $6,649/case
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	United	Commercial/PPO	15194.77				10042.15	30480.07	case rate	For One Day Stay, Rate = $6,649/case
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	United	Commercial/PPO	39983.24				26424.73	89821.42	case rate	For One Day Stay, Rate = $6,649/case
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	United	Commercial/PPO	21126.49				13962.4	48957.69	case rate	For One Day Stay, Rate = $6,649/case
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	United	Commercial/PPO	27362.03				18083.44	53131.43	case rate	For One Day Stay, Rate = $6,649/case
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	United	Commercial/PPO	29821.22				19708.7	66623.96	case rate	For One Day Stay, Rate = $6,649/case
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	United	Commercial/PPO	18090.04				11955.62	39104.52	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	United	Commercial/PPO	20788.71				13739.16	41320.12	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MAJOR EYE INFECTION

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG				inpatient				26261.06	United	Commercial|PPO	21174.75				13994.29	22783.53	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	United	Commercial|PPO	41000.16				27096.81	75014.36	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	United	Commercial|PPO	22247.07				14702.98	48778.25	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	United	Commercial|PPO	13641.7				9015.73	28233.27	case rate	For One Day Stay, Rate = $6,649/case
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	United	Commercial|PPO	13359.32				8829.11	27737.88	case rate	For One Day Stay, Rate = $6,649/case
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	United	Commercial|PPO	24702.68				16325.88	51781.79	case rate	For One Day Stay, Rate = $6,649/case
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	United	Commercial|PPO	13546.98				8953.13	27453.13	case rate	For One Day Stay, Rate = $6,649/case
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	United	Commercial|PPO	20281.15				13403.71	40649.19	case rate	For One Day Stay, Rate = $6,649/case
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	United	Commercial|PPO	12719.5				8406.26	27765.18	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	United	Commercial|PPO	29065.23				19209.07	56423.63	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	United	Commercial|PPO	16685.3				11027.24	34454.88	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	United	Commercial|PPO	12017.13				7942.07	25740.72	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	United	Commercial|PPO	29265.4				19341.36	65258.71	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	United	Commercial|PPO	16810.4				11109.92	34727.93	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	United	Commercial|PPO	11788.37				7790.88	26462.35	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	United	Commercial|PPO	82375.62				54441.66	191887.14	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	United	Commercial|PPO	44983.82				29729.6	100205.08	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	United	Commercial|PPO	33313.41				22016.67	72256.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	United	Commercial|PPO	68812.56				45477.9	136446.49	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	United	Commercial|PPO	32655.72				21582.01	74019.68	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	United	Commercial|PPO	24196.9				15991.62	52331.79	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG				inpatient				52310.75	United	Commercial|PPO	54842.02				36244.83	54842.02	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	United	Commercial|PPO	25163.44				16643.61	57141.35	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	United	Commercial|PPO	14556.74				9620.48	35087.29	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	United	Commercial|PPO	28890.09				19093.32	71804.09	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	United	Commercial|PPO	17730.81				11718.21	49710.52	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	United	Commercial|PPO	13756.08				9091.33	35944.95	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	United	Commercial|PPO	31236.68				20644.17	66155.87	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	United	Commercial|PPO	19843.28				13114.33	44503.09	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21367.44	United	Commercial|PPO	14967.8				9892.15	31014.47	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	United	Commercial|PPO	28368.23				18748.43	58155.54	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24583.58	United	Commercial|PPO	19089.08				12615.88	39178.63	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20558.6	United	Commercial|PPO	13899.05				9185.82	28564.83	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	United	Commercial|PPO	28237.76				18662.2	60831.42	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	United	Commercial|PPO	17943.49				11858.77	41113.38	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	United	Commercial|PPO	13121.62				8672.02	29926.17	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	United	Commercial|PPO	22114.81				14615.57	48185.35	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	United	Commercial|PPO	20070.26				13264.34	46445.63	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	United	Commercial|PPO	15353.84				10147.28	35648.5	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	United	Commercial|PPO	11566.76				7644.42	28244.97	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	United	Commercial|PPO	23549.93				15564.04	51360.52	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	United	Commercial|PPO	14955.04				9885.45	35114.1	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	United	Commercial|PPO	11128.89				7355.03	26790.01	case rate	For One Day Stay, Rate = $6,649/case
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35863.44	United	Commercial|PPO	33672.64				22254.08	63897.37	case rate	For One Day Stay, Rate = $6,649/case
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	United	Commercial|PPO	17693.28				11693.4	39073.31	case rate	For One Day Stay, Rate = $6,649/case
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	United	Commercial|PPO	12027.86				7948.15	29586.81	case rate	For One Day Stay, Rate = $6,649/case
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	United	Commercial|PPO	31549.44				20850.88	69541.68	case rate	For One Day Stay, Rate = $6,649/case
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	United	Commercial|PPO	19793.24				13081.26	41924.72	case rate	For One Day Stay, Rate = $6,649/case
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	United	Commercial|PPO	12101.13				7997.58	29870.34	case rate	For One Day Stay, Rate = $6,649/case
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	United	Commercial|PPO	17276.86				11418.2	41440.31	case rate	For One Day Stay, Rate = $6,649/case
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	United	Commercial|PPO	12449.64				8227.9	54377.01	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	United	Commercial|PPO	14494.19				9579.14	103592.74	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	United	Commercial|PPO	33738.76				22297.79	59208.73	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	United	Commercial|PPO	16188.46				10698.87	33982.54	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	United	Commercial|PPO	115581.8				49635	218302.68	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	United	Commercial|PPO	47964.87				31699.76	95075.66	case rate	For One Day Stay, Rate = $6,649/case
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG				inpatient				160770.36	United	Commercial|PPO	194895.78				37458	194895.78	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	United	Commercial|PPO	189350.27				125140.69	502648.1	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	United	Commercial|PPO	172484.46				78485	383083.85	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				99286.86	United	Commercial|PPO	115415.59				76277.62	248193.74	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	United	Commercial|PPO	106325.89				70270.28	230348.04	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	United	Commercial|PPO	138284.6				57338	300026.24	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	United	Commercial|PPO	94662.62				57338	203043.14	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	United	Commercial|PPO	82078.95				17199	179720.85	case rate	For One Day Stay, Rate = $6,649/case
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	United	Commercial|PPO	89061.54				58860.35	256517.83	case rate	For One Day Stay, Rate = $6,649/case
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	United	Commercial|PPO	55515.79				36690.12	181320.14	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	United	Commercial|PPO	151445.54				19424	327615.89	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	United	Commercial|PPO	109174.69				27830	240298.72	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	United	Commercial|PPO	139694.7				53769	297823.76	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83518.2	United	Commercial|PPO	95082.61				62839.65	200776.83	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	United	Commercial|PPO	105162.42				47567	226626.77	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	United	Commercial|PPO	73491.45				33990	153153.18	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	United	Commercial|PPO	90019.48				59493.45	183695.67	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	United	Commercial|PPO	52046.84				34397.51	107070.31	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	United	Commercial|PPO	26984.93				15559	62255.17	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56763.12	United	Commercial|PPO	60921.82				20528	145765.26	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	United	Commercial|PPO	40262.04				19748	99635.58	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	United	Commercial|PPO	32253.6				19748	98318.1	case rate	For One Day Stay, Rate = $6,649/case
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	United	Commercial|PPO	87336.89				57720.54	195506.98	case rate	For One Day Stay, Rate = $6,649/case
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	United	Commercial|PPO	41330.79				27315.32	100903.31	case rate	For One Day Stay, Rate = $6,649/case
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	United	Commercial|PPO	27926.79				18456.68	65445.94	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	United	Commercial|PPO	61308.11				40518.24	127155.02	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	United	Commercial|PPO	45827.22				30154.91	101195.86	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	United	Commercial|PPO	31265.28				20663.07	70802.67	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	United	Commercial|PPO	46762.09				30904.84	99089.48	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	United	Commercial|PPO	30269.81				20005.17	68211.54	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	United	Commercial|PPO	14165.35				9361.81	43925.78	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	United	Commercial|PPO	50139.9				15797	116584.12	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	United	Commercial|PPO	31413.61				15797	81797.68	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	United	Commercial|PPO	60875.61				12982	141185.84	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	United	Commercial|PPO	33913.91				12982	77694.14	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	United	Commercial|PPO	27126.12				12982	63616.52	case rate	For One Day Stay, Rate = $6,649/case
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	United	Commercial|PPO	47934.49				31679.68	93312.55	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	United	Commercial|PPO	62464.43				41282.44	123207.51	case rate	For One Day Stay, Rate = $6,649/case
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				59221.41	United	Commercial|PPO	63753				42134.05	121573.12	case rate	For One Day Stay, Rate = $6,649/case
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	United	Commercial|PPO	107067.58				70760.45	280518.84	case rate	For One Day Stay, Rate = $6,649/case
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74967.3	United	Commercial|PPO	84082.4				55569.66	228116.84	case rate	For One Day Stay, Rate = $6,649/case
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	United	Commercial|PPO	119163.35				78754.49	261491.23	case rate	For One Day Stay, Rate = $6,649/case
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	United	Commercial|PPO	74360.03				49144.19	161914.16	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	United	Commercial|PPO	91736.98				60628.53	197441.73	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	United	Commercial|PPO	61558.32				40663.6	136282.66	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44492.38	United	Commercial|PPO	44719.32				29554.79	102124.23	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	United	Commercial|PPO	69884.88				46186.59	142473.07	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	United	Commercial|PPO	55778.51				36863.75	116174.55	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT W/TH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG				inpatient				107729.06	United	Commercial|PPO	126301.42				83472.01	126301.42	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG				inpatient				95634.72	United	Commercial|PPO	110708.32				73165.28	110708.32	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG				inpatient				74255.48	United	Commercial|PPO	83138.76				54946.01	83138.76	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG				inpatient				79125.93	United	Commercial|PPO	89418.98				59096.58	89418.98	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG				inpatient				54192.96	United	Commercial|PPO	57269.04				37848.83	57269.04	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	United	Commercial|PPO	29335.1				19387.43	64638.5	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	United	Commercial|PPO	16474.41				10887.86	38211.26	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	United	Commercial|PPO	12958.99				8564.53	29216.24	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				36881.67	United	Commercial|PPO	34946.91				23096.25	70395.93	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	United	Commercial|PPO	13243.15				8752.34	29902.77	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17560.66	United	Commercial|PPO	10033.34				6630.99	23263.77	case rate	For One Day Stay, Rate = $6,649/case
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	United	Commercial|PPO	39556.1				13521	85066.47	case rate	For One Day Stay, Rate = $6,649/case
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	United	Commercial|PPO	19475.12				9969	44425.07	case rate	For One Day Stay, Rate = $6,649/case
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	United	Commercial|PPO	48817.37				32263.17	105088.76	case rate	For One Day Stay, Rate = $6,649/case
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	United	Commercial|PPO	28178.78				18623.22	66698.07	case rate	For One Day Stay, Rate = $6,649/case
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	United	Commercial|PPO	17496.69				11563.48	39451.68	case rate	For One Day Stay, Rate = $6,649/case
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	United	Commercial|PPO	23319.39				15411.67	52480.02	case rate	For One Day Stay, Rate = $6,649/case
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	United	Commercial|PPO	15391.37				10172.08	35878.64	case rate	For One Day Stay, Rate = $6,649/case
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	United	Commercial|PPO	9806.37				6480.98	25963.06	case rate	For One Day Stay, Rate = $6,649/case
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26799.81	United	Commercial|PPO	21946.82				14504.55	45279.33	case rate	For One Day Stay, Rate = $6,649/case
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	United	Commercial|PPO	14115.31				9294.92	21504.56	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	United	Commercial|PPO	29281.48				19351.99	59895.25	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	United	Commercial|PPO	12589.04				8320.03	25448.17	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	United	Commercial|PPO	7894.06				5217.15	19820.88	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	United	Commercial|PPO	28909.75				19106.31	56575.75	case rate	For One Day Stay

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG				inpatient				49236.58	United	Commercial|PPO	50878.01				33625.04	50878.01	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG				inpatient				34855.32	United	Commercial|PPO	32334.02				21369.4	32334.02	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG				inpatient				68815.38	United	Commercial|PPO	76124				50309.99	76124	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG				inpatient				54064.06	United	Commercial|PPO	57102.83				37738.99	57102.83	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG				inpatient				49448.64	United	Commercial|PPO	51151.45				33855.75	51151.45	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	United	Commercial|PPO	90771.89				59990.71	205016.89	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	United	Commercial|PPO	43395				28679.55	96905.09	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	United	Commercial|PPO	28479.03				18821.66	60152.69	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	United	Commercial|PPO	82066.44				54237.32	194750.25	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	United	Commercial|PPO	42244.05				27918.89	98426.36	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32662.65	United	Commercial|PPO	29506.67				19500.82	66105.16	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	United	Commercial|PPO	61992.61				40970.62	132553.59	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	United	Commercial|PPO	37863.36				25103.02	75197.69	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	United	Commercial|PPO	29642.5				19590.59	50950.94	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	United	Commercial|PPO	64757.4				42797.86	158446.43	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				36056.32	United	Commercial|PPO	37751.03				24949.47	89645.89	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	United	Commercial|PPO	27435.31				18131.86	62539.92	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	United	Commercial|PPO	48156.1				31826.14	116521.71	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	United	Commercial|PPO	26606.05				17583.81	63877.86	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	United	Commercial|PPO	22256				14708.89	48236.06	case rate	For One Day Stay, Rate = $6,649/case
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	United	Commercial|PPO	42299.45				27955.51	94049.78	case rate	For One Day Stay, Rate = $6,649/case
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	United	Commercial|PPO	22499.06				14869.52	54609.8	case rate	For One Day Stay, Rate = $6,649/case
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21968.97	United	Commercial|PPO	15743.44				10404.77	37044.95	case rate	For One Day Stay, Rate = $6,649/case
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	United	Commercial|PPO	43227.01				28568.52	95430.63	case rate	For One Day Stay, Rate = $6,649/case
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	United	Commercial|PPO	26888.42				17770.43	58514.4	case rate	For One Day Stay, Rate = $6,649/case
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	United	Commercial|PPO	19705.67				13023.38	41093.87	case rate	For One Day Stay, Rate = $6,649/case
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	United	Commercial|PPO	52418.58				34643.19	115690.86	case rate	For One Day Stay, Rate = $6,649/case
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	United	Commercial|PPO	30402.06				20092.58	67521.12	case rate	For One Day Stay, Rate = $6,649/case
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	United	Commercial|PPO	23826.95				15747.12	52846.68	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	United	Commercial|PPO	76236.59				50384.4	156080.13	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40992.58	United	Commercial|PPO	40247.74				26599.54	83346.26	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	United	Commercial|PPO	24218.35				16005.79	52593.14	case rate	For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	United	Commercial|PPO	29846.24				19725.24	75829.61	case rate	For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23983.64	United	Commercial|PPO	18186.55				12019.4	43250.96	case rate	For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	United	Commercial|PPO	12474.66				8244.44	28993.9	case rate	For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	United	Commercial|PPO	31240.26				20646.54	67825.37	case rate	For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	United	Commercial|PPO	18395.65				12157.6	40504.87	case rate	For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	United	Commercial|PPO	12964.35				8568.08	29551.7	case rate	For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	United	Commercial|PPO	37734.94				24938.84	80549.46	case rate	For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	United	Commercial|PPO	21959.33				14512.81	47069.75	case rate	For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	United	Commercial|PPO	15780.98				10429.57	35718.71	case rate	For One Day Stay, Rate = $6,649/case
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	United	Commercial|PPO	32494.87				21475.71	69775.72	case rate	For One Day Stay, Rate = $6,649/case
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	United	Commercial|PPO	17620				11644.98	38628.63	case rate	For One Day Stay, Rate = $6,649/case
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				18604.32	United	Commercial|PPO	11379.1				7520.39	25479.37	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	United	Commercial|PPO	34391.09				22728.91	75907.62	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	United	Commercial|PPO	19464.4				12863.93	42712.67	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	United	Commercial|PPO	13391.49				8850.37	29949.57	case rate	For One Day Stay, Rate = $6,649/case
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	United	Commercial|PPO	22593.78				14932.12	52698.46	case rate	For One Day Stay, Rate = $6,649/case
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	United	Commercial|PPO	15541.49				10271.3	33362.69	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	United	Commercial|PPO	29038.43				19191.36	68229.99	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	United	Commercial|PPO	17737.96				11722.93	38230.76	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	United	Commercial|PPO	11979.6				7917.26	27176.18	case rate	For One Day Stay, Rate = $6,649/case
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	United	Commercial|PPO	26270.05				17361.75	59708.01	case rate	For One Day Stay, Rate = $6,649/case
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20889.86	United	Commercial|PPO	14326.2				9468.11	32890.7	case rate	For One Day Stay, Rate = $6,649/case
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	United	Commercial|PPO	9779.56				6463.26	23053.14	case rate	For One Day Stay, Rate = $6,649/case
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	United	Commercial|PPO	22956.58				15171.9	47647.05	case rate	For One Day Stay, Rate = $6,649/case
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	United	Commercial|PPO	13945.52				9216.53	29465.89	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	United	Commercial|PPO	29596.03				19559.88	63682.83	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	United	Commercial|PPO	16822.91				11118.18	36709.49	case rate	For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	United	Commercial|PPO	11373.74				7516.85	26388.24	case rate	For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITH MCC	397	MS-DRG				inpatient				44122.19	United	Commercial|PPO	44283.24				29266.58	44283.24	case rate	For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITH CC	398	MS-DRG				inpatient				30752.72	United	Commercial|PPO	27043.91				17873.19	27043.91	case rate	For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG				inpatient				25355.59	United	Commercial|PPO	20084.55				13273.79	22048.34	case rate	For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	United	Commercial|PPO	97021.73				64121.2	209822.55	case rate	For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	United	Commercial|PPO	50191.72				33171.47	110491.23	case rate	For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	United	Commercial|PPO	38171.02				25227.04	78279.25	case rate	For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	United	Commercial|PPO	62575.23				41355.67	157841.83	case rate	For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	United	Commercial|PPO	37468.65				24782.85	90901.56	case rate	For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	United	Commercial|PPO	27721.26				18320.85	64462.57	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	United	Commercial|PPO	48493.88				10482	155953.89	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	United	Commercial|PPO	38095.96				11647	92910.77	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	United	Commercial|PPO	29712.2				15968	65773.6	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	United	Commercial|PPO	62619.91				28270	139535.84	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	United	Commercial|PPO	35352.6				23364.37	78747.33	case rate	For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	United	Commercial|PPO	24488.21				16184.14	54340.65	case rate	For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	United	Commercial|PPO	42472.81				28070.08	94529.56	case rate	For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	United	Commercial|PPO	29638.92				19588.22	64915.45	case rate	For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	United	Commercial|PPO	23548.15				15562.86	50672.93	case rate	For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58698.88	United	Commercial|PPO	63079.22				41688.76	137211.02	case rate	For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	United	Commercial|PPO	29267.19				8253	69397.35	case rate	For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	United	Commercial|PPO	26261.12				10272	58806.95	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	United	Commercial|PPO	72692.57				16017	153921.62	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	United	Commercial|PPO	40807.14				26969.24	85468.24	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	United	Commercial|PPO	27626.54				18258.25	58233.55	case rate	For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	United	Commercial|PPO	35013.04				13893	71226.78	case rate	For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	United	Commercial|PPO	19119.47				12635.96	40095.3	case rate	For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	United	Commercial|PPO	12447.85				8226.72	57145.71	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	United	Commercial|PPO	32609.25				21551.3	66222.18	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	United	Commercial|PPO	20154.25				13319.85	44308.05	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	United	Commercial|PPO	14033.09				9274.41	33772.26	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	United	Commercial|PPO	29733.65				19650.83	63901.27	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	United	Commercial|PPO	15373.49				10160.27	33635.74	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	United	Commercial|PPO	10993.07				7265.27	24235.05	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	United	Commercial|PPO	33785.23				11778	72443.8	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	United	Commercial|PPO	17267.93				11412.29	36623.67	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	United	Commercial|PPO	12558.65				8299.96	27141.07	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	United	Commercial|PPO	30103.6				19895.32	62836.38	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	United	Commercial|PPO	19382.18				12809.59	41643.67	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	United	Commercial|PPO	14249.35				9417.32	31010.57	case rate	For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	United	Commercial|PPO	158370.94				17717	370445.58	case rate	For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	United	Commercial|PPO	109310.51				36879	247179.56	case rate	For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	United	Commercial|PPO	82311.28				54399.14	195035	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	United	Commercial|PPO	151361.54				100034.13	355946.68	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	United	Commercial|PPO	102574.56				67791.04	255285.21	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	United	Commercial|PPO	77171.3				51002.14	199762.65	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	United	Commercial|PPO	118532.47				78337.54	249551.89	case rate	For One Day Stay, Rate = $6,649/case
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	United	Commercial|PPO	65373.99				43205.36	157490.76	case rate	For One Day Stay, Rate = $6,649/case
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	United	Commercial|PPO	107067.58				9917	174848.88	case rate	For One Day Stay, Rate = $6,649/case
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	United	Commercial|PPO	51181.83				11315	124592.26	case rate	For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	United	Commercial|PPO	96526.67				15756	200180.02	case rate	For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	United	Commercial|PPO	52697.38				34827.45	114836.61	case rate	For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	United	Commercial|PPO	31027.58				20505.98	71671.46	case rate	For One Day Stay, Rate = $6,649/case
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	United	Commercial|PPO	91050.69				60174.97	199450.59	case rate	For One Day Stay, Rate = $6,649/case
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	United	Commercial|PPO	61215.17				40456.82	135369.89	case rate	For One Day Stay, Rate = $6,649/case
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	United	Commercial|PPO	46883.62				30985.16	108884.14	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				55084.16	United	Commercial|PPO	58418.21				38608.32	123816.02	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	United	Commercial|PPO	33897.66				22270.62	77616.13	case rate	For One Day Stay, Rate = $6,649/case
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				77102.35	United	Commercial|PPO	86809.67				8282	195452.37	case rate	For One Day Stay, Rate = $6,649/case
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				49935.13	United	Commercial|PPO	51778.76				8991	114945.83	case rate	For One Day Stay, Rate = $6,649/case
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42592.04	United	Commercial|PPO	42310.17				11229	92559.71	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	United	Commercial|PPO	80150.56				22321	148035.47	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39680.02	United	Commercial|PPO	38555.27				25480.99	83818.24	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				25900.29	United	Commercial|PPO	20786.92				13737.98	44885.35	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	United	Commercial|PPO	61461.81				40619.82	122419.57	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	United	Commercial|PPO	41795.46				27622.42	88904.75	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34382.39	United	Commercial|PPO	31737.1				20974.9	70134.59	case rate	For One Day Stay, Rate = $6,649/case

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient					Commercial/PPO		34104.1				20729.22	61623.26	case rate	For One Day Stay, Rate = $6,649/case
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient					Commercial/PPO		30557.29				17706.65	45011.57	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient					Commercial/PPO		36643.27				22893.09	75771.1	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient					Commercial/PPO		26986.93				14664	56458.73	case rate	For One Day Stay, Rate = $6,649/case
ARTHROSCOPY	509	MS-DRG				inpatient					Commercial/PPO		34127.66				20749.3	65153.39	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient					Commercial/PPO		49393.2				33758.51	106582.73	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient					Commercial/PPO		36962.05				7655	72057.63	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient					Commercial/PPO		32063.89				10564	59372.55	case rate	For One Day Stay, Rate = $6,649/case
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient					Commercial/PPO		30647.38				26908.08	63955.88	case rate	For One Day Stay, Rate = $6,649/case
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient					Commercial/PPO		23911.36				18222.29	12043.03	43544.38	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient					Commercial/PPO		52640.62				55267.37	36525.94	120219.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient					Commercial/PPO		37661.99				35953.1	23761.23	73543.8	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient					Commercial/PPO		30468.59				26677.53	17631.06	53864.77	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient					Commercial/PPO		59454.26				64053.25	42332.49	120929.5	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient					Commercial/PPO		37110.36				35241.8	23291.14	72631.03	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient					Commercial/PPO		29643.91				25614.15	16928.27	51258.1	case rate	For One Day Stay, Rate = $6,649/case
HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/TH MCC	521	MS-DRG				inpatient					Commercial/PPO		50177.68				52091.52	7692	52091.52	case rate	For One Day Stay, Rate = $6,649/case
HIP REPLACEMENT W/TH PRINCIPAL DIAGNOSIS OF HIP FRACTURE W/THOUT MCC	522	MS-DRG				inpatient					Commercial/PPO		38998.11				37675.96	9003	37675.96	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient					Commercial/PPO		30914.88				27253.01	12781	59700.21	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient					Commercial/PPO		21061.72				14547.81	9614.58	37097.3	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient					Commercial/PPO		28212.16				23767.97	15708.14	48945.98	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient					Commercial/PPO		21018.76				14492.4	9577.96	29528.3	case rate	For One Day Stay, Rate = $6,649/case
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient					Commercial/PPO		22517.04				16424.37	10854.79	35515.87	case rate	For One Day Stay, Rate = $6,649/case
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient					Commercial/PPO		19086.66				12001.05	7931.44	28358.09	case rate	For One Day Stay, Rate = $6,649/case
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient					Commercial/PPO		37810.29				36144.33	23887.62	78762.93	case rate	For One Day Stay, Rate = $6,649/case
OSTEOMYELITIS W CC	540	MS-DRG				inpatient					Commercial/PPO		27715.97				23128.16	15285.29	50588.18	case rate	For One Day Stay, Rate = $6,649/case
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient					Commercial/PPO		21905.81				15636.21	7723	34431.48	case rate	For One Day Stay, Rate = $6,649/case
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient					Commercial/PPO		33630.1				33333.07	8903	71199.48	case rate	For One Day Stay, Rate = $6,649/case
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient					Commercial/PPO		24483.79				18960.4	10889	41835.01	case rate	For One Day Stay, Rate = $6,649/case
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient					Commercial/PPO		20253.68				13505.87	8925.97	31143.19	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient					Commercial/PPO		44802.73				45160.76	29846.53	96702.25	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient					Commercial/PPO		25825.45				20690.41	13674.2	47370.1	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient					Commercial/PPO		20122.01				13336.09	8813.76	33452.4	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient					Commercial/PPO		37702.19				36004.93	23795.49	80635.27	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient					Commercial/PPO		26482.42				21537.55	14234.06	48532.51	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient					Commercial/PPO		21728.4				15407.45	10182.71	36034.67	case rate	For One Day Stay, Rate = $6,649/case
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient					Commercial/PPO		33430.5				30496.78	9165	62083.54	case rate	For One Day Stay, Rate = $6,649/case
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient					Commercial/PPO		23137.97				17225.03	11383.94	35145.31	case rate	For One Day Stay, Rate = $6,649/case
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient					Commercial/PPO		27880.9				23340.83	15425.85	48275.06	case rate	For One Day Stay, Rate = $6,649/case
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient					Commercial/PPO		21347.24				14915.97	9857.89	50728.21	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient					Commercial/PPO		28443.62				24066.44	15905.39	49897.75	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient					Commercial/PPO		21096.37				14592.49	9644.11	29945.67	case rate	For One Day Stay, Rate = $6,649/case
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient					Commercial/PPO		31258.61				27696.24	18304.31	55873.63	case rate	For One Day Stay, Rate = $6,649/case
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient					Commercial/PPO		21751.96				15437.83	10202.79	33682.54	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient					Commercial/PPO		35508.13				33175.79	21925.72	70161.89	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient					Commercial/PPO		25562.11				20350.85	13449.78	39853.45	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient					Commercial/PPO		21111.62				14612.15	9211	29493.19	case rate	For One Day Stay, Rate = $6,649/case
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient					Commercial/PPO		30063.87				26155.67	12507	54925.76	case rate	For One Day Stay, Rate = $6,649/case
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient					Commercial/PPO		22167.76				15973.99	10557.14	32691.77	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient					Commercial/PPO		31528.89				28044.74	18534.64	61326.81	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient					Commercial/PPO		23912.75				18224.08	12044.21	38063.03	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient					Commercial/PPO		20148.34				13370.04	8836.2	29735.04	case rate	For One Day Stay, Rate = $6,649/case
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient					Commercial/PPO		51501.32				53798.29	35555.04	118374.54	case rate	For One Day Stay, Rate = $6,649/case
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient					Commercial/PPO		32985.59				29923.09	9078	66425.02	case rate	For One Day Stay, Rate = $6,649/case
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient					Commercial/PPO		25613.39				20416.97	11401	45973.65	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient					Commercial/PPO		95132.98				110059.35	16091	204845.26	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient					Commercial/PPO		57803.52				61924.69	36864	118811.42	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient					Commercial/PPO		37454.09				35685.02	23584.06	68597.71	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient					Commercial/PPO		84559.1				96424.8	63726.69	190381.46	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient					Commercial/PPO		46686.32				47589.56	31451.72	97876.36	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient					Commercial/PPO		33208.73				30210.83	19966.19	59669.01	case rate	For One Day Stay, Rate = $6,649/case
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient					Commercial/PPO		54955.26				58252	38498.47	109133.78	case rate	For One Day Stay, Rate = $6,649/case
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient					Commercial/PPO		34353.58				31687.06	20941.82	62013.33	case rate	For One Day Stay, Rate = $6,649/case
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient					Commercial/PPO		29727.07				25721.38	8609	48228.25	case rate	For One Day Stay, Rate = $6,649/case
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient					Commercial/PPO		34051.43				31297.45	10681	61221.49	case rate	For One Day Stay, Rate = $6,649/case
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient					Commercial/PPO		32547.61				29358.33	14701	53755.55	case rate	For One Day Stay, Rate = $6,649/case
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient					Commercial/PPO		38166.8				36591.13	24182.91	72997.7	case rate	For One Day Stay, Rate = $6,649/case
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient					Commercial/PPO		37293.31				35477.71	23447.05	61073.26	case rate	For One Day Stay, Rate = $6,649/case
SKIN ULCERS W MCC	592	MS-DRG				inpatient					Commercial/PPO		38280.15				36750.19	24288.03	66631.78	case rate	For One Day Stay, Rate = $6,649/case
SKIN ULCERS W CC	593	MS-DRG				inpatient					Commercial/PPO		26726.36				21852.09	14441.95	44054.51	case rate	For One Day Stay, Rate = $6,649/case
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient					Commercial/PPO		21542.67				15167.97	10024.44	31603.47	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient					Commercial/PPO		39095.13				37801.07	24982.55	77503.01	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient					Commercial/PPO		24763.76				19321.42	12769.43	39455.58	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient					Commercial/PPO		34127.66				31395.74	20749.3	67092.04	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient					Commercial/PPO		24482.4				18958.62	12529.66	45337.84	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient					Commercial/PPO		21628.6				15278.77	10097.67	27944.61	case rate	For One Day Stay, Rate = $6,649/case
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient					Commercial/PPO		23038.18				17096.36	11298.9	37290.69	case rate	For One Day Stay, Rate = $6,649/case
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient					Commercial/PPO		18088.73				10714.26	7081.01	24153.13	case rate	For One Day Stay, Rate = $6,649/case
CELLULITIS W MCC	602	MS-DRG				inpatient					Commercial/PPO		30142.88				26257.54	17353.49	56326.11	case rate	For One Day Stay, Rate = $6,649/case
CELLULITIS W/O MCC	603	MS-DRG				inpatient					Commercial/PPO		21987.58				15741.66	10403.59	33066.23	case rate	For One Day Stay, Rate = $6,649/case
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient					Commercial/PPO		30371.57				26552.43	17548.38	55265.12	case rate	For One Day Stay, Rate = $6,649/case
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient					Commercial/PPO		22562.18				16508.37	10910.3	33565.52	case rate	For One Day Stay, Rate = $6,649/case
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient					Commercial/PPO		32098.54				28779.28	19020.09	53860.87	case rate	For One Day Stay, Rate = $6,649/case
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient					Commercial/PPO		21757.5				15444.98	10207.52	31244.61	case rate	For One Day Stay, Rate = $6,649/case
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient					Commercial/PPO		41366.8				40730.29	26918.45	92196.95	case rate	For One Day Stay, Rate = $6,649/case
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient					Commercial/PPO		29641.14				25610.58	16925.91	57777.17	case rate	For One Day Stay, Rate = $6,649/case
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient					Commercial/PPO		63348.95				69075.28	45651.52	161301.75	case rate	For One Day Stay, Rate = $6,649/case
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient					Commercial/PPO		36551.8				34521.56	22815.13	80884.92	case rate	For One Day Stay, Rate = $6,649/case
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient					Commercial/PPO		27036.82				22252.43	14706.52	45220.82	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient					Commercial/PPO		47569.21				48728.01	32204.11	113927.74	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient					Commercial/PPO		31914.2				28541.58	18863	70587.07	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient					Commercial/PPO		30040.31				26125.29	17266.08	61564.75	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient					Commercial/PPO		61644.16				66877.02	44198.71	148148.59	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient					Commercial/PPO		36291.22				34185.56	22593.08	75018.26	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient					Commercial/PPO		23582.88				17798.72	11763.09	50553.07	case rate	For One Day Stay, Rate = $6,649/case
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient					Commercial/PPO		49517.94				51240.81	33864.81	108568.18	case rate	For One Day Stay, Rate = $6,649/case
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient					Commercial/PPO		30698.67				26974.21	17827.13	62824.67	case rate	For One Day Stay, Rate = $6,649/case
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient					Commercial/PPO		27338.97				22942.04	14964.01	42322.6	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient					Commercial/PPO		64467.46				70517.55	46604.71	143350.73	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient					Commercial/PPO		40952.38				40195.92	26565.29	91225.67	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient					Commercial/PPO		29201.77				25044.03	16551.48	59856.24	case rate	For One Day Stay, Rate = $6,649/case
DIABETES W MCC	637	MS-DRG				inpatient					Commercial/PPO		29964.08				26026.99	17201.12	53880.37	case rate	For One Day Stay, Rate = $6,649/case
DIABETES W CC	638	MS-DRG				inpatient					Commercial/PPO		22492.09				16392.2	10833.53	34021.91	case rate	For One Day Stay, Rate = $6,649/case
DIABETES W/O CC/MCC	639	MS-DRG				inpatient					Commercial/PPO		18464.34				11198.6	7401.1	24648.52	case rate	For One Day Stay, Rate = $6,649/case
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient					Commercial/PPO		28185.83				23734.02	15685.7	46426.13	case rate	For One Day Stay, Rate = $6,649/case
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient					Commercial/PPO		20609.88				13965.18	9229.52	29329.36	case rate	For One Day Stay, Rate = $6,649/case
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient					Commercial/PPO		26981.38				22180.94	14659.28	49285.34	case rate	For One Day Stay, Rate = $6,649/case
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient					Commercial/PPO		32749.96				29619.27	19575.23	63741.34	case rate	For One Day Stay, Rate = $6,649/case
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient					Commercial/PPO		24102.63				18468.92	12208.02	39494.59	case rate	For One Day Stay, Rate = $6,649/case
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient					Commercial/PPO		20572.46				13916.93	9197.63	28978.3	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY TRANSPLANT W/H HEMODIALYSIS W/TH MCC	650	MS-DRG				inpatient					Commercial/PPO		73637.32				82341.67	54419.22	82341.67	case rate	
KIDNEY TRANSPLANT W/H HEMODIALYSIS W/THOUT MCC	651	MS-DRG				inpatient					Commercial/PPO		57908.86				62060.52	41015.5	62060.52	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient					Commercial/PPO		52349.56				54882.06	36277.9	129292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient					Commercial/PPO		87044.22				99629.25	65844.5	214109.42	case rate	For One Day Stay, Rate = $6,649/case
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient					Commercial/PPO		48894.23				50436.57	33333.29	112078.81	case rate	For One Day Stay, Rate = $6,649/case
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient					Commercial/PPO		36571.21				37125.51	24536.07	81025.34	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient					Commercial/PPO		54935.86				59226.98	38481.93	129799.69	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient					Commercial/PPO		35117.27				32671.8	21592.64	75962.23	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient					Commercial/PPO		30625.21				26879.49	17764.53	61100.56	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient					Commercial/PPO		45598.3				46186.61	30524.51	106375.99	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient					Commercial/PPO		28352.15				23948.48	15827.44	56466.53	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient					Commercial/PPO		24008.39				18347.4	12125.71	41846.71	case rate	For One Day Stay, Rate = $6,649/case
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient					Commercial/PPO		53017.62				55753.49	36847.22	123991.55	case rate	For One Day Stay, Rate = $6,649/case
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient					Commercial/PPO		30949.53				27267.69	18040.92	63983.18	case rate	For One Day Stay, Rate = $6,649/case
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient					Commercial/PPO		24745.74				19298.19	12754.08	46250.6	case rate	For One Day Stay, Rate = $6,649/case
PROSTATECTOMY W MCC	665	MS-DRG				inpatient					Commercial/PPO		57369.7				61365.3	40556.04	123995.45	case rate	For One Day Stay, Rate = $6,649/case
PROSTATECTOMY W CC	666	MS-DRG				inpatient					Commercial/PPO		32611.36				29440.55	19457.12	66397.35	case rate	For One Day Stay, Rate = $6,649/case
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient					Commercial/PPO		24025.02				18368.84	12139.88	42143.16	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient					Commercial/PPO		50199.86				52120.11	34445.94	109789.1	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient					Commercial/PPO		31228.12				27656.92	18278.33	61728.58	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient					Commercial/PPO		23025.7				17080.27	11288.27	37583.24	case rate	For One Day Stay,

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	United	Commercial|PPO	17385.88				11490.25	37446.72	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	United	Commercial|PPO	30041.04				19853.98	63000.21	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	United	Commercial|PPO	18227.65				12046.57	40095.3	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	United	Commercial|PPO	12406.74				8199.56	29633.62	case rate	For One Day Stay, Rate = $6,649/case
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36076.54	United	Commercial|PPO	34692.4				22921.44	69877.14	case rate	For One Day Stay, Rate = $6,649/case
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	United	Commercial|PPO	26495.24				17510.58	54863.35	case rate	For One Day Stay, Rate = $6,649/case
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	United	Commercial|PPO	40160.17				26541.67	79254.42	case rate	For One Day Stay, Rate = $6,649/case
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30589.17	United	Commercial|PPO	26833.02				17733.82	65122.19	case rate	For One Day Stay, Rate = $6,649/case
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	United	Commercial|PPO	34082.63				22531.66	81271.08	case rate	For One Day Stay, Rate = $6,649/case
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	United	Commercial|PPO	15836.38				10466.19	42002.74	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	United	Commercial|PPO	25842.91				17079.46	57082.84	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	United	Commercial|PPO	16794.32				11099.29	35515.87	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	United	Commercial|PPO	40360.34				26673.96	86201.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	United	Commercial|PPO	25365.73				16764.09	57067.24	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	United	Commercial|PPO	33161.5				21916.28	76231.38	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26853.87	United	Commercial|PPO	22016.52				14550.61	48080.03	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	United	Commercial|PPO	30898.9				20420.94	64739.92	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	United	Commercial|PPO	20068.47				13263.16	42966.21	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	United	Commercial|PPO	11740.12				7758.99	26883.62	case rate	For One Day Stay, Rate = $6,649/case
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	United	Commercial|PPO	22565.19				14913.23	47396.2	case rate	For One Day Stay, Rate = $6,649/case
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	United	Commercial|PPO	13303.92				8792.5	29820.85	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	United	Commercial|PPO	26261.12				17355.85	56092.07	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	United	Commercial|PPO	14603.21				9651.19	30670.14	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	United	Commercial|PPO	19875.28				13003.3	42205.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	United	Commercial|PPO	10846.52				7168.41	22171.58	case rate	For One Day Stay, Rate = $6,649/case
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	United	Commercial|PPO	37581.24				24837.26	86946.24	case rate	For One Day Stay, Rate = $6,649/case
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	United	Commercial|PPO	21694.82				14338	53244.56	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64305.2	United	Commercial|PPO	70372.79				46509.04	157221.61	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	United	Commercial|PPO	35715.4				23604.14	79238.82	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	United	Commercial|PPO	27110.04				17916.89	54309.45	case rate	For One Day Stay, Rate = $6,649/case
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	United	Commercial|PPO	71146.64				47020.48	140335.48	case rate	For One Day Stay, Rate = $6,649/case
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34981.44	United	Commercial|PPO	32496.66				21476.89	67986.3	case rate	For One Day Stay, Rate = $6,649/case
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	United	Commercial|PPO	24548.98				16224.3	51793.49	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	United	Commercial|PPO	32646.78				21576.1	68858	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26393.71	United	Commercial|PPO	21423.17				14158.47	43516.21	case rate	For One Day Stay, Rate = $6,649/case
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	United	Commercial|PPO	34921.89				23079.71	65933.53	case rate	For One Day Stay, Rate = $6,649/case
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	United	Commercial|PPO	18315.23				12104.45	41714.09	case rate	For One Day Stay, Rate = $6,649/case
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	United	Commercial|PPO	25928.45				19779.57	65442.04	case rate	For One Day Stay, Rate = $6,649/case
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	United	Commercial|PPO	17071.33				11282.36	37376.51	case rate	For One Day Stay, Rate = $6,649/case
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	United	Commercial|PPO	24347.03				16090.83	50475.06	case rate	For One Day Stay, Rate = $6,649/case
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	United	Commercial|PPO	46263.46				30575.3	101496.21	case rate	For One Day Stay, Rate = $6,649/case
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	United	Commercial|PPO	23045.94				15230.96	47740.67	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34896.7	United	Commercial|PPO	32335.81				21370.58	71827.49	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	United	Commercial|PPO	19839.71				13111.97	41733.59	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	United	Commercial|PPO	17067.76				11280	30429.36	case rate	For One Day Stay, Rate = $6,649/case
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	United	Commercial|PPO	25294.24				16716.84	56205.19	case rate	For One Day Stay, Rate = $6,649/case
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	United	Commercial|PPO	18216.93				12039.48	39802.74	case rate	For One Day Stay, Rate = $6,649/case
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				16650.06	United	Commercial|PPO	11438.08				7559.37	27722.27	case rate	For One Day Stay, Rate = $6,649/case
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	United	Commercial|PPO	17614.64				11641.43	34002.4	case rate	For One Day Stay, Rate = $6,649/case
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				16565.52	United	Commercial|PPO	11329.06				7487.32	21430.45	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				23794.94	United	Commercial|PPO	9962				9023	44132.52	case rate	For One Day Stay, Rate = $6,649/case
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	United	Commercial|PPO	24597.23				16256.19	56868.31	case rate	For One Day Stay, Rate = $6,649/case
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	United	Commercial|PPO	19230.27				12709.2	41655.58	case rate	For One Day Stay, Rate = $6,649/case
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	United	Commercial|PPO	12751.67				8427.52	25705.61	case rate	For One Day Stay, Rate = $6,649/case
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	United	Commercial|PPO	16706.75				11041.41	29422.98	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	United	Commercial|PPO	11083				8487	69086.72	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	United	Commercial|PPO	11083				8487	42989.61	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	United	Commercial|PPO	11083				8487	32980.42	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	United	Commercial|PPO	11083				8487	60648.08	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	United	Commercial|PPO	11083				8487	42170.47	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	United	Commercial|PPO	11083				8487	35133.6	case rate	For One Day Stay, Rate = $6,649/case
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	United	Commercial|PPO	32216.07				637	64895.95	case rate	For One Day Stay, Rate = $6,649/case
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	United	Commercial|PPO	106245.47				637	214004.1	case rate	For One Day Stay, Rate = $6,649/case
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	United	Commercial|PPO	72558.53				637	146159.23	case rate	For One Day Stay, Rate = $6,649/case
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	United	Commercial|PPO	43781.04				637	88187.03	case rate	For One Day Stay, Rate = $6,649/case
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	United	Commercial|PPO	74535.18				637	150134.04	case rate	For One Day Stay, Rate = $6,649/case
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	United	Commercial|PPO	26382.65				637	53139.24	case rate	For One Day Stay, Rate = $6,649/case
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	United	Commercial|PPO	3570.83				637	16912.03	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	United	Commercial|PPO	9962				6365	57270.08	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	United	Commercial|PPO	9962				6365	33035.03	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	United	Commercial|PPO	9962				6365	33035.03	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	United	Commercial|PPO	84977.79				56161.42	183395.31	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	United	Commercial|PPO	52075.43				34416.41	102463.59	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	United	Commercial|PPO	29340.46				5977	60706.59	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	United	Commercial|PPO	64067.55				8199	130564.23	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	United	Commercial|PPO	31812.16				13379	67713.95	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	United	Commercial|PPO	19759.28				13058.82	47998.11	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	United	Commercial|PPO	9962				6365	39911.96	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	United	Commercial|PPO	9962				6365	27593.55	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	United	Commercial|PPO	9962				6365	23893.3	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	United	Commercial|PPO	40922.24				27051.92	83833.84	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	United	Commercial|PPO	22134.47				14628.57	46963.93	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	United	Commercial|PPO	17010.57				11242.2	35984.45	case rate	For One Day Stay, Rate = $6,649/case
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	United	Commercial|PPO	25144.12				16617.63	52893.49	case rate	For One Day Stay, Rate = $6,649/case
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	United	Commercial|PPO	16494.07				10900.85	34450.98	case rate	For One Day Stay, Rate = $6,649/case
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	United	Commercial|PPO	27665.86				18284.23	62859.78	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				36754.17	United	Commercial|PPO	37361.42				24991.98	84868.64	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	United	Commercial|PPO	18159.74				12001.69	38137.14	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	United	Commercial|PPO	11784.8				7788.52	28147.45	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	United	Commercial|PPO	39066.4				25818.8	96754.02	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	United	Commercial|PPO	17682.56				11686.32	52991.01	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	United	Commercial|PPO	12070.75				7977.5	32726.87	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	United	Commercial|PPO	104056.15				68770.21	212342.41	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	United	Commercial|PPO	39897.45				6969	93394.46	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	United	Commercial|PPO	20440.21				8721	47190.67	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	United	Commercial|PPO	83632.02				12547	176491.07	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	United	Commercial|PPO	39307.68				22652	85596.96	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	United	Commercial|PPO	21996.86				14537.62	53010.51	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	United	Commercial|PPO	85347.74				56405.91	193002.74	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	United	Commercial|PPO	42176.13				27874.01	87832.06	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	United	Commercial|PPO	28647.03				18932.69	63792.05	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	United	Commercial|PPO	55113.67				36424.37	121300.07	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	United	Commercial|PPO	26137.8				17274.35	55343.13	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	United	Commercial|PPO	20570.67				13595.06	40103.1	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	United	Commercial|PPO	13357.53				8827.93	28038.23	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	United	Commercial|PPO	9289.87				6139.63	18735.06	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	United	Commercial|PPO	98783.91				65285.81	214842.75	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39363.42	United	Commercial|PPO	38172.8				25228.23	83318.95	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				28996.4	United	Commercial|PPO	22304.17				14674.63	47299.89	case rate	For One Day Stay, Rate = $6,649/case
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	United	Commercial|PPO	89488.68				59142.64	209627.52	case rate	For One Day Stay, Rate = $6,649/case
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	United	Commercial|PPO	36247.99				23956.12	91767.87	case rate	For One Day Stay, Rate = $6,649/case
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	United	Commercial|PPO	24491.79				16186.51	48988.89	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	United	Commercial|PPO	56993.81				37666.54	128446.15	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	United	Commercial|PPO	28023.3				18520.46	63768.64	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	United	Commercial|PPO	18799.56				12424.54	43730.75	case rate	For One Day Stay, Rate = $6,649/case
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	United	Commercial|PPO	33837.06				22362.75	72006.92	case rate	For One Day Stay, Rate = $6,649/case
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	United	Commercial|PPO	21360.61				14117.13	45981.45	case rate	For One Day Stay, Rate = $6,649/case
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	United	Commercial|PPO	14955.29				9883.88	33787.86	case rate	For One Day Stay, Rate = $6,649/case
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	United	Commercial|PPO	45641.51				30164.26	109917.83	case rate	For One Day Stay, Rate = $6,649/case
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	United	Commercial|PPO	22709.95				15008.9	51742.79	case rate	For One Day Stay, Rate = $6,649/case
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	United	Commercial|PPO	14535.38				9672.45	36377.93	case rate	For One Day Stay, Rate = $6,649/case
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	United	Commercial|PPO	47737.9				31549.75	76851.59	case rate	For One Day Stay, Rate = $6,649/case
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	United	Commercial|PPO	89383.23				59072.95	197262.3	case rate	For One Day Stay, Rate = $6,649/case
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	United	Commercial|PPO	35710.04				23600.6	85924.62	case rate	For One Day Stay, Rate = $6,649/case
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	United	Commercial/PPO	11153.92				2090	101331.96	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	United	Commercial/PPO	25079.78				2090	25416.95	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	United	Commercial/PPO	31826.46				2090	31826.46	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	United	Commercial/PPO	15766.68				2090	19136.51	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	United	Commercial/PPO	79181.9				13124	174162.35	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	United	Commercial/PPO	33913.91				22413.54	74909.04	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	United	Commercial/PPO	21787.76				14399.42	60432.03	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	United	Commercial/PPO	69005.58				45605.46	125836.58	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	United	Commercial/PPO	29456.63				19467.75	69011.18	case rate	For One Day Stay, Rate = $6,649/case
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	United	Commercial/PPO	39005.64				25778.64	71897.7	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64994.15	United	Commercial/PPO	71196.69				47053.55	164457.41	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	United	Commercial/PPO	36049.61				23825.02	77733.15	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	United	Commercial/PPO	22667.06				14980.55	51699.88	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	United	Commercial/PPO	28922.26				19114.58	57503.54	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	United	Commercial/PPO	16377.9				10824.08	90774.77	case rate	For One Day Stay, Rate = $6,649/case
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	United	Commercial/PPO	31059.75				20527.24	65410.84	case rate	For One Day Stay, Rate = $6,649/case
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				18984.09	United	Commercial/PPO	11868.8				7844.03	24781.15	case rate	For One Day Stay, Rate = $6,649/case
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	United	Commercial/PPO	29304.72				19367.35	57484.62	case rate	For One Day Stay, Rate = $6,649/case
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	United	Commercial/PPO	15809.57				10448.47	30374.75	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35954.9	United	Commercial/PPO	32591.38				21539.49	71160.47	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	United	Commercial/PPO	18156.16				11999.32	39127.92	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	United	Commercial/PPO	12290.57				8122.78	27562.35	case rate	For One Day Stay, Rate = $6,649/case
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	United	Commercial/PPO	30192.96				19954.38	60788.51	case rate	For One Day Stay, Rate = $6,649/case
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	United	Commercial/PPO	18227.65				12046.57	40248.19	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				288538.5	United	Commercial/PPO	359447.03				237556.83	717124.19	case rate	For One Day Stay, Rate = $6,649/case
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	United	Commercial/PPO	115365.3				78887.96	229189.53	case rate	For One Day Stay, Rate = $6,649/case
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	United	Commercial/PPO	56840.11				37565.36	115936.61	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	United	Commercial/PPO	77330.36				33318	111571.72	case rate	For One Day Stay, Rate = $6,649/case
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	United	Commercial/PPO	38349.74				25345.16	71519.33	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	United	Commercial/PPO	39254.06				25942.82	71059.05	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	United	Commercial/PPO	59725.73				37489.76	127892.25	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				39043.84	United	Commercial/PPO	37734.94				24938.84	84820.72	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	United	Commercial/PPO	34927.25				23083.25	72217.56	case rate	For One Day Stay, Rate = $6,649/case
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	United	Commercial/PPO	27281.61				18030.29	53240.65	case rate	For One Day Stay, Rate = $6,649/case
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	United	Commercial/PPO	19954.09				13187.56	40672.6	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	United	Commercial/PPO	22986.97				15191.98	47026.84	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	United	Commercial/PPO	14199.3				9384.25	30433.26	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	United	Commercial/PPO	19263.89				12744.63	44709.82	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	United	Commercial/PPO	10474.78				6922.73	29056.31	case rate	For One Day Stay, Rate = $6,649/case
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	United	Commercial/PPO	10133.42				6697.13	31143.19	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	United	Commercial/PPO	122035.38				80652.6	237821.78	case rate	For One Day Stay, Rate = $6,649/case
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	United	Commercial/PPO	68313.93				45148.35	147894.69	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	United	Commercial/PPO	133400.18				88163.55	296394.69	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	United	Commercial/PPO	73450.35				48542.98	163041.46	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	United	Commercial/PPO	47251.78				31228.48	95594.45	case rate	For One Day Stay, Rate = $6,649/case
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	United	Commercial/PPO	46522.86				30988.36	109024.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	United	Commercial/PPO	26809.79				17718.46	57531.42	case rate	For One Day Stay, Rate = $6,649/case
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	United	Commercial/PPO	16309.99				10779.19	38004.52	case rate	For One Day Stay, Rate = $6,649/case
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	United	Commercial/PPO	113027.89				74699.6	218388.49	case rate	For One Day Stay, Rate = $6,649/case
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	United	Commercial/PPO	47419.78				31339.51	108739.81	case rate	For One Day Stay, Rate = $6,649/case
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	United	Commercial/PPO	53369.37				35271.56	106216.06	case rate	For One Day Stay, Rate = $6,649/case
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	United	Commercial/PPO	25403.26				16788.89	50315.13	case rate	For One Day Stay, Rate = $6,649/case
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	United	Commercial/PPO	17925.62				11846.95	36611.97	case rate	For One Day Stay, Rate = $6,649/case
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	United	Commercial/PPO	25769.64				17031.03	45634.29	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	United	Commercial/PPO	84961.7				11302	170480.09	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	United	Commercial/PPO	43756.02				14901	95680.27	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	United	Commercial/PPO	29814.07				19703.98	61205.88	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	United	Commercial/PPO	62600.25				41372.21	129994.73	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	United	Commercial/PPO	30668.35				20268.57	66042.75	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	United	Commercial/PPO	20651.1				13648.21	40594.58	case rate	For One Day Stay, Rate = $6,649/case
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				480195.63	United	Oxford	491057.97				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	United	Oxford	163948.65				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306824.15	United	Oxford	373617.08				253139.77	713726.68	case rate	For One Day Stay, Rate = $6,649/case
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	United	Oxford	246328.29				166896.78	445428.73	case rate	For One Day Stay, Rate = $6,649/case
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	United	Oxford	186660.99				125765.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	United	Oxford	84536.1				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	United	Oxford	227828.39				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	United	Oxford	94894.7				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	United	Oxford	138993.31				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	United	Oxford	94066.72				63733.78	260411	case rate	For One Day Stay, Rate = $6,649/case
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66657.36	United	Oxford	71539.8				48470.93	260411	case rate	For One Day Stay, Rate = $6,649/case
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	United	Oxford	46197.45				31300.53	260411	case rate	For One Day Stay, Rate = $6,649/case
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	United	Oxford	228403.68				154752.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	United	Oxford	105223.84				71293.15	250082.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	United	Oxford	105223.84				71293.15	170893.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG				inpatient				532483.55	United	Oxford	607447.24				446445.49	674003.16	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG				inpatient				119652.92	United	Oxford	138196.62				93633.46	141676.71	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	United	Oxford	140529.16				95213.84	406659.68	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	United	Oxford	93107.91				63084.15	308373.74	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	United	Oxford	48149.95				32623.42	201178.6	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	United	Oxford	99457.01				67385.9	213020.69	case rate	For One Day Stay, Rate = $6,649/case
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				62471.61	United	Oxford	66275.04				44903.86	335856.53	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71766.2	United	Oxford	77965.61				52824.66	166852.44	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	United	Oxford	53320.57				36126.72	117633.41	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	United	Oxford	43021.16				29148.47	93839.14	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	United	Oxford	105983.92				71808.14	209654.82	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	United	Oxford	58517.35				39647.73	123094.39	case rate	For One Day Stay, Rate = $6,649/case
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	United	Oxford	38795.4				26285.36	84867.53	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	United	Oxford	73054.73				49497.36	163162.38	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	United	Oxford	37229.91				25224.68	110311.2	case rate	For One Day Stay, Rate = $6,649/case
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	United	Oxford	27814.35				18845.28	181413.8	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	United	Oxford	67791.71				45931.46	298933.84	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	United	Oxford	39656.59				26868.85	86607.24	case rate	For One Day Stay, Rate = $6,649/case
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	United	Oxford	31956.43				21651.7	67326.08	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				55807.66	United	Oxford	57853.25				39224.88	125204.67	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	United	Oxford	28089.79				19031.9	65208	case rate	For One Day Stay, Rate = $6,649/case
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	United	Oxford	19842.24				13443.87	44171.53	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62081.35	United	Oxford	65759.02				44554.23	153227.3	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	United	Oxford	39367.2				26672.77	91994.11	case rate	For One Day Stay, Rate = $6,649/case
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	United	Oxford	30640.24				20759.93	109672.39	case rate	For One Day Stay, Rate = $6,649/case
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	United	Oxford	35083.91				23770.68	86031.48	case rate	For One Day Stay, Rate = $6,649/case
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22590.3	United	Oxford	16082.77				10883.13	105287.55	case rate	For One Day Stay, Rate = $6,649/case
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	United	Oxford	28133.81				17706.65	153781.38	case rate	For One Day Stay, Rate = $6,649/case
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24900.98	United	Oxford	19019.4				12886.37	40848.13	case rate	For One Day Stay, Rate = $6,649/case
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	United	Oxford	43653.98				29577.23	82870.37	case rate	For One Day Stay, Rate = $6,649/case
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	United	Oxford	23262.6				15761.29	47155.56	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	United	Oxford	32179.57				21802.88	68636.72	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	United	Oxford	21331.02				14452.58	42880.4	case rate	For One Day Stay, Rate = $6,649/case
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	United	Oxford	15567.21				10540.6	32481.13	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	United	Oxford	47128.37				31931.26	111080.23	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	United	Oxford	31046.43				21035.14	130341.7	case rate	For One Day Stay, Rate = $6,649/case
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	United	Oxford	24489.88				16592.82	145735.96	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	United	Oxford	34677.72				23495.48	230599.95	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG				inpatient				23873.94	United	Oxford	17727.62				12011.13	40235.72	case rate	For One Day Stay, Rate = $6,649/case
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG				inpatient				19319.51	United	Oxford	11999.13				8129.87	28360.29	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG				inpatient				29944.68	United	Oxford	25363.27				17184.58	58565.11	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG				inpatient				21997.28	United	Oxford	15367.19				10411.85	35055.59	case rate	For One Day Stay, Rate = $6,649/case
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG				inpatient				20869.07	United	Oxford	13948.14				9450.4	29859.86	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG				inpatient				33879.56	United	Oxford	30312.5				20537.87	64178.22	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG				inpatient				24386.77	United	Oxford	18372.64				12448.16	39453.1	case rate	For One Day Stay, Rate = $6,649/case
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG				inpatient				20177.45	United	Oxford	13078.24				8861	28943.19	case rate	For One Day Stay, Rate = $6,649/case
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG				inpatient				31201.79	United	Oxford	26944.44				18255.89	55042.78	case rate	For One Day Stay, Rate = $6,649/case
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG				inpatient				24227.38	United	Oxford	18172.16				12312.33	37988.92	case rate	For One Day Stay, Rate = $6,649/case
VIRAL MENINGITIS W CC/MCC	075	MS-DRG				inpatient				32817.88	United	Oxford	28977.13				19633.11	57792.77	case rate	For One Day Stay, Rate = $6,649/case
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	United	Oxford	15984.32				10829.98	32172.97	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	United	Oxford	26956.65				18264.15	60538.86	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	United	Oxford	17396.39				11786.72	37840.69	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	United	Oxford	11533.67				7814.5	29118.73	case rate	For One Day Stay, Rate = $6,649/case
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	United	Oxford	34325.58				23256.88	73286.35	case rate	For One Day Stay, Rate = $6,649/case
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	United	Oxford	15773.38				10687.06	33335.38	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	United	Oxford	40448.05

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	United	Oxford	34609.73				23449.41	79996.29	case rate	For One Day Stay, Rate = $6,649/case
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	United	Oxford	16068				10886.68	33908.79	case rate	For One Day Stay, Rate = $6,649/case
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	United	Oxford	20213.56				13695.46	41991.04	case rate	For One Day Stay, Rate = $6,649/case
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	United	Oxford	14821.54				10042.15	30480.07	case rate	For One Day Stay, Rate = $6,649/case
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	United	Oxford	39001.11				26424.73	80821.42	case rate	For One Day Stay, Rate = $6,649/case
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	United	Oxford	20807.55				13962.4	48957.69	case rate	For One Day Stay, Rate = $6,649/case
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	United	Oxford	26689.92				18083.44	53131.43	case rate	For One Day Stay, Rate = $6,649/case
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	United	Oxford	29088.7				19708.7	66923.96	case rate	For One Day Stay, Rate = $6,649/case
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	United	Oxford	17645.68				11955.62	39104.52	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	United	Oxford	20278.07				13739.16	41320.12	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	United	Oxford	11824.8				8011.75	27531.14	case rate	For One Day Stay, Rate = $6,649/case
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	United	Oxford	14002.19				9487.01	29368.37	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	United	Oxford	22730.89				15401.04	51930.02	case rate	For One Day Stay, Rate = $6,649/case
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	United	Oxford	14394.43				9752.77	31603.47	case rate	For One Day Stay, Rate = $6,649/case
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				43197.72	United	Oxford	42032.71				28478.76	89645.89	case rate	For One Day Stay, Rate = $6,649/case
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	United	Oxford	17052.96				11554.03	47295.99	case rate	For One Day Stay, Rate = $6,649/case
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	United	Oxford	24381.79				16519.59	53716.54	case rate	For One Day Stay, Rate = $6,649/case
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	United	Oxford	14181.75				9608.67	32968.72	case rate	For One Day Stay, Rate = $6,649/case
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	United	Oxford	23935.51				16217.22	45263.72	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG				inpatient				68396.81	United	Oxford	73727.64				49663.28	75584.26	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG				inpatient				39558.06	United	Oxford	37454.8				25377.05	38397.99	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG				inpatient				31573.24	United	Oxford	27411.65				18572.43	28101.93	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG				inpatient				55544.32	United	Oxford	57562.02				39000.46	59011.56	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG				inpatient				34127.66	United	Oxford	30624.55				20748.3	31395.74	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG				inpatient				26201.06	United	Oxford	20654.62				13994.29	22783.53	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	United	Oxford	39993.05				27096.81	75014.36	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	United	Oxford	21700.6				14702.98	48778.25	case rate	For One Day Stay, Rate = $6,649/case
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	United	Oxford	13306.61				9015.73	28233.27	case rate	For One Day Stay, Rate = $6,649/case
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	United	Oxford	13031.17				8829.11	27737.88	case rate	For One Day Stay, Rate = $6,649/case
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	United	Oxford	24095.89				16325.88	51781.79	case rate	For One Day Stay, Rate = $6,649/case
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	United	Oxford	13214.21				8953.13	27453.13	case rate	For One Day Stay, Rate = $6,649/case
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	United	Oxford	19782.97				13403.71	40649.19	case rate	For One Day Stay, Rate = $6,649/case
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	United	Oxford	12407.07				8406.26	27765.18	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	United	Oxford	28351.29				19209.07	56423.63	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	United	Oxford	16275.45				11027.24	34454.88	case rate	For One Day Stay, Rate = $6,649/case
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	United	Oxford	11721.95				7942.07	25740.72	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	United	Oxford	28546.54				19341.36	66258.71	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	United	Oxford	16397.48				11109.92	34727.93	case rate	For One Day Stay, Rate = $6,649/case
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				19921.72	United	Oxford	11488.81				7790.88	28462.35	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	United	Oxford	80352.18				54441.66	191887.14	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	United	Oxford	43878.86				29729.6	100205.08	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	United	Oxford	32495.11				22016.67	72256.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	United	Oxford	67122.28				45477.9	136446.49	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	United	Oxford	31853.58				21582.01	74019.68	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	United	Oxford	23602.54				15991.62	52331.79	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG				inpatient				52310.75	United	Oxford	53494.9				36244.83	54842.02	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	United	Oxford	34564.84				16643.61	57141.35	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	United	Oxford	14199.18				9620.48	35067.29	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	United	Oxford	28180.44				19093.32	71804.09	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				25530.21	United	Oxford	17295.28				11718.21	45710.52	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	United	Oxford	13418.18				9091.33	35944.95	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	United	Oxford	30469.4				20644.17	66155.87	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	United	Oxford	19355.86				13114.33	44503.09	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	United	Oxford	14600.14				9892.15	31014.47	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	United	Oxford	27671.4				18748.43	58155.54	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24563.58	United	Oxford	19620.19				12615.88	39178.63	case rate	For One Day Stay, Rate = $6,649/case
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20598.6	United	Oxford	13957.64				9185.82	28564.83	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	United	Oxford	27544.14				18662.2	60831.42	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23695.15	United	Oxford	17502.73				11858.77	41113.38	case rate	For One Day Stay, Rate = $6,649/case
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	United	Oxford	12799.31				8672.02	29926.17	case rate	For One Day Stay, Rate = $6,649/case
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	United	Oxford	21571.99				14615.57	48185.35	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	United	Oxford	19577.26				13264.34	46445.63	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21686.82	United	Oxford	14976.69				10147.28	35648.5	case rate	For One Day Stay, Rate = $6,649/case
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	United	Oxford	11282.64				7644.42	28244.97	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	United	Oxford	22971.46				15564.04	51360.52	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	United	Oxford	14295.06				9685.45	35114.1	case rate	For One Day Stay, Rate = $6,649/case
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	United	Oxford	10855.53				7355.03	26790.01	case rate	For One Day Stay, Rate = $6,649/case
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35863.44	United	Oxford	32845.52				22254.08	63897.37	case rate	For One Day Stay, Rate = $6,649/case
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	United	Oxford	17258.67				11693.4	39073.31	case rate	For One Day Stay, Rate = $6,649/case
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	United	Oxford	11732.41				7949.15	29586.81	case rate	For One Day Stay, Rate = $6,649/case
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	United	Oxford	30774.47				20850.88	69541.68	case rate	For One Day Stay, Rate = $6,649/case
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	United	Oxford	19307.05				13081.26	41824.72	case rate	For One Day Stay, Rate = $6,649/case
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	United	Oxford	11803.88				7997.58	29870.34	case rate	For One Day Stay, Rate = $6,649/case
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	United	Oxford	16852.48				11418.2	41440.31	case rate	For One Day Stay, Rate = $6,649/case
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	United	Oxford	12143.83				8227.9	54377.01	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	United	Oxford	14138.16				9579.14	103592.74	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	United	Oxford	32910.02				22297.79	58208.73	case rate	For One Day Stay, Rate = $6,649/case
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	United	Oxford	15790.81				10698.87	33682.54	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	United	Oxford	112742.7				49635	218302.68	case rate	For One Day Stay, Rate = $6,649/case
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	United	Oxford	46786.69				31699.76	95075.66	case rate	For One Day Stay, Rate = $6,649/case
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG				inpatient				160770.36	United	Oxford	189913.36				37458	194695.78	case rate	For One Day Stay, Rate = $6,649/case
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	United	Oxford	184699.15				125140.69	502648.1	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	United	Oxford	168247.63				78485	383083.85	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				99286.86	United	Oxford	112580.57				76277.62	248193.74	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	United	Oxford	103714.15				70270.28	230348.04	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	United	Oxford	134887.84				57338	300026.24	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	United	Oxford	92337.37				57338	203043.14	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	United	Oxford	80062.8				17199	179720.85	case rate	For One Day Stay, Rate = $6,649/case
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	United	Oxford	86873.87				58860.35	256517.83	case rate	For One Day Stay, Rate = $6,649/case
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	United	Oxford	54152.13				36690.12	161320.14	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	United	Oxford	147725.5				19424	327615.89	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	United	Oxford	106492.97				27830	240298.72	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	United	Oxford	136263.3				53769	297923.76	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83518.2	United	Oxford	92747.05				62839.65	200776.83	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	United	Oxford	102579.26				47927	226626.77	case rate	For One Day Stay, Rate = $6,649/case
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	United	Oxford	71686.24				33990	153153.18	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	United	Oxford	87808.28				59493.45	183695.67	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	United	Oxford	50768.38				34397.51	107070.31	case rate	For One Day Stay, Rate = $6,649/case
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	United	Oxford	26322.09				15559	62255.17	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56793.12	United	Oxford	59132.74				20528	145765.26	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	United	Oxford	39273.06				19748	99635.58	case rate	For One Day Stay, Rate = $6,649/case
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	United	Oxford	31461.34				19748	98318.1	case rate	For One Day Stay, Rate = $6,649/case
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	United	Oxford	85191.58				57720.54	195506.98	case rate	For One Day Stay, Rate = $6,649/case
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	United	Oxford	40315.56				27315.32	100903.31	case rate	For One Day Stay, Rate = $6,649/case
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	United	Oxford	27240.81				18456.68	65445.94	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	United	Oxford	59802.16				40518.24	127155.02	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	United	Oxford	44506.45				30154.81	101195.86	case rate	For One Day Stay, Rate = $6,649/case
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	United	Oxford	30497.29				20663.07	70692.67	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	United	Oxford	45613.44				30904.84	99089.48	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	United	Oxford	29526.27				20005.17	68211.54	case rate	For One Day Stay, Rate = $6,649/case
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	United	Oxford	13817.4				9361.81	43925.78	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	United	Oxford	48908.28				15797	116584.12	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	United	Oxford	30641.98				15797	81797.68	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	United	Oxford	59380.28				12982	141185.84	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	United	Oxford	33080.86				12982	77694.14	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	United	Oxford	26459.81				12982	63616.52	case rate	For One Day Stay, Rate = $6,649/case
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	United	Oxford	46757.05				31679.68	93312.55	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	United	Oxford	60930.08				41282.44	123207.51	case rate	For One Day Stay, Rate = $6,649/case
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				58221.41	United	Oxford	62187				42134.05	121573.12	case rate	For One Day Stay, Rate = $6,649/case
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	United	Oxford	104437.62				70760.45	280518.84	case rate	For One Day Stay, Rate = $6,649/case
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	United	Oxford	82017.04				55569.66	228116.84	case rate	For One Day Stay, Rate = $6,649/case
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	United	Oxford	116236.27				78754.49	261491.23	case rate	For One Day Stay, Rate = $6,649/case
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	United	Oxford	72533.48				49144.19	161914.16	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				82923.59	United	Oxford	89483.59				60628.53	197441.73	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	United	Oxford	60046.23				40683.6	136282.66	case rate	For One Day Stay, Rate = $6,649/case
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	United	Oxford	43620.85				29554.79	102124.23	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	United	Oxford	68168.26				46186.59	142473.07	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	United	Oxford	54408.39				36863.75	116174.55	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG				inpatient				107729.06	United	Oxford	123199.01				83472.01	126301.42	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG				inpatient				96634.72	United	Oxford	107986.98				73165.28	110706.32	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG				inpatient				74255.48	United	Oxford	81096.57				54946.01	83138.76	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG				inpatient				79125.93	United	Oxford	87222.53				59096.58	89418.98	case rate	For One Day Stay, Rate = $6,649/case
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG				inpatient				54192.96	United	Oxford	55862.31				37848.83	57269.04	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	United	Oxford	28614.53				19387.43	64638.5	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	United	Oxford	16069.74				10897.86	38211.26	case rate	For One Day Stay, Rate = $6,649/case
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	United	Oxford	13768.58				9294.92	21504.56	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	United	Oxford	28562.23				19351.99	59895.25	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	United	Oxford	12279.81				8320.03	25448.17	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15901.6	United	Oxford	7700.16				5217.15	19820.88	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	United	Oxford	28199.62				19108.31	56575.75	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	United	Oxford	18663.77				12645.41	39931.47	case rate	For One Day Stay, Rate = $6,649/case
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19667.4	United	Oxford	12436.7				8426.34	28326.88	case rate	For One Day Stay, Rate = $6,649/case
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	United	Oxford	20279.81				13740.34	47717.99	case rate	For One Day Stay, Rate = $6,649/case
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	United	Oxford	11721.95				7942.07	25959.16	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	United	Oxford	20480.29				13876.17	42170.47	case rate	For One Day Stay, Rate = $6,649/case
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	United	Oxford	13086.95				8866.91	28081.14	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	United	Oxford	26104.17				17686.57	54563.06	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	United	Oxford	16149.93				10942.19	33389.99	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26493.51	United	Oxford	21022.45				14243.51	46948.83	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20026.37	United	Oxford	12888.22				8732.26	29781.84	case rate	For One Day Stay, Rate = $6,649/case
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	United	Oxford	9753.76				6608.55	21933.64	case rate	For One Day Stay, Rate = $6,649/case
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	United	Oxford	12173.46				8247.98	26805.61	case rate	For One Day Stay, Rate = $6,649/case
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	United	Oxford	15189.37				10291.38	31264.11	case rate	For One Day Stay, Rate = $6,649/case
CHEST PAIN	313	MS-DRG				inpatient				19667.4	United	Oxford	12436.7				8426.34	27589.65	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39827.36	United	Oxford	37541.97				25436.11	78915.06	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	United	Oxford	16775.78				11366.23	37286.79	case rate	For One Day Stay, Rate = $6,649/case
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	United	Oxford	11901.51				8063.72	29305.96	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG				inpatient				70664.32	United	Oxford	76579.68				51885.65	78508.12	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG				inpatient				41862.99	United	Oxford	40363.91				27341.31	41370.11	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG				inpatient				49236.58	United	Oxford	49628.26				33625.04	50878.01	case rate	For One Day Stay, Rate = $6,649/case
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG				inpatient				34855.32	United	Oxford	31539.78				21369.4	32334.02	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG				inpatient				68815.38	United	Oxford	74254.12				50309.99	76124 case rate		For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG				inpatient				54064.06	United	Oxford	55700.18				37738.99	57102.83	case rate	For One Day Stay, Rate = $6,649/case
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG				inpatient				49448.64	United	Oxford	49894.99				33805.75	51151.45	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	United	Oxford	88542.21				59990.71	206016.89	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	United	Oxford	42329.07				28679.55	96905.09	case rate	For One Day Stay, Rate = $6,649/case
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	United	Oxford	27779.49				18821.66	60152.69	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	United	Oxford	80050.59				54237.32	194750.25	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	United	Oxford	41206.38				27918.89	98426.36	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32862.65	United	Oxford	28781.88				19500.82	66105.16	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	United	Oxford	60469.85				40970.62	132553.59	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	United	Oxford	37050.35				25103.02	75197.69	case rate	For One Day Stay, Rate = $6,649/case
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	United	Oxford	28914.37				19590.59	50950.94	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	United	Oxford	63166.73				42797.86	158446.43	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				39056.32	United	Oxford	36823.73				24949.47	89645.89	case rate	For One Day Stay, Rate = $6,649/case
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	United	Oxford	26761.4				18131.86	62539.92	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	United	Oxford	46973.22				31826.14	116521.71	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	United	Oxford	25952.51				17583.81	63877.86	case rate	For One Day Stay, Rate = $6,649/case
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	United	Oxford	21709.31				14708.89	48236.06	case rate	For One Day Stay, Rate = $6,649/case
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	United	Oxford	41260.42				27955.51	94049.78	case rate	For One Day Stay, Rate = $6,649/case
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	United	Oxford	21946.4				14869.52	54608.8 case rate		For One Day Stay, Rate = $6,649/case
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	United	Oxford	15356.73				10404.77	37044.95	case rate	For One Day Stay, Rate = $6,649/case
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	United	Oxford	42165.2				28568.52	95430.63	case rate	For One Day Stay, Rate = $6,649/case
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	United	Oxford	26227.95				17770.43	58514.4 case rate		For One Day Stay, Rate = $6,649/case
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25081.75	United	Oxford	19221.63				13023.38	41093.87 case rate		For One Day Stay, Rate = $6,649/case
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	United	Oxford	51130.99				34643.19	115690.86 case rate		For One Day Stay, Rate = $6,649/case
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	United	Oxford	29655.28				20092.58	67521.12 case rate		For One Day Stay, Rate = $6,649/case
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				26257.9	United	Oxford	23241.68				15747.12	52846.68 case rate		For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	United	Oxford	74363.95				50384.4	155080.13 case rate		For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40992.58	United	Oxford	39259.12				26599.54	83346.26 case rate		For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	United	Oxford	23623.46				16005.79	52593.14 case rate		For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	United	Oxford	29113.11				19725.24	75829.61 case rate		For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23883.64	United	Oxford	17739.82				12019.4	43250.96 case rate		For One Day Stay, Rate = $6,649/case
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	United	Oxford	12168.23				8244.44	28993.9 case rate		For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	United	Oxford	30472.88				20646.54	67825.37 case rate		For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	United	Oxford	17943.79				12157.6	40504.87 case rate		For One Day Stay, Rate = $6,649/case
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	United	Oxford	12645.9				8568.08	29551.7 case rate		For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	United	Oxford	36808.04				24938.84	80549.46 case rate		For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	United	Oxford	21419.93				14512.81	47069.75 case rate		For One Day Stay, Rate = $6,649/case
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	United	Oxford	16393.34				10429.57	35718.71 case rate		For One Day Stay, Rate = $6,649/case
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	United	Oxford	31696.68				21475.71	69775.72 case rate		For One Day Stay, Rate = $6,649/case
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	United	Oxford	17187.19				11644.98	38628.63 case rate		For One Day Stay, Rate = $6,649/case
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				18804.32	United	Oxford	11099.59				7520.39	25479.37 case rate		For One Day Stay, Rate = $6,649/case
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	United	Oxford	33546.32				22728.91	75907.62 case rate		For One Day Stay, Rate = $6,649/case
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	United	Oxford	18986.28				12863.93	42712.67 case rate		For One Day Stay, Rate = $6,649/case
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	United	Oxford	13062.55				8850.37	29949.57 case rate		For One Day Stay, Rate = $6,649/case
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	United	Oxford	22036.8				14932.12	52698.46 case rate		For One Day Stay, Rate = $6,649/case
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	United	Oxford	15159.74				10271.3	33362.69 case rate		For One Day Stay, Rate = $6,649/case
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	United	Oxford	28325.14				19191.36	66229.99 case rate		For One Day Stay, Rate = $6,649/case
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	United	Oxford	17302.25				11722.93	38230.76 case rate		For One Day Stay, Rate = $6,649/case
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	United	Oxford	11685.34				7917.26	27176.18 case rate		For One Day Stay, Rate = $6,649/case
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	United	Oxford	25624.77				17361.75	59708.01 case rate		For One Day Stay, Rate = $6,649/case
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20889.86	United	Oxford	13974.29				9468.11	32890.7 case rate		For One Day Stay, Rate = $6,649/case
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	United	Oxford	9539.34				6463.26	23053.14 case rate		For One Day Stay, Rate = $6,649/case
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27382.91	United	Oxford	22382.69				15171.9	47647.05 case rate		For One Day Stay, Rate = $6,649/case
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	United	Oxford	13602.97				9216.53	29465.89 case rate		For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	United	Oxford	28869.05				19559.88	63862.83 case rate		For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	United	Oxford	16409.68				11118.18	36709.49 case rate		For One Day Stay, Rate = $6,649/case
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				18600.17	United	Oxford	11094.36				7516.85	26388.24 case rate		For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITH MCC	397	MS-DRG				inpatient				44122.19	United	Oxford	43195.49				29266.58	44283.24 case rate		For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITH CC	398	MS-DRG				inpatient				30752.72	United	Oxford	26379.62				17873.19	27043.91 case rate		For One Day Stay, Rate = $6,649/case
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG				inpatient				25355.59	United	Oxford	19591.21				13273.79	22048.34 case rate		For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	United	Oxford	94638.53				64121.2	209822.55 case rate		For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	United	Oxford	48956.84				33171.47	110491.23 case rate		For One Day Stay, Rate = $6,649/case
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	United	Oxford	37233.4				25227.04	78279.25 case rate		For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	United	Oxford	61038.16				41355.67	157841.83 case rate		For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	United	Oxford	36548.28				24762.85	90601.56 case rate		For One Day Stay, Rate = $6,649/case
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	United	Oxford	27040.33				18320.85	64462.97 case rate		For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	United	Oxford	47302.7				10482	159953.89 case rate		For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	United	Oxford	37160.18				11647	92910.77 case rate		For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	United	Oxford	28982.36				15908	65773.6 case rate		For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	United	Oxford	61081.75				28270	139535.84 case rate		For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	United	Oxford	34484.22				23364.37	78747.33 case rate		For One Day Stay, Rate = $6,649/case
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	United	Oxford	23886.7				16184.14	54340.65 case rate		For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	United	Oxford	41429.52				28070.08	94529.56 case rate		For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	United	Oxford	28910.89				19588.22	64915.45 case rate		For One Day Stay, Rate = $6,649/case
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	United	Oxford	22969.72				15562.86	50872.93 case rate		For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58688.88	United	Oxford	61529.77				41688.76	137211.02 case rate		For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	United	Oxford	28548.28				8253	69397.35 case rate		For One Day Stay, Rate = $6,649/case
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	United	Oxford	25616.05				10272	58806.95 case rate		For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	United	Oxford	70806.98				16017	153921.62 case rate		For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	United	Oxford	39804.77				26969.24	85468.24 case rate		For One Day Stay, Rate = $6,649/case
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	United	Oxford	26947.93				18258.25	58233.55 case rate		For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	United	Oxford	34152.99				13893	71226.78 case rate		For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	United	Oxford	18649.82				12635.96	40095.3 case rate		For One Day Stay, Rate = $6,649/case
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	United	Oxford	12142.08				8226.72	57145.71 case rate		For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	United	Oxford	31808.25				21551.3	66222.18 case rate		For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	United	Oxford	19659.19				13319.85	44308.05 case rate		For One Day Stay, Rate = $6,649/case
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	United	Oxford	13688.39				9274.41	33772.26 case rate		For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	United	Oxford	29003.28				19650.83	63901.27 case rate		For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	United	Oxford	14995.87				10160.27	33635.74 case rate		For One Day Stay, Rate = $6,649/case
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	United	Oxford	10723.04				7265.27	24235.05 case rate		For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	United	Oxford	32955.34				11778	72443.8 case rate		For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	United	Oxford	16843.76				11412.29	36623.67 case rate		For One Day Stay, Rate = $6,649/case
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	United	Oxford	12250.17				8299.96	27141.07 case rate		For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	United	Oxford	29364.15				19895.32	62836.38 case rate		For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	United	Oxford	18906.09				12809.59	41643.87 case rate		For One Day Stay, Rate = $6,649/case
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	United	Oxford	13899.33				9417.32	31010.57 case rate		For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	United	Oxford	154480.79				17717	370445.58 case rate		For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	United	Oxford	106825.46				36879	247179.56 case rate		For One Day Stay, Rate = $6,649/case
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	United	Oxford	80289.42				54399.14	195035 case rate		For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	United	Oxford	147643.56				100034.13	359346.68 case rate		For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	United	Oxford	100054.96				67791.04	255285.21 case rate		For One Day Stay, Rate = $6,649/case
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69627.59	United	Oxford	75275.69				51002.14	199762.65 case rate		For One Day Stay, Rate = $6,649/case
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	United	Oxford	115620.89				78337.54	249051.89 case rate		For One Day Stay, Rate = $6,649/case
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	United	Oxford	63768.17				43205.36	157490.76 case rate		For One Day Stay, Rate = $6,649/case
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	United	Oxford	104437.62				9917	174848.88 case rate		For One Day Stay, Rate = $6,649/case
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	United	Oxford	48924.63				11315	124592.26 case rate		For One Day Stay, Rate = $6,649/case
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	United	Oxford	40768.81				27622.42	89894.75	case rate	For One Day Stay, Rate = $6,649/case
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	United	Oxford	30957.52				20974.9	70134.59	case rate	For One Day Stay, Rate = $6,649/case
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	United	Oxford	51270.45				34737.68	118206.81	case rate	For One Day Stay, Rate = $6,649/case
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	United	Oxford	36171.73				8360	80444.14	case rate	For One Day Stay, Rate = $6,649/case
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	United	Oxford	27655.71				9385	64927.15	case rate	For One Day Stay, Rate = $6,649/case
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	United	Oxford	44422.77				13093	92973.18	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	United	Oxford	56122.06				38024.83	128883.03	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	United	Oxford	36973.65				25051.05	86533.13	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	United	Oxford	27547.63				18664.56	64369.35	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	United	Oxford	34262.82				23214.36	82402.29	case rate	For One Day Stay, Rate = $6,649/case
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	United	Oxford	21589.03				14627.39	50607.68	case rate	For One Day Stay, Rate = $6,649/case
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	United	Oxford	61908.07				27633	132253.23	case rate	For One Day Stay, Rate = $6,649/case
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	United	Oxford	41856.63				28299.46	87613.62	case rate	For One Day Stay, Rate = $6,649/case
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	United	Oxford	32868.18				22269.44	72705.49	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				59575.53	United	Oxford	61374.62				41583.64	136053.94	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	United	Oxford	34395.31				23304.13	76488.83	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28388.18	United	Oxford	23405.55				15858.15	55975.05	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	United	Oxford	44016.58				29822.91	88857.95	case rate	For One Day Stay, Rate = $6,649/case
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	United	Oxford	19153.64				12977.32	43656.63	case rate	For One Day Stay, Rate = $6,649/case
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	United	Oxford	55239.95				37427.16	119973.48	case rate	For One Day Stay, Rate = $6,649/case
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	United	Oxford	31112.68				8902	65820.41	case rate	For One Day Stay, Rate = $6,649/case
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				29144.95	United	Oxford	24357.39				16503.06	50361.94	case rate	For One Day Stay, Rate = $6,649/case
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	United	Oxford	46138.18				27418	99943.74	case rate	For One Day Stay, Rate = $6,649/case
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	United	Oxford	30594.92				20729.22	67462.61	case rate	For One Day Stay, Rate = $6,649/case
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	United	Oxford	30594.92				20729.22	61623.26	case rate	For One Day Stay, Rate = $6,649/case
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30557.29	United	Oxford	26133.81				17706.65	55011.57	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	United	Oxford	33788.64				22893.09	75771.1	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26986.93	United	Oxford	21643.07				14864	56458.73	case rate	For One Day Stay, Rate = $6,649/case
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	United	Oxford	30624.55				20749.3	65153.39	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				49393.2	United	Oxford	49825.26				33758.51	106582.73	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	United	Oxford	34189.6				7655	72057.63	case rate	For One Day Stay, Rate = $6,649/case
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	United	Oxford	28028.78				10564	59372.55	case rate	For One Day Stay, Rate = $6,649/case
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	United	Oxford	26247.12				17783.42	63955.88	case rate	For One Day Stay, Rate = $6,649/case
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	United	Oxford	17774.69				12043.03	43544.38	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52640.62	United	Oxford	53909.81				36525.94	120219.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37661.99	United	Oxford	35069.97				23761.23	73643.8	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	United	Oxford	26022.24				17631.06	53864.77	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	United	Oxford	62479.87				42332.49	120929.5	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	United	Oxford	34376.13				23291.14	72631.03	case rate	For One Day Stay, Rate = $6,649/case
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	United	Oxford	24984.98				16928.27	51259.1	case rate	For One Day Stay, Rate = $6,649/case
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG				inpatient				50177.68	United	Oxford	50811.97				7692	52091.52	case rate	For One Day Stay, Rate = $6,649/case
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG				inpatient				38998.11	United	Oxford	36750.51				9003	37675.96	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	United	Oxford	26583.58				12781	59700.21	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	United	Oxford	14190.46				9614.58	37097.3	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	United	Oxford	23184.15				15708.14	48945.98	case rate	For One Day Stay, Rate = $6,649/case
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	United	Oxford	14136.42				9577.96	29528.3	case rate	For One Day Stay, Rate = $6,649/case
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	United	Oxford	16020.93				10854.79	35515.87	case rate	For One Day Stay, Rate = $6,649/case
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19086.66	United	Oxford	11706.26				7931.44	28358.09	case rate	For One Day Stay, Rate = $6,649/case
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	United	Oxford	35256.5				23887.62	78762.93	case rate	For One Day Stay, Rate = $6,649/case
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	United	Oxford	22560.05				15285.29	55588.18	case rate	For One Day Stay, Rate = $6,649/case
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	United	Oxford	15252.13				7723	34431.48	case rate	For One Day Stay, Rate = $6,649/case
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				35630.1	United	Oxford	32514.29				8903	71199.48	case rate	For One Day Stay, Rate = $6,649/case
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	United	Oxford	18494.67				10889	41835.01	case rate	For One Day Stay, Rate = $6,649/case
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	United	Oxford	13174.12				8925.97	31143.19	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	United	Oxford	44051.45				29846.53	96702.25	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	United	Oxford	20182.18				13674.2	47370.1	case rate	For One Day Stay, Rate = $6,649/case
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	United	Oxford	13008.5				8813.76	33452.4	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	United	Oxford	35120.52				23795.49	80635.27	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	United	Oxford	21008.51				14234.06	48532.51	case rate	For One Day Stay, Rate = $6,649/case
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	United	Oxford	15028.99				10182.71	36034.67	case rate	For One Day Stay, Rate = $6,649/case
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	United	Oxford	29747.67				9165	62083.54	case rate	For One Day Stay, Rate = $6,649/case
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	United	Oxford	16801.93				11383.94	35145.31	case rate	For One Day Stay, Rate = $6,649/case
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27880.9	United	Oxford	22767.5				15425.85	48275.06	case rate	For One Day Stay, Rate = $6,649/case
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	United	Oxford	14549.58				9857.89	50728.21	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	United	Oxford	23475.28				15905.39	49897.75	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	United	Oxford	14234.04				9644.11	29945.67	case rate	For One Day Stay, Rate = $6,649/case
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	United	Oxford	27015.92				18304.31	55873.63	case rate	For One Day Stay, Rate = $6,649/case
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	United	Oxford	15058.63				10202.79	33882.54	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	United	Oxford	32360.88				21925.72	70161.89	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25562.11	United	Oxford	19850.96				13449.78	39853.45	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	United	Oxford	14253.22				9211	29493.19	case rate	For One Day Stay, Rate = $6,649/case
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	United	Oxford	25513.2				12507	54925.76	case rate	For One Day Stay, Rate = $6,649/case
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	United	Oxford	15581.62				10557.14	32691.77	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31528.89	United	Oxford	27355.86				18534.64	61326.81	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				23912.75	United	Oxford	17776.43				12044.21	38063.03	case rate	For One Day Stay, Rate = $6,649/case
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	United	Oxford	13041.63				8836.2	29735.04	case rate	For One Day Stay, Rate = $6,649/case
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	United	Oxford	52476.82				35555.04	116374.54	case rate	For One Day Stay, Rate = $6,649/case
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	United	Oxford	29188.07				9078	66425.02	case rate	For One Day Stay, Rate = $6,649/case
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	United	Oxford	19915.46				11401	45973.65	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.98	United	Oxford	107355.9				16091	204845.26	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	United	Oxford	60403.6				36864	118811.42	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	United	Oxford	34808.47				23584.06	68597.71	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84559.1	United	Oxford	94056.26				63726.69	190381.46	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient				46686.32	United	Oxford	46420.59				31451.72	97876.36	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient				33208.73	United	Oxford	29468.74				19966.19	59669.01	case rate	For One Day Stay, Rate = $6,649/case
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient				54955.26	United	Oxford	56821.12				38498.47	109133.78	case rate	For One Day Stay, Rate = $6,649/case
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient				34353.58	United	Oxford	30908.71				20941.82	62013.33	case rate	For One Day Stay, Rate = $6,649/case
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	United	Oxford	25089.57				8609	48228.25	case rate	For One Day Stay, Rate = $6,649/case
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	United	Oxford	30528.67				10681	61221.49	case rate	For One Day Stay, Rate = $6,649/case
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	United	Oxford	28637.19				14701	53755.55	case rate	For One Day Stay, Rate = $6,649/case
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	United	Oxford	36682.32				24182.91	72997.7	case rate	For One Day Stay, Rate = $6,649/case
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	United	Oxford	34606.25				23447.05	61073.26	case rate	For One Day Stay, Rate = $6,649/case
SKIN ULCERS W MCC	592	MS-DRG				inpatient				38280.15	United	Oxford	35847.48				24288.03	66631.76	case rate	For One Day Stay, Rate = $6,649/case
SKIN ULCERS W CC	593	MS-DRG				inpatient				26726.36	United	Oxford	21315.33				14441.95	44054.51	case rate	For One Day Stay, Rate = $6,649/case
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	United	Oxford	14795.39				10024.44	31603.47	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39095.13	United	Oxford	36872.54				24982.55	77503.01	case rate	For One Day Stay, Rate = $6,649/case
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				24763.76	United	Oxford	18846.82				12769.43	39455.58	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	United	Oxford	30624.55				20749.3	67092.04	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	United	Oxford	18492.93				12529.66	45337.84	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21628.6	United	Oxford	14903.47				10097.67	27944.61	case rate	For One Day Stay, Rate = $6,649/case
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.18	United	Oxford	16076.41				11298.9	37290.69	case rate	For One Day Stay, Rate = $6,649/case
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	United	Oxford	10451.08				7681.01	24153.13	case rate	For One Day Stay, Rate = $6,649/case
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	United	Oxford	25612.56				17353.49	56326.11	case rate	For One Day Stay, Rate = $6,649/case
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21987.58	United	Oxford	15354.99				10403.59	33066.23	case rate	For One Day Stay, Rate = $6,649/case
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	United	Oxford	25900.21				17548.38	55265.12	case rate	For One Day Stay, Rate = $6,649/case
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient				22582.18	United	Oxford	16102.86				10910.3	33565.52	case rate	For One Day Stay, Rate = $6,649/case
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	United	Oxford	28072.36				19020.09	53860.87	case rate	For One Day Stay, Rate = $6,649/case
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	United	Oxford	15065.6				10307.52	31244.61	case rate	For One Day Stay, Rate = $6,649/case
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	United	Oxford	39729.81				26918.45	92196.95	case rate	For One Day Stay, Rate = $6,649/case
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29641.14	United	Oxford	24981.49				16925.91	57777.17	case rate	For One Day Stay, Rate = $6,649/case
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	United	Oxford	67378.55				45651.52	161301.75	case rate	For One Day Stay, Rate = $6,649/case
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36651.8	United	Oxford	33673.58				22815.13	80884.92	case rate	For One Day Stay, Rate = $6,649/case
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	United	Oxford	21705.83				14708.52	45220.82	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47569.21	United	Oxford	47531.07				32204.11	113927.74	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	United	Oxford	27840.5				18863	70587.07	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	United	Oxford	25483.56				17266.08	61564.75	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	United	Oxford	69234.29				44198.71	148148.59	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	United	Oxford	33345.84				22593.08	75018.26	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				23582.88	United	Oxford	17361.52				11763.09	50553.07	case rate	For One Day Stay, Rate = $6,649/case
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	United	Oxford	45982.15				33864.81	108568.18	case rate	For One Day Stay, Rate = $6,649/case
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				36698.67	United	Oxford	26311.63				17827.13	62824.67	case rate	For One Day Stay, Rate = $6,649/case
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	United	Oxford	22085.87				14964.01	42322.6	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	United	Oxford	68785.39				46604.71	143350.73	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	United	Oxford	39208.56				26565.29	91225.67	case rate	For One Day Stay, Rate = $6,649/case
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	United	Oxford	24428.86				16551.48	59856.24	case rate	For One Day Stay, Rate = $6,649/case
DIABETES W MCC	637	MS-DRG				inpatient				29964.08	United	Oxford	25387.68				17201.12	53880.37	case rate	For One Day Stay, Rate = $6,649/case
DIABETES W CC	638	MS-DRG				inpatient				22452.09	United	Oxford	15989.55				10833.53	34021.91	case rate	For One Day Stay, Rate = $6,649/case
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				19464.34	United	Oxford	10923.52				7401.1	24648.52	case rate	For One Day Stay, Rate = $6,649/case
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG				inpatient				28185.83	United	Oxford	23151.02				15885.7	46426.13	case rate	For One Day Stay, Rate = $6,649/case
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	United	Oxford	13622.15				9229.52	29329.36	case rate	For One Day Stay, Rate = $6,649/case
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	United	Oxford	21636.1				14659.28	49285.34	case rate	For One Day Stay, Rate = $6,649/case
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	United	Oxford	28891.71				19575.23	63741.34	case rate	For One Day Stay, Rate = $6,649/case
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	United	Oxford	18015

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	United	Oxford	18824.15				12754.08	46250.6	case rate	For One Day Stay, Rate = $6,649/case
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57369.7	United	Oxford	59857.95				40556.04	123995.45	case rate	For One Day Stay, Rate = $6,649/case
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	United	Oxford	28717.38				19457.12	66397.35	case rate	For One Day Stay, Rate = $6,649/case
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	United	Oxford	17917.64				12139.88	42143.16	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	United	Oxford	50839.86				34445.94	109789.1	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	United	Oxford	26977.57				18278.33	61728.58	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23025.7	United	Oxford	16660.72				11288.27	37583.24	case rate	For One Day Stay, Rate = $6,649/case
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	United	Oxford	30049.26				20359.52	65968.28	case rate	For One Day Stay, Rate = $6,649/case
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24848.1	United	Oxford	19078.68				12926.53	41226.5	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	United	Oxford	73037.3				49485.54	139539.74	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	United	Oxford	40242.34				27265.71	90188.08	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	United	Oxford	27287.87				18488.57	63388.08	case rate	For One Day Stay, Rate = $6,649/case
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	United	Oxford	26182.62				17739.72	59758.72	case rate	For One Day Stay, Rate = $6,649/case
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	United	Oxford	15496.19				10499.26	35847.43	case rate	For One Day Stay, Rate = $6,649/case
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	United	Oxford	10588.8				7174.32	24176.54	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	United	Oxford	32873.41				22272.98	66998.42	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	United	Oxford	18351.72				12433.99	41101.68	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	United	Oxford	12624.98				8553.9	30850.64	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	United	Oxford	20401.84				13823.02	43360.18	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20993.72	United	Oxford	13991.73				9479.93	30975.46	case rate	For One Day Stay, Rate = $6,649/case
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	United	Oxford	25633.48				17367.66	51629.67	case rate	For One Day Stay, Rate = $6,649/case
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	United	Oxford	13622.15				9229.52	27386.81	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	United	Oxford	19660.94				13321.03	44807.34	case rate	For One Day Stay, Rate = $6,649/case
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	United	Oxford	12060.15				8171.21	26860.22	case rate	For One Day Stay, Rate = $6,649/case
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	United	Oxford	16958.82				11490.25	37446.72	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	United	Oxford	29303.13				19853.98	63000.21	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	United	Oxford	17779.92				12046.57	40095.3	case rate	For One Day Stay, Rate = $6,649/case
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	United	Oxford	12101.99				8199.56	29633.62	case rate	For One Day Stay, Rate = $6,649/case
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	United	Oxford	33830.48				22921.44	69877.14	case rate	For One Day Stay, Rate = $6,649/case
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	United	Oxford	25844.42				17510.58	54863.35	case rate	For One Day Stay, Rate = $6,649/case
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	United	Oxford	39173.69				26541.67	79254.42	case rate	For One Day Stay, Rate = $6,649/case
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30589.17	United	Oxford	26173.91				17733.82	65122.19	case rate	For One Day Stay, Rate = $6,649/case
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	United	Oxford	33255.19				22531.66	81271.08	case rate	For One Day Stay, Rate = $6,649/case
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	United	Oxford	15447.38				10466.19	42002.74	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	United	Oxford	25208.12				17079.46	57082.84	case rate	For One Day Stay, Rate = $6,649/case
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	United	Oxford	16381.79				11099.29	35515.87	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	United	Oxford	36368.94				26673.96	86201.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	United	Oxford	24742.66				16764.09	57067.24	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	United	Oxford	32346.93				21916.28	76231.38	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26853.87	United	Oxford	21475.71				14550.61	48080.03	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	United	Oxford	30133.91				20420.94	64739.92	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	United	Oxford	19575.52				13263.16	42986.21	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	United	Oxford	11451.74				7758.99	26883.62	case rate	For One Day Stay, Rate = $6,649/case
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	United	Oxford	22010.91				14913.23	47366.2	case rate	For One Day Stay, Rate = $6,649/case
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20097.06	United	Oxford	12977.13				8792.5	29820.85	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	United	Oxford	25816.05				17355.85	56092.07	case rate	For One Day Stay, Rate = $6,649/case
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	United	Oxford	14244.5				9651.19	30870.14	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	United	Oxford	19191.99				13003.3	42205.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	United	Oxford	10580.09				7168.41	22171.58	case rate	For One Day Stay, Rate = $6,649/case
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.66	United	Oxford	36658.11				24837.26	85946.24	case rate	For One Day Stay, Rate = $6,649/case
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	United	Oxford	21161.92				14338	53244.56	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	United	Oxford	68644.18				46509.04	157221.61	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	United	Oxford	34838.11				23604.14	79238.82	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	United	Oxford	26444.12				17916.89	54309.45	case rate	For One Day Stay, Rate = $6,649/case
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	United	Oxford	69399.03				47020.48	140335.48	case rate	For One Day Stay, Rate = $6,649/case
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34381.44	United	Oxford	31698.42				21476.89	67986.3	case rate	For One Day Stay, Rate = $6,649/case
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	United	Oxford	23945.97				16224.3	51793.49	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	United	Oxford	31844.86				21576.1	66858	case rate	For One Day Stay, Rate = $6,649/case
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26393.71	United	Oxford	20896.94				14158.47	43516.21	case rate	For One Day Stay, Rate = $6,649/case
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	United	Oxford	34064.08				23079.71	65933.53	case rate	For One Day Stay, Rate = $6,649/case
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	United	Oxford	17865.34				12104.45	41714.09	case rate	For One Day Stay, Rate = $6,649/case
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	United	Oxford	29193.3				19779.57	65442.04	case rate	For One Day Stay, Rate = $6,649/case
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	United	Oxford	16652				11282.36	37376.51	case rate	For One Day Stay, Rate = $6,649/case
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	United	Oxford	23748.98				16090.83	50475.06	case rate	For One Day Stay, Rate = $6,649/case
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	United	Oxford	45127.06				30575.3	101496.21	case rate	For One Day Stay, Rate = $6,649/case
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	United	Oxford	22479.85				15230.96	47740.67	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34866.7	United	Oxford	31541.53				21370.58	71827.49	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	United	Oxford	19352.37				13111.97	41733.59	case rate	For One Day Stay, Rate = $6,649/case
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	United	Oxford	16848.52				11280	38429.36	case rate	For One Day Stay, Rate = $6,649/case
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	United	Oxford	24672.92				16716.84	56205.19	case rate	For One Day Stay, Rate = $6,649/case
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	United	Oxford	17769.46				12039.48	39802.74	case rate	For One Day Stay, Rate = $6,649/case
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18690.06	United	Oxford	11157.12				7559.37	27722.27	case rate	For One Day Stay, Rate = $6,649/case
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	United	Oxford	17181.96				11641.43	34002.4	case rate	For One Day Stay, Rate = $6,649/case
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	United	Oxford	11050.78				7487.32	21430.45	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				23794.94	United	Oxford	9023				9023	44132.52	case rate	For One Day Stay, Rate = $6,649/case
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	United	Oxford	23993.04				16256.19	56868.31	case rate	For One Day Stay, Rate = $6,649/case
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	United	Oxford	18757.91				12709.2	41655.58	case rate	For One Day Stay, Rate = $6,649/case
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	United	Oxford	12438.45				8427.52	25705.61	case rate	For One Day Stay, Rate = $6,649/case
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	United	Oxford	16296.37				11041.41	29422.98	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	United	Oxford	10212				8487	68089.72	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	United	Oxford	10212				8487	42989.61	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	United	Oxford	10212				8487	32980.42	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	United	Oxford	10212				8487	65648.08	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	United	Oxford	10212				8487	42170.47	case rate	For One Day Stay, Rate = $6,649/case
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	United	Oxford	10212				8487	35133.6	case rate	For One Day Stay, Rate = $6,649/case
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	United	Oxford	31424.73				637	84895.95	case rate	For One Day Stay, Rate = $6,649/case
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	United	Oxford	103635.7				637	214004.1	case rate	For One Day Stay, Rate = $6,649/case
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	United	Oxford	70776.24				637	146159.23	case rate	For One Day Stay, Rate = $6,649/case
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	United	Oxford	42705.62				637	88187.03	case rate	For One Day Stay, Rate = $6,649/case
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	United	Oxford	72704.33				637	150134.04	case rate	For One Day Stay, Rate = $6,649/case
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	United	Oxford	25734.59				637	53139.24	case rate	For One Day Stay, Rate = $6,649/case
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	United	Oxford	3483.11				637	10912.03	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	United	Oxford	9023				6365	57270.08	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	United	Oxford	9023				6365	33035.03	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	United	Oxford	9023				6365	33035.03	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	United	Oxford	82890.43				56161.42	183395.31	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	United	Oxford	50796.28				34416.41	102463.59	case rate	For One Day Stay, Rate = $6,649/case
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	United	Oxford	28619.76				5977	60706.59	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	United	Oxford	62493.82				8199	130564.23	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34450.6	United	Oxford	31030.74				13379	67173.95	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	United	Oxford	19273.92				13058.82	47998.11	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	United	Oxford	9023				6365	39911.96	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	United	Oxford	9023				6365	27593.55	case rate	For One Day Stay, Rate = $6,649/case
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				19612.64	United	Oxford	9023				6365	23950.3	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	United	Oxford	39926.8				27051.92	83633.84	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	United	Oxford	21590.77				14628.57	46983.93	case rate	For One Day Stay, Rate = $6,649/case
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	United	Oxford	16592.73				11242.2	35964.45	case rate	For One Day Stay, Rate = $6,649/case
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	United	Oxford	24526.49				16617.63	52893.49	case rate	For One Day Stay, Rate = $6,649/case
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	United	Oxford	16088.92				10900.85	34450.98	case rate	For One Day Stay, Rate = $6,649/case
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	United	Oxford	26986.28				18284.23	62859.78	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				38754.17	United	Oxford	36443.69				24691.98	64868.64	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	United	Oxford	17713.67				12001.69	38137.14	case rate	For One Day Stay, Rate = $6,649/case
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	United	Oxford	11495.32				7788.52	28147.45	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	United	Oxford	38106.79				25818.8	98754.02	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	United	Oxford	17248.21				11686.32	52991.01	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	United	Oxford	11774.25				7977.5	32726.87	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	United	Oxford	101520.16				68770.21	212342.41	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	United	Oxford	38917.43				6969	93394.46	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	United	Oxford	19938.12				8721	47190.67	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	United	Oxford	81577.72				12547	176491.07	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	United	Oxford	38342.14				22652	85596.56	case rate	For One Day Stay, Rate = $6,649/case
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	United	Oxford	21456.54				14537.62	53010.51	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	United	Oxford	83251.29				56405.91	193002.74	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	United	Oxford	41140.14				27874.01	87832.06	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG				inpatient				31995.97	United	Oxford	27943.36				18932.69	63792.05	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	United	Oxford	53759.89				36424.37	121300.07	case rate	For One Day Stay, Rate = $6,649/case
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	United	Oxford	25495.76				17274.35	55343.13	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	United	Oxford	20065.38				13595.06	40103.1	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	United	Oxford	13029.42				8827.93	28038.23	case rate	For One Day Stay, Rate = $6,649/case
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	United	Oxford	9061.67				6139.63	18735.06	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86366.63	United	Oxford	96357.42				65285.81	214842.75	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				38383.42	United	Oxford	37235.14				25228.23	83318.95	case rate	For One Day Stay, Rate = $6,649/case
ACUTE LEUKEMIA W/O MAJOR O.R. PROCED

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	853	MS-DRG				inpatient				323.10	6 United	Oxford	38339.08				19200.81	60850.92	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	United	Oxford	78650.72				53288.85	175075.12	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	United	Oxford	37984.76				25736.12	80225.7	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	United	Oxford	22460.68				15217.96	53833.56	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	United	Oxford	32054.06				21717.84	71293.09	case rate	For One Day Stay, Rate = $6,649/case
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	United	Oxford	17431.26				11810.34	38414.09	case rate	For One Day Stay, Rate = $6,649/case
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	United	Oxford	15654.83				10606.74	33713.75	case rate	For One Day Stay, Rate = $6,649/case
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29863.69	United	Oxford	25286.57				17132.61	53915.48	case rate	For One Day Stay, Rate = $6,649/case
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	United	Oxford	15424.72				10450.83	32001.34	case rate	For One Day Stay, Rate = $6,649/case
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	United	Oxford	37381.58				25327.44	83198.03	case rate	For One Day Stay, Rate = $6,649/case
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	United	Oxford	18306.39				12403.28	42006.64	case rate	For One Day Stay, Rate = $6,649/case
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	United	Oxford	12544.79				8499.57	29953.48	case rate	For One Day Stay, Rate = $6,649/case
SEPTICEMIA OR SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				108197.52	United	Oxford	121272.66				82166.84	245560.77	case rate	For One Day Stay, Rate = $6,649/case
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	United	Oxford	34205.29				23175.38	72412.59	case rate	For One Day Stay, Rate = $6,649/case
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	United	Oxford	17973.42				12177.68	41079.47	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64214.32	United	Oxford	68934.72				46414.55	128777.71	case rate	For One Day Stay, Rate = $6,649/case
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23065.9	United	Oxford	16711.27				2090	20057.3	case rate	For One Day Stay, Rate = $6,649/case
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22449.12	United	Oxford	15935.51				2090	19520.98	case rate	For One Day Stay, Rate = $6,649/case
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	United	Oxford	16770.55				2090	20098.28	case rate	For One Day Stay, Rate = $6,649/case
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	United	Oxford	32319.04				2090	33132.9	case rate	For One Day Stay, Rate = $6,649/case
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	United	Oxford	29116.6				2090	29849.81	case rate	For One Day Stay, Rate = $6,649/case
PSYCHOSES	885	MS-DRG				inpatient				29316.81	United	Oxford	24573.56				2090	25492.88	case rate	For One Day Stay, Rate = $6,649/case
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	United	Oxford	31318.38				2090	32107.05	case rate	For One Day Stay, Rate = $6,649/case
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	United	Oxford	20734.81				2090	22838.97	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	United	Oxford	10879.94				2090	101331.96	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	United	Oxford	24463.73				2090	25416.95	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	United	Oxford	31044.69				2090	31826.46	case rate	For One Day Stay, Rate = $6,649/case
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	United	Oxford	15379.39				2090	119136.51	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	United	Oxford	77236.91				13124	174162.35	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	United	Oxford	33080.86				22413.54	74909.04	case rate	For One Day Stay, Rate = $6,649/case
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	United	Oxford	21252.67				14399.42	60432.03	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	United	Oxford	67310.56				45605.46	125836.58	case rate	For One Day Stay, Rate = $6,649/case
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	United	Oxford	28733.07				19467.75	69011.18	case rate	For One Day Stay, Rate = $6,649/case
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	United	Oxford	38047.52				25778.64	71897.7	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64994.15	United	Oxford	69447.84				47053.55	164457.41	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	United	Oxford	35164.1				23825.02	77733.15	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	United	Oxford	22110.27				14980.55	51699.88	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	United	Oxford	28211.82				19114.58	57503.54	case rate	For One Day Stay, Rate = $6,649/case
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	United	Oxford	15975.6				10824.08	90774.77	case rate	For One Day Stay, Rate = $6,649/case
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	United	Oxford	30296.81				20527.24	65410.84	case rate	For One Day Stay, Rate = $6,649/case
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				18984.09	United	Oxford	11577.26				7844.03	24781.15	case rate	For One Day Stay, Rate = $6,649/case
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	United	Oxford	28084.89				19367.35	57484.62	case rate	For One Day Stay, Rate = $6,649/case
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	United	Oxford	15421.23				10448.47	30374.75	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				35054.9	United	Oxford	31790.82				21539.49	71160.47	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	United	Oxford	17710.18				11999.32	39127.92	case rate	For One Day Stay, Rate = $6,649/case
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	United	Oxford	11988.67				8122.78	27562.35	case rate	For One Day Stay, Rate = $6,649/case
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	United	Oxford	29451.31				19954.38	60788.51	case rate	For One Day Stay, Rate = $6,649/case
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	United	Oxford	17779.92				12046.57	40248.18	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				286538.5	United	Oxford	350617.73				237556.83	717124.19	case rate	For One Day Stay, Rate = $6,649/case
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	United	Oxford	116433.26				78897.96	229193.53	case rate	For One Day Stay, Rate = $6,649/case
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	United	Oxford	55443.91				37565.36	115936.61	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	United	Oxford	75430.85				33318	111571.72	case rate	For One Day Stay, Rate = $6,649/case
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	United	Oxford	37407.73				25345.16	71519.33	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	United	Oxford	38289.84				25942.82	71059.05	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	United	Oxford	55332.34				37489.76	127892.25	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				39043.84	United	Oxford	36808.04				24938.84	84820.72	case rate	For One Day Stay, Rate = $6,649/case
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	United	Oxford	34069.31				23083.25	72217.56	case rate	For One Day Stay, Rate = $6,649/case
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	United	Oxford	26611.47				18030.29	53240.65	case rate	For One Day Stay, Rate = $6,649/case
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	United	Oxford	19463.94				13187.56	40672.6	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	United	Oxford	22422.32				15191.98	47026.84	case rate	For One Day Stay, Rate = $6,649/case
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	United	Oxford	13850.52				9384.25	30433.26	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	United	Oxford	18810.21				12744.63	44709.82	case rate	For One Day Stay, Rate = $6,649/case
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	United	Oxford	10217.48				6922.73	29056.31	case rate	For One Day Stay, Rate = $6,649/case
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	United	Oxford	9884.51				6697.13	31143.19	case rate	For One Day Stay, Rate = $6,649/case
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	United	Oxford	119037.75				80652.6	237821.78	case rate	For One Day Stay, Rate = $6,649/case
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	United	Oxford	66635.9				45148.35	147594.69	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	United	Oxford	130123.4				88163.55	296394.69	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	United	Oxford	71646.14				48542.98	163041.46	case rate	For One Day Stay, Rate = $6,649/case
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	United	Oxford	46091.11				31228.48	95594.45	case rate	For One Day Stay, Rate = $6,649/case
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	United	Oxford	47360.23				32088.36	109024.57	case rate	For One Day Stay, Rate = $6,649/case
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	United	Oxford	26151.24				17718.46	57531.42	case rate	For One Day Stay, Rate = $6,649/case
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	United	Oxford	15899.36				10779.19	38004.52	case rate	For One Day Stay, Rate = $6,649/case
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	United	Oxford	110251.52				74699.6	218388.49	case rate	For One Day Stay, Rate = $6,649/case
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	United	Oxford	46254.98				31339.51	108739.81	case rate	For One Day Stay, Rate = $6,649/case
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	United	Oxford	52058.42				35271.56	106216.06	case rate	For One Day Stay, Rate = $6,649/case
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	United	Oxford	24779.27				16788.89	50315.13	case rate	For One Day Stay, Rate = $6,649/case
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	United	Oxford	17485.3				11846.95	36611.97	case rate	For One Day Stay, Rate = $6,649/case
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	United	Oxford	25136.64				17031.03	45634.29	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	United	Oxford	82874.74				11302	170480.09	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	United	Oxford	42681.21				14901	95680.27	case rate	For One Day Stay, Rate = $6,649/case
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	United	Oxford	29081.73				19703.98	61205.88	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	United	Oxford	61062.57				41372.21	129994.73	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	United	Oxford	29915.03				20288.57	66042.75	case rate	For One Day Stay, Rate = $6,649/case
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	United	Oxford	20143.83				13648.21	40594.58	case rate	For One Day Stay, Rate = $6,649/case
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG				inpatient				400195.63	Wellcare	Medicare	347996.2				332710.44	1030198.27	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG				inpatient				140127.09	Wellcare	Medicare	121849.65				111081.44	523579.26	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG				inpatient				306824.15	Wellcare	Medicare	266803.61				253139.77	713726.68	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG				inpatient				205623.09	Wellcare	Medicare	178802.69				166896.78	445428.73	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG				inpatient				157381.56	Wellcare	Medicare	136853.53				125786.6	295704	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG				inpatient				76990.08	Wellcare	Medicare	66947.9				57276.42	295704	case rate	
LUNG TRANSPLANT	007	MS-DRG				inpatient				190914.73	Wellcare	Medicare	166012.81				154362.39	415463.56	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG				inpatient				85193.89	Wellcare	Medicare	74081.64				64267.66	204747.74	case rate	
PANCREAS TRANSPLANT	010	MS-DRG				inpatient				120286.33	Wellcare	Medicare	104596.81				76104.35	176073.7	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG				inpatient				84567.41	Wellcare	Medicare	73536.88				63733.78	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG				inpatient				66667.36	Wellcare	Medicare	57962.92				48470.93	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG				inpatient				46508.91	Wellcare	Medicare	40442.53				31300.53	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG				inpatient				191372.12	Wellcare	Medicare	166410.54				154752.17	466145.35	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG				inpatient				93437.89	Wellcare	Medicare	81250.34				71293.15	259382.38	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG				inpatient				93437.89	Wellcare	Medicare	81250.34				71293.15	170893.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG				inpatient				532483.55	Wellcare	Medicare	463029.18				445445.49	674003.16	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG				inpatient				119652.92	Wellcare	Medicare	104046.02				93633.46	141676.71	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG				inpatient				121507.41	Wellcare	Medicare	105658.61				95213.84	406659.68	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG				inpatient				83805.11	Wellcare	Medicare	72874				63084.15	308373.74	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG				inpatient				48061.24	Wellcare	Medicare	41792.38				32623.42	201178.6	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG				inpatient				88852.96	Wellcare	Medicare	77263.44				67385.9	213020.69	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG				inpatient				6247.61	Wellcare	Medicare	54323.14				44903.86	335856.53	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG				inpatient				71766.2	Wellcare	Medicare	62405.4				52824.66	166852.44	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG				inpatient				52172.15	Wellcare	Medicare	45367.09				36126.72	117633.41	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG				inpatient				43983.59	Wellcare	Medicare	38246.6				29148.47	93839.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG				inpatient				94042.19	Wellcare	Medicare	81775.82				71808.14	209654.82	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG				inpatient				56303.85	Wellcare	Medicare	48959.87				39647.73	123094.39	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG				inpatient				40623.9	Wellcare	Medicare	35325.13				26285.36	84867.53	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG				inpatient				67861.81	Wellcare	Medicare	59010.27				49497.36	163162.38	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG				inpatient				39379.26	Wellcare	Medicare	34242.83				25234.68	110311.2	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG				inpatient				31893.41	Wellcare	Medicare	27733.4				18845.28	181413.8	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG				inpatient				63677.44	Wellcare	Medicare	55371.68				45931.46	298933.84	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG				inpatient				41308.59	Wellcare	Medicare	35920.51				26968.85	86607.24	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG				inpatient				35186.57	Wellcare	Medicare	30597.02				21651.7	67326.08	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG				inpatient				56807.66	Wellcare	Medicare	48528.4				39224.88	125204.67	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG				inpatient				32112.4	Wellcare	Medicare	27923.82				19031.9	65208	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG				inpatient				25555.18	Wellcare	Medicare	22221.89				13443.87	44171.53	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG				inpatient				62061.35	Wellcare	Medicare	53966.39				44554.23	153227.3	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG				inpatient				41078.51	Wellcare	Medicare	35720.44				26672.77	91994.11	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG				inpatient				34140.13	Wellcare	Medicare	29687.07				20759.93	109672.39	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG				inpatient				37673.08	Wellcare	Medicare	32759.2				23770.68	86031.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG				inpatient				22550.3	Wellcare	Medicare	19608.96				10883.13	105287.55	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG				inpatient				30557.29	Wellcare	Medicare	26571.56				17706.65	153781.38	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG				inpatient				24990.98	Wellcare	Medicare	21653.02				12886.37	49848.13	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG				inpatient				44486.71	Wellcare	Medicare	38694.1				29577.23	82870.37	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG				inpatient				28274.53	Wellcare	Medicare	24586.55				15761.29	47155.56	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG				inpatient				35363.98	Wellcare	Medicare	30751.29				21802.88	68636.72	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG				inpatient				26738.83	Wellcare	Medicare	23251.16				14452.58	42880.4	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG				inpatient				22148.36	Wellcare	Medicare	19259.44				10540.6	32481.13	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG				inpatient				47249.04	Wellcare	Medicare	41086.12				31931.26	111080.23	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG				inpatient				34463.07	Wellcare	Medicare	29967.89				21035.14	130341.7	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG				inpatient				29250.28	Wellcare	Medicare	25435.03				16592.82	145735.96	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG				inpatient				37350.14	Wellcare	Medicare	32478.38				23495.48	230599.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC O

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG				inpatient				22487.93	Wellcare	Medicare	19554.72				10829.98	32172.97	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG				inpatient				31211.49	Wellcare	Medicare	27140.43				18264.15	60538.86	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG				inpatient				23610.6	Wellcare	Medicare	20530.96				11786.72	37840.69	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG				inpatient				18949.44	Wellcare	Medicare	16477.78				7814.5	29118.73	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG				inpatient				37070.16	Wellcare	Medicare	32234.92				23206.88	73286.35	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG				inpatient				22320.22	Wellcare	Medicare	19408.89				10687.06	33335.38	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG				inpatient				41937.84	Wellcare	Medicare	36467.69				27405.09	84200.51	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG				inpatient				29050.7	Wellcare	Medicare	25261.48				16422.74	50514.07	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG				inpatient				23031.25	Wellcare	Medicare	20027.17				11292.99	36015.16	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG				inpatient				41186.62	Wellcare	Medicare	35814.45				26764.9	85035.26	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG				inpatient				27958.52	Wellcare	Medicare	24311.76				15491.99	48489.6	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG				inpatient				22031.93	Wellcare	Medicare	19158.2				10441.38	32972.62	case rate	
CONCUSSION W MCC	088	MS-DRG				inpatient				29332.06	Wellcare	Medicare	25506.14				16662.51	57714.76	case rate	
CONCUSSION W CC	089	MS-DRG				inpatient				24639.02	Wellcare	Medicare	21425.24				12663.13	41639.97	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG				inpatient				21661.87	Wellcare	Medicare	18836.41				10126.02	30948.15	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG				inpatient				35945.2	Wellcare	Medicare	30474.09				21531.22	62879.28	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG				inpatient				24453.3	Wellcare	Medicare	21263.74				12504.86	36795.3	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG				inpatient				20719.38	Wellcare	Medicare	18016.85				9322.83	28779.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG				inpatient				60351.01	Wellcare	Medicare	52479.14				43096.69	143463.85	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG				inpatient				43005.07	Wellcare	Medicare	37395.71				28314.58	92871.77	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG				inpatient				43005.07	Wellcare	Medicare	37395.71				28314.58	82343.78	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG				inpatient				59462.57	Wellcare	Medicare	51706.59				42339.57	138041.87	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG				inpatient				39846.35	Wellcare	Medicare	34649				25622.73	72182.45	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG				inpatient				29090.89	Wellcare	Medicare	25296.43				16456.99	49852.01	case rate	
SEIZURES W MCC	100	MS-DRG				inpatient				37296.08	Wellcare	Medicare	32431.38				23449.41	70896.29	case rate	
SEIZURES W/O MCC	101	MS-DRG				inpatient				22554.46	Wellcare	Medicare	19612.57				10886.68	33908.79	case rate	
HEADACHES W MCC	102	MS-DRG				inpatient				25850.4	Wellcare	Medicare	22478.6				13695.46	41991.04	case rate	
HEADACHES W/O MCC	103	MS-DRG				inpatient				21563.46	Wellcare	Medicare	18750.84				10042.15	30480.07	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG				inpatient				40787.45	Wellcare	Medicare	35467.35				26424.73	89821.42	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG				inpatient				26163.63	Wellcare	Medicare	22750.99				13962.4	48957.69	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG				inpatient				30999.43	Wellcare	Medicare	26956.03				18083.44	53131.43	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG				inpatient				32906.58	Wellcare	Medicare	28614.42				19708.7	66623.96	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG				inpatient				23808.8	Wellcare	Medicare	20703.3				11955.62	39104.52	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG				inpatient				25901.68	Wellcare	Medicare	22523.2				13739.16	41320.12	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG				inpatient				19180.91	Wellcare	Medicare	16679.05				8011.75	27531.14	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG				inpatient				20912.03	Wellcare	Medicare	18184.38				9487.01	29368.37	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG				inpatient				27851.8	Wellcare	Medicare	24218.95				15401.04	51930.02	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG				inpatient				21223.89	Wellcare	Medicare	18455.55				9752.77	31603.47	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG				inpatient				43197.72	Wellcare	Medicare	37553.24				28478.76	89645.89	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG				inpatient				23337.56	Wellcare	Medicare	20293.53				11554.03	47295.99	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG				inpatient				29164.35	Wellcare	Medicare	25360.3				16519.59	53716.54	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG				inpatient				21054.79	Wellcare	Medicare	18308.52				9608.67	32868.72	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG				inpatient				28809.53	Wellcare	Medicare	25051.77				16217.22	45263.72	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG				inpatient				68396.81	Wellcare	Medicare	59475.49				49953.28	75984.26	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG				inpatient				39558.06	Wellcare	Medicare	34398.31				25377.05	38397.99	case rate	
MAJOR HEAD AND NECK PROCEDURES WITHOUT COMPLICATIONS	142	MS-DRG				inpatient				31573.24	Wellcare	Medicare	27454.99				19572.43	28101.93	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG				inpatient				55544.32	Wellcare	Medicare	48299.41				39000.46	59011.56	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG				inpatient				34127.66	Wellcare	Medicare	29676.23				20749.3	31395.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG				inpatient				26201.06	Wellcare	Medicare	22783.53				13984.29	22783.53	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG				inpatient				41576.09	Wellcare	Medicare	36153.12				27096.81	75014.36	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG				inpatient				27032.66	Wellcare	Medicare	23505.66				14702.98	48778.25	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG				inpatient				20359.02	Wellcare	Medicare	17703.49				9015.73	28233.27	case rate	
DYSEQUILIBRIUM	149	MS-DRG				inpatient				20140.03	Wellcare	Medicare	17513.07				8829.11	27737.88	case rate	
EPISTAXIS W MCC	150	MS-DRG				inpatient				28937.04	Wellcare	Medicare	25162.65				16326.88	51781.79	case rate	
EPISTAXIS W/O MCC	151	MS-DRG				inpatient				20285.56	Wellcare	Medicare	17639.61				8953.13	27453.13	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG				inpatient				25508.05	Wellcare	Medicare	22180.91				13403.71	40649.19	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG				inpatient				19643.83	Wellcare	Medicare	17081.59				8408.26	27765.18	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG				inpatient				32320.3	Wellcare	Medicare	28104.61				19209.07	56423.63	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG				inpatient				22719.39	Wellcare	Medicare	19756				11027.24	34454.88	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG				inpatient				19099.13	Wellcare	Medicare	16607.94				7942.07	25740.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG				inpatient				32475.53	Wellcare	Medicare	28239.59				19341.36	65258.71	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG				inpatient				22816.42	Wellcare	Medicare	19840.36				11109.92	34727.93	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG				inpatient				18921.72	Wellcare	Medicare	16453.67				7790.88	26462.35	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG				inpatient				73663.65	Wellcare	Medicare	64055.35				54441.66	191887.14	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG				inpatient				44665.51	Wellcare	Medicare	38839.57				29729.6	100205.08	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG				inpatient				35614.85	Wellcare	Medicare	30969.44				22016.67	72256.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG				inpatient				63145.21	Wellcare	Medicare	54908.88				45477.9	136446.49	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG				inpatient				35104.8	Wellcare	Medicare	30525.91				21582.01	74019.68	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG				inpatient				28544.8	Wellcare	Medicare	24821.57				15991.62	52331.79	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG				inpatient				52310.75	Wellcare	Medicare	45487.61				36244.83	54842.02	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG				inpatient				29309.88	Wellcare	Medicare	25486.85				16643.61	57141.35	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG				inpatient				21068.65	Wellcare	Medicare	18320.57				9620.48	35067.29	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG				inpatient				32184.47	Wellcare	Medicare	27986.5				19093.32	71804.09	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG				inpatient				23530.21	Wellcare	Medicare	20461.05				11718.21	49710.52	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG				inpatient				20447.72	Wellcare	Medicare	17780.63				9091.33	35944.95	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG				inpatient				34004.3	Wellcare	Medicare	29568.96				20644.17	66155.87	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG				inpatient				25168.48	Wellcare	Medicare	21885.63				13114.33	44503.09	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG				inpatient				21387.44	Wellcare	Medicare	18597.77				9892.15	31014.47	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG				inpatient				31779.76	Wellcare	Medicare	27634.57				18748.43	58155.54	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG				inpatient				24583.58	Wellcare	Medicare	21377.03				12615.88	39178.63	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG				inpatient				20558.6	Wellcare	Medicare	17877.04				9185.82	28564.83	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG				inpatient				31678.58	Wellcare	Medicare	27546.59				18662.2	60831.42	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG				inpatient				23895.15	Wellcare	Medicare	20904.48				11858.77	41113.38	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG				inpatient				19955.69	Wellcare	Medicare	17352.77				8672.02	29926.17	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG				inpatient				26930.1	Wellcare	Medicare	23417.48				14615.57	48185.35	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG				inpatient				25344.5	Wellcare	Medicare	22038.7				13264.34	46445.63	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG				inpatient				21696.82	Wellcare	Medicare	18858.1				10147.28	35648.5	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG				inpatient				18749.86	Wellcare	Medicare	16304.22				7644.42	28244.97	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG				inpatient				28043.07	Wellcare	Medicare	24385.28				15564.04	51360.52	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG				inpatient				21144.88	Wellcare	Medicare	18386.86				9685.45	35114.1	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG				inpatient				18410.28	Wellcare	Medicare	16008.94				7355.03	26790.01	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG				inpatient				35893.44	Wellcare	Medicare	31211.69				22254.08	63897.37	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG				inpatient				23501.11	Wellcare	Medicare	20435.74				11693.4	39073.31	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG				inpatient				19107.45	Wellcare	Medicare	16615.17				7949.15	29586.81	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG				inpatient				34246.86	Wellcare	Medicare	29779.88				20850.88	69541.68	case rate	
PNEUMOTHORAX W CC	200	MS-DRG				inpatient				25129.67	Wellcare	Medicare	21851.89				13081.26	41924.72	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG				inpatient				19164.27	Wellcare	Medicare	16664.59				7997.58	29970.34	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG				inpatient				23178.16	Wellcare	Medicare	20154.93				11418.2	41440.31	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG				inpatient				19434.55	Wellcare	Medicare	16899.6				8227.9	54377.01	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG				inpatient				21020.14	Wellcare	Medicare	18278.39				9579.14	103592.74	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG				inpatient				35944.72	Wellcare	Medicare	31256.28				22297.79	59208.73	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG				inpatient				22334.08	Wellcare	Medicare	19420.94				10698.87	33982.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG				inpatient				99415.76	Wellcare	Medicare	86448.49				49635	218302.68	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG				inpatient				46977.38	Wellcare	Medicare	40849.89				31699.76	95075.66	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG				inpatient				160770.36	Wellcare	Medicare	139800.31				37458	194695.78	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG				inpatient				156624.79	Wellcare	Medicare	136195.47				125140.69	520648.1	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG				inpatient				143545	Wellcare	Medicare	124821.74				78485	383083.85	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG				inpatient				98286.86	Wellcare	Medicare	86336.4				76277.62	248193.74	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG				inpatient				92237.6	Wellcare	Medicare	80206.61				70270.28	230348.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG				inpatient				117022.27	Wellcare	Medicare	101758.5				57338	300026.24	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG				inpatient				83192.49	Wellcare	Medicare	72341.29				57338	203043.14	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG				inpatient				73433.58	Wellcare	Medicare	63855.28				17199	179720.85	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG				inpatient				78848.73	Wellcare	Medicare	68564.11				58860.35	256577.83	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG				inpatient				52833.28	Wellcare	Medicare	45941.98				36690.12	181320.14	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG				inpatient				127228.86	Wellcare	Medicare	110633.79				19424	327615.89	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG				inpatient				94446.91	Wellcare	Medicare	82127.74				27830	240298.72	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG				inpatient				118115.83	Wellcare	Medicare	102709.42				53769	297923.76	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG				inpatient				83618.2	Wellcare	Medicare	72624.52				62839.65	200776.83	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG				inpatient				91335.31	Wellcare	Medicare	79422.01				47567	226626.77	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG				inpatient				66773.79	Wellcare	Medicare	58064.16				33990	153153.18	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG				inpatient				79591.63	Wellcare	Medicare	69210.11				59493.45	183695.67	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG				inpatient				50143.03	Wellcare	Medicare	43602.63				34397.51	107070.31	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG				inpatient				30706.98	Wellcare	Medicare	26701.72				15559	62255.17	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG				inpatient				56763.12	Wellcare	Medicare	49385.32				20528	145765.26	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG				inpatient				41003.67	Wellcare	Medicare	35655.36				19748	99635.58	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG				inpatient				34792.95	Wellcare	Medicare	30254.74				19748	98318.1	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG				inpatient				77511.22	Wellcare	Medicare	67401.06				57720.54	195506.98	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG				inpatient				41832.5	Wellcare	Medicare	36376.09				27315.32	100903.31	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG				inpatient				31437.41	Wellcare	Medicare	27336.88				18456.68	65445.94	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG				inpatient				57325.34	Wellcare	Medicare	49848.13				40518.24	127155.02	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG				inpatient				45164.47	Wellcare	Medicare	39273.46				30154.81	101195.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG				inpatient				34026.48	Wellcare	Medicare	29588.24				20663.07	70602.67	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG				inpatient				46044.59	Wellcare	Medicare	40038.78				30904.84	99089.48	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG				inpatient				33254.47	Wellcare	Medicare	28916.93				20005.17	68211.54	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG				inpatient				20765.12	Wellcare	Medicare	18056.62				9361.81	43925.78	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG				inpatient				48664.15	Wellcare	Medicare	42316.66				15797	116584.72	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG				inpatient				34141.52	Wellcare	Medicare	29688.28				15797	81797.68	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG				inpatient				56989.93	Wellcare	Medicare	49556.46				12982	141185.84	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG				inpatient				36080.55	Wellcare	Medicare	31374.39				12982	77994.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG				inpatient				30816.48	Wellcare	Medicare	26796.94				12982	63616.52	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG				inpatient				46953.82	Wellcare	Medicare	40829.41				31679.68	93312.55	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG				inpatient				58222.09	Wellcare	Medicare	50627.91				41282.44	123207.51	case rate	
AICD LEAD PROCEDURES	265	MS-DRG				inpatient				58221.41	Wellcare	Medicare	51486.88				42134.05	121573.12	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG				inpatient				92812.8	Wellcare	Medicare	80706.78				70760.45	280518.84	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG				inpatient				74987.3	Wellcare	Medicare	65206.34				55569.66	228116.84	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG				inpatient				102193.33	Wellcare	Medicare	88863.76				78754.49	261491.23	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG				inpatient				67447.39	Wellcare	Medicare	58649.9				49144.19	161914.16	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG				inpatient				80923.59	Wellcare	Medicare	70368.34				60628.53	197441.73	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG				inpatient				57519.39	Wellcare	Medicare	50016.86				40683.6	136282.66	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG				inpatient				44460.38	Wellcare	Medicare	38661.2				29554.79	102124.23	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG				inpatient				63976.82	Wellcare	Medicare	55632.01				46186.59	142473.07	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG				inpatient				53037.02	Wellcare	Medicare	46119.15				36863.75	116174.55	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG				inpatient				107729.06	Wellcare	Medicare	93677.44				83472.01	326301.42	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG				inpatient				95634.72	Wellcare	Medicare	83160.62				73165.28	110706.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG				inpatient				74255.48	Wellcare	Medicare	64569.98				54946.01	83138.76	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG				inpatient				79125.93	Wellcare	Medicare	68805.16				59896.58	89418.98	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG				inpatient				54192.96	Wellcare	Medicare	47124.31				37848.83	57269.04	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG				inpatient				32529.59	Wellcare	Medicare	28286.6				19387.43	64638.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG				inpatient				22555.84	Wellcare	Medicare	19613.78				10887.86	38211.26	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG				inpatient				19829.56	Wellcare	Medicare	17243.09				8564.53	29216.24	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG				inpatient				3688.67	Wellcare	Medicare	3207.01				2096.25	70395.93	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG				inpatient				20049.94	Wellcare	Medicare	17434.73				8752.34	29902.77	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG				inpatient				17560.66	Wellcare	Medicare	15270.14				6630.99	23263.77	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG				inpatient				40456.19	Wellcare	Medicare	35179.3				13521	85086.47	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG				inpatient				24882.96	Wellcare	Medicare	21637.36				9969	44425.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG				inpatient				47638.51	Wellcare	Medicare	41424.79				32263.17	105088.76	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG				inpatient				31632.84	Wellcare	Medicare	27506.82				18623.22	66698.07	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG				inpatient				23348.64	Wellcare	Medicare	20303.17				11563.48	39451.68	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG				inpatient				27864.27	Wellcare	Medicare	24229.8				15411.67	52480.02	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG				inpatient				21715.92	Wellcare	Medicare	18883.41				10172.08	36878.64	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG				inpatient				17384.63	Wellcare	Medicare	15117.07				6480.98	25963.06	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG				inpatient				26795.81	Wellcare	Medicare	23304.19				14504.55	45279.33	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG				inpatient				20726.31	Wellcare	Medicare	18022.88				9294.92	21504.56	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG				inpatient				32488.01	Wellcare	Medicare	28250.44				19351.99	59895.25	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG				inpatient				19542.65	Wellcare	Medicare	16993.61				8320.03	25448.17	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG				inpatient				15801.6	Wellcare	Medicare	13827.48				5217.15	18820.88	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG				inpatient				32199.72	Wellcare	Medicare	27999.75				19106.31	56575.75	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG				inpatient				24618.23	Wellcare	Medicare	21407.16				12645.41	39931.47	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG				inpatient				19667.4	Wellcare	Medicare	17102.08				8426.34	28326.88	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG				inpatient				25903.06	Wellcare	Medicare	22524.4				13740.34	47717.99	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG				inpatient				19099.13	Wellcare	Medicare	16607.94				7942.07	25959.16	case rate	
HYPERTENSION W MCC	304	MS-DRG				inpatient				26062.46	Wellcare	Medicare	22663				13876.17	42170.47	case rate	
HYPERTENSION W/O MCC	305	MS-DRG				inpatient				20184.38	Wellcare	Medicare	17561.63				8866.91	28081.14	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG				inpatient				30533.73	Wellcare	Medicare	26551.07				17686.57	54953.06	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG				inpatient				22619.6	Wellcare	Medicare	19669.22				10942.19	33389.99	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG				inpatient				26493.51	Wellcare	Medicare	23037.83				14243.51	46948.83	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG				inpatient				20026.37	Wellcare	Medicare	17414.24				8732.26	29781.84	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG				inpatient				17534.32	Wellcare	Medicare	15247.24				6608.55	21933.64	case rate	
ANGINA PECTORIS	311	MS-DRG				inpatient				19458.11	Wellcare	Medicare	16920.09				8247.98	26805.61	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG				inpatient				21855.91	Wellcare	Medicare	19005.14				10291.38	31264.11	case rate	
CHEST PAIN	313	MS-DRG				inpatient				19667.4	Wellcare	Medicare	17102.08				8426.34	27589.65	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG				inpatient				39627.36	Wellcare	Medicare	34458.57				25436.11	78915.06	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG				inpatient				23117.18	Wellcare	Medicare	20101.9				11366.23	37286.79	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG				inpatient				19241.89	Wellcare	Medicare	16732.08				8063.72	29305.96	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG				inpatient				70664.32	Wellcare	Medicare	61447.24				51885.65	78508.12	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG				inpatient				41862.99	Wellcare	Medicare	36402.6				27341.31	41370.11	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG				inpatient				49236.58	Wellcare	Medicare	42814.42				33825.04	50878.01	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG				inpatient				34850.32	Wellcare	Medicare	30308.97				21369.4	32334.02	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG				inpatient				68815.38	Wellcare	Medicare	59839.46				50309.99	76124	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG				inpatient				54064.06	Wellcare	Medicare	47012.22				37738.99	57102.83	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG				inpatient				49448.64	Wellcare	Medicare	42988.62				33805.75	51151.45	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG				inpatient				80175.14	Wellcare	Medicare	69717.51				59990.71	265016.89	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG				inpatient				43433.35	Wellcare	Medicare	37768.13				28679.55	96905.09	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG				inpatient				31865.69	Wellcare	Medicare	27709.29				18821.66	60152.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG				inpatient				73423.87	Wellcare	Medicare	63846.85				54237.32	194750.25	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG				inpatient				42540.75	Wellcare	Medicare	36991.96				27918.89	98426.36	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG				inpatient				32662.65	Wellcare	Medicare	28402.3				19500.82	66105.16	case rate	
RECTAL RESECTION W MCC	332	MS-DRG				inpatient				57856.19	Wellcare	Medicare	50309.73				40970.62	132553.59	case rate	
RECTAL RESECTION W CC	333	MS-DRG				inpatient				39236.5	Wellcare	Medicare	34118.7				25103.02	75197.69	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG				inpatient				32767.98	Wellcare	Medicare	28493.9				19590.59	50950.94	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG				inpatient				60000.35	Wellcare	Medicare	52174.22				42797.86	158446.43	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG				inpatient				39056.32	Wellcare	Medicare	33962.02				24949.47	89645.89	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG				inpatient				31056.26	Wellcare	Medicare	27005.44				18131.86	62539.92	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG				inpatient				47125.68	Wellcare	Medicare	40978.85				31826.14	116521.71	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG				inpatient				30413.15	Wellcare	Medicare	26446.22				17583.81	63877.86	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG				inpatient				27039.59	Wellcare	Medicare	23512.69				14708.89	48236.06	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG				inpatient				42583.72	Wellcare	Medicare	37029.32				27955.51	94049.78	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG				inpatient				27228.09	Wellcare	Medicare	23676.6				14869.52	54609.8	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG				inpatient				21988.97	Wellcare	Medicare	19120.84				10404.77	37044.95	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG				inpatient				43303.06	Wellcare	Medicare	37654.83				28568.52	95430.63	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG				inpatient				30632.14	Wellcare	Medicare	26636.64				17770.43	58514.4	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG				inpatient				25061.75	Wellcare	Medicare	21792.83				13023.38	41093.87	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG				inpatient				50431.32	Wellcare	Medicare	43853.32				34643.19	115690.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG				inpatient				33357.04	Wellcare	Medicare	29006.12				20092.58	67521.12	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG				inpatient				28257.9	Wellcare	Medicare	24572.09				15747.12	52846.68	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG				inpatient				68902.7	Wellcare	Medicare	59915.39				50384.4	150080.13	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG				inpatient				40992.58	Wellcare	Medicare	35645.72				26599.54	83346.26	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG				inpatient				28561.44	Wellcare	Medicare	24836.03				16005.79	52593.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG				inpatient				32925.99	Wellcare	Medicare	28631.29				19725.24	75829.61	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG				inpatient				23863.64	Wellcare	Medicare	20768.39				12019.4	43250.96	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG				inpatient				19453.95	Wellcare	Medicare	16916.48				8244.44	28965.9	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG				inpatient				34007.08	Wellcare	Medicare	29571.37				20646.54	67825.37	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG				inpatient				24045.81	Wellcare	Medicare	20909.4				12157.6	40504.87	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG				inpatient				19833.72	Wellcare	Medicare	17246.71				8568.08	29551.7	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG				inpatient				39043.84	Wellcare	Medicare	33951.17				24938.84	80549.46	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG				inpatient				26809.52	Wellcare	Medicare	23312.62				14512.81	47089.75	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG				inpatient				22018.07	Wellcare	Medicare	19146.15				10429.57	35718.71	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG				inpatient				34980.06	Wellcare	Medicare	30417.44				21475.71	69775.72	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG				inpatient				23444.28	Wellcare	Medicare	20386.33				11644.98	38628.63	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG				inpatient				18604.32	Wellcare	Medicare	16177.67				7520.39	25479.37	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG				inpatient				36450.62	Wellcare	Medicare	31696.19				22728.91	75907.62	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG				inpatient				24874.64	Wellcare	Medicare	21630.12				12863.93	42712.67	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG				inpatient				20164.97	Wellcare	Medicare	17534.76				8850.37	29949.57	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG				inpatient				27301.55	Wellcare	Medicare	23740.48				14932.12	52698.46	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG				inpatient				21832.35	Wellcare	Medicare	18984.65				10271.3	33362.69	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG				inpatient				32299.51	Wellcare	Medicare	28086.53				19191.36	66229.99	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG				inpatient				23535.76	Wellcare	Medicare	20465.87				11722.93	38230.76	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG				inpatient				19070.02	Wellcare	Medicare	16582.63				7917.26	27176.18	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG				inpatient				30152.58	Wellcare	Medicare	26219.63				17361.75	59708.01	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG				inpatient				20899.86	Wellcare	Medicare	18165.09				9468.11	32890.7	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG				inpatient				17363.84	Wellcare	Medicare	15098.99				6463.26	23053.14	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG				inpatient				27582.91	Wellcare	Medicare	23985.14				15171.9	47647.05	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG				inpatient				20594.64	Wellcare	Medicare	17908.38				9216.53	29465.89	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG				inpatient				32731.95	Wellcare	Medicare	28462.56				19559.88	63882.83	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG				inpatient				22826.12	Wellcare	Medicare	19848.8				11118.18	36709.49	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG				inpatient				19600.17	Wellcare	Medicare	16174.06				7516.85	26388.24	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG				inpatient				44122.19	Wellcare	Medicare	38367.12				29266.58	94283.24	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG				inpatient				30752.72	Wellcare	Medicare	26741.5				17873.19	27043.91	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG				inpatient				25355.59	Wellcare	Medicare	22048.34				13273.79	22048.34	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG				inpatient				85022.02	Wellcare	Medicare	73932.19				64121.2	209822.55	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG				inpatient				48704.35	Wellcare	Medicare	42351.61				33171.47	110491.23	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG				inpatient				39382.03	Wellcare	Medicare	34245.24				25227.04	78279.25	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG				inpatient				58308.03	Wellcare	Medicare	50702.63				41355.67	157841.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG				inpatient				38837.33	Wellcare	Medicare	33771.59				24762.85	90901.56	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG				inpatient				31278.02	Wellcare	Medicare	27198.28				18320.85	64462.97	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG				inpatient				47387.64	Wellcare	Medicare	41206.64				10482	156963.89	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG				inpatient				39323.82	Wellcare	Medicare	34194.63				11647	92910.77	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG				inpatient				32822.04	Wellcare	Medicare	28540.9				15908	65773.6	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG				inpatient				58342.68	Wellcare	Medicare	50732.76				28270	139535.84	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG				inpatient				37196.29	Wellcare	Medicare	32344.6				23364.37	78747.33	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG				inpatient				28770.72	Wellcare	Medicare	25018.02				16184.14	54340.65	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG				inpatient				42718.16	Wellcare	Medicare	37146.23				28070.08	94529.56	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG				inpatient				32765.21	Wellcare	Medicare	28491.49				19588.22	64915.45	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG				inpatient				28041.68	Wellcare	Medicare	24384.07				15562.86	50872.93	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG				inpatient				58698.88	Wellcare	Medicare	51042.51				41688.76	137211.02	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG				inpatient				32476.92	Wellcare	Medicare	28240.8				8253	69397.35	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG				inpatient				30145.65	Wellcare	Medicare	26213.61				10272	58806.95	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG				inpatient				66154.24	Wellcare	Medicare	57525.43				16017	153921.62	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG				inpatient				41426.4	Wellcare	Medicare	36022.96				26969.24	85468.24	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG				inpatient				31204.56	Wellcare	Medicare	27134.4				18268.25	58233.55	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG				inpatient				36932.95	Wellcare	Medicare	32115.61				13893	71226.78	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG				inpatient				24607.14	Wellcare	Medicare	21397.52				12635.96	40095.3	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG				inpatient				19433.16	Wellcare	Medicare	16898.4				8226.72	57145.71	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG				inpatient				35068.76	Wellcare	Medicare	30494.58				21551.3	68222.18	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG				inpatient				25409.64	Wellcare	Medicare	22095.34				13319.85	44308.05	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG				inpatient				20662.55	Wellcare	Medicare	17967.44				9274.41	33772.26	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG				inpatient				32838.67	Wellcare	Medicare	28555.36				19650.83	63901.27	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG				inpatient				21702.06	Wellcare	Medicare	18871.36				10160.27	33635.74	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG				inpatient				18304.95	Wellcare	Medicare	15917.34				7265.27	24235.05	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG				inpatient				35980.76	Wellcare	Medicare	31287.62				11778	72443.8	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG				inpatient				23171.23	Wellcare	Medicare	20148.9				11412.29	36623.67	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG				inpatient				19519.09	Wellcare	Medicare	16973.12				8299.96	27141.07	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG				inpatient				33125.57	Wellcare	Medicare	28804.85				19895.32	62836.38	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG				inpatient				24810.89	Wellcare	Medicare	21574.68				12809.59	41643.87	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG				inpatient				20830.26	Wellcare	Medicare	18113.27				9417.32	31010.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG				inpatient				132599.66	Wellcare	Medicare	115304.05				17717	370445.58	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp 150 Bergen St,		310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG				inpatient				94552.24	Wellcare	Medicare	82219.34				36879	247179.66	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG				inpatient				73613.76	Wellcare	Medicare	64011.96				54399.14	195035	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG				inpatient				127163.72	Wellcare	Medicare	110577.15				100034.13	355946.68	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG				inpatient				89328.36	Wellcare	Medicare	77676.84				67791.04	255285.21	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG				inpatient				69827.59	Wellcare	Medicare	60545.73				51002.14	199762.65	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG				inpatient				101704.07	Wellcare	Medicare	88438.32				78337.54	249051.89	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG				inpatient				60478.52	Wellcare	Medicare	52590.02				43205.36	157490.76	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG				inpatient				92812.8	Wellcare	Medicare	80706.78				9917	174848.88	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG				inpatient				49472.2	Wellcare	Medicare	43019.3				11315	124592.26	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG				inpatient				84638.1	Wellcare	Medicare	73598.35				15756	260180.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG				inpatient				50647.54	Wellcare	Medicare	44041.34				34827.45	114836.61	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG				inpatient				33842.14	Wellcare	Medicare	29427.95				20505.98	77671.46	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG				inpatient				80391.36	Wellcare	Medicare	69903.53				60174.97	198450.59	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG				inpatient				57253.27	Wellcare	Medicare	49785.45				40456.82	135369.89	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG				inpatient				46138.84	Wellcare	Medicare	40120.73				30985.16	108884.14	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG				inpatient				55084.16	Wellcare	Medicare	47899.27				38608.32	123816.02	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG				inpatient				35912.84	Wellcare	Medicare	31228.56				22270.62	77616.13	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG				inpatient				77102.35	Wellcare	Medicare	67045.52				8282	195452.37	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG				inpatient				49935.13	Wellcare	Medicare	43421.85				8991	114945.83	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG				inpatient				42592.04	Wellcare	Medicare	37036.55				11229	92559.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG				inpatient				71938.07	Wellcare	Medicare	62554.84				22321	148035.47	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG				inpatient				39680.02	Wellcare	Medicare	34504.37				25480.99	83818.24	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG				inpatient				25900.29	Wellcare	Medicare	22521.99				13737.98	44985.35	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG				inpatient				57444.54	Wellcare	Medicare	49951.78				40619.82	122419.57	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG				inpatient				42192.86	Wellcare	Medicare	36689.45				27622.42	88904.75	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG				inpatient				34392.39	Wellcare	Medicare	29906.42				20974.9	70134.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG				inpatient				50542.2	Wellcare	Medicare	43949.74				34737.68	118206.81	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG				inpatient				38537.95	Wellcare	Medicare	33511.26				8360	80444.14	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG				inpatient				31767.28	Wellcare	Medicare	27623.72				9385	64927.15	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG				inpatient				45097.95	Wellcare	Medicare	39215.6				13093	92973.18	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG				inpatient				54399.47	Wellcare	Medicare	47303.89				38024.83	128883.03	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG				inpatient				39175.52	Wellcare	Medicare	34065.67				25051.05	86533.13	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG				inpatient				31681.35	Wellcare	Medicare	27549				18664.56	64369.35	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG				inpatient				37020.27	Wellcare	Medicare	32191.54				23214.36	82402.29	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG				inpatient				26943.96	Wellcare	Medicare	23429.53				14627.39	50607.68	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG				inpatient				58999.65	Wellcare	Medicare	51304.04				27633	132253.23	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG				inpatient				43057.74	Wellcare	Medicare	37441.51				28359.46	87613.62	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG				inpatient				35911.46	Wellcare	Medicare	31227.35				22269.44	72705.49	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG				inpatient				58575.53	Wellcare	Medicare	50935.24				41583.64	135053.94	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG				inpatient				37125.6	Wellcare	Medicare	32283.13				23304.13	76488.83	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG				inpatient				28368.18	Wellcare	Medicare	24685.38				15858.15	55975.05	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG				inpatient				44775	Wellcare	Medicare	38934.79				29822.91	88857.95	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG				inpatient				25007.7	Wellcare	Medicare	21745.83				12977.32	43656.63	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG				inpatient				53698.15	Wellcare	Medicare	46694.04				37427.16	119673.48	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG				inpatient				34515.74	Wellcare	Medicare	30013.69				8902	65820.41	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG				inpatient				25144.95	Wellcare	Medicare	25343.43				16503.06	50361.94	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG				inpatient				46461.78	Wellcare	Medicare	40401.55				27418	99943.74	case rate	
FOOT PROCEDURES W CC	504	MS-DRG				inpatient				34104.1	Wellcare	Medicare	29655.74				20729.22	67462.61	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG				inpatient				34104.1	Wellcare	Medicare	29655.74				20729.22	61623.26	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG				inpatient				30557.29	Wellcare	Medicare	26571.56				17706.65	55011.57	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG				inpatient				36643.27	Wellcare	Medicare	31863.71				22893.09	75771.1	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG				inpatient				26986.93	Wellcare	Medicare	23466.89				14664	56458.73	case rate	
ARTHROSCOPY	509	MS-DRG				inpatient				34127.66	Wellcare	Medicare	29676.23				20749.3	66153.39	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG				inpatient				48593.2	Wellcare	Medicare	42260.61				33758.51	106582.73	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG				inpatient				36962.05	Wellcare	Medicare	32140.92				7655	72057.63	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG				inpatient				32063.89	Wellcare	Medicare	27881.64				10564	59372.55	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG				inpatient				30647.38	Wellcare	Medicare	26649.9				17783.42	63955.88	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG				inpatient				23911.36	Wellcare	Medicare	20792.49				12043.03	43544.38	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG				inpatient				52640.62	Wellcare	Medicare	45774.46				36525.94	120219.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG				inpatient				37661.99	Wellcare	Medicare	32749.56				23761.23	73643.8	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG				inpatient				30468.59	Wellcare	Medicare	26494.42				17631.06	53864.77	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG				inpatient				59454.26	Wellcare	Medicare	51699.36				42332.49	120929.5	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG				inpatient				37110.36	Wellcare	Medicare	32269.88				23291.14	72631.03	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG				inpatient				29643.91	Wellcare	Medicare	25777.31				16928.27	51259.1	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG				inpatient				50177.68	Wellcare	Medicare	43632.77				7692	52091.52	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG				inpatient				38998.11	Wellcare	Medicare	33911.4				9003	37675.96	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG				inpatient				30914.88	Wellcare	Medicare	26882.51				12781	59700.21	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG				inpatient				21061.72	Wellcare	Medicare	18314.54				9614.58	37097.3	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG				inpatient				28212.16	Wellcare	Medicare	24532.31				15708.14	48945.98	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG				inpatient				21018.76	Wellcare	Medicare	18277.18				9577.96	29628.3	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG				inpatient				22517.04	Wellcare	Medicare	19580.03				10854.79	35515.87	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG				inpatient				19096.66	Wellcare	Medicare	16597.09				7931.44	26358.09	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG				inpatient				37810.29	Wellcare	Medicare	32876.52				23887.62	78762.93	case rate	
OSTEOMYELITIS W CC	540	MS-DRG				inpatient				27715.97	Wellcare	Medicare	24100.84				15285.29	50588.18	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG				inpatient				21905.81	Wellcare	Medicare	19048.53				7723	34431.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG				inpatient				35830.1	Wellcare	Medicare	30982.69				8903	71199.48	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG				inpatient				24483.79	Wellcare	Medicare	21290.25				10889	41835.01	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG				inpatient				20253.68	Wellcare	Medicare	17611.89				8925.97	31143.19	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG				inpatient				44802.73	Wellcare	Medicare	38956.89				29846.53	96702.25	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG				inpatient				25825.45	Wellcare	Medicare	22466.91				13674.2	47370.1	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG				inpatient				20122.01	Wellcare	Medicare	17497.4				8813.76	33452.4	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG				inpatient				37702.19	Wellcare	Medicare	32784.51				23795.49	80635.27	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG				inpatient				26482.42	Wellcare	Medicare	23028.19				14234.06	48532.51	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG				inpatient				21728.4	Wellcare	Medicare	18894.26				10182.71	36034.67	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG				inpatient				33430.5	Wellcare	Medicare	29070				9165	62083.54	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG				inpatient				23137.97	Wellcare	Medicare	20119.97				11383.94	35145.31	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG				inpatient				27890.9	Wellcare	Medicare	24244.26				15425.85	48275.06	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG				inpatient				21347.24	Wellcare	Medicare	18562.82				9857.89	50728.21	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG				inpatient				28443.62	Wellcare	Medicare	24733.59				15905.39	49897.75	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG				inpatient				21096.37	Wellcare	Medicare	18344.67				9644.11	29945.67	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG				inpatient				31258.61	Wellcare	Medicare	27181.4				18304.31	55873.63	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG				inpatient				21751.96	Wellcare	Medicare	18914.75				10202.79	33682.54	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG				inpatient				35508.13	Wellcare	Medicare	30876.63				21925.72	70161.89	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG				inpatient				25662.11	Wellcare	Medicare	22227.92				13449.78	39853.45	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG				inpatient				21111.62	Wellcare	Medicare	18357.93				9211	29493.19	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG				inpatient				30063.87	Wellcare	Medicare	26142.5				12507	54925.76	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG				inpatient				22167.76	Wellcare	Medicare	19276.31				10557.14	32691.77	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG				inpatient				31528.89	Wellcare	Medicare	27416.42				18534.64	61326.81	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG				inpatient				23912.75	Wellcare	Medicare	20793.7				12044.21	38003.03	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG				inpatient				20148.34	Wellcare	Medicare	17520.3				8836.2	29735.04	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG				inpatient				51501.32	Wellcare	Medicare	44783.76				35555.04	118374.54	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG				inpatient				32985.59	Wellcare	Medicare	28683.12				9078	86425.02	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG				inpatient				25613.39	Wellcare	Medicare	22272.51				11401	45973.65	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG				inpatient				95132.98	Wellcare	Medicare	82724.33				16091	204845.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG				inpatient				57803.52	Wellcare	Medicare	50263.93				36864	118811.42	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG				inpatient				37454.09	Wellcare	Medicare	32568.77				23584.06	68597.71	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG				inpatient				84599.1	Wellcare	Medicare	73529.65				63726.69	190381.46	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG				inpatient				46886.32	Wellcare	Medicare	40596.8				31451.72	97876.36	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG				inpatient				33208.73	Wellcare	Medicare	28877.16				19966.19	59669.01	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG				inpatient				54955.26	Wellcare	Medicare	47787.19				38498.47	109133.78	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG				inpatient				34353.58	Wellcare	Medicare	29872.68				20941.82	62013.33	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG				inpatient				29727.07	Wellcare	Medicare	25849.63				8609	48228.25	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG				inpatient				34051.43	Wellcare	Medicare	29609.94				10981	61221.49	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG				inpatient				32547.61	Wellcare	Medicare	28302.27				14701	53755.55	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG				inpatient				38156.8	Wellcare	Medicare	33179.82				24182.91	72997.7	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG				inpatient				37293.31	Wellcare	Medicare	32428.97				23447.05	61073.26	case rate	
SKIN ULCERS W MCC	592	MS-DRG				inpatient				38280.15	Wellcare	Medicare	33287.09				24088.03	69631.76	case rate	
SKIN ULCERS W CC	593	MS-DRG				inpatient				26726.36	Wellcare	Medicare	23240.31				14441.95	44054.51	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG				inpatient				21542.67	Wellcare	Medicare	18732.76				10024.44	31603.47	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG				inpatient				39095.13	Wellcare	Medicare	33995.76				24982.55	77503.01	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG				inpatient				24763.76	Wellcare	Medicare	21533.71				12769.43	39455.58	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG				inpatient				34127.66	Wellcare	Medicare	29676.23				20749.3	67092.04	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG				inpatient				24482.4	Wellcare	Medicare	21289.04				12529.66	45337.84	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG				inpatient				21638.6	Wellcare	Medicare	18807.48				10097.67	27944.61	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG				inpatient				23038.18	Wellcare	Medicare	20033.2				11298.9	37290.69	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG				inpatient				18088.73	Wellcare	Medicare	15729.33				7081.01	24153.13	case rate	
CELLULITIS W MCC	602	MS-DRG				inpatient				30142.88	Wellcare	Medicare	26211.2				17353.49	56326.11	case rate	
CELLULITIS W/O MCC	603	MS-DRG				inpatient				21987.58	Wellcare	Medicare	19119.63				10403.59	33066.23	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG				inpatient				30371.57	Wellcare	Medicare	26410.06				17548.38	55265.12	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG				inpatient				22582.18	Wellcare	Medicare	19636.68				10910.3	33565.52	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG				inpatient				32098.54	Wellcare	Medicare	27911.77				19020.09	53860.87	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG				inpatient				21757.5	Wellcare	Medicare	18919.57				10207.52	31244.61	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG				inpatient				41366.8	Wellcare	Medicare	35971.13				26918.45	92196.95	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG				inpatient				29641.14	Wellcare	Medicare	25774.9				16925.91	57777.17	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG				inpatient				63348.95	Wellcare	Medicare	55086.05				45651.52	161301.75	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG				inpatient				36501.8	Wellcare	Medicare	31784.17				22815.13	80884.52	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG				inpatient				27036.82	Wellcare	Medicare	23510.28				14706.52	45220.82	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG				inpatient				47569.21	Wellcare	Medicare	41364.53				32204.11	113927.74	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG				inpatient				31914.2	Wellcare	Medicare	27751.48				18863	70587.07	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG				inpatient				30040.31	Wellcare	Medicare	26122.01				17266.08	61564.75	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG				inpatient				61644.16	Wellcare	Medicare	53603.62				44198.71	148148.59	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG				inpatient				36291.22	Wellcare	Medicare	31557.59				22593.08	75018.26	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG				inpatient				25982.88	Wellcare	Medicare	20306.85				11763.09	50553.07	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG				inpatient				49517.94	Wellcare	Medicare	43059.08				33864.81	108568.18	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG				inpatient				30698.67	Wellcare	Medicare	26694.49				17827.13	62824.67	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG				inpatient				27338.97	Wellcare	Medicare	23773.02				14964.01	42322.6	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG				inpatient				64467.46	Wellcare	Medicare	56058.66				46604.71	143350.73	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG				inpatient				40952.38	Wellcare	Medicare	35610.77				26565.29	91225.67	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG				inpatient				29201.77	Wellcare	Medicare	25362.85				16551.48	59856.24	case rate	
DIABETES W MCC	637	MS-DRG				inpatient				29964.08	Wellcare	Medicare	26055.72				17201.12	53880.37	case rate	
DIABETES W CC	638	MS-DRG				inpatient				22492.09	Wellcare	Medicare	19558.34				10833.53	34021.91	case rate	
DIABETES W/O CC/MCC	639	MS-DRG				inpatient				18464.34	Wellcare	Medicare	16055.95				7401.1	24648.52	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W MCC	640	MS-DRG				inpatient				28185.83	Wellcare	Medicare	24509.41				15685.7	46426.13	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS\ELECTROLYTES W/O MCC	641	MS-DRG				inpatient				20609.88	Wellcare	Medicare	17921.64				9229.52	29329.36	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG				inpatient				26981.38	Wellcare	Medicare	23462.07				14659.28	45285.34	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG				inpatient				32749.96	Wellcare	Medicare	28478.23				19575.23	63741.34	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG				inpatient				24102.63	Wellcare	Medicare	20958.81				12206.02	39494.59	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG				inpatient				20572.46	Wellcare	Medicare	17889.1				9197.63	28978.3	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG				inpatient				73637.32	Wellcare	Medicare	64032.45				54419.22	82341.67	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG				inpatient				57908.86	Wellcare	Medicare	50355.53				41015.5	62060.52	case rate	
KIDNEY TRANSPLANT	652	MS-DRG				inpatient				52345.56	Wellcare	Medicare	45521.36				36277.9	125292.6	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG				inpatient				87044.22	Wellcare	Medicare	75690.62				65844.5	214109.42	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG				inpatient				48894.23	Wellcare	Medicare	42516.72				33333.29	112078.81	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG				inpatient				38571.21	Wellcare	Medicare	33540.19				24538.07	81025.34	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG				inpatient				54935.86	Wellcare	Medicare	47770.31				38481.93	129799.69	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG				inpatient				35117.27	Wellcare	Medicare	30536.76				21592.64	75962.23	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG				inpatient				30625.21	Wellcare	Medicare	26630.62				17764.53	61100.56	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG				inpatient				45598.3	Wellcare	Medicare	39650.69				30524.51	106375.99	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG				inpatient				28352.15	Wellcare	Medicare	24654.04				15827.44	56466.53	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG				inpatient				24008.39	Wellcare	Medicare	20876.86				12125.71	41846.71	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG				inpatient				53017.62	Wellcare	Medicare	46102.28				36847.22	123991.55	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG				inpatient				30949.53	Wellcare	Medicare	26912.64				18040.92	63983.18	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG				inpatient				24745.74	Wellcare	Medicare	21518.04				12754.08	46250.6	case rate	
PROSTATECTOMY W MCC	665	MS-DRG				inpatient				57369.7	Wellcare	Medicare	49886.69				40556.04	123995.45	case rate	
PROSTATECTOMY W CC	666	MS-DRG				inpatient				32611.36	Wellcare	Medicare	28357.71				19457.12	69397.35	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG				inpatient				24025.02	Wellcare	Medicare	20891.32				12139.88	42143.16	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG				inpatient				50199.86	Wellcare	Medicare	43652.05				34445.94	109789.1	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG				inpatient				31228.12	Wellcare	Medicare	27154.89				18278.33	61728.58	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG				inpatient				23026.7	Wellcare	Medicare	20022.35				11288.27	37583.24	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG				inpatient				33670.28	Wellcare	Medicare	29278.5				20359.52	65668.28	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG				inpatient				24948.1	Wellcare	Medicare	21694				12926.53	41226.5	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG				inpatient				67847.95	Wellcare	Medicare	58998.22				49485.54	139539.74	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG				inpatient				41774.29	Wellcare	Medicare	36325.47				27265.71	90188.08	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG				inpatient				31474.83	Wellcare	Medicare	27369.42				18488.57	63398.08	case rate	
RENAL FAILURE W MCC	682	MS-DRG				inpatient				30596.1	Wellcare	Medicare	26605.31				17739.72	59758.72	case rate	
RENAL FAILURE W CC	683	MS-DRG				inpatient				22099.85	Wellcare	Medicare	19217.26				10499.26	35847.43	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG				inpatient				18198.22	Wellcare	Medicare	15824.54				7174.32	24178.54	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG				inpatient				35915.62	Wellcare	Medicare	31230.97				22272.98	66998.42	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG				inpatient				24370.13	Wellcare	Medicare	21191.42				12433.99	41101.68	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG				inpatient				19817.09	Wellcare	Medicare	17232.25				8553.9	30850.64	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG				inpatient				26000.08	Wellcare	Medicare	22608.77				13823.02	43360.18	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG				inpatient				20903.72	Wellcare	Medicare	18177.15				9479.93	30975.46	case rate	
URINARY STONES W MCC	693	MS-DRG				inpatient				30159.51	Wellcare	Medicare	26225.66				17367.66	51629.67	case rate	
URINARY STONES W/O MCC	694	MS-DRG				inpatient				20609.88	Wellcare	Medicare	17921.64				9229.52	27386.81	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG				inpatient				25411.03	Wellcare	Medicare	22096.55				13321.03	44807.34	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG				inpatient				19368.02	Wellcare	Medicare	16841.75				8171.21	26860.22	case rate	
URETHRAL STRICTURE	697	MS-DRG				inpatient				23262.71	Wellcare	Medicare	20228.44				11490.25	37446.72	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG				inpatient				33077.06	Wellcare	Medicare	28762.66				19853.98	63000.21	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG				inpatient				23915.52	Wellcare	Medicare	20796.11				12046.57	40095.3	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG				inpatient				19401.28	Wellcare	Medicare	16870.68				8199.56	29633.62	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG				inpatient				36676.54	Wellcare	Medicare	31892.64				22921.44	69877.14	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG				inpatient				30327.21	Wellcare	Medicare	26371.49				17510.58	54863.35	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG				inpatient				40924.66	Wellcare	Medicare	35586.66				26541.67	79254.42	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG				inpatient				30589.17	Wellcare	Medicare	26599.28				17733.82	65122.19	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG				inpatient				36219.15	Wellcare	Medicare	31494.91				22531.66	81271.08	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG				inpatient				22061.04	Wellcare	Medicare	19183.51				10486.19	42002.74	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG				inpatient				29821.32	Wellcare	Medicare	25931.58				17079.46	57082.84	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG				inpatient				22803.94	Wellcare	Medicare	19829.51				11099.29	35515.87	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG				inpatient				41079.9	Wellcare	Medicare	35721.65				26673.96	86201.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG				inpatient				29451.26	Wellcare	Medicare	25609.79				16764.09	57067.24	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG				inpatient				35497.04	Wellcare	Medicare	30866.99				21916.28	76231.38	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG				inpatient				26863.87	Wellcare	Medicare	23351.19				14550.61	49080.03	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG				inpatient				33742.35	Wellcare	Medicare	29341.17				20420.94	64739.92	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG				inpatient				25343.12	Wellcare	Medicare	22037.49				13263.16	42966.21	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG				inpatient				18884.3	Wellcare	Medicare	16421.13				7758.99	26983.62	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG				inpatient				27279.37	Wellcare	Medicare	23721.19				14913.23	47386.2	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG				inpatient				20597.06	Wellcare	Medicare	17475.7				8792.5	29820.85	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG				inpatient				30145.65	Wellcare	Medicare	26213.61				17355.85	56092.07	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG				inpatient				21104.69	Wellcare	Medicare	18351.9				9651.19	30870.14	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG				inpatient				25038.19	Wellcare	Medicare	21772.34				13003.3	42205.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG				inpatient				18191.29	Wellcare	Medicare	15818.52				7168.41	22171.58	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG				inpatient				38924.65	Wellcare	Medicare	33847.52				24837.26	89946.24	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG				inpatient				26604.39	Wellcare	Medicare	23134.25				14338	53244.56	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG				inpatient				64355.2	Wellcare	Medicare	55961.04				46509.04	157221.61	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG				inpatient				37477.65	Wellcare	Medicare	32589.26				23604.14	79238.82	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG				inpatient				30804	Wellcare	Medicare	26786.09				17916.89	54309.45	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG				inpatient				64955.34	Wellcare	Medicare	56482.91				47020.48	140335.48	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG				inpatient				34981.44	Wellcare	Medicare	30418.65				21476.89	67986.3	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG				inpatient				28817.85	Wellcare	Medicare	25059				16224.3	51793.49	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG				inpatient				35097.87	Wellcare	Medicare	30519.89				21576.1	66858	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG				inpatient				26393.71	Wellcare	Medicare	22951.05				14158.47	43516.21	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG				inpatient				36862.26	Wellcare	Medicare	32054.14				23079.71	65933.53	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG				inpatient				23983.44	Wellcare	Medicare	20855.16				12104.45	41714.09	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG				inpatient				32989.74	Wellcare	Medicare	28686.73				19779.57	65442.04	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG				inpatient				23018.77	Wellcare	Medicare	20016.32				11282.36	37376.51	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG				inpatient				28661.23	Wellcare	Medicare	24922.81				16090.83	50475.06	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG				inpatient				45657.89	Wellcare	Medicare	39702.52				30575.3	101496.21	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG				inpatient				27652.21	Wellcare	Medicare	24045.4				15230.96	47740.67	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG				inpatient				34896.7	Wellcare	Medicare	30310.18				21370.58	71827.49	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG				inpatient				25165.71	Wellcare	Medicare	21883.22				13111.97	41733.59	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG				inpatient				23016	Wellcare	Medicare	20013.91				11280	30429.36	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG				inpatient				29395.81	Wellcare	Medicare	25561.58				16716.84	56205.19	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG				inpatient				23907.21	Wellcare	Medicare	20788.88				12039.48	39802.74	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG				inpatient				18650.06	Wellcare	Medicare	16217.45				7559.37	27722.27	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG				inpatient				23440.12	Wellcare	Medicare	20382.71				11641.43	34002.4	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG				inpatient				18565.52	Wellcare	Medicare	16143.93				7487.32	21430.45	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG				inpatient				23794.94	Wellcare	Medicare	20691.25				9023	44132.52	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG				inpatient				28855.27	Wellcare	Medicare	25091.54				16256.19	56868.31	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG				inpatient				24693.08	Wellcare	Medicare	21472.24				12709.2	41655.58	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG				inpatient				19668.78	Wellcare	Medicare	17103.29				8427.52	25705.61	case rate	
ABORTION W/O D&C	779	MS-DRG				inpatient				22736.03	Wellcare	Medicare	19770.46				11041.41	29422.98	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG				inpatient				35311.31	Wellcare	Medicare	30705.49				8487	68086.72	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG				inpatient				24790.1	Wellcare	Medicare	21556.61				8487	42989.61	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG				inpatient				21886.4	Wellcare	Medicare	19031.65				8487	32980.42	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG				inpatient				32176.15	Wellcare	Medicare	27979.27				8487	60648.08	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG				inpatient				24496.26	Wellcare	Medicare	21301.1				8487	42170.47	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG				inpatient				22318.84	Wellcare	Medicare	19407.68				8487	35133.6	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG				inpatient				34763.84	Wellcare	Medicare	30229.43				637	64895.56	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG				inpatient				92175.23	Wellcare	Medicare	80152.38				637	214004.1	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG				inpatient				66050.29	Wellcare	Medicare	57435.04				637	146159.23	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG				inpatient				43732.72	Wellcare	Medicare	38026.46				637	88187.03	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG				inpatient				67583.22	Wellcare	Medicare	58768.02				637	150134.04	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG				inpatient				30239.9	Wellcare	Medicare	26295.56				637	53139.24	case rate	
NORMAL NEWBORN	795	MS-DRG				inpatient				12548.84	Wellcare	Medicare	10912.03				637	10912.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG				inpatient				24485.17	Wellcare	Medicare	21291.46				6365	37270.08	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG				inpatient				23198.95	Wellcare	Medicare	20173				6365	33035.03	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG				inpatient				23198.95	Wellcare	Medicare	20173				6365	33035.03	case rate	
SPLENECTOMY W MCC	799	MS-DRG				inpatient				75681.69	Wellcare	Medicare	65810.16				56161.42	183395.31	case rate	
SPLENECTOMY W CC	800	MS-DRG				inpatient				50165.21	Wellcare	Medicare	43621.92				34416.41	102463.59	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG				inpatient				32533.75	Wellcare	Medicare	28290.21				5977	60706.59	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG				inpatient				59465.35	Wellcare	Medicare	51709				8199	130564.23	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG				inpatient				34650.6	Wellcare	Medicare	29967.04				13379	67173.95	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG				inpatient				25103.34	Wellcare	Medicare	21828.99				13058.82	47998.11	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG				inpatient				23611.99	Wellcare	Medicare	20532.16				6365	39911.96	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG				inpatient				19808.77	Wellcare	Medicare	17225.02				6365	27593.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG				inpatient				18612.64	Wellcare	Medicare	16194.9				6365	23963.2	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG				inpatient				41523.42	Wellcare	Medicare	36107.32				27051.92	83833.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG				inpatient				26945.35	Wellcare	Medicare	23430.73				14628.57	46983.93	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG				inpatient				22971.65	Wellcare	Medicare	19975.35				11242.2	35964.45	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG				inpatient				29279.39	Wellcare	Medicare	25460.34				16617.83	52883.49	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG				inpatient				22571.09	Wellcare	Medicare	19627.04				10900.85	34450.98	case rate	
COAGULATION DISORDERS	813	MS-DRG				inpatient				31235.05	Wellcare	Medicare	27160.92				18284.23	62859.78	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG				inpatient				36754.17	Wellcare	Medicare	31969.28				24691.98	64868.64	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG				inpatient				23862.85	Wellcare	Medicare	20750.31				12001.69	38137.14	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG				inpatient				18918.95	Wellcare	Medicare	16451.26				7788.52	28147.45	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG				inpatient				40076.42	Wellcare	Medicare	34849.06				25818.8	98754.02	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG				inpatient				23492.79	Wellcare	Medicare	20428.51				11686.32	52991.01	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG				inpatient				19140.71	Wellcare	Medicare	16644.1				7977.5	32726.87	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG				inpatient				90477.37	Wellcare	Medicare	78675.97				68770.21	212342.41	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG				inpatient				40720.92	Wellcare	Medicare	35409.5				6969	93394.46	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG				inpatient				25631.41	Wellcare	Medicare	22286.18				8721	47190.67	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG				inpatient				74638.02	Wellcare	Medicare	64902.63				12547	176491.07	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG				inpatient				40263.54	Wellcare	Medicare	35011.77				22652	85596.96	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG				inpatient				26838.62	Wellcare	Medicare	23337.93				14537.62	53010.51	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG				inpatient				75968.59	Wellcare	Medicare	66059.65				56405.91	193002.74	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG				inpatient				42488.08	Wellcare	Medicare	36946.16				27874.01	87832.06	case rate	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	826	MS-DRG				inpatient				31995.97	Wellcare	Medicare	27822.59				18932.69	63792.05	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG				inpatient				52521.43	Wellcare	Medicare	45670.81				36424.37	121300.07	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG				inpatient				30050.01	Wellcare	Medicare	26130.45				17274.35	55343.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG				inpatient				25732.58	Wellcare	Medicare	22376.16				13595.06	40103.1	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG				inpatient				20138.64	Wellcare	Medicare	17511.86				8827.93	28038.23	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG				inpatient				16984.08	Wellcare	Medicare	14768.76				6139.63	18735.06	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG				inpatient				86388.63	Wellcare	Medicare	75120.55				65285.81	214842.75	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG				inpatient				39383.42	Wellcare	Medicare	34246.45				25228.23	83318.95	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG				inpatient				26999.4	Wellcare	Medicare	23477.74				14674.63	47299.89	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG				inpatient				79179.98	Wellcare	Medicare	68852.16				59142.64	209627.52	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG				inpatient				37890.68	Wellcare	Medicare	32948.42				23956.12	91767.87	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG				inpatient				28773.5	Wellcare	Medicare	25020.43				16186.51	48988.89	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG				inpatient				53979.51	Wellcare	Medicare	46938.71				37666.94	128446.15	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG				inpatient				31512.26	Wellcare	Medicare	27401.96				18520.46	63768.64	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG				inpatient				24359.05	Wellcare	Medicare	21181.78				12424.54	43730.75	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG				inpatient				36020.95	Wellcare	Medicare	31322.57				22362.75	72006.92	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG				inpatient				26345.2	Wellcare	Medicare	22908.87				14117.13	45981.45	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG				inpatient				21377.73	Wellcare	Medicare	18589.33				9883.88	33787.86	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG				inpatient				45175.56	Wellcare	Medicare	39283.1				30164.26	109917.83	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG				inpatient				27391.64	Wellcare	Medicare	23818.82				15008.9	51742.79	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG				inpatient				21129.64	Wellcare	Medicare	18373.6				9672.45	36377.93	case rate	
RADIOTHERAPY	849	MS-DRG				inpatient				46801.35	Wellcare	Medicare	40696.83				31549.75	76851.59	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG				inpatient				79098.21	Wellcare	Medicare	66781.05				59072.95	197262.3	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG				inpatient				37473.49	Wellcare	Medicare	32585.65				23600.6	85924.62	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG				inpatient				32310.6	Wellcare	Medicare	28096.17				19200.81	60850.92	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG				inpatient				72310.91	Wellcare	Medicare	62879.05				53288.85	175075.12	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG				inpatient				39979.4	Wellcare	Medicare	34764.7				25736.12	80225.7	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG				inpatient				27636.97	Wellcare	Medicare	24032.14				15217.96	53833.56	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG				inpatient				35264.19	Wellcare	Medicare	30664.51				21717.84	71293.09	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG				inpatient				23638.32	Wellcare	Medicare	20555.06				11810.34	39414.09	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG				inpatient				22225.97	Wellcare	Medicare	19326.93				10606.74	33713.75	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG				inpatient				29883.69	Wellcare	Medicare	25985.82				17132.61	53915.48	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG				inpatient				22043.02	Wellcare	Medicare	19167.84				10450.83	32001.34	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG				inpatient				39499.84	Wellcare	Medicare	34347.69				25327.44	83198.03	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG				inpatient				24334.1	Wellcare	Medicare	21160.09				12403.28	42006.64	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG				inpatient				19753.33	Wellcare	Medicare	17176.81				8499.57	29953.48	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG				inpatient				106197.52	Wellcare	Medicare	92345.67				82166.84	245560.77	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG				inpatient				36974.53	Wellcare	Medicare	32151.76				23175.38	72412.59	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG				inpatient				24069.37	Wellcare	Medicare	20929.89				12177.68	41070.47	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG				inpatient				64244.32	Wellcare	Medicare	55864.62				46414.55	128777.71	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG				inpatient				23066.9	Wellcare	Medicare	20057.3				2090	20057.3	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG				inpatient				22469.12	Wellcare	Medicare	19520.98				2090	19520.98	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG				inpatient				23113.02	Wellcare	Medicare	20098.28				2090	20098.28	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG				inpatient				35474.86	Wellcare	Medicare	30847.71				2090	33132.9	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG				inpatient				32928.76	Wellcare	Medicare	28633.7				2090	29849.81	case rate	
PSYCHOSES	885	MS-DRG				inpatient				29316.81	Wellcare	Medicare	25492.88				2090	25492.88	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG				inpatient				34679.29	Wellcare	Medicare	30155.91				2090	32107.05	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG				inpatient				26264.81	Wellcare	Medicare	22838.97				2090	22838.97	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG				inpatient				18429.69	Wellcare	Medicare	16025.81				2090	101331.96	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG				inpatient				29229.49	Wellcare	Medicare	25416.95				2090	25416.95	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG				inpatient				34461.69	Wellcare	Medicare	29966.69				2090	31826.46	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG				inpatient				22006.98	Wellcare	Medicare	19136.51				2090	19136.51	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG				inpatient				71186.85	Wellcare	Medicare	61901.61				13124	174162.35	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG				inpatient				36080.55	Wellcare	Medicare	31374.39				22413.54	74909.04	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG				inpatient				26676.46	Wellcare	Medicare	23196.92				14399.42	60432.03	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG				inpatient				63294.9	Wellcare	Medicare	55039.04				45605.46	125836.58	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG				inpatient				32623.84	Wellcare	Medicare	28368.55				19467.75	69011.18	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG				inpatient				40029.3	Wellcare	Medicare	34808.09				25778.64	71897.7	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG				inpatient				64994.15	Wellcare	Medicare	56516.65				47053.55	164457.41	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG				inpatient				37736.84	Wellcare	Medicare	32814.64				23825.02	77733.15	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG				inpatient				27358.38	Wellcare	Medicare	23789.89				14980.55	51699.88	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG				inpatient				32209.42	Wellcare	Medicare	28008.19				19114.58	57503.54	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG				inpatient				22481	Wellcare	Medicare	19548.7				10824.08	90774.77	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG				inpatient				33867.09	Wellcare	Medicare	29449.64				20527.24	65410.84	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG				inpatient				18984.09	Wellcare	Medicare	16507.91				7844.03	24781.15	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG				inpatient				32506.03	Wellcare	Medicare	28266.11				19367.35	57484.62	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG				inpatient				22040.25	Wellcare	Medicare	19165.43				10448.47	30374.75	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG				inpatient				39554.9	Wellcare	Medicare	30482.52				21539.49	71160.47	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG				inpatient				23860.08	Wellcare	Medicare	20747.9				11999.32	39127.92	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG				inpatient				19311.19	Wellcare	Medicare	16792.34				8122.78	27562.35	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG				inpatient				33194.87	Wellcare	Medicare	28865.11				19954.38	60788.51	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG				inpatient				23915.52	Wellcare	Medicare	20796.11				12046.57	40248.18	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG				inpatient				288538.5	Wellcare	Medicare	250903.04				237556.83	717124.19	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG				inpatient				102349.95	Wellcare	Medicare	89999.95				78887.96	229189.53	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG				inpatient				53860.31	Wellcare	Medicare	46835.06				37565.36	115936.61	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG				inpatient				69750.94	Wellcare	Medicare	60662.99				33318	111571.72	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG				inpatient				39520.63	Wellcare	Medicare	34365.77				25345.16	71519.33	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG				inpatient				40221.96	Wellcare	Medicare	34975.61				25942.82	71059.05	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG				inpatient				53771.61	Wellcare	Medicare	46757.92				37489.76	127892.25	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG				inpatient				38043.84	Wellcare	Medicare	33951.17				24938.84	84820.72	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG				inpatient				36866.42	Wellcare	Medicare	32057.76				23083.25	72217.56	case rate	
REHABILITATION W CC/MCC	945	MS-DRG				inpatient				30937.06	Wellcare	Medicare	26901.79				18030.29	53240.65	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG				inpatient				25254.41	Wellcare	Medicare	21960.36				13187.56	40872.6	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG				inpatient				27606.47	Wellcare	Medicare	24005.63				15191.98	47026.84	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG				inpatient				20791.45	Wellcare	Medicare	18079.52				9384.25	30433.26	case rate	
AFTERCARE W CC/MCC	949	MS-DRG				inpatient				24734.66	Wellcare	Medicare	21508.4				12744.63	44709.82	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG				inpatient				17903	Wellcare	Medicare	15567.83				6922.73	29056.31	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG				inpatient				17638.27	Wellcare	Medicare	15337.63				6697.13	31143.19	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG				inpatient				104420.65	Wellcare	Medicare	90800.56				80652.6	237821.78	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG				inpatient				62758.51	Wellcare	Medicare	54572.62				45148.35	147594.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG				inpatient				113234.3	Wellcare	Medicare	98464.61				88163.55	296394.69	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG				inpatient				66741.91	Wellcare	Medicare	58036.44				48542.98	163041.46	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG				inpatient				46424.36	Wellcare	Medicare	40369.01				31228.48	95594.45	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG				inpatient				47433.38	Wellcare	Medicare	41246.41				32088.36	109024.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG				inpatient				30571.15	Wellcare	Medicare	26583.61				17718.46	57531.42	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG				inpatient				22428.33	Wellcare	Medicare	19502.9				10779.19	38004.52	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG				inpatient				97435.15	Wellcare	Medicare	84726.22				74699.6	218388.49	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG				inpatient				46554.64	Wellcare	Medicare	40482.3				31339.51	108739.81	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG				inpatient				51168.68	Wellcare	Medicare	44494.5				35271.56	106216.06	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG				inpatient				29480.36	Wellcare	Medicare	25635.1				16788.89	50315.13	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG				inpatient				23681.29	Wellcare	Medicare	20592.42				11846.95	36611.97	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG				inpatient				29764.49	Wellcare	Medicare	25882.17				17031.03	49634.29	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG				inpatient				75669.21	Wellcare	Medicare	65799.32				11302	170480.09	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG				inpatient				43713.32	Wellcare	Medicare	38011.58				14901	96680.27	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG				inpatient				32901.04	Wellcare	Medicare	28609.6				19703.98	61205.88	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG				inpatient				58327.43	Wellcare	Medicare	50719.51				41372.21	129994.73	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG				inpatient				33563.55	Wellcare	Medicare	29185.7				20268.57	66042.75	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG				inpatient				25794.96	Wellcare	Medicare	22430.4				13648.21	40594.58	case rate	
BILATERAL PROCEDURE						50 both					Aetna	Better Health		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Aetna	Commercial		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Aetna	Medicare		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Americare	Americare		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					WellPoint	WellPoint		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Amerihealth	HMO/PPO		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Amerihealth	Medicare		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Consumer	Consumer		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Corrections	Corrections		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					First Health	First Health		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					First Trenton	First Trenton		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Horizon	Indemnity		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Horizon	Medicare Blue		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Horizon	MGD		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Horizon	NJ Health		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Horizon	PPO		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Managed Care Inc	Managed Care Inc		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Multiplan	Multiplan		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Qualicare	Qualicare		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Self Pay	Self Pay		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Three Rivers	Three Rivers		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					UHC	Medicaid		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					UHC	Medicare		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					United	Commercial/PPO		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					United	Oxford		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					United	PPO		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Wellcare	Medicaid		150						150% payment adjustment for the item or service to which the modifier is appen
BILATERAL PROCEDURE						50 both					Wellcare	Medicare		150						150% payment adjustment for the item or service to which the modifier is appen
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Aetna	Commercial				8.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Aetna	Medicare				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Horizon	Medicare Blue				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Horizon	MGD				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Horizon	NJ Health				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Horizon	PPO				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			UHC	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8152-03	NDC				both	1 EA	75			Wellcare	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-03	NDC				both	1 EA	36			WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Aetna	Commercial				8.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Aetna	Medicare				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Horizon	Medicare Blue				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Horizon	MGD				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Horizon	NJ Health				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Horizon	PPO				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			UHC	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			Wellcare	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0067-8153-01	NDC				both	1 EA	36			WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Aetna	Commercial				8.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Aetna	Medicare				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Horizon	Medicare Blue				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Horizon	MGD				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Horizon	NJ Health				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Horizon	PPO				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			UHC	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			Wellcare	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	0536-1294-97	NDC				both	1 EA	45			WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Aetna	Better Health				12.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Aetna	Commercial				25.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Aetna	Medicare				14.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Horizon	Indemnity				18.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Horizon	Medicare Blue				12.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Horizon	MGD				12.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Horizon	NJ Health				11.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Horizon	PPO				26.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			UHC	Medicaid				16.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			UHC	Medicare				19.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			United	CommercialPPO				14.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Wellcare	Medicaid				11.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			Wellcare	Medicare				7.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-30	NDC				both	1 EA	75.54			WellPoint	WellPoint				16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Aetna	Better Health				12.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Aetna	Commercial				25.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Aetna	Medicare				14.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Horizon	Indemnity				18.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Horizon	Medicare Blue				12.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Horizon	MGD				12.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Horizon	NJ Health				11.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Horizon	PPO				26.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			UHC	Medicaid				16.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			UHC	Medicare				19.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			United	CommercialPPO				14.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Wellcare	Medicaid				11.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			Wellcare	Medicare				7.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 10 MG PO TABS	0597-0152-37	NDC				both	1 EA	75.54			WellPoint	WellPoint				16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			Aetna	Commercial				30.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			Aetna	Medicare				23.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			Amerihealth	HMO/PPO				13.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			Horizon	Medicare Blue				7.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			Horizon	NJ Health				15.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			Horizon	PPO				16.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			UHC	Medicaid				10.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			UHC	Medicare				31.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			United	Oxford				21.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			Wellcare	Medicare				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EMPAGLIFLOZIN 25 MG PO TABS	0597-0153-37	NDC				both	1 EA	75.54			WellPoint	WellPoint				16.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG PO TB12	0781-1943-39	NDC				both	1 EA	25.29			Horizon	NJ Health				9.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG PO TB12	0781-1943-82	NDC				both	1 EA	25.29			Horizon	NJ Health				9.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREGABALIN 50 MG PO CAPS	0904-6992-61	NDC				both	1 EA	2.73			Aetna	Better Health				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREGABALIN 50 MG PO CAPS	0904-6992-61	NDC				both	1 EA	2.73			Horizon	Medicare Blue				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREGABALIN 50 MG PO CAPS	0904-6992-61	NDC				both	1 EA	2.73			Horizon	MGD				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREGABALIN 50 MG PO CAPS	0904-6992-61	NDC				both	1 EA	2.73			Horizon	NJ Health				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREGABALIN 50 MG PO CAPS	0904-6992-61	NDC				both	1 EA	2.73			Horizon	PPO				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREGABALIN 50 MG PO CAPS	0904-6992-61	NDC				both	1 EA	2.73			UHC	Medicaid				1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREGABALIN 50 MG PO CAPS	0904-6992-61	NDC				both	1 EA	2.73			UHC	Medicare				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREGABALIN 50 MG PO CAPS	0904-6992-61	NDC				both	1 EA	2.73			WellPoint	WellPoint				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 160 MG/5ML PO SUSP	0904-7278-41	NDC				both	1 EA	3.45			Horizon	NJ Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 160 MG/5ML PO SUSP	0904-7278-41	NDC				both	1 EA	3.45			UHC	Medicaid				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 160 MG/5ML PO SUSP	0904-7278-41	NDC				both	1 EA	3.45			Wellcare	Medicaid				0.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 160 MG/5ML PO SUSP	0904-7278-41	NDC				both	1 EA	3.45			WellPoint	WellPoint				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 160 MG/5ML PO SUSP	0904-7278-70	NDC				both	1 EA	3.45			Horizon	NJ Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 160 MG/5ML PO SUSP	0904-7278-70	NDC				both	1 EA	3.45			UHC	Medicaid				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 160 MG/5ML PO SUSP	0904-7278-70	NDC				both	1 EA	3.45			Wellcare	Medicaid				0.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 160 MG/5ML PO SUSP	0904-7278-70	NDC				both	1 EA	3.45			WellPoint	WellPoint				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Aetna	Better Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Aetna	Commercial				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Aetna	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Amerihealth	HMO/PPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Horizon	Indemnity				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Horizon	Medicare Blue				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Horizon	MGD				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Horizon	NJ Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Horizon	PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			UHC	Medicaid				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			UHC	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			United	CommercialPPO				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			United	Oxford				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Wellcare	Medicaid				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			Wellcare	Medicare				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG PO TABS	10006-73021	NDC				both	1 EA	0.12			WellPoint	WellPoint				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Aetna	Better Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Aetna	Commercial				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Aetna	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Amerihealth	HMO/PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Horizon	Indemnity				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Horizon	Medicare Blue				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Horizon	MGD				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Horizon	NJ Health				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Horizon	PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			UHC	Medicaid				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			UHC	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			United	CommercialPPO				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			United	Oxford				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Wellcare	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			Wellcare	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	16571-873-90	NDC				both	1 EA	0.66			WellPoint	WellPoint				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			Aetna	Commercial				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			Aetna	Medicare				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			Amerihealth	HMO/PPO				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			Horizon	MGD				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			Horizon	NJ Health				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			Horizon	PPO				1.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			UHC	Medicaid				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			UHC	Medicare				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			Wellcare	Medicaid				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	42192-608-16	NDC				both	1 EA	2.49			WellPoint	WellPoint				2.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Aetna	Commercial				8.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Aetna	Medicare				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Horizon	Medicare Blue				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Horizon	MGD				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Horizon	NJ Health				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Horizon	PPO				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			UHC	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			Wellcare	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-160-00	NDC				both	1 EA	54			WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-953-01	NDC				both	1 EA	45			Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-953-01	NDC				both	1 EA	45			Aetna	Commercial				8.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-953-01	NDC				both	1 EA	45			Aetna	Medicare				1.

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DICLOFENAC SODIUM 1 % EX GEL	45802-953-01	NDC				both	1 EA	45		UHC	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-953-01	NDC				both	1 EA	45		Medicaid	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-953-01	NDC				both	1 EA	45		Wellcare	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	45802-953-01	NDC				both	1 EA	45		WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-1	NDC				both	1 EA	75		Horizon	Indemnity				28.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-1	NDC				both	1 EA	75		Horizon	MGD				13.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-1	NDC				both	1 EA	75		Horizon	NJ Health				10.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-1	NDC				both	1 EA	75		Horizon	PPO				5.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-1	NDC				both	1 EA	75		UHC	Medicaid				12.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-1	NDC				both	1 EA	75		UHC	Medicare				19.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-1	NDC				both	1 EA	75		Wellcare	Medicaid				13.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-1	NDC				both	1 EA	75		Wellcare	Medicare				11.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-1	NDC				both	1 EA	75		WellPoint	WellPoint				19.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-3	NDC				both	1 EA	75		Horizon	Indemnity				28.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-3	NDC				both	1 EA	75		Horizon	MGD				13.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-3	NDC				both	1 EA	75		Horizon	NJ Health				10.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-3	NDC				both	1 EA	75		Horizon	PPO				5.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-3	NDC				both	1 EA	75		UHC	Medicaid				12.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-3	NDC				both	1 EA	75		UHC	Medicare				19.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-3	NDC				both	1 EA	75		Wellcare	Medicaid				13.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-3	NDC				both	1 EA	75		Wellcare	Medicare				11.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	51754-0108-3	NDC				both	1 EA	75		WellPoint	WellPoint				19.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		Aetna	Better Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		Aetna	Medicare				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		Horizon	Medicare Blue				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		Horizon	MGD				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		UHC	Medicaid				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		UHC	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		Wellcare	Medicaid				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 1 MG PO TABS	57896-884-09	NDC				both	1 EA	0.09		WellPoint	WellPoint				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		Aetna	Commercial				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		Aetna	Medicare				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		Amerihealth	HMO/PPO				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		Horizon	MGD				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		Horizon	NJ Health				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		Horizon	PPO				1.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		UHC	Medicaid				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		UHC	Medicare				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		Wellcare	Medicaid				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-1	NDC				both	1 EA	0.96		WellPoint	WellPoint				2.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		Aetna	Commercial				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		Aetna	Medicare				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		Amerihealth	HMO/PPO				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		Horizon	MGD				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		Horizon	NJ Health				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		Horizon	PPO				1.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		UHC	Medicaid				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		UHC	Medicare				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		Wellcare	Medicaid				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	59762-5050-7	NDC				both	1 EA	0.96		WellPoint	WellPoint				2.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFPODOXIME PROXETIL 100 MG/5ML PO SUSR	64980-403-10	NDC				both	1 EA	4.92		Horizon	NJ Health				22.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFPODOXIME PROXETIL 100 MG/5ML PO SUSR	64980-403-10	NDC				both	1 EA	4.92		UHC	Medicaid				3.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFPODOXIME PROXETIL 100 MG/5ML PO SUSR	64980-403-50	NDC				both	1 EA	5.16		Horizon	NJ Health				22.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFPODOXIME PROXETIL 100 MG/5ML PO SUSR	64980-403-50	NDC				both	1 EA	5.16		UHC	Medicaid				3.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Aetna	Commercial				8.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Aetna	Medicare				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Horizon	Medicare Blue				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Horizon	MGD				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Horizon	NJ Health				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Horizon	PPO				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		UHC	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		Wellcare	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-524-44	NDC				both	1 EA	159		WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Aetna	Commercial				8.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Aetna	Medicare				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Horizon	Medicare Blue				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Horizon	MGD				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Horizon	NJ Health				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Horizon	PPO				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		UHC	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		Wellcare	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	69097-720-44	NDC				both	1 EA	54		WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Aetna	Commercial				8.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Aetna	Medicare				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Horizon	Medicare Blue				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Horizon	MGD				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Horizon	NJ Health				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Horizon	PPO				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		UHC	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		Wellcare	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	70000-0555-2	NDC				both	1 EA	51		WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Aetna	Commercial				8.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Aetna	Medicare				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Horizon	Medicare Blue				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Horizon	MGD				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Horizon	NJ Health				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Horizon	PPO				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		UHC	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		Wellcare	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICLOFENAC SODIUM 1 % EX GEL	71205-552-00	NDC				both	1 EA	345		WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		Aetna	Commercial				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		Aetna	Medicare				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		Amerihealth	HMO/PPO				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		Horizon	MGD				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		Horizon	NJ Health				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		Horizon	PPO				1.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		UHC	Medicaid				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		UHC	Medicare				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		Wellcare	Medicaid				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GABAPENTIN 250 MG/5ML PO SOLN	72888-104-25	NDC				both	1 EA	0.96		WellPoint	WellPoint				2.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Aetna	Better Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Aetna	Commercial				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Aetna	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Amerihealth	HMO/PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Horizon	Indemnity				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Horizon	Medicare Blue				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Horizon	MGD				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Horizon	NJ Health				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Horizon	PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		UHC	Medicaid				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		UHC	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		United	Commercial/PPO				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		United	Oxford				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Wellcare	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		Wellcare	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-10	NDC				both	1 EA	0.87		WellPoint	WellPoint				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both	1 EA	0.87		Aetna	Better Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both	1 EA	0.87		Aetna	Commercial				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both	1 EA	0.87		Aetna	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both	1 EA	0.87		Amerihealth	HMO/PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both	1 EA	0.87		Horizon	Indemnity				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both	1 EA	0.87		Horizon	Medicare Blue				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both	1 EA	0.87		Horizon	MGD				0.17	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both		1 EA	0.87		Wellcare	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both		1 EA	0.87		Wellcare	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MELATONIN 5 MG PO TABS	77333-520-25	NDC				both		1 EA	0.87		WellPoint	WellPoint				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	80830-2329-1	NDC				both		1 EA	75		Horizon	Indemnity				28.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	80830-2329-1	NDC				both		1 EA	75		Horizon	MGD				13.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	80830-2329-1	NDC				both		1 EA	75		Horizon	NJ Health				10.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	80830-2329-1	NDC				both		1 EA	75		Horizon	PPO				5.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	80830-2329-1	NDC				both		1 EA	75		UHC	Medicaid				12.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	80830-2329-1	NDC				both		1 EA	75		UHC	Medicare				19.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	80830-2329-1	NDC				both		1 EA	75		Wellcare	Medicaid				13.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	80830-2329-1	NDC				both		1 EA	75		Wellcare	Medicare				11.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRANEXAMIC ACID-NACL 1000-0.7 MG/100ML-% IV SOLN	80830-2329-1	NDC				both		1 EA	75		WellPoint	WellPoint				19.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-01	NDC	90677	CPT		both		1 EA	988.11		Aetna	Medicare				163.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-01	NDC	90677	CPT		both		1 EA	988.11		Horizon	MGD				269.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-01	NDC	90677	CPT		both		1 EA	988.11		Horizon	NJ Health				78.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-01	NDC	90677	CPT		both		1 EA	988.11		Horizon	PPO				83.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-01	NDC	90677	CPT		both		1 EA	988.11		UHC	Medicaid				230.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-01	NDC	90677	CPT		both		1 EA	988.11		UHC	Medicare				592.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-01	NDC	90677	CPT		both		1 EA	988.11		United	Commercial|PPO				123.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-01	NDC	90677	CPT		both		1 EA	988.11		WellPoint	WellPoint				119.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-02	NDC	90677	CPT		both		1 EA	1019.1		Aetna	Medicare				163.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-02	NDC	90677	CPT		both		1 EA	1019.1		Horizon	MGD				269.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-02	NDC	90677	CPT		both		1 EA	1019.1		Horizon	NJ Health				78.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-02	NDC	90677	CPT		both		1 EA	1019.1		Horizon	PPO				83.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-02	NDC	90677	CPT		both		1 EA	1019.1		UHC	Medicaid				230.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-02	NDC	90677	CPT		both		1 EA	1019.1		UHC	Medicare				592.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-02	NDC	90677	CPT		both		1 EA	1019.1		United	Commercial|PPO				123.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-02	NDC	90677	CPT		both		1 EA	1019.1		WellPoint	WellPoint				119.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-10	NDC	90677	CPT		both		1 EA	988.11		Aetna	Medicare				163.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-10	NDC	90677	CPT		both		1 EA	988.11		Horizon	MGD				269.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-10	NDC	90677	CPT		both		1 EA	988.11		Horizon	NJ Health				78.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-10	NDC	90677	CPT		both		1 EA	988.11		Horizon	PPO				83.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-10	NDC	90677	CPT		both		1 EA	988.11		UHC	Medicaid				230.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-10	NDC	90677	CPT		both		1 EA	988.11		UHC	Medicare				592.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-10	NDC	90677	CPT		both		1 EA	988.11		United	Commercial|PPO				123.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PNEUMOCOCCAL 20-VAL CONJ VACC 0.5 ML IM SUSY	0005-2000-10	NDC	90677	CPT		both		1 EA	988.11		WellPoint	WellPoint				119.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		Aetna	Better Health				121.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		Aetna	Commercial				137.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		Amerihealth	HMO|PPO				39.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		Horizon	Indemnity				136.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		Horizon	MGD				196.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		Horizon	NJ Health				87.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		Horizon	PPO				11.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		UHC	Medicaid				126.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		United	Commercial|PPO				88.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		United	Oxford				46.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		Wellcare	Medicaid				120.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-01	NDC	90651	CPT		both		1 EA	1106.94		WellPoint	WellPoint				130.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		Aetna	Better Health				121.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		Aetna	Commercial				137.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		Amerihealth	HMO|PPO				39.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		Horizon	Indemnity				136.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		Horizon	MGD				196.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		Horizon	NJ Health				87.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		Horizon	PPO				11.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		UHC	Medicaid				126.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		United	Commercial|PPO				88.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		United	Oxford				46.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		Wellcare	Medicaid				120.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HPV 9-VALENT RECOMB VACCINE IM SUSY	0006-4121-02	NDC	90651	CPT		both		1 EA	1106.94		WellPoint	WellPoint				130.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-00	NDC	90707	CPT		both		1 EA	341.37		Aetna	Better Health				45.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-00	NDC	90707	CPT		both		1 EA	341.37		Aetna	Commercial				61.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-00	NDC	90707	CPT		both		1 EA	341.37		Horizon	MGD				104.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-00	NDC	90707	CPT		both		1 EA	341.37		Horizon	NJ Health				35.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-00	NDC	90707	CPT		both		1 EA	341.37		UHC	Medicaid				52.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-00	NDC	90707	CPT		both		1 EA	341.37		UHC	Medicare				25.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-00	NDC	90707	CPT		both		1 EA	341.37		Wellcare	Medicaid				58.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-00	NDC	90707	CPT		both		1 EA	341.37		WellPoint	WellPoint				62.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-01	NDC	90707	CPT		both		1 EA	341.37		Aetna	Better Health				45.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-01	NDC	90707	CPT		both		1 EA	341.37		Aetna	Commercial				61.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-01	NDC	90707	CPT		both		1 EA	341.37		Horizon	MGD				104.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-01	NDC	90707	CPT		both		1 EA	341.37		Horizon	NJ Health				35.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-01	NDC	90707	CPT		both		1 EA	341.37		UHC	Medicaid				52.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-01	NDC	90707	CPT		both		1 EA	341.37		UHC	Medicare				25.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-01	NDC	90707	CPT		both		1 EA	341.37		Wellcare	Medicaid				58.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEASLES, MUMPS & RUBELLA VAC INJ SOLR	0006-4681-01	NDC	90707	CPT		both		1 EA	341.37		WellPoint	WellPoint				62.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VARICELLA VIRUS VACCINE LIVE 1350 PFU/0.5ML INJ SUSR	0006-4827-00	NDC	90716	CPT		both		1 EA	658.35		Aetna	Better Health				83.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VARICELLA VIRUS VACCINE LIVE 1350 PFU/0.5ML INJ SUSR	0006-4827-00	NDC	90716	CPT		both		1 EA	658.35		Horizon	NJ Health				52.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VARICELLA VIRUS VACCINE LIVE 1350 PFU/0.5ML INJ SUSR	0006-4827-00	NDC	90716	CPT		both		1 EA	658.35		UHC	Medicaid				89.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VARICELLA VIRUS VACCINE LIVE 1350 PFU/0.5ML INJ SUSR	0006-4827-00	NDC	90716	CPT		both		1 EA	658.35		WellPoint	WellPoint				100.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VARICELLA VIRUS VACCINE LIVE 1350 PFU/0.5ML INJ SUSR	0006-4827-01	NDC	90716	CPT		both		1 EA	658.35		Aetna	Better Health				83.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VARICELLA VIRUS VACCINE LIVE 1350 PFU/0.5ML INJ SUSR	0006-4827-01	NDC	90716	CPT		both		1 EA	658.35		Horizon	NJ Health				52.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VARICELLA VIRUS VACCINE LIVE 1350 PFU/0.5ML INJ SUSR	0006-4827-01	NDC	90716	CPT		both		1 EA	658.35		UHC	Medicaid				89.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VARICELLA VIRUS VACCINE LIVE 1350 PFU/0.5ML INJ SUSR	0006-4827-01	NDC	90716	CPT		both		1 EA	658.35		WellPoint	WellPoint				100.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RSV PRE-FUSION F A&B VAC RCMB 120 MCG/0.5ML IM SOLR	0069-0207-01	NDC	90678	CPT		both		1 EA	1104.48		UHC	Medicaid				202.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RSV PRE-FUSION F A&B VAC RCMB 120 MCG/0.5ML IM SOLR	0069-0344-01	NDC	90678	CPT		both		1 EA	1104.48		UHC	Medicaid				202.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RSV PRE-FUSION F A&B VAC RCMB 120 MCG/0.5ML IM SOLR	0069-0344-05	NDC	90678	CPT		both		1 EA	1104.48		UHC	Medicaid				202.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-01	NDC	90375	CPT		both		1 EA	1224.9		Aetna	Commercial				133.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-01	NDC	90375	CPT		both		1 EA	1224.9		Horizon	Indemnity				479.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-01	NDC	90375	CPT		both		1 EA	1224.9		Horizon	NJ Health				35.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-01	NDC	90375	CPT		both		1 EA	1224.9		UHC	Medicaid				270.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-01	NDC	90375	CPT		both		1 EA	1224.9		United	Commercial|PPO				603.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-01	NDC	90375	CPT		both		1 EA	1224.9		Wellcare	Medicare				106.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-01	NDC	90375	CPT		both		1 EA	1224.9		WellPoint	WellPoint				64.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-10	NDC	90375	CPT		both		1 EA	1224.9		Aetna	Commercial				133.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-10	NDC	90375	CPT		both		1 EA	1224.9		Horizon	Indemnity				479.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-10	NDC	90375	CPT		both		1 EA	1224.9		Horizon	NJ Health				35.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-10	NDC	90375	CPT		both		1 EA	1224.9		UHC	Medicaid				270.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-10	NDC	90375	CPT		both		1 EA	1224.9		United	Commercial|PPO				603.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-10	NDC	90375	CPT		both		1 EA	1224.9		Wellcare	Medicare				106.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES IMMUNE GLOBULIN 300 UNIT/ML INJ SOLN	13533-318-10	NDC	90375	CPT		both		1 EA	1224.9		WellPoint	WellPoint				64.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B IMMUNE GLOBULIN 110 UNIT/0.5ML IM SOSY	13533-636-03	NDC	90371	CPT		both		1 EA	636.84		Aetna	Commercial				382.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B IMMUNE GLOBULIN 110 UNIT/0.5ML IM SOSY	13533-636-03	NDC	90371	CPT		both		1 EA	636.84		Horizon	NJ Health				60.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B IMMUNE GLOBULIN 110 UNIT/0.5ML IM SOSY	13533-636-03	NDC	90371	CPT		both		1 EA	636.84		WellPoint	WellPoint				146.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B IMMUNE GLOBULIN 110 UNIT/0.5ML IM SOSY	13533-636-30	NDC	90371	CPT		both		1 EA	636.84		Aetna	Commercial				382.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B IMMUNE GLOBULIN 110 UNIT/0.5ML IM SOSY	13533-636-30	NDC	90371	CPT		both		1 EA	636.84		Horizon	NJ Health				60.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B IMMUNE GLOBULIN 110 UNIT/0.5ML IM SOSY	13533-636-30	NDC	90371	CPT		both		1 EA	636.84		WellPoint	WellPoint				146.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		Aetna	Better Health				27.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		Aetna	Commercial				53.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		Horizon	Indemnity				12.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		Horizon	NJ Health				18.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		Horizon	PPO				27.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		UHC	Medicaid				28.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		UHC	Medicare				45.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		United	Commercial|PPO				35.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		United	Oxford				4.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		Wellcare	Medicaid				24.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-41	NDC	90656	CPT		both		1 EA	70.58		WellPoint	WellPoint				29.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-52	NDC	90656	CPT		both		1 EA	70.58		Aetna	Better Health				27.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-52	NDC	90656	CPT		both		1 EA	70.58		Aetna	Commercial				53.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLUENZA VIRUS VACC SPLIT PF 0.5 ML IM SUSY	19515-810-52	NDC	90656	CPT		both		1 EA	70.58		Horizon	Indemnity				12.17

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TETANUS-DIPHTHERIA TOXOIDS TD 5-2 LFU IM INJ	49281-215-88	NDC	90714	CPT		both		1 EA	144.2		UHC	Medicaid				33.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIRSEVIMAB-ALIP 50 MG/0.5ML IM SOSY	49281-575-15	NDC	90380	CPT		both		1 EA	2002.08		Aetna	Better Health				421.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIRSEVIMAB-ALIP 50 MG/0.5ML IM SOSY	49281-575-15	NDC	90380	CPT		both		1 EA	2002.08		Horizon	MGD				238.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIRSEVIMAB-ALIP 50 MG/0.5ML IM SOSY	49281-575-15	NDC	90380	CPT		both		1 EA	2002.08		Horizon	NJ Health				255.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES VACCINE, PCEC IM SUSR	50632-010-01	NDC	90675	CPT		both		1 EA	1490.07		Aetna	Commercial				123.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES VACCINE, PCEC IM SUSR	50632-010-01	NDC	90675	CPT		both		1 EA	1490.07		Horizon	Indemnity				353.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES VACCINE, PCEC IM SUSR	50632-010-01	NDC	90675	CPT		both		1 EA	1490.07		Horizon	NJ Health				55.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES VACCINE, PCEC IM SUSR	50632-010-01	NDC	90675	CPT		both		1 EA	1490.07		UHC	Medicaid				191.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES VACCINE, PCEC IM SUSR	50632-010-01	NDC	90675	CPT		both		1 EA	1490.07		United	Commercial|PPO				542.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES VACCINE, PCEC IM SUSR	50632-010-01	NDC	90675	CPT		both		1 EA	1490.07		Wellcare	Medicare				87.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RABIES VACCINE, PCEC IM SUSR	50632-010-01	NDC	90675	CPT		both		1 EA	1490.07		WellPoint	WellPoint				46.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HAEMOPHILUS B POLYSAC CONJ VAC 10 MCG INJ SOLR	58160-726-15	NDC	90648	CPT		both		1 EA	46.95		Horizon	NJ Health				17.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HAEMOPHILUS B POLYSAC CONJ VAC 10 MCG INJ SOLR	58160-726-15	NDC	90648	CPT		both		1 EA	46.95		Horizon	PPO				53.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HAEMOPHILUS B POLYSAC CONJ VAC 10 MCG INJ SOLR	58160-726-15	NDC	90648	CPT		both		1 EA	46.95		UHC	Medicaid				19.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DTAP-HEPATITIS B RECOMB-IPV IM SUSY	58160-811-43	NDC	90723	CPT		both		1 EA	370.79		Horizon	NJ Health				42.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DTAP-HEPATITIS B RECOMB-IPV IM SUSY	58160-811-52	NDC	90723	CPT		both		1 EA	370.79		Horizon	NJ Health				42.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DTAP-IPV VACCINE IM SUSP	58160-812-01	NDC	90696	CPT		both		1 EA	204.18		Horizon	NJ Health				35.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HAEMOPHILUS B POLYSAC CONJ VAC 10 MCG INJ SOLR	58160-816-03	NDC	90648	CPT		both		1 EA	45.63		Horizon	NJ Health				17.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HAEMOPHILUS B POLYSAC CONJ VAC 10 MCG INJ SOLR	58160-816-03	NDC	90648	CPT		both		1 EA	45.63		Horizon	PPO				53.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HAEMOPHILUS B POLYSAC CONJ VAC 10 MCG INJ SOLR	58160-816-03	NDC	90648	CPT		both		1 EA	45.63		UHC	Medicaid				19.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		Aetna	Better Health				34.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		Aetna	Commercial				93.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		Horizon	Medicare Blue				28.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		Horizon	MGD				27.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		Horizon	NJ Health				34.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		Horizon	PPO				167.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		UHC	Medicaid				41.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		United	Commercial|PPO				149.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		United	Oxford				167.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		Wellcare	Medicaid				41.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-43	NDC	90744	CPT		both		1 EA	104.85		WellPoint	WellPoint				38.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		Aetna	Better Health				34.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		Aetna	Commercial				93.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		Horizon	Medicare Blue				28.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		Horizon	MGD				27.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		Horizon	NJ Health				34.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		Horizon	PPO				167.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		UHC	Medicaid				41.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		United	Commercial|PPO				149.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		United	Oxford				167.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		Wellcare	Medicaid				41.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSY	58160-820-52	NDC	90744	CPT		both		1 EA	104.85		WellPoint	WellPoint				38.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-43	NDC	90746	CPT		both		1 EA	259.62		Aetna	Better Health				51.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-43	NDC	90746	CPT		both		1 EA	259.62		Aetna	Commercial				76.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-43	NDC	90746	CPT		both		1 EA	259.62		Amerihealth	HMO|PPO				91.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-43	NDC	90746	CPT		both		1 EA	259.62		Horizon	Indemnity				63.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-43	NDC	90746	CPT		both		1 EA	259.62		Horizon	MGD				118.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-43	NDC	90746	CPT		both		1 EA	259.62		Horizon	NJ Health				32.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-43	NDC	90746	CPT		both		1 EA	259.62		Horizon	PPO				64.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-43	NDC	90746	CPT		both		1 EA	259.62		UHC	Medicaid				53.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-43	NDC	90746	CPT		both		1 EA	259.62		UHC	Medicare				57.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		United	Commercial|PPO				47.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		Wellcare	Medicaid				54.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		WellPoint	WellPoint				40.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		Aetna	Better Health				51.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		Aetna	Commercial				76.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		Amerihealth	HMO|PPO				91.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		Horizon	Indemnity				63.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		Horizon	MGD				118.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		Horizon	NJ Health				32.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		Horizon	PPO				64.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		UHC	Medicaid				53.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		UHC	Medicare				57.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		United	Commercial|PPO				47.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		Wellcare	Medicaid				54.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPATITIS B VAC RECOMBINANT 20 MCG/ML INJ SUSY	58160-821-52	NDC	90746	CPT		both		1 EA	259.62		WellPoint	WellPoint				40.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		Aetna	Medicare				49.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		Amerihealth	HMO|PPO				91.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		Horizon	Indemnity				19.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		Horizon	Medicare Blue				23.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		Horizon	MGD				109.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		Horizon	NJ Health				30.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		Horizon	PPO				72.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		UHC	Medicaid				81.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		UHC	Medicare				26.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		United	Commercial|PPO				76.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		United	Oxford				120.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		Wellcare	Medicaid				80.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		Wellcare	Medicare				38.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-823-11	NDC	90750	CPT		both		1 EA	775.83		WellPoint	WellPoint				52.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		Aetna	Medicare				49.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		Amerihealth	HMO|PPO				91.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		Horizon	Indemnity				19.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		Horizon	Medicare Blue				23.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		Horizon	MGD				109.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		Horizon	NJ Health				30.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		Horizon	PPO				72.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		UHC	Medicaid				81.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		UHC	Medicare				26.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		United	Commercial|PPO				76.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		United	Oxford				120.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		Wellcare	Medicaid				80.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		Wellcare	Medicare				38.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOSTER VAC RECOMB ADJUVANTED 50 MCG/0.5ML IM SUSR	58160-828-03	NDC	90750	CPT		both		1 EA	775.83		WellPoint	WellPoint				52.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		Aetna	Better Health				45.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		Aetna	Commercial				30.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		Horizon	MGD				72.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		Horizon	NJ Health				16.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		Horizon	PPO				73.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		Qualcare	Qualcare				23.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		UHC	Medicaid				73.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		UHC	Medicare				47.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		United	Commercial|PPO				19.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		Wellcare	Medicaid				59.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSP	58160-842-11	NDC	90715	CPT		both		1 EA	174.14		WellPoint	WellPoint				22.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		Aetna	Better Health				43.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		Aetna	Commercial				61.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		Aetna	Medicare				34.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		Horizon	Indemnity				52.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		Horizon	Medicare Blue				50.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		Horizon	MGD				33.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		Horizon	NJ Health				30.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		Horizon	PPO				47.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		UHC	Medicaid				37.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14		UHC	Medicare				37.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS-DIPHTH-ACELL PERTUSSIS 5-2.5-18.5 LF-MCG/0.5 IM SUSY	58160-842-43	NDC	90715	CPT		both		1 EA	174.14	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-01	NDC	J1815	HCPCS		both		1 EA	1.2	1.2	UHC	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-01	NDC	J1815	HCPCS		both		1 EA	1.2		UHC	Medicare				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-01	NDC	J1815	HCPCS		both		1 EA	1.2		United	Commercial|PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-01	NDC	J1815	HCPCS		both		1 EA	1.2		United	Oxford				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-01	NDC	J1815	HCPCS		both		1 EA	1.2		Wellcare	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-01	NDC	J1815	HCPCS		both		1 EA	1.2		Wellcare	Medicare				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-01	NDC	J1815	HCPCS		both		1 EA	1.2		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Aetna	Better Health				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Aetna	Commercial				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Aetna	Medicare				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Amerihealth	HMO|PPO				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Horizon	Medicare Blue				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Horizon	MGD				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Horizon	NJ Health				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Horizon	PPO				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		UHC	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		UHC	Medicare				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		United	Commercial|PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		United	Oxford				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Wellcare	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		Wellcare	Medicare				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN LISPRO 100 UNIT/ML INJ SOLN	0002-7510-17	NDC	J1815	HCPCS		both		1 EA	4.94		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RAMUCIRUMAB 100 MG/10ML IV SOLN	0002-7669-01	NDC	J9308	HCPCS		both		1 EA	264.84		Horizon	NJ Health				59.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RAMUCIRUMAB 500 MG/50ML IV SOLN	0002-7678-01	NDC	J9308	HCPCS		both		1 EA	264.84		Horizon	NJ Health				59.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RAMUCIRUMAB 500 MG/50ML IV SOLN	0002-7678-01	NDC	J9308	HCPCS		both		1 EA	264.84		WellPoint	WellPoint				70.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-01	NDC	J1815	HCPCS		both		1 EA	0.8		Aetna	Commercial				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-01	NDC	J1815	HCPCS		both		1 EA	0.8		Amerihealth	HMO|PPO				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-01	NDC	J1815	HCPCS		both		1 EA	0.8		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-01	NDC	J1815	HCPCS		both		1 EA	0.8		UHC	Medicaid				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-01	NDC	J1815	HCPCS		both		1 EA	0.8		UHC	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-01	NDC	J1815	HCPCS		both		1 EA	0.8		Wellcare	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-17	NDC	J1815	HCPCS		both		1 EA	2.68		Aetna	Commercial				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-17	NDC	J1815	HCPCS		both		1 EA	2.68		Amerihealth	HMO|PPO				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-17	NDC	J1815	HCPCS		both		1 EA	2.68		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-17	NDC	J1815	HCPCS		both		1 EA	2.68		UHC	Medicaid				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-17	NDC	J1815	HCPCS		both		1 EA	2.68		UHC	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ISOPHANE HUMAN (HUMULIN-N) 100 UNIT/ML SC SUSP	0002-8315-17	NDC	J1815	HCPCS		both		1 EA	2.68		Wellcare	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 10 MG/ML INJ SUSP	0003-0484-20	NDC	J3301	HCPCS		both		1 EA	8.7		Horizon	NJ Health				1.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IPILIMUMAB 50 MG/10ML IV SOLN	0003-2327-11	NDC	J9228	HCPCS		both		1 EA	639.16		Aetna	Better Health				3.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IPILIMUMAB 50 MG/10ML IV SOLN	0003-2327-11	NDC	J9228	HCPCS		both		1 EA	639.16		Horizon	NJ Health				177.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IPILIMUMAB 50 MG/10ML IV SOLN	0003-2327-11	NDC	J9228	HCPCS		both		1 EA	639.16		United	Commercial|PPO				170.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IPILIMUMAB 50 MG/10ML IV SOLN	0003-2327-11	NDC	J9228	HCPCS		both		1 EA	639.16		Wellcare	Medicaid				142.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIVOLUMAB 100 MG/10ML IV SOLN	0003-3774-12	NDC	J9299	HCPCS		both		1 EA	116.81		Aetna	Better Health				9.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIVOLUMAB 100 MG/10ML IV SOLN	0003-3774-12	NDC	J9299	HCPCS		both		1 EA	116.81		Horizon	NJ Health				32.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIVOLUMAB 100 MG/10ML IV SOLN	0003-3774-12	NDC	J9299	HCPCS		both		1 EA	116.81		UHC	Medicaid				1.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIVOLUMAB 100 MG/10ML IV SOLN	0003-3774-12	NDC	J9299	HCPCS		both		1 EA	116.81		UHC	Medicare				30.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIVOLUMAB 100 MG/10ML IV SOLN	0003-3774-12	NDC	J9299	HCPCS		both		1 EA	116.81		United	Commercial|PPO				31.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIVOLUMAB 100 MG/10ML IV SOLN	0003-3774-12	NDC	J9299	HCPCS		both		1 EA	116.81		Wellcare	Medicaid				25.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NIVOLUMAB 100 MG/10ML IV SOLN	0003-3774-12	NDC	J9299	HCPCS		both		1 EA	116.81		WellPoint	WellPoint				15.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		Aetna	Commercial				68.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		Amerihealth	HMO|PPO				48.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		Horizon	Indemnity				166.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		Horizon	NJ Health				55.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		UHC	Medicaid				56.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		UHC	Medicare				52.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		United	Commercial|PPO				141.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		Wellcare	Medicaid				54.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		Wellcare	Medicare				51.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-01	NDC	J9271	HCPCS		both		1 EA	212.32		WellPoint	WellPoint				62.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		Aetna	Commercial				68.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		Amerihealth	HMO|PPO				48.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		Horizon	Indemnity				166.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		Horizon	NJ Health				55.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		UHC	Medicaid				56.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		UHC	Medicare				52.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		United	Commercial|PPO				141.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		Wellcare	Medicaid				54.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		Wellcare	Medicare				51.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMBROLIZUMAB 100 MG/4ML IV SOLN	0006-3026-02	NDC	J9271	HCPCS		both		1 EA	212.32		WellPoint	WellPoint				62.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Aetna	Better Health				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Aetna	Commercial				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Aetna	Medicare				3.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Amerihealth	HMO|PPO				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Horizon	Indemnity				4.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Horizon	Medicare Blue				3.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Horizon	MGD				4.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Horizon	NJ Health				2.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Horizon	PPO				3.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		UHC	Medicaid				3.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		UHC	Medicare				4.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		United	Commercial|PPO				2.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		United	Oxford				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Wellcare	Medicaid				2.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		Wellcare	Medicare				4.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-51	NDC	J2470	HCPCS		both		1 EA	18.3		WellPoint	WellPoint				4.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Aetna	Better Health				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Aetna	Commercial				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Aetna	Medicare				3.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Amerihealth	HMO|PPO				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	Indemnity				4.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	Medicare Blue				3.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	MGD				4.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	NJ Health				2.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	PPO				3.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		UHC	Medicaid				3.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		UHC	Medicare				4.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		United	Commercial|PPO				2.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		United	Oxford				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Wellcare	Medicaid				2.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		Wellcare	Medicare				4.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-55	NDC	J2470	HCPCS		both		1 EA	18.27		WellPoint	WellPoint				4.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Aetna	Better Health				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Aetna	Commercial				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Aetna	Medicare				3.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Amerihealth	HMO|PPO				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	Indemnity				4.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	Medicare Blue				3.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	MGD				4.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	NJ Health				2.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Horizon	PPO				3.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		UHC	Medicaid				3.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		UHC	Medicare				4.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		United	Commercial|PPO				2.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		United	Oxford				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Wellcare	Medicaid				2.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		Wellcare	Medicare				4.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PANTOPRAZOLE SODIUM 40 MG IV SOLR	0008-0923-60	NDC	J2470	HCPCS		both		1 EA	18.27		WellPoint	WellPoint				4.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TIGECYCLINE 50 MG IV SOLR	0008-4990-19	NDC	J3243	HCPCS		both		1 EA	7.2		Horizon	PPO				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TIGECYCLINE 50 MG IV SOLR	0008-4990-19	NDC	J3243	HCPCS		both		1 EA	7.2		Wellcare	Medicaid				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TIGECYCLINE 50 MG IV SOLR	0008-4990-20	NDC	J3243	HCPCS		both		1 EA	7.2		Horizon	PPO				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TIGECYCLINE 50 MG IV SOLR	0008-4990-20	NDC	J3243	HCPCS		both		1 EA	7.2		Wellcare	Medicaid				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROCORTISONE SOD SUC (PF) 100 MG INJ SOLR	0009-0011-03	NDC	J1720	HCPCS		both		1 EA	86.64		Aetna

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HYDROCORTISONE SOD SUC (PF) 100 MG INJ SOLR	0009-0011-04	NDC	J1720	HCPCS		both		1 EA	85.05		United	CommercialPPO				17.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROCORTISONE SOD SUC (PF) 100 MG INJ SOLR	0009-0011-04	NDC	J1720	HCPCS		both		1 EA	85.05		United	Oxford				11.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROCORTISONE SOD SUC (PF) 100 MG INJ SOLR	0009-0011-04	NDC	J1720	HCPCS		both		1 EA	85.05		Wellcare	Medicaid				10.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROCORTISONE SOD SUC (PF) 100 MG INJ SOLR	0009-0011-04	NDC	J1720	HCPCS		both		1 EA	85.05		WellPoint	WellPoint				21.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROCORTISONE SOD SUC (PF) 250 MG INJ SOLR	0009-0013-05	NDC	J1720	HCPCS		both		1 EA	64.13		Aetna	Medicare				5.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROCORTISONE SOD SUC (PF) 250 MG INJ SOLR	0009-0013-05	NDC	J1720	HCPCS		both		1 EA	64.13		Horizon	NJ Health				10.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROCORTISONE SOD SUC (PF) 250 MG INJ SOLR	0009-0013-06	NDC	J1720	HCPCS		both		1 EA	62.93		Aetna	Medicare				5.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROCORTISONE SOD SUC (PF) 250 MG INJ SOLR	0009-0013-06	NDC	J1720	HCPCS		both		1 EA	62.93		Horizon	NJ Health				10.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 40 MG INJ SOLR	0009-0039-05	NDC	J2919	HCPCS		both		1 EA	2.3		Horizon	NJ Health				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 40 MG INJ SOLR	0009-0039-05	NDC	J2919	HCPCS		both		1 EA	2.3		WellPoint	WellPoint				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 40 MG INJ SOLR	0009-0039-28	NDC	J2919	HCPCS		both		1 EA	2.91		Horizon	NJ Health				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 40 MG INJ SOLR	0009-0039-28	NDC	J2919	HCPCS		both		1 EA	2.91		WellPoint	WellPoint				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 40 MG INJ SOLR	0009-0039-30	NDC	J2919	HCPCS		both		1 EA	2.91		Horizon	NJ Health				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 40 MG INJ SOLR	0009-0039-30	NDC	J2919	HCPCS		both		1 EA	2.91		WellPoint	WellPoint				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 125 MG INJ SOLR	0009-0047-03	NDC	J2919	HCPCS		both		1 EA	1.17		Aetna	Commercial				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 125 MG INJ SOLR	0009-0047-03	NDC	J2919	HCPCS		both		1 EA	1.17		Horizon	MGD				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 125 MG INJ SOLR	0009-0047-03	NDC	J2919	HCPCS		both		1 EA	1.17		Horizon	NJ Health				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 125 MG INJ SOLR	0009-0047-03	NDC	J2919	HCPCS		both		1 EA	1.17		UHC	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 125 MG INJ SOLR	0009-0047-22	NDC	J2919	HCPCS		both		1 EA	1.5		Aetna	Commercial				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 125 MG INJ SOLR	0009-0047-22	NDC	J2919	HCPCS		both		1 EA	1.5		Horizon	MGD				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 125 MG INJ SOLR	0009-0047-22	NDC	J2919	HCPCS		both		1 EA	1.5		Horizon	NJ Health				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE NA SUC (PF) 125 MG INJ SOLR	0009-0047-22	NDC	J2919	HCPCS		both		1 EA	1.5		UHC	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		Aetna	Commercial				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		Aetna	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		Amerihealth	HMO/PPO				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	Medicare Blue				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	MGD				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	NJ Health				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	PPO				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		UHC	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		United	Oxford				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		Wellcare	Medicaid				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-0280-02	NDC	J1010	HCPCS		both		1 EA	0.89		WellPoint	WellPoint				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-02	NDC	J1010	HCPCS		both		1 EA	0.89		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-02	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	Indemnity				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-02	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-02	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-02	NDC	J1010	HCPCS		both		1 EA	0.89		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-02	NDC	J1010	HCPCS		both		1 EA	0.89		UHC	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-02	NDC	J1010	HCPCS		both		1 EA	0.89		United	CommercialPPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-02	NDC	J1010	HCPCS		both		1 EA	0.89		Wellcare	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-12	NDC	J1010	HCPCS		both		1 EA	0.89		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-12	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	Indemnity				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-12	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-12	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-12	NDC	J1010	HCPCS		both		1 EA	0.89		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-12	NDC	J1010	HCPCS		both		1 EA	0.89		UHC	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-12	NDC	J1010	HCPCS		both		1 EA	0.89		United	CommercialPPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-0306-12	NDC	J1010	HCPCS		both		1 EA	0.89		Wellcare	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TESTOSTERONE CYPIONATE 200 MG/ML IM SOLN	0009-0417-01	NDC	J1071	HCPCS		both		1 EA	0.43		Horizon	Indemnity				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TESTOSTERONE CYPIONATE 200 MG/ML IM SOLN	0009-0417-01	NDC	J1071	HCPCS		both		1 EA	0.43		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ARGININE HCL (DIAGNOSTIC) 10 % IV SOLN	0009-0436-01	NDC	J3490	HCPCS		both		1 EA	0.51		Horizon	NJ Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 1000 MG INJ SOLR	0009-0698-01	NDC	J2919	HCPCS		both		1 EA	0.79		Amerihealth	HMO/PPO				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 1000 MG INJ SOLR	0009-0698-01	NDC	J2919	HCPCS		both		1 EA	0.79		Horizon	MGD				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 1000 MG INJ SOLR	0009-0698-01	NDC	J2919	HCPCS		both		1 EA	0.79		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 1000 MG INJ SOLR	0009-0698-01	NDC	J2919	HCPCS		both		1 EA	0.79		UHC	Medicaid				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 1000 MG INJ SOLR	0009-0698-01	NDC	J2919	HCPCS		both		1 EA	0.79		WellPoint	WellPoint				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	0009-0758-01	NDC	J2919	HCPCS		both		1 EA	0.87		Aetna	Medicare				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	0009-0758-01	NDC	J2919	HCPCS		both		1 EA	0.87		Horizon	Indemnity				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	0009-0758-01	NDC	J2919	HCPCS		both		1 EA	0.87		Horizon	MGD				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	0009-0758-01	NDC	J2919	HCPCS		both		1 EA	0.87		Horizon	NJ Health				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	0009-0758-01	NDC	J2919	HCPCS		both		1 EA	0.87		Horizon	PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	0009-0758-01	NDC	J2919	HCPCS		both		1 EA	0.87		UHC	Medicaid				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-20	NDC	J0736	HCPCS		both		1 EA	5.28		Horizon	Indemnity				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-20	NDC	J0736	HCPCS		both		1 EA	5.28		Horizon	MGD				1.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-20	NDC	J0736	HCPCS		both		1 EA	5.28		Horizon	NJ Health				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-20	NDC	J0736	HCPCS		both		1 EA	5.28		Horizon	PPO				2.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-20	NDC	J0736	HCPCS		both		1 EA	5.28		UHC	Medicaid				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-20	NDC	J0736	HCPCS		both		1 EA	5.28		WellPoint	WellPoint				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-26	NDC	J0736	HCPCS		both		1 EA	5.28		Horizon	Indemnity				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-26	NDC	J0736	HCPCS		both		1 EA	5.28		Horizon	MGD				1.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-26	NDC	J0736	HCPCS		both		1 EA	5.28		Horizon	NJ Health				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-26	NDC	J0736	HCPCS		both		1 EA	5.28		Horizon	PPO				2.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-26	NDC	J0736	HCPCS		both		1 EA	5.28		UHC	Medicaid				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 600 MG/4ML INJ SOLN	0009-0775-26	NDC	J0736	HCPCS		both		1 EA	5.28		WellPoint	WellPoint				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-21	NDC	J0736	HCPCS		both		1 EA	9		Horizon	Indemnity				5.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-21	NDC	J0736	HCPCS		both		1 EA	9		Horizon	NJ Health				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-21	NDC	J0736	HCPCS		both		1 EA	9		UHC	Medicaid				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-21	NDC	J0736	HCPCS		both		1 EA	9		United	CommercialPPO				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-21	NDC	J0736	HCPCS		both		1 EA	9		Wellcare	Medicaid				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-21	NDC	J0736	HCPCS		both		1 EA	9		WellPoint	WellPoint				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-26	NDC	J0736	HCPCS		both		1 EA	8.94		Horizon	Indemnity				5.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-26	NDC	J0736	HCPCS		both		1 EA	8.94		Horizon	NJ Health				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-26	NDC	J0736	HCPCS		both		1 EA	8.94		UHC	Medicaid				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-26	NDC	J0736	HCPCS		both		1 EA	8.94		United	CommercialPPO				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-26	NDC	J0736	HCPCS		both		1 EA	8.94		Wellcare	Medicaid				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE 300 MG/2ML INJ SOLN	0009-0870-26	NDC	J0736	HCPCS		both		1 EA	8.94		WellPoint	WellPoint				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		Aetna	Commercial				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		Aetna	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		Amerihealth	HMO/PPO				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		Horizon	Medicare Blue				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		Horizon	MGD				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		Horizon	NJ Health				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		Horizon	PPO				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		UHC	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		United	Oxford				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		Wellcare	Medicaid				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-01	NDC	J1010	HCPCS		both		1 EA	1.02		WellPoint	WellPoint				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		Aetna	Commercial				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		Aetna	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		Amerihealth	HMO/PPO				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		Horizon	Medicare Blue				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		Horizon	MGD				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		Horizon	NJ Health				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		Horizon	PPO				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		UHC	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		United	Oxford				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		Wellcare	Medicaid				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	0009-3073-03	NDC	J1010	HCPCS		both		1 EA	1.02		WellPoint	WellPoint				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-3475-01	NDC	J1010	HCPCS		both		1 EA	0.89		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-3475-01	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	Indemnity				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-3475-01	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-3475-01	NDC	J1010	HCPCS		both		1 EA	0.89		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-3475-01	NDC	J1010	HCPCS		both		1 EA	0.89		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	0009-3475-01	NDC	J1010	HCPCS		both		1 EA	0.89		UHC	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LINEZOLID 600 MG/300ML IV SOLN	0009-5140-04	NDC	J2020	HCPCS		both	1 EA	39	39		Horizon	NJ Health				7.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	0009-5140-04	NDC	J2020	HCPCS		both	1 EA	39			Horizon	PPO				5.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	0009-5140-04	NDC	J2020	HCPCS		both	1 EA	39			UHC	Medicaid				7.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	0009-5140-04	NDC	J2020	HCPCS		both	1 EA	39			UHC	Medicare				6.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	0009-5140-04	NDC	J2020	HCPCS		both	1 EA	39			United	CommercialPPO				9.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	0009-5140-04	NDC	J2020	HCPCS		both	1 EA	39			Wellcare	Medicaid				6.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	0009-5140-04	NDC	J2020	HCPCS		both	1 EA	39			Wellcare	Medicare				5.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	0009-5140-04	NDC	J2020	HCPCS		both	1 EA	39			WellPoint	WellPoint				14.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	0009-7529-04	NDC	J9206	HCPCS		both	1 EA	49.77			Horizon	NJ Health				6.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	0009-7529-04	NDC	J9206	HCPCS		both	1 EA	49.77			Horizon	PPO				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	0009-7529-04	NDC	J9206	HCPCS		both	1 EA	49.77			UHC	Medicaid				10.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	0009-7529-04	NDC	J9206	HCPCS		both	1 EA	49.77			UHC	Medicare				7.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	0009-7529-04	NDC	J9206	HCPCS		both	1 EA	49.77			United	CommercialPPO				19.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 300 MG/15ML IV SOLN	0009-7529-05	NDC	J9206	HCPCS		both	1 EA	27.3			Horizon	NJ Health				5.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 300 MG/15ML IV SOLN	0009-7529-05	NDC	J9206	HCPCS		both	1 EA	27.3			Horizon	PPO				4.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 300 MG/15ML IV SOLN	0009-7529-05	NDC	J9206	HCPCS		both	1 EA	27.3			UHC	Medicaid				7.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 300 MG/15ML IV SOLN	0009-7529-05	NDC	J9206	HCPCS		both	1 EA	27.3			United	CommercialPPO				11.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			Aetna	Commercial				3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			Aetna	Medicare				7.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			Horizon	Medicare Blue				5.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			Horizon	MGD				7.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			Horizon	NJ Health				3.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			UHC	Medicaid				4.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			UHC	Medicare				6.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			United	CommercialPPO				4.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			Wellcare	Medicaid				3.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONABOTULINUMTOXINA 100 UNITS INJ SOLR	0023-1145-01	NDC	J0585	HCPCS		both	1 EA	23.26			WellPoint	WellPoint				5.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			Aetna	Better Health				627.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			Aetna	Commercial				38.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			Amerihealth	HMO/PPO				7.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			Horizon	Indemnity				25.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			Horizon	MGD				76.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			Horizon	NJ Health				632.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			UHC	Medicaid				447.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			UHC	Medicare				120.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			Wellcare	Medicaid				994.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVONORGESTREL 20.1 MCG/DAY IU IUD	0023-5858-01	NDC	J7297	HCPCS		both	1 EA	3354.24			WellPoint	WellPoint				934.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-01	NDC	J1750	HCPCS		both	1 EA	60.87			Horizon	Medicare Blue				16.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-01	NDC	J1750	HCPCS		both	1 EA	60.87			Horizon	NJ Health				15.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-01	NDC	J1750	HCPCS		both	1 EA	60.87			Horizon	PPO				33.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-01	NDC	J1750	HCPCS		both	1 EA	60.87			Wellcare	Medicaid				18.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-01	NDC	J1750	HCPCS		both	1 EA	60.87			WellPoint	WellPoint				22.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-10	NDC	J1750	HCPCS		both	1 EA	67.11			Horizon	Medicare Blue				16.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-10	NDC	J1750	HCPCS		both	1 EA	67.11			Horizon	NJ Health				15.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-10	NDC	J1750	HCPCS		both	1 EA	67.11			Horizon	PPO				33.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-10	NDC	J1750	HCPCS		both	1 EA	67.11			Wellcare	Medicaid				18.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON DEXTRAN 50 MG/ML INJ SOLN	0023-6082-10	NDC	J1750	HCPCS		both	1 EA	67.11			WellPoint	WellPoint				22.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RASBURICASE 1.5 MG IV SOLR	0024-5150-10	NDC	J2783	HCPCS		both	1 EA	1308.76			UHC	Medicaid				148.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RASBURICASE 1.5 MG IV SOLR	0024-5150-10	NDC	J2783	HCPCS		both	1 EA	1308.76			UHC	Medicare				265.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) G INJ SOLR	0049-0013-81	NDC	J0295	HCPCS		both	1 EA	27.75			Horizon	MGD				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) G INJ SOLR	0049-0013-81	NDC	J0295	HCPCS		both	1 EA	27.75			UHC	Medicaid				11.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) G INJ SOLR	0049-0013-81	NDC	J0295	HCPCS		both	1 EA	27.75			WellPoint	WellPoint				2.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) G INJ SOLR	0049-0013-83	NDC	J0295	HCPCS		both	1 EA	27.75			Horizon	MGD				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) G INJ SOLR	0049-0013-83	NDC	J0295	HCPCS		both	1 EA	27.75			UHC	Medicaid				11.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 1.5 (1-0.5) G INJ SOLR	0049-0013-83	NDC	J0295	HCPCS		both	1 EA	27.75			WellPoint	WellPoint				2.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Aetna	Better Health				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Aetna	Commercial				4.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Aetna	Medicare				4.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Amerihealth	HMO/PPO				4.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	Indemnity				20.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	Medicare Blue				4.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	MGD				6.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	NJ Health				3.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	PPO				5.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			UHC	Medicaid				5.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			UHC	Medicare				9.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			United	CommercialPPO				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			United	Oxford				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Wellcare	Medicaid				3.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			Wellcare	Medicare				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-81	NDC	J0295	HCPCS		both	1 EA	26.21			WellPoint	WellPoint				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Aetna	Better Health				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Aetna	Commercial				4.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Aetna	Medicare				4.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Amerihealth	HMO/PPO				4.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	Indemnity				20.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	Medicare Blue				4.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	MGD				6.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	NJ Health				3.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Horizon	PPO				5.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			UHC	Medicaid				5.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			UHC	Medicare				9.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			United	CommercialPPO				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			United	Oxford				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Wellcare	Medicaid				3.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			Wellcare	Medicare				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0049-0014-83	NDC	J0295	HCPCS		both	1 EA	26.21			WellPoint	WellPoint				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			Aetna	Commercial				1.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			Aetna	Medicare				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			Amerihealth	HMO/PPO				1.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			Horizon	MGD				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			Horizon	NJ Health				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			Horizon	PPO				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			UHC	Medicaid				0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			United	CommercialPPO				0.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			Wellcare	Medicaid				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			Wellcare	Medicare				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANIDULAFUNGIN 100 MG IV SOLR	0049-0116-28	NDC	J0348	HCPCS		both	1 EA	6.87			WellPoint	WellPoint				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-83	NDC	J2540	HCPCS		both	1 EA	5.5			Aetna	Better Health				1.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-83	NDC	J2540	HCPCS		both	1 EA	5.5			Aetna	Commercial				1.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-83	NDC	J2540	HCPCS		both	1 EA	5.5			Horizon	MGD				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-83	NDC	J2540	HCPCS		both	1 EA	5.5			Horizon	NJ Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-83	NDC	J2540	HCPCS		both	1 EA	5.5			Horizon	PPO				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-83	NDC	J2540	HCPCS		both	1 EA	5.5			UHC	Medicaid				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-83	NDC	J2540	HCPCS		both	1 EA	5.5			WellPoint	WellPoint				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-84	NDC	J2540	HCPCS		both	1 EA	5.49			Aetna	Better Health				1.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-84	NDC	J2540	HCPCS		both	1 EA	5.49			Aetna	Commercial				1.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-84	NDC	J2540	HCPCS		both	1 EA	5.49			Horizon	MGD				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-84	NDC	J2540	HCPCS		both	1 EA	5.49			Horizon	NJ Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-84	NDC	J2540	HCPCS		both	1 EA	5.49			Horizon	PPO				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-84	NDC	J2540	HCPCS		both	1 EA	5.49			UHC	Medicaid				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 5000000 UNITS INJ SOLR	0049-0520-84	NDC	J2540	HCPCS		both	1 EA	5.49			WellPoint	WellPoint				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PENICILLIN G POTASSIUM 20000000 UNITS INJ SOLR	0049-0530-28	NDC	J2540	HCPCS		both	1 EA	5.5			Horizon	NJ Health				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VORICONAZOLE 200 MG IV SOLR	0049-3190-01	NDC	J3465	HCPCS		both	1 EA	2.72			Horizon	NJ Health				2.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VORICONAZOLE 200 MG IV SOLR	0049-3190-01	NDC	J3465	HCPCS		both	1 EA	2.72			UHC	Medicaid				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VORICONAZOLE 200 MG IV SOLR	0049-3190-01	NDC	J3465	HCPCS		both	1 EA	2.72			WellPoint	WellPoint				2.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VORICONAZOLE 200 MG IV SOLR	0049-3190-28	NDC	J3465	HCPCS		both	1 EA	10.85			Horizon	NJ Health				2.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VORICONAZOLE 200 MG IV SOLR	0049-3190-28	NDC	J3465	HCPCS		both	1 EA	10.85			UHC	Medicaid				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VORICONAZOLE 200 MG IV SOLR	0049-3190-28	NDC	J3465	HCPCS		both	1 EA	10.85			WellPoint	WellPoint				2.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VORICONAZOLE 200 MG IV SOLR	0049-3190-38	NDC	J3465	HCPCS		both	1 EA	10.85			Horizon	NJ Health				2.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VORICONAZOLE 200 MG IV SOLR	0049-3190-38	NDC	J3465	HCPCS		both	1 EA	10.85			UHC	Medicaid				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VORICONAZOLE 200 MG IV SOLR	0049-3190-38	NDC	J3465	HCPCS		both	1 EA	10.85			WellPoint	WellPoint				2.99			other	Drugs are paid at 100

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIDOCAINE HCL 4 % EX SOLN	0054-3505-47	NDC	J2003	HCPCS		both		1 EA	0.07		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 4 % EX SOLN	0054-3505-47	NDC	J2003	HCPCS		both		1 EA	0.07		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG/ML PO CONC	0054-3721-44	NDC	J7512	HCPCS		both		1 EA	3.12		Horizon	NJ Health				0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG/ML PO CONC	0054-3721-44	NDC	J7512	HCPCS		both		1 EA	3.12		UHC	Medicaid				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG/5ML PO SOLN	0054-3722-50	NDC	J7512	HCPCS		both		1 EA	2.4		Horizon	NJ Health				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG/5ML PO SOLN	0054-3722-63	NDC	J7512	HCPCS		both		1 EA	2.22		Horizon	NJ Health				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-4183-25	NDC	J8540	HCPCS		both		1 EA	0.23		Aetna	Better Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-4183-25	NDC	J8540	HCPCS		both		1 EA	0.23		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-4183-25	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	Indemnity				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-4183-25	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	MGD				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-4183-25	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-4183-25	NDC	J8540	HCPCS		both		1 EA	0.23		UHC	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-4183-25	NDC	J8540	HCPCS		both		1 EA	0.23		UHC	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-4183-25	NDC	J8540	HCPCS		both		1 EA	0.23		Wellcare	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-4183-25	NDC	J8540	HCPCS		both		1 EA	0.23		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 1 MG PO TABS	0054-4741-25	NDC	J7512	HCPCS		both		1 EA	0.75		Horizon	MGD				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 1 MG PO TABS	0054-8174-25	NDC	J8540	HCPCS		both		1 EA	0.28		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 1 MG PO TABS	0054-8174-25	NDC	J8540	HCPCS		both		1 EA	0.28		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Aetna	Better Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Aetna	Commercial				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Aetna	Medicare				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	Indemnity				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	Medicare Blue				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	MGD				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	PPO				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		UHC	Medicaid				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		UHC	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		United	CommercialPPO				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		Wellcare	Medicaid				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0054-8175-25	NDC	J8540	HCPCS		both		1 EA	0.23		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-8176-25	NDC	J8540	HCPCS		both		1 EA	0.28		Aetna	Better Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-8176-25	NDC	J8540	HCPCS		both		1 EA	0.28		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-8176-25	NDC	J8540	HCPCS		both		1 EA	0.28		Horizon	Indemnity				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-8176-25	NDC	J8540	HCPCS		both		1 EA	0.28		Horizon	MGD				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-8176-25	NDC	J8540	HCPCS		both		1 EA	0.28		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-8176-25	NDC	J8540	HCPCS		both		1 EA	0.28		UHC	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-8176-25	NDC	J8540	HCPCS		both		1 EA	0.28		UHC	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-8176-25	NDC	J8540	HCPCS		both		1 EA	0.28		Wellcare	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 2 MG PO TABS	0054-8176-25	NDC	J8540	HCPCS		both		1 EA	0.28		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	0069-3032-20	NDC	J9000	HCPCS		both		1 EA	17.7		Horizon	MGD				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	0069-3032-20	NDC	J9000	HCPCS		both		1 EA	17.7		Horizon	NJ Health				3.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	0069-3032-20	NDC	J9000	HCPCS		both		1 EA	17.7		Horizon	PPO				1.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	0069-3032-20	NDC	J9000	HCPCS		both		1 EA	17.7		UHC	Medicaid				2.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	0069-3034-20	NDC	J9000	HCPCS		both		1 EA	11.7		Horizon	MGD				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	0069-3034-20	NDC	J9000	HCPCS		both		1 EA	11.7		Horizon	NJ Health				3.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	0069-3034-20	NDC	J9000	HCPCS		both		1 EA	11.7		Horizon	PPO				1.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	0069-3034-20	NDC	J9000	HCPCS		both		1 EA	11.7		UHC	Medicaid				2.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-02	NDC	Q2009	HCPCS		both		1 EA	72.78		Aetna	Better Health				11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-02	NDC	Q2009	HCPCS		both		1 EA	72.78		Horizon	Medicare Blue				2.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-02	NDC	Q2009	HCPCS		both		1 EA	72.78		Horizon	MGD				27.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-02	NDC	Q2009	HCPCS		both		1 EA	72.78		Horizon	NJ Health				3.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-02	NDC	Q2009	HCPCS		both		1 EA	72.78		UHC	Medicare				5.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-02	NDC	Q2009	HCPCS		both		1 EA	72.78		Wellcare	Medicaid				9.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-10	NDC	Q2009	HCPCS		both		1 EA	43.68		Amerihealth	HMO/PPO				10.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-10	NDC	Q2009	HCPCS		both		1 EA	43.68		Horizon	Medicare Blue				1.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-10	NDC	Q2009	HCPCS		both		1 EA	43.68		Horizon	NJ Health				5.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-10	NDC	Q2009	HCPCS		both		1 EA	43.68		UHC	Medicaid				6.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-10	NDC	Q2009	HCPCS		both		1 EA	43.68		UHC	Medicare				3.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-21	NDC	Q2009	HCPCS		both		1 EA	43.68		Amerihealth	HMO/PPO				10.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-21	NDC	Q2009	HCPCS		both		1 EA	43.68		Horizon	Medicare Blue				1.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-21	NDC	Q2009	HCPCS		both		1 EA	43.68		Horizon	NJ Health				5.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-21	NDC	Q2009	HCPCS		both		1 EA	43.68		UHC	Medicaid				6.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	0069-6001-21	NDC	Q2009	HCPCS		both		1 EA	43.68		UHC	Medicare				3.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-25	NDC	Q2009	HCPCS		both		1 EA	72.78		Aetna	Better Health				11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-25	NDC	Q2009	HCPCS		both		1 EA	72.78		Horizon	Medicare Blue				2.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-25	NDC	Q2009	HCPCS		both		1 EA	72.78		Horizon	MGD				27.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-25	NDC	Q2009	HCPCS		both		1 EA	72.78		Horizon	NJ Health				3.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-25	NDC	Q2009	HCPCS		both		1 EA	72.78		UHC	Medicare				5.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0069-6001-25	NDC	Q2009	HCPCS		both		1 EA	72.78		Wellcare	Medicaid				9.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		Aetna	Commercial				326.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		Horizon	Indemnity				401.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		Horizon	Medicare Blue				201.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		Horizon	MGD				391.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		Horizon	NJ Health				199.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		Horizon	PPO				403.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		UHC	Medicaid				2268.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		UHC	Medicare				198.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		Wellcare	Medicaid				2284.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG IM KIT	0074-3346-03	NDC	J9217	HCPCS		both		1 EA	7726.66		WellPoint	WellPoint				1925.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE 3.75 MG IM KIT	0074-3641-03	NDC	J1950	HCPCS		both		1 EA	6483.99		Horizon	NJ Health				1116.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 11.25 MG IM KIT	0074-3663-03	NDC	J1950	HCPCS		both		1 EA	6484.04		Horizon	NJ Health				1641.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 11.25 MG IM KIT	0074-3663-03	NDC	J1950	HCPCS		both		1 EA	6484.04		UHC	Medicare				1585.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Better Health				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Commercial				1.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Medicare				1.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Amerihealth	HMO/PPO				1.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	Indemnity				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	Medicare Blue				1.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	MGD				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	NJ Health				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	PPO				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Qualcare	Qualcare				1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		UHC	Medicaid				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		UHC	Medicare				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		United	CommercialPPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		United	Oxford				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Wellcare	Medicaid				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		Wellcare	Medicare				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-01	NDC	J1650	HCPCS		both		1 EA	8.93		WellPoint	WellPoint				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Better Health				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Commercial				1.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Medicare				1.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Amerihealth	HMO/PPO				1.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	Indemnity				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	Medicare Blue				1.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	MGD				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	NJ Health				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	PPO				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Qualcare	Qualcare				1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		UHC	Medicaid				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		UHC	Medicare				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		United	CommercialPPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		United	Oxford				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Wellcare	Medicaid				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		Wellcare	Medicare				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 40 MG/0.4ML INJ SOSY	0075-0620-40	NDC	J1650	HCPCS		both		1 EA	8.93		WellPoint	WellPoint				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 60 MG/0.6ML INJ SOSY	0075-0621-01	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Better Health				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 60 MG/0.6ML INJ SOSY	0075-0621-01	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Commercial				2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 60 MG/0.6ML INJ SOSY	0075-0621-01	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Medicare				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 60 MG/0.6ML INJ SOSY	0075-0621-01	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	Indemnity				1.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 60 MG/0.6ML INJ SOSY	0075-0621-01	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	NJ Health			

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Commercial				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Medicare				2.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	Medicare Blue				1.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	MGD				2.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	NJ Health				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	PPO				3.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicaid				2.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicare				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		United	Commercial|PPO				0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		Wellcare	Medicaid				2.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		Wellcare	Medicare				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 80 MG/0.8ML INJ SOSY	0075-0622-80	NDC	J1650	HCPCS		both		1 EA	8.94		WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-00	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Commercial				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-00	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Medicare				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-00	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	MGD				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-00	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	NJ Health				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-00	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	PPO				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-00	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicaid				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-00	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicare				1.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-00	NDC	J1650	HCPCS		both		1 EA	8.94		Wellcare	Medicaid				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-03	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Commercial				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-03	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Medicare				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-03	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	MGD				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-03	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	NJ Health				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-03	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	PPO				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-03	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicaid				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-03	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicare				1.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0075-0623-03	NDC	J1650	HCPCS		both		1 EA	8.94		Wellcare	Medicaid				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Better Health				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Commercial				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Medicare				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	Indemnity				1.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	Medicare Blue				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	MGD				2.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	NJ Health				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	PPO				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		UHC	Medicaid				1.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		UHC	Medicare				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		United	Commercial|PPO				1.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		United	Oxford				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Wellcare	Medicaid				1.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		Wellcare	Medicare				1.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-01	NDC	J1650	HCPCS		both		1 EA	8.93		WellPoint	WellPoint				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Better Health				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Commercial				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Aetna	Medicare				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	Indemnity				1.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	Medicare Blue				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	MGD				2.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	NJ Health				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Horizon	PPO				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		UHC	Medicaid				1.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		UHC	Medicare				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		United	Commercial|PPO				1.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		United	Oxford				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Wellcare	Medicaid				1.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		Wellcare	Medicare				1.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 30 MG/0.3ML INJ SOSY	0075-0624-30	NDC	J1650	HCPCS		both		1 EA	8.93		WellPoint	WellPoint				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 120 MG/0.8ML INJ SOSY	0075-2912-00	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	NJ Health				1.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 120 MG/0.8ML INJ SOSY	0075-2912-00	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	PPO				2.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 120 MG/0.8ML INJ SOSY	0075-2912-00	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicaid				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 120 MG/0.8ML INJ SOSY	0075-2912-00	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicare				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 120 MG/0.8ML INJ SOSY	0075-2912-01	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	NJ Health				1.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 120 MG/0.8ML INJ SOSY	0075-2912-01	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	PPO				2.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 120 MG/0.8ML INJ SOSY	0075-2912-01	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicaid				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 120 MG/0.8ML INJ SOSY	0075-2912-01	NDC	J1650	HCPCS		both		1 EA	8.94		UHC	Medicare				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 150 MG/ML INJ SOSY	0075-2915-00	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Commercial				4.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 150 MG/ML INJ SOSY	0075-2915-00	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	NJ Health				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 150 MG/ML INJ SOSY	0075-2915-01	NDC	J1650	HCPCS		both		1 EA	8.94		Aetna	Commercial				4.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 150 MG/ML INJ SOSY	0075-2915-01	NDC	J1650	HCPCS		both		1 EA	8.94		Horizon	NJ Health				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BASILIXIMAB 20 MG IV SOLR	0078-0331-84	NDC	J0480	HCPCS		both		1 EA	16413		Horizon	Indemnity				4680.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BASILIXIMAB 20 MG IV SOLR	0078-0331-84	NDC	J0480	HCPCS		both		1 EA	16413		Horizon	MGD				4170.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BASILIXIMAB 20 MG IV SOLR	0078-0331-84	NDC	J0480	HCPCS		both		1 EA	16413		Horizon	NJ Health				3374.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BASILIXIMAB 20 MG IV SOLR	0078-0331-84	NDC	J0480	HCPCS		both		1 EA	16413		Horizon	PPO				4195.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BASILIXIMAB 20 MG IV SOLR	0078-0331-84	NDC	J0480	HCPCS		both		1 EA	16413		WellPoint	WellPoint				4734.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 30 MG IM KIT	0078-0825-61	NDC	J2353	HCPCS		both		1 EA	829.51		UHC	Medicare				66.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 30 MG IM KIT	0078-0825-61	NDC	J2353	HCPCS		both		1 EA	829.51		WellPoint	WellPoint				3.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Aetna	Better Health				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Aetna	Commercial				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Aetna	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Amerihealth	HMO/PPO				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Horizon	Indemnity				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Horizon	Medicare Blue				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Horizon	MGD				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Horizon	PPO				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		UHC	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		UHC	Medicare				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		United	Oxford				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Wellcare	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		Wellcare	Medicare				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN GLARGINE 100 UNIT/ML SC SOLN	0088-2220-33	NDC	J1815	HCPCS		both		1 EA	1.16		WellPoint	WellPoint				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.15 MG/0.3ML INJ SOAJ	0093-5985-19	NDC	J0165	HCPCS		both		1 EA	693.82		Aetna	Better Health				87.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.15 MG/0.3ML INJ SOAJ	0093-5985-19	NDC	J0165	HCPCS		both		1 EA	693.82		Horizon	NJ Health				104.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.15 MG/0.3ML INJ SOAJ	0093-5985-19	NDC	J0165	HCPCS		both		1 EA	693.82		UHC	Medicaid				110.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.15 MG/0.3ML INJ SOAJ	0093-5985-27	NDC	J0165	HCPCS		both		1 EA	693.82		Aetna	Better Health				87.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.15 MG/0.3ML INJ SOAJ	0093-5985-27	NDC	J0165	HCPCS		both		1 EA	693.82		Horizon	NJ Health				104.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.15 MG/0.3ML INJ SOAJ	0093-5985-27	NDC	J0165	HCPCS		both		1 EA	693.82		UHC	Medicaid				110.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-19	NDC	J0165	HCPCS		both		1 EA	346.91		Aetna	Better Health				91.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-19	NDC	J0165	HCPCS		both		1 EA	346.91		Aetna	Commercial				22.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-19	NDC	J0165	HCPCS		both		1 EA	346.91		Horizon	MGD				57.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-19	NDC	J0165	HCPCS		both		1 EA	346.91		Horizon	NJ Health				81.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-19	NDC	J0165	HCPCS		both		1 EA	346.91		UHC	Medicaid				58.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-19	NDC	J0165	HCPCS		both		1 EA	346.91		UHC	Medicare				88.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-19	NDC	J0165	HCPCS		both		1 EA	346.91		United	Commercial|PPO				41.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-19	NDC	J0165	HCPCS		both		1 EA	346.91		Wellcare	Medicaid				74.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-19	NDC	J0165	HCPCS		both		1 EA	346.91		WellPoint	WellPoint				78.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-27	NDC	J0165	HCPCS		both		1 EA	346.91		Aetna	Better Health				91.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-27	NDC	J0165	HCPCS		both		1 EA	346.91		Aetna	Commercial				22.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-27	NDC	J0165	HCPCS		both		1 EA	346.91		Horizon	MGD				57.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-27	NDC	J0165	HCPCS		both		1 EA	346.91		Horizon	NJ Health				81.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-27	NDC	J0165	HCPCS		both		1 EA	346.91		UHC	Medicaid				58.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-27	NDC	J0165	HCPCS		both		1 EA	346.91		UHC	Medicare				88.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-27	NDC	J0165	HCPCS		both		1 EA	346.91		United	Commercial|PPO				41.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-27	NDC	J0165	HCPCS		both		1 EA	346.91		Wellcare	Medicaid				74.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0093-5986-27	NDC	J0165	HCPCS		both		1 EA	346.91		WellPoint	WellPoint				78.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0115-1694-30	NDC	J0165	HCPCS		both		1 EA	247.01		Aetna	Better Health				91.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0115-1694-30	NDC	J0165	HCPCS		both		1 EA	247.01		Aetna	Commercial				22.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0115-1694-30	NDC	J0165	HCPCS		both		1 EA	247.01		Horizon	MGD				57.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0115-1694-30	NDC	J0165	HCPCS		both		1 EA	247.01		Horizon	NJ Health				81.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0115-1694-30	NDC	J0165	HCPCS		both		1 EA	247.01		UHC	Medicaid				58.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 0.3 MG/0.3ML INJ SOAJ	0115-1694-30	NDC	J0165	HCPCS		both		1 EA	247.01		UHC

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEFAZOLIN SODIUM 2 G IV SOLR	0143-9139-25	NDC	J0588	HCPCS		both		1 EA	5.27		Aetna	Commercial				1.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM 2 G IV SOLR	0143-9139-25	NDC	J0588	HCPCS		both		1 EA	5.27		Horizon	MGD				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM 2 G IV SOLR	0143-9139-25	NDC	J0588	HCPCS		both		1 EA	5.27		Horizon	NJ Health				0.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM 2 G IV SOLR	0143-9139-25	NDC	J0588	HCPCS		both		1 EA	5.27		UHC	Medicaid				1.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM 2 G IV SOLR	0143-9139-25	NDC	J0588	HCPCS		both		1 EA	5.27		UHC	Medicare				1.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BLEOMYCIN SULFATE 30 UNITS INJ SOLR	0143-9241-01	NDC	J9040	HCPCS		both		1 EA	190.98		Horizon	NJ Health				19.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DACARBAZINE 200 MG IV SOLR	0143-9245-01	NDC	J9130	HCPCS		both		1 EA	21.6		Horizon	NJ Health				6.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DACARBAZINE 200 MG IV SOLR	0143-9245-10	NDC	J9130	HCPCS		both		1 EA	21.6		Horizon	NJ Health				6.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE HCL 40 MG/ML IV SOLN	0143-9252-01	NDC	J1265	HCPCS		both		1 EA	2.1		Horizon	NJ Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE HCL 40 MG/ML IV SOLN	0143-9252-25	NDC	J1265	HCPCS		both		1 EA	2.1		Horizon	NJ Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Aetna	Better Health				61.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Aetna	Commercial				67.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Aetna	Medicare				56.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Amerihealth	HMO/PPO				144.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Horizon	Indemnity				155.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Horizon	Medicare Blue				85.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Horizon	MGD				141.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Horizon	NJ Health				65.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Horizon	PPO				107.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		UHC	Medicaid				79.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		UHC	Medicare				159.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		United	CommercialPPO				81.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		Wellcare	Medicaid				84.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-01	NDC	J3490	HCPCS		both		1 EA	441		WellPoint	WellPoint				131.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Aetna	Better Health				61.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Aetna	Commercial				67.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Aetna	Medicare				56.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Amerihealth	HMO/PPO				144.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Horizon	Indemnity				155.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Horizon	Medicare Blue				85.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Horizon	MGD				141.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Horizon	NJ Health				65.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Horizon	PPO				107.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		UHC	Medicaid				79.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		UHC	Medicare				159.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		United	CommercialPPO				81.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		Wellcare	Medicaid				84.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	0143-9392-10	NDC	J3490	HCPCS		both		1 EA	441		WellPoint	WellPoint				131.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 50 MG/ML INJ SOLN	0143-9508-10	NDC	J3490	HCPCS		both		1 EA	0.46		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 50 MG/ML INJ SOLN	0143-9508-10	NDC	J3490	HCPCS		both		1 EA	0.46		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOPOSIDE 500 MG/25ML IV SOLN	0143-9511-01	NDC	J9181	HCPCS		both		1 EA	2.73		Aetna	Medicare				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOPOSIDE 500 MG/25ML IV SOLN	0143-9511-01	NDC	J9181	HCPCS		both		1 EA	2.73		Horizon	NJ Health				0.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOPOSIDE 500 MG/25ML IV SOLN	0143-9511-01	NDC	J9181	HCPCS		both		1 EA	2.73		Horizon	PPO				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOPOSIDE 500 MG/25ML IV SOLN	0143-9511-01	NDC	J9181	HCPCS		both		1 EA	2.73		UHC	Medicaid				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOPOSIDE 500 MG/25ML IV SOLN	0143-9511-01	NDC	J9181	HCPCS		both		1 EA	2.73		WellPoint	WellPoint				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM (PF) 50 MG/2ML INJ SOLN	0143-9519-01	NDC	J9260	HCPCS		both		1 EA	12.12		Horizon	NJ Health				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUCOVORIN CALCIUM 350 MG INJ SOLR	0143-9552-01	NDC	J0640	HCPCS		both		1 EA	13.37		Aetna	Commercial				5.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUCOVORIN CALCIUM 350 MG INJ SOLR	0143-9552-01	NDC	J0640	HCPCS		both		1 EA	13.37		Horizon	NJ Health				4.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUCOVORIN CALCIUM 350 MG INJ SOLR	0143-9552-01	NDC	J0640	HCPCS		both		1 EA	13.37		Horizon	PPO				4.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUCOVORIN CALCIUM 350 MG INJ SOLR	0143-9552-01	NDC	J0640	HCPCS		both		1 EA	13.37		UHC	Medicaid				3.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUCOVORIN CALCIUM 350 MG INJ SOLR	0143-9552-01	NDC	J0640	HCPCS		both		1 EA	13.37		UHC	Medicare				2.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUCOVORIN CALCIUM 350 MG INJ SOLR	0143-9552-01	NDC	J0640	HCPCS		both		1 EA	13.37		United	CommercialPPO				13.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUCOVORIN CALCIUM 350 MG INJ SOLR	0143-9552-01	NDC	J0640	HCPCS		both		1 EA	13.37		WellPoint	WellPoint				1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		Aetna	Better Health				3.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		Aetna	Commercial				5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		Aetna	Medicare				4.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		Horizon	Medicare Blue				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		Horizon	NJ Health				2.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		UHC	Medicaid				5.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		UHC	Medicare				6.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		Wellcare	Medicaid				7.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		Wellcare	Medicare				6.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-01	NDC	J3420	HCPCS		both		1 EA	24.9		WellPoint	WellPoint				9.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		Aetna	Better Health				3.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		Aetna	Commercial				5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		Aetna	Medicare				4.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		Horizon	Medicare Blue				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		Horizon	NJ Health				2.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		UHC	Medicaid				5.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		UHC	Medicare				6.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		Wellcare	Medicaid				7.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		Wellcare	Medicare				6.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0143-9621-25	NDC	J3420	HCPCS		both		1 EA	24.9		WellPoint	WellPoint				9.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Aetna	Better Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Aetna	Commercial				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Aetna	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Amerihealth	HMO/PPO				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Horizon	Indemnity				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Horizon	Medicare Blue				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Horizon	MGD				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Horizon	PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		UHC	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		UHC	Medicare				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		United	CommercialPPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	0143-9622-01	NDC	J1920	HCPCS		both		1 EA	1.26		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL 2.5 MG/ML IV SOLN	0143-9689-01	NDC	J2404	HCPCS		both		1 EA	0.37		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL 2.5 MG/ML IV SOLN	0143-9689-01	NDC	J2404	HCPCS		both		1 EA	0.37		Horizon	NJ Health				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL 2.5 MG/ML IV SOLN	0143-9689-01	NDC	J2404	HCPCS		both		1 EA	0.37		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL 2.5 MG/ML IV SOLN	0143-9689-01	NDC	J2404	HCPCS		both		1 EA	0.37		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL 2.5 MG/ML IV SOLN	0143-9689-10	NDC	J2404	HCPCS		both		1 EA	0.37		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL 2.5 MG/ML IV SOLN	0143-9689-10	NDC	J2404	HCPCS		both		1 EA	0.37		Horizon	NJ Health				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL 2.5 MG/ML IV SOLN	0143-9689-10	NDC	J2404	HCPCS		both		1 EA	0.37		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL 2.5 MG/ML IV SOLN	0143-9689-10	NDC	J2404	HCPCS		both		1 EA	0.37		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-01	NDC	J1956	HCPCS		both		1 EA	7.5		Aetna	Medicare				0.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-01	NDC	J1956	HCPCS		both		1 EA	7.5		Horizon	NJ Health				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-01	NDC	J1956	HCPCS		both		1 EA	7.5		UHC	Medicaid				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-01	NDC	J1956	HCPCS		both		1 EA	7.5		UHC	Medicare				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-01	NDC	J1956	HCPCS		both		1 EA	7.5		Wellcare	Medicaid				2.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-24	NDC	J1956	HCPCS		both		1 EA	7.5		Aetna	Medicare				0.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-24	NDC	J1956	HCPCS		both		1 EA	7.5		Horizon	NJ Health				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-24	NDC	J1956	HCPCS		both		1 EA	7.5		UHC	Medicaid				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-24	NDC	J1956	HCPCS		both		1 EA	7.5		UHC	Medicare				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 750 MG/150ML IV SOLN	0143-9720-24	NDC	J1956	HCPCS		both		1 EA	7.5		Wellcare	Medicaid				2.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		Aetna	Commercial				3.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		Aetna	Medicare				2.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		Amerihealth	HMO/PPO				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		Horizon	Medicare Blue				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		Horizon	NJ Health				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		Horizon	PPO				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		UHC	Medicaid				3.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		UHC	Medicare				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		United	CommercialPPO				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-01	NDC	J1956	HCPCS		both		1 EA	10.5		WellPoint	WellPoint				2.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		Aetna	Commercial				3.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		Aetna	Medicare				2.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		Amerihealth	HMO/PPO				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		Horizon	Medicare Blue				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		Horizon	NJ Health				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		Horizon	PPO				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		UHC	Medicaid				3.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		UHC	Medicare				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		United	CommercialPPO				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOFLOXACIN IN D5W 500 MG/100ML IV SOLN	0143-9721-24	NDC	J1956	HCPCS		both		1 EA	10.5		WellPoint	WellPoint				2.93			other	Drugs are paid at 100% of the AWP. Standard charge

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GRANISETRON HCL 1 MG/ML IV SOLN	0143-9744-10	NDC	J1626	HCPCS	both		1 EA		3.24		WellPoint					0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Aetna					0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Aetna	Commercial				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Aetna	Medicare				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Amerihealth	HMO/PPO				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Horizon	Indemnity				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Horizon	Medicare Blue				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Horizon	MGD				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Horizon	NJ Health				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Horizon	PPO				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		UHC	Medicaid				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		UHC	Medicare				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		United	Commercial/PPO				1.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		Wellcare	Medicaid				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 40 MG INJ SOLR	0143-9753-01	NDC	J2919	HCPCS	both		1 EA		1.84		WellPoint	WellPoint				0.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Aetna	Better Health				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Aetna	Commercial				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Aetna	Medicare				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Amerihealth	HMO/PPO				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Horizon	Indemnity				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Horizon	Medicare Blue				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Horizon	MGD				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Horizon	PPO				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Qualcare	Qualcare				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		UHC	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		UHC	Medicare				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		United	Commercial/PPO				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Wellcare	Medicaid				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		Wellcare	Medicare				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	0143-9754-01	NDC	J2919	HCPCS	both		1 EA		0.93		WellPoint	WellPoint				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	0143-9785-01	NDC	J3490	HCPCS	both		1 EA		12.45		Aetna	Better Health				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	0143-9785-01	NDC	J3490	HCPCS	both		1 EA		12.45		Aetna	Commercial				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	0143-9785-01	NDC	J3490	HCPCS	both		1 EA		12.45		Aetna	Medicare				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	0143-9785-01	NDC	J3490	HCPCS	both		1 EA		12.45		Horizon	Indemnity				1.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	0143-9785-01	NDC	J3490	HCPCS	both		1 EA		12.45		Horizon	NJ Health				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	0143-9785-01	NDC	J3490	HCPCS	both		1 EA		12.45		UHC	Medicaid				1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	0143-9785-01	NDC	J3490	HCPCS	both		1 EA		12.45		UHC	Medicare				3.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	0143-9785-01	NDC	J3490	HCPCS	both		1 EA		12.45		Wellcare	Medicaid				1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	0143-9785-01	NDC	J3490	HCPCS	both		1 EA		12.45		WellPoint	WellPoint				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENALAPRILAT 1.25 MG/ML IV SOLN	0143-9786-01	NDC	J3490	HCPCS	both		1 EA		17.07		WellPoint	WellPoint				4.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENALAPRILAT 1.25 MG/ML IV SOLN	0143-9786-10	NDC	J3490	HCPCS	both		1 EA		17.07		WellPoint	WellPoint				4.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM 1 G INJ SOLR	0143-9830-01	NDC	J9260	HCPCS	both		1 EA		11.45		Horizon	NJ Health				2.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-01	NDC	J0696	HCPCS	both		1 EA		1.35		Aetna	Commercial				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-01	NDC	J0696	HCPCS	both		1 EA		1.35		Horizon	Indemnity				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-01	NDC	J0696	HCPCS	both		1 EA		1.35		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-01	NDC	J0696	HCPCS	both		1 EA		1.35		Horizon	NJ Health				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-01	NDC	J0696	HCPCS	both		1 EA		1.35		Horizon	PPO				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-01	NDC	J0696	HCPCS	both		1 EA		1.35		UHC	Medicaid				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-01	NDC	J0696	HCPCS	both		1 EA		1.35		UHC	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-01	NDC	J0696	HCPCS	both		1 EA		1.35		WellPoint	WellPoint				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-25	NDC	J0696	HCPCS	both		1 EA		1.35		Aetna	Commercial				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-25	NDC	J0696	HCPCS	both		1 EA		1.35		Horizon	Indemnity				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-25	NDC	J0696	HCPCS	both		1 EA		1.35		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-25	NDC	J0696	HCPCS	both		1 EA		1.35		Horizon	NJ Health				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-25	NDC	J0696	HCPCS	both		1 EA		1.35		Horizon	PPO				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-25	NDC	J0696	HCPCS	both		1 EA		1.35		UHC	Medicaid				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-25	NDC	J0696	HCPCS	both		1 EA		1.35		UHC	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	0143-9856-25	NDC	J0696	HCPCS	both		1 EA		1.35		WellPoint	WellPoint				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-01	NDC	J0282	HCPCS	both		1 EA		1.49		Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-01	NDC	J0282	HCPCS	both		1 EA		1.49		Aetna	Medicare				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-01	NDC	J0282	HCPCS	both		1 EA		1.49		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-01	NDC	J0282	HCPCS	both		1 EA		1.49		UHC	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-01	NDC	J0282	HCPCS	both		1 EA		1.49		Wellcare	Medicaid				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-10	NDC	J0282	HCPCS	both		1 EA		1.49		Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-10	NDC	J0282	HCPCS	both		1 EA		1.49		Aetna	Medicare				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-10	NDC	J0282	HCPCS	both		1 EA		1.49		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-10	NDC	J0282	HCPCS	both		1 EA		1.49		UHC	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-10	NDC	J0282	HCPCS	both		1 EA		1.49		Wellcare	Medicaid				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-25	NDC	J0282	HCPCS	both		1 EA		1.44		Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-25	NDC	J0282	HCPCS	both		1 EA		1.44		Aetna	Medicare				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-25	NDC	J0282	HCPCS	both		1 EA		1.44		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-25	NDC	J0282	HCPCS	both		1 EA		1.44		UHC	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	0143-9875-25	NDC	J0282	HCPCS	both		1 EA		1.44		Wellcare	Medicaid				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOSPORINE MODIFIED 100 MG/ML PO SOLN	0172-7313-20	NDC	J7502	HCPCS	both		1 EA		17.97		Horizon	NJ Health				3.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		Aetna	Commercial				5.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		Aetna	Medicare				3.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		Amerihealth	HMO/PPO				5.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		Horizon	Medicare Blue				5.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		Horizon	NJ Health				3.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		UHC	Medicaid				4.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		UHC	Medicare				0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		United	Oxford				2.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		Wellcare	Medicare				6.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3103-11	NDC	J0690	HCPCS	both		1 EA		23.61		WellPoint	WellPoint				3.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN 2GM IN DEXTROSE 3%	0264-3105-11	NDC	J0690	HCPCS	both		1 EA		13.28		Horizon	NJ Health				3.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFOXITIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3123-11	NDC	J0694	HCPCS	both		1 EA		67.89		Amerihealth	HMO/PPO				9.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFOXITIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3123-11	NDC	J0694	HCPCS	both		1 EA		67.89		Horizon	Medicare Blue				25.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFOXITIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3123-11	NDC	J0694	HCPCS	both		1 EA		67.89		Horizon	NJ Health				28.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFOXITIN SODIUM-DEXTROSE 1-4 GM-%(50ML) IV SOLR	0264-3123-11	NDC	J0694	HCPCS	both		1 EA		67.89		UHC	Medicare				11.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFOXITIN SODIUM-DEXTROSE 2-2.2 GM-%(50ML) IV SOLR	0264-3125-11	NDC	J0694	HCPCS	both		1 EA		60.38		Amerihealth	HMO/PPO				8.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFOXITIN SODIUM-DEXTROSE 2-2.2 GM-%(50ML) IV SOLR	0264-3125-11	NDC	J0694	HCPCS	both		1 EA		60.38		Horizon	NJ Health				9.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFOXITIN SODIUM-DEXTROSE 2-2.2 GM-%(50ML) IV SOLR	0264-3125-11	NDC	J0694	HCPCS	both		1 EA		60.38		UHC	Medicare				10.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Aetna	Commercial				3.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Aetna	Medicare				2.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Amerihealth	HMO/PPO				6.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Horizon	Indemnity				4.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Horizon	Medicare Blue				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Horizon	MGD				7.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Horizon	NJ Health				3.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Horizon	PPO				1.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		UHC	Medicaid				3.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		UHC	Medicare				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Wellcare	Medicaid				4.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		Wellcare	Medicare				4.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 1-3.74 GM-%(50ML) IV SOLR	0264-3153-11	NDC	J0696	HCPCS	both		1 EA		17.72		WellPoint	WellPoint				3.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		Aetna	Better Health				2.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		Aetna	Commercial				2.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		Aetna	Medicare				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		Amerihealth	HMO/PPO				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		Horizon	Indemnity				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		Horizon	Medicare Blue				2.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		Horizon	MGD				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		Horizon	NJ Health				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		Horizon	PPO				1.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		UHC	Medicaid				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR	0264-3155-11	NDC	J0696	HCPCS	both		1 EA		11.81		UHC	Medicare				2.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM-DEXTROSE 2-2.22 GM-%(50ML) IV SOLR

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIATRIZOATE MEGLUMINE & SODIUM 66-10 % PO SOLN	0270-0445-40	NDC	Q9963	HCPCS		both		1 EA	2.1		Horizon	NJ Health				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIATRIZOATE MEGLUMINE & SODIUM 66-10 % PO SOLN	0270-0445-40	NDC	Q9963	HCPCS		both		1 EA	2.1		Horizon	PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIATRIZOATE MEGLUMINE & SODIUM 66-10 % PO SOLN	0270-0445-40	NDC	Q9963	HCPCS		both		1 EA	2.1		UHC	Medicaid				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIATRIZOATE MEGLUMINE & SODIUM 66-10 % PO SOLN	0270-0445-40	NDC	Q9963	HCPCS		both		1 EA	2.1		UHC	Medicare				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIATRIZOATE MEGLUMINE & SODIUM 66-10 % PO SOLN	0270-0445-40	NDC	Q9963	HCPCS		both		1 EA	2.1		United	Commercial|PPO				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIATRIZOATE MEGLUMINE & SODIUM 66-10 % PO SOLN	0270-0445-40	NDC	Q9963	HCPCS		both		1 EA	2.1		United	Oxford				1.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIATRIZOATE MEGLUMINE & SODIUM 66-10 % PO SOLN	0270-0445-40	NDC	Q9963	HCPCS		both		1 EA	2.1		Wellcare	Medicaid				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIATRIZOATE MEGLUMINE & SODIUM 66-10 % PO SOLN	0270-0445-40	NDC	Q9963	HCPCS		both		1 EA	2.1		WellPoint	WellPoint				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Aetna	Better Health				3.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Aetna	Commercial				3.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Aetna	Medicare				2.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Amerihealth	HMO|PPO				1.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Horizon	Indemnity				4.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Horizon	Medicare Blue				3.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Horizon	MGD				3.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Horizon	NJ Health				2.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Horizon	PPO				4.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		UHC	Medicaid				3.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		UHC	Medicare				2.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		United	Commercial|PPO				6.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		United	Oxford				4.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Wellcare	Medicaid				3.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		Wellcare	Medicare				1.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GADOTERIDOL 279.3 MG/ML IV SOLN	0270-1111-03	NDC	A9579	HCPCS		both		1 EA	18.93		WellPoint	WellPoint				3.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TREMELIMUMAB-ACTL 300 MG/15ML IV SOLN	0310-4535-30	NDC	J9347	HCPCS		both		1 EA	486.91		Horizon	NJ Health				137.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DURVALUMAB 500 MG/10ML IV SOLN	0310-4611-50	NDC	J9173	HCPCS		both		1 EA	303.15		Aetna	Commercial				131.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DURVALUMAB 500 MG/10ML IV SOLN	0310-4611-50	NDC	J9173	HCPCS		both		1 EA	303.15		Horizon	NJ Health				85.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DURVALUMAB 500 MG/10ML IV SOLN	0310-4611-50	NDC	J9173	HCPCS		both		1 EA	303.15		Horizon	PPO				159.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DURVALUMAB 500 MG/10ML IV SOLN	0310-4611-50	NDC	J9173	HCPCS		both		1 EA	303.15		WellPoint	WellPoint				89.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Aetna	Better Health				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Aetna	Commercial				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Aetna	Medicare				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Amerihealth	HMO|PPO				1.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Horizon	Indemnity				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Horizon	Medicare Blue				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Horizon	MGD				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Horizon	NJ Health				1.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Horizon	PPO				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Qualcare	Qualcare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		UHC	Medicare				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		United	Commercial|PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		United	Oxford				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Wellcare	Medicaid				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		Wellcare	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0338-0072-25	NDC	J1885	HCPCS		both		1 EA	3.15		WellPoint	WellPoint				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		Aetna	Better Health				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		Aetna	Commercial				3.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		Aetna	Medicare				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		Horizon	Indemnity				2.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		Horizon	Medicare Blue				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		Horizon	NJ Health				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		Horizon	PPO				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		UHC	Medicaid				1.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		UHC	Medicare				4.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		United	Commercial|PPO				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		Wellcare	Medicaid				2.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE-SODIUM CHLORIDE 5-0.9 % IV SOLN	0338-0089-04	NDC	J7042	HCPCS		both		1 EA	15		WellPoint	WellPoint				1.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN REGULAR (HUMAN) (ICU) IN NS IVPB	0338-0126-12	NDC	J1815	HCPCS		both		1 EA	6.3		Aetna	Commercial				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN REGULAR (HUMAN) (ICU) IN NS IVPB	0338-0126-12	NDC	J1815	HCPCS		both		1 EA	6.3		Horizon	Indemnity				1.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN REGULAR (HUMAN) (ICU) IN NS IVPB	0338-0126-12	NDC	J1815	HCPCS		both		1 EA	6.3		Horizon	MGD				4.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN REGULAR (HUMAN) (ICU) IN NS IVPB	0338-0126-12	NDC	J1815	HCPCS		both		1 EA	6.3		Horizon	NJ Health				1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN REGULAR (HUMAN) (ICU) IN NS IVPB	0338-0126-12	NDC	J1815	HCPCS		both		1 EA	6.3		Horizon	PPO				1.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN REGULAR (HUMAN) (ICU) IN NS IVPB	0338-0126-12	NDC	J1815	HCPCS		both		1 EA	6.3		UHC	Medicaid				0.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN REGULAR (HUMAN) (ICU) IN NS IVPB	0338-0126-12	NDC	J1815	HCPCS		both		1 EA	6.3		UHC	Medicare				1.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 5000 UNITS EX SOLR	0338-0322-01	NDC	J3590	HCPCS		both		1 EA	0.06		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 5000 UNITS EX SOLR	0338-0322-01	NDC	J3590	HCPCS		both		1 EA	0.06		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 5000 UNITS EX SOLR	0338-0322-01	NDC	J3590	HCPCS		both		1 EA	0.06		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 5000 UNITS EX SOLR	0338-0322-01	NDC	J3590	HCPCS		both		1 EA	0.06		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 5000 UNITS EX SOLR	0338-0322-01	NDC	J3590	HCPCS		both		1 EA	0.06		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 5000 UNITS EX SOLR	0338-0322-01	NDC	J3590	HCPCS		both		1 EA	0.06		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 5000 UNITS EX SOLR	0338-0322-01	NDC	J3590	HCPCS		both		1 EA	0.06		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		Amerihealth	HMO|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THROMBIN (RECOMBINANT) 20000 UNITS EX SOLR	0338-0326-01	NDC	J3590	HCPCS		both		1 EA	0.06		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		Aetna	Commercial				52.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		Aetna	Medicare				36.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		Horizon	Indemnity				78.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		Horizon	MGD				78.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		Horizon	NJ Health				24.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		Horizon	PPO				86.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		UHC	Medicaid				27.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		UHC	Medicare				43.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		United	Commercial|PPO				138.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MANNITOL 20 % IV SOLN	0338-0357-03	NDC	J7799	HCPCS		both		1 EA	225		WellPoint	WellPoint				30.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Better Health				2.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Commercial				3.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Medicare				3.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		Horizon	Indemnity				2.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		Horizon	Medicare Blue				3.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		Horizon	MGD				5.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		Horizon	NJ Health				3.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		Horizon	PPO				7.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		UHC	Medicaid				4.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		UHC	Medicare				4.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		Wellcare	Medicaid				3.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0338-0424-18	NDC	J1644	HCPCS		both		1 EA	15		WellPoint	WellPoint				3.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% IV SOLN	0338-0507-41	NDC	J1580	HCPCS		both		1 EA	18		Aetna	Better Health				4.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% IV SOLN	0338-0507-41	NDC	J1580	HCPCS		both		1 EA	18		Horizon	NJ Health				2.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% IV SOLN	0338-0507-41	NDC	J1580	HCPCS		both		1 EA	18		UHC	Medicaid				4.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% IV SOLN	0338-0507-41	NDC	J1580	HCPCS		both		1 EA	18		Wellcare	Medicaid				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.2-0.9 MG/ML-% IV SOLN	0338-0507-41	NDC	J1580	HCPCS		both		1 EA	18		WellPoint	WellPoint				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% IV SOLN	0338-0509-41	NDC	J1580	HCPCS		both		1 EA	15		Aetna	Better Health				4.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% IV SOLN	0338-0509-41	NDC	J1580	HCPCS		both		1 EA	15		Amerihealth	HMO|PPO				2.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% IV SOLN	0338-0509-41	NDC	J1580	HCPCS		both		1 EA	15		Horizon	Medicare Blue				2.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% IV SOLN	0338-0509-41	NDC	J1580	HCPCS		both		1 EA	15		Horizon	NJ Health				1.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% IV SOLN	0338-0509-41	NDC	J1580	HCPCS		both		1 EA	15		Horizon	PPO				5.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% IV SOLN	0338-0509-41	NDC	J1580	HCPCS		both		1 EA	15		UHC	Medicaid				5.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% IV SOLN	0338-0509-41	NDC	J1580	HCPCS		both		1 EA	15		UHC	Medicare				8.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% IV SOLN	0338-0509-41	NDC	J1580	HCPCS		both		1 EA	15		United	Oxford				0.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN IN SALINE 1.6-0.9 MG/ML-% IV SOLN	0338-0509-41	NDC	J1580	HCPCS		both		1 EA	15		Wellcare	Medicaid				2.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L IV SOLN	0338-0683-04	NDC	J3480	HCPCS		both		1 EA	3		Aetna	Better Health				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L IV SOLN	0338-0683-04	NDC	J3480	HCPCS		both		1 EA	3		Horizon	PPO				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE IN NACL 20-0.9 MEQ/L-% IV SOL

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
POTASSIUM CHLORIDE 20 MEQ/100ML IV SOLN	0338-0705-48	NDC	J3480	HCPCS		both		1 EA	3		WellPoint					0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Aetna	Better Health				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Aetna	Commercial				0.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Aetna	Medicare				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Amerihealth	HMO/PPO				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Horizon	Indemnity				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Horizon	Medicare Blue				0.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Horizon	MGD				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Horizon	NJ Health				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Horizon	PPO				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		UHC	Medicaid				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		UHC	Medicare				0.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		United	Commercial|PPO				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		United	Oxford				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		Wellcare	Medicaid				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 10 MEQ/100ML IV SOLN	0338-0709-48	NDC	J3480	HCPCS		both		1 EA	3		WellPoint	WellPoint				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 3.2-5 MG/ML-% IV SOLN	0338-1009-02	NDC	J1265	HCPCS		both		1 EA	3.75		Aetna	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 3.2-5 MG/ML-% IV SOLN	0338-1009-02	NDC	J1265	HCPCS		both		1 EA	3.75		Horizon	NJ Health				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 3.2-5 MG/ML-% IV SOLN	0338-1009-02	NDC	J1265	HCPCS		both		1 EA	3.75		UHC	Medicare				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 3.2-5 MG/ML-% IV SOLN	0338-1009-02	NDC	J1265	HCPCS		both		1 EA	3.75		Wellcare	Medicaid				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NAFCILLIN SODIUM IN D5W 2 GM/100ML IV SOLN	0338-1019-48	NDC	J3490	HCPCS		both		1 EA	87		Horizon	PPO				30.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		Aetna	Better Health				1.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		Aetna	Commercial				2.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		Aetna	Medicare				1.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		Horizon	Indemnity				2.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		Horizon	Medicare Blue				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		Horizon	MGD				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		Horizon	NJ Health				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		Horizon	PPO				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		UHC	Medicaid				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		UHC	Medicare				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		United	Commercial|PPO				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		Wellcare	Medicaid				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN IN D5W 200-5 MCG/ML-% IV SOLN	0338-1049-02	NDC	J2305	HCPCS		both		1 EA	8.25		WellPoint	WellPoint				1.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Aetna	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Amerihealth	HMO/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	Indemnity				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		UHC	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		United	Commercial|PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Wellcare	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		Wellcare	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	0338-1055-48	NDC	J1836	HCPCS		both		1 EA	0.18		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		Aetna	Better Health				22.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		Aetna	Commercial				11.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		Aetna	Medicare				26.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		Horizon	Medicare Blue				11.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		Horizon	MGD				23.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		Horizon	NJ Health				13.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		Horizon	PPO				7.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		UHC	Medicaid				23.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		UHC	Medicare				8.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		United	Oxford				16.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		Wellcare	Medicaid				17.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE-DEXTROSE 1-5 MG/ML-% IV SOLN	0338-1073-02	NDC	J1250	HCPCS		both		1 EA	82.5		WellPoint	WellPoint				9.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Aetna	Better Health				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0336-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Aetna	Commercial				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Aetna	Medicare				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Amerihealth	HMO/PPO				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Horizon	Indemnity				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Horizon	Medicare Blue				1.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Horizon	MGD				2.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Horizon	NJ Health				1.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Horizon	PPO				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		UHC	Medicaid				1.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		UHC	Medicare				2.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		United	Commercial|PPO				1.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0336-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		United	Oxford				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Wellcare	Medicaid				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		Wellcare	Medicare				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	0338-1708-40	NDC	J3475	HCPCS		both		1 EA	11.25		WellPoint	WellPoint				2.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		Aetna	Better Health				1.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		Aetna	Commercial				1.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		Aetna	Medicare				1.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		Horizon	Indemnity				3.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		Horizon	Medicare Blue				1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		Horizon	MGD				2.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		Horizon	NJ Health				1.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		Horizon	PPO				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		UHC	Medicaid				2.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		UHC	Medicare				3.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		United	Commercial|PPO				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0336-1709-40	NDC	J3475	HCPCS		both		1 EA	12		United	Oxford				5.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		Wellcare	Medicaid				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE IN D5W 1-5 GM/100ML-% IV SOLN	0338-1709-40	NDC	J3475	HCPCS		both		1 EA	12		WellPoint	WellPoint				2.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		Aetna	Commercial				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		Horizon	Medicare Blue				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		Horizon	MGD				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		Horizon	NJ Health				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		Horizon	PPO				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		UHC	Medicaid				0.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		UHC	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		United	Oxford				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	0338-1715-40	NDC	J3475	HCPCS		both		1 EA	3		WellPoint	WellPoint				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Aetna	Better Health				1.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Aetna	Commercial				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Aetna	Medicare				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Amerihealth	HMO/PPO				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Horizon	Indemnity				3.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Horizon	Medicare Blue				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Horizon	MGD				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Horizon	NJ Health				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Horizon	PPO				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		UHC	Medicaid				1.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		UHC	Medicare				2.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		United	Commercial|PPO				1.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		United	Oxford				1.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Wellcare	Medicaid				3.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		Wellcare	Medicare				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 1-4 GM/50ML-% IV SOLN	0338-3503-41	NDC	J0689	HCPCS		both		1 EA	9.75		WellPoint	WellPoint				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 2-4 GM/100ML-% IV SOLN	0338-3508-41	NDC	J0689	HCPCS		both		1 EA	8.25		Aetna	Better Health				1.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFAZOLIN SODIUM-DEXTROSE 2-4 GM/100ML-% IV SOLN	0338-3508-41	NDC	J0689	HCPCS		both

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% IV SOLN	0338-3552-48	NDC	J3373	HCPCS		both		1 EA	0.96		Wellcare	Medicaid				9.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% IV SOLN	0338-3552-48	NDC	J3373	HCPCS		both		1 EA	0.96		Wellcare	Medicare				11.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL IN DEXTROSE 1-5 GM/200ML-% IV SOLN	0338-3552-48	NDC	J3373	HCPCS		both		1 EA	0.96		WellPoint	WellPoint				9.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-24	NDC	J0736	HCPCS		both		1 EA	19.5		Aetna	Commercial				2.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-24	NDC	J0736	HCPCS		both		1 EA	19.5		Aetna	Medicare				0.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-24	NDC	J0736	HCPCS		both		1 EA	19.5		Horizon	Indemnity				13.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-24	NDC	J0736	HCPCS		both		1 EA	19.5		Horizon	NJ Health				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-24	NDC	J0736	HCPCS		both		1 EA	19.5		UHC	Medicaid				4.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-24	NDC	J0736	HCPCS		both		1 EA	19.5		UHC	Medicare				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-24	NDC	J0736	HCPCS		both		1 EA	19.5		United	Commercial|PPO				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-24	NDC	J0736	HCPCS		both		1 EA	19.5		Wellcare	Medicaid				2.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-24	NDC	J0736	HCPCS		both		1 EA	19.5		WellPoint	WellPoint				5.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-50	NDC	J0736	HCPCS		both		1 EA	19.5		Aetna	Commercial				2.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-50	NDC	J0736	HCPCS		both		1 EA	19.5		Aetna	Medicare				0.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-50	NDC	J0736	HCPCS		both		1 EA	19.5		Horizon	Indemnity				13.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-50	NDC	J0736	HCPCS		both		1 EA	19.5		Horizon	NJ Health				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-50	NDC	J0736	HCPCS		both		1 EA	19.5		UHC	Medicaid				4.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-50	NDC	J0736	HCPCS		both		1 EA	19.5		UHC	Medicare				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-50	NDC	J0736	HCPCS		both		1 EA	19.5		United	Commercial|PPO				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-50	NDC	J0736	HCPCS		both		1 EA	19.5		Wellcare	Medicaid				2.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 600 MG/50ML IV SOLN	0338-3612-50	NDC	J0736	HCPCS		both		1 EA	19.5		WellPoint	WellPoint				5.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-24	NDC	J0736	HCPCS		both		1 EA	15.5		Aetna	Commercial				3.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-24	NDC	J0736	HCPCS		both		1 EA	15.5		Horizon	Medicare Blue				10.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-24	NDC	J0736	HCPCS		both		1 EA	15.5		Horizon	MGD				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-24	NDC	J0736	HCPCS		both		1 EA	15.5		Horizon	NJ Health				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-24	NDC	J0736	HCPCS		both		1 EA	15.5		UHC	Medicaid				2.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-24	NDC	J0736	HCPCS		both		1 EA	15.5		WellPoint	WellPoint				3.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-50	NDC	J0736	HCPCS		both		1 EA	15.5		Aetna	Commercial				3.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-50	NDC	J0736	HCPCS		both		1 EA	15.5		Horizon	Medicare Blue				10.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-50	NDC	J0736	HCPCS		both		1 EA	15.5		Horizon	MGD				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-50	NDC	J0736	HCPCS		both		1 EA	15.5		Horizon	NJ Health				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-50	NDC	J0736	HCPCS		both		1 EA	15.5		UHC	Medicaid				2.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CLINDAMYCIN PHOSPHATE IN D5W 900 MG/50ML IV SOLN	0338-3814-50	NDC	J0736	HCPCS		both		1 EA	15.5		WellPoint	WellPoint				3.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% IV SOLN	0338-5197-41	NDC	J3490	HCPCS		both		1 EA	9.75		Horizon	MGD				1.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% IV SOLN	0338-5197-41	NDC	J3490	HCPCS		both		1 EA	9.75		Horizon	NJ Health				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE PREMIXED 20-0.9 MG/50ML-% IV SOLN	0338-5197-41	NDC	J3490	HCPCS		both		1 EA	9.75		Wellcare	Medicaid				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	0338-9558-10	NDC	J1327	HCPCS		both		1 EA	21.6		Aetna	Better Health				2.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	0338-9558-10	NDC	J1327	HCPCS		both		1 EA	21.6		Horizon	NJ Health				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	0338-9558-10	NDC	J1327	HCPCS		both		1 EA	21.6		Horizon	PPO				3.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	0338-9558-10	NDC	J1327	HCPCS		both		1 EA	21.6		UHC	Medicaid				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		Aetna	Better Health				3.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		Aetna	Medicare				4.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	Indemnity				7.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	Medicare Blue				4.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	MGD				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	NJ Health				3.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	PPO				7.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		UHC	Medicaid				7.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		UHC	Medicare				6.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-01	NDC	J2543	HCPCS		both		1 EA	27.75		WellPoint	WellPoint				3.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		Aetna	Better Health				3.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		Aetna	Medicare				4.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	Indemnity				7.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	Medicare Blue				4.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	MGD				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	NJ Health				3.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		Horizon	PPO				7.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		UHC	Medicaid				7.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		UHC	Medicare				6.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 2-0.25 GM/50ML IV SOLN	0338-9632-24	NDC	J2543	HCPCS		both		1 EA	27.75		WellPoint	WellPoint				3.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		Aetna	Commercial				3.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		Aetna	Medicare				2.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		Amerihealth	HMO|PPO				3.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		Horizon	Medicare Blue				3.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		Horizon	MGD				7.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		Horizon	NJ Health				4.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		Horizon	PPO				4.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		UHC	Medicaid				5.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		UHC	Medicare				4.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		United	Commercial|PPO				5.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		Wellcare	Medicaid				5.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-01	NDC	J2543	HCPCS		both		1 EA	24.5		WellPoint	WellPoint				6.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		Aetna	Commercial				3.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		Aetna	Medicare				2.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		Amerihealth	HMO|PPO				3.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		Horizon	Medicare Blue				3.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		Horizon	MGD				7.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		Horizon	NJ Health				4.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		Horizon	PPO				4.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		UHC	Medicaid				5.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		UHC	Medicare				4.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		United	Commercial|PPO				5.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		Wellcare	Medicaid				5.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 3-0.375 GM/50ML IV SOLN	0338-9636-24	NDC	J2543	HCPCS		both		1 EA	24.5		WellPoint	WellPoint				6.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		Aetna	Better Health				4.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		Aetna	Commercial				4.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		Aetna	Medicare				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		Amerihealth	HMO|PPO				2.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	Indemnity				7.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	Medicare Blue				5.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	MGD				6.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	NJ Health				4.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	PPO				3.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		UHC	Medicaid				2.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		UHC	Medicare				6.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-01	NDC	J2543	HCPCS		both		1 EA	23.25		WellPoint	WellPoint				4.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		Aetna	Better Health				4.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		Aetna	Commercial				4.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		Aetna	Medicare				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		Amerihealth	HMO|PPO				2.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	Indemnity				7.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	Medicare Blue				5.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	MGD				6.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	NJ Health				4.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		Horizon	PPO				3.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		UHC	Medicaid				2.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		UHC	Medicare				6.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN-TAZOBACTAM IN DEX 4-0.5 GM/100ML IV SOLN	0338-9638-12	NDC	J2543	HCPCS		both		1 EA	23.25		WellPoint	WellPoint				4.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	0338-9647-12	NDC	J2601	HCPCS		both		1 EA	13.5		Aetna	Better Health				3.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	0338-9647-12	NDC	J2601	HCPCS		both		1 EA	13.5		Aetna	Commercial				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	0338-9647-12	NDC	J2601	HCPCS		both		1 EA	13.5		Aetna	Medicare				1.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	0338-9647-12	NDC	J2601	HCPCS		both		1 EA	13.5		Amerihealth

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-10	NDC	Q9967	HCPCS		both		1 EA	14.46		UHC	Medicaid				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-10	NDC	Q9967	HCPCS		both		1 EA	14.46		UHC	Medicare				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-10	NDC	Q9967	HCPCS		both		1 EA	14.46		United	CommercialPPO				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-10	NDC	Q9967	HCPCS		both		1 EA	14.46		United	Oxford				7.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-10	NDC	Q9967	HCPCS		both		1 EA	14.46		Wellcare	Medicaid				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-10	NDC	Q9967	HCPCS		both		1 EA	14.46		Wellcare	Medicare				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-10	NDC	Q9967	HCPCS		both		1 EA	14.46		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Aetna	Better Health				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Aetna	Commercial				5.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Aetna	Medicare				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Amerihealth	HMO/PPO				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Horizon	Indemnity				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Horizon	Medicare Blue				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Horizon	MGD				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Horizon	NJ Health				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Horizon	PPO				4.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		UHC	Medicaid				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		UHC	Medicare				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		United	CommercialPPO				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		United	Oxford				7.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Wellcare	Medicaid				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		Wellcare	Medicare				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-42	NDC	Q9967	HCPCS		both		1 EA	3.57		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Aetna	Better Health				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Aetna	Commercial				5.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Aetna	Medicare				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Amerihealth	HMO/PPO				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Horizon	Indemnity				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Horizon	Medicare Blue				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Horizon	MGD				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Horizon	NJ Health				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Horizon	PPO				4.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		UHC	Medicaid				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		UHC	Medicare				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		United	CommercialPPO				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		United	Oxford				7.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Wellcare	Medicaid				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		Wellcare	Medicare				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-43	NDC	Q9967	HCPCS		both		1 EA	3.48		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Aetna	Better Health				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Aetna	Commercial				5.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Aetna	Medicare				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Amerihealth	HMO/PPO				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Horizon	Indemnity				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Horizon	Medicare Blue				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Horizon	MGD				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Horizon	NJ Health				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Horizon	PPO				4.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		UHC	Medicaid				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		UHC	Medicare				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		United	CommercialPPO				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		United	Oxford				7.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Wellcare	Medicaid				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		Wellcare	Medicare				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-46	NDC	Q9967	HCPCS		both		1 EA	3.39		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Aetna	Better Health				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Aetna	Commercial				5.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Aetna	Medicare				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Amerihealth	HMO/PPO				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Horizon	Indemnity				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Horizon	Medicare Blue				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Horizon	MGD				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Horizon	NJ Health				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Horizon	PPO				4.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		UHC	Medicaid				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		UHC	Medicare				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		United	CommercialPPO				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		United	Oxford				7.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Wellcare	Medicaid				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		Wellcare	Medicare				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-61	NDC	Q9967	HCPCS		both		1 EA	3.33		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Aetna	Better Health				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Aetna	Commercial				5.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Aetna	Medicare				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Amerihealth	HMO/PPO				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Horizon	Indemnity				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Horizon	Medicare Blue				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Horizon	MGD				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Horizon	NJ Health				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Horizon	PPO				4.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		UHC	Medicaid				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		UHC	Medicare				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		United	CommercialPPO				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		United	Oxford				7.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Wellcare	Medicaid				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		Wellcare	Medicare				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 300 MG/ML INJ SOLN	0407-1413-86	NDC	Q9967	HCPCS		both		1 EA	3.66		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Aetna	Better Health				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Aetna	Commercial				0.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Aetna	Medicare				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Amerihealth	HMO/PPO				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Horizon	Indemnity				0.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Horizon	Medicare Blue				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Horizon	MGD				0.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Horizon	NJ Health				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Horizon	PPO				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		UHC	Medicaid				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		UHC	Medicare				0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		United	CommercialPPO				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		United	Oxford				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Wellcare	Medicaid				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		Wellcare	Medicare				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IOHEXOL 350 MG/ML IV SOLN	0407-1414-91	NDC	Q9967	HCPCS		both		1 EA	3.63		WellPoint	WellPoint				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Aetna	Better Health				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Aetna	Commercial				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Aetna	Medicare				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Amerihealth	HMO/PPO				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	Indemnity				3.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	Medicare Blue				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	MGD				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	NJ Health				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	PPO				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		UHC	Medicaid				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		UHC	Medicare				0.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Wellcare	Medicaid				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		Wellcare	Medicare				0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-16	NDC	Q9967	HCPCS		both		1 EA	3.81		WellPoint	WellPoint				0.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		Aetna	Better Health				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		Aetna	Commercial				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		Aetna	Medicare				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		Amerihealth	HMO/PPO				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	Indemnity				3.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	Medicare Blue				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	MGD				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	NJ Health				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		Horizon	PPO				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		UHC	Medicaid				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3.81		UHC	Medicare				0.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IODIXANOL 320 MG/ML IV SOLN	0407-2223-17	NDC	Q9967	HCPCS		both		1 EA	3

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GEMCITABINE HCL 1 GM/26.3ML IV SOLN	0409-0181-01	NDC	J9201	HCPCS		both		1 EA	32.66		Horizon	Medicare Blue				7.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 1 GM/26.3ML IV SOLN	0409-0181-01	NDC	J9201	HCPCS		both		1 EA	32.66		Horizon	MGD				15.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 1 GM/26.3ML IV SOLN	0409-0181-01	NDC	J9201	HCPCS		both		1 EA	32.66		Horizon	NJ Health				5.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 1 GM/26.3ML IV SOLN	0409-0181-01	NDC	J9201	HCPCS		both		1 EA	32.66		UHC	Medicare				5.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 1 GM/26.3ML IV SOLN	0409-0181-25	NDC	J9201	HCPCS		both		1 EA	9.31		Aetna	Commercial				13.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 1 GM/26.3ML IV SOLN	0409-0181-25	NDC	J9201	HCPCS		both		1 EA	9.31		Horizon	Medicare Blue				7.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 1 GM/26.3ML IV SOLN	0409-0181-25	NDC	J9201	HCPCS		both		1 EA	9.31		Horizon	MGD				15.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 1 GM/26.3ML IV SOLN	0409-0181-25	NDC	J9201	HCPCS		both		1 EA	9.31		Horizon	NJ Health				5.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 1 GM/26.3ML IV SOLN	0409-0181-25	NDC	J9201	HCPCS		both		1 EA	9.31		UHC	Medicare				5.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOCETAXEL 80 MG/4ML IV CONC	0409-0367-01	NDC	J9171	HCPCS		both		1 EA	12.56		Aetna	Commercial				4.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOCETAXEL 80 MG/4ML IV CONC	0409-0367-01	NDC	J9171	HCPCS		both		1 EA	12.56		Horizon	Medicare Blue				2.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOCETAXEL 80 MG/4ML IV CONC	0409-0367-01	NDC	J9171	HCPCS		both		1 EA	12.56		Horizon	MGD				3.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOCETAXEL 80 MG/4ML IV CONC	0409-0367-01	NDC	J9171	HCPCS		both		1 EA	12.56		Horizon	NJ Health				2.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOCETAXEL 80 MG/4ML IV CONC	0409-0367-01	NDC	J9171	HCPCS		both		1 EA	12.56		UHC	Medicaid				3.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOCETAXEL 80 MG/4ML IV CONC	0409-0367-01	NDC	J9171	HCPCS		both		1 EA	12.56		UHC	Medicare				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOCETAXEL 80 MG/4ML IV CONC	0409-0367-01	NDC	J9171	HCPCS		both		1 EA	12.56		WellPoint	WellPoint				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Aetna	Better Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Aetna	Commercial				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Aetna	Medicare				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Amerihealth	HMO/PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Horizon	Indemnity				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Horizon	Medicare Blue				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Horizon	MGD				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Horizon	NJ Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Horizon	PPO				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		UHC	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		UHC	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		United	Commercial/PPO				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		Wellcare	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 2 MG/ML INJ SOLN	0409-1312-16	NDC	J1171	HCPCS		both		1 EA	1.43		WellPoint	WellPoint				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-21	NDC	J2185	HCPCS		both		1 EA	7.42		Aetna	Medicare				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-21	NDC	J2185	HCPCS		both		1 EA	7.42		Horizon	Medicare Blue				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-21	NDC	J2185	HCPCS		both		1 EA	7.42		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-21	NDC	J2185	HCPCS		both		1 EA	7.42		United	Commercial/PPO				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-21	NDC	J2185	HCPCS		both		1 EA	7.42		WellPoint	WellPoint				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-51	NDC	J2185	HCPCS		both		1 EA	7.42		Aetna	Medicare				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-51	NDC	J2185	HCPCS		both		1 EA	7.42		Horizon	Medicare Blue				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-51	NDC	J2185	HCPCS		both		1 EA	7.42		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-51	NDC	J2185	HCPCS		both		1 EA	7.42		United	Commercial/PPO				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 500 MG IV SOLR	0409-1390-51	NDC	J2185	HCPCS		both		1 EA	7.42		WellPoint	WellPoint				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Aetna	Better Health				1.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Aetna	Commercial				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Aetna	Medicare				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Amerihealth	HMO/PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	Indemnity				6.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	Medicare Blue				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	MGD				1.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	NJ Health				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	PPO				1.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		UHC	Medicaid				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		UHC	Medicare				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		United	Commercial/PPO				0.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Wellcare	Medicaid				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		Wellcare	Medicare				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-21	NDC	J2185	HCPCS		both		1 EA	7.46		WellPoint	WellPoint				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Aetna	Better Health				1.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Aetna	Commercial				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Aetna	Medicare				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Amerihealth	HMO/PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	Indemnity				6.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	Medicare Blue				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	MGD				1.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	NJ Health				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Horizon	PPO				1.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		UHC	Medicaid				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		UHC	Medicare				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		United	Commercial/PPO				0.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Wellcare	Medicaid				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		Wellcare	Medicare				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	0409-1391-22	NDC	J2185	HCPCS		both		1 EA	7.46		WellPoint	WellPoint				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALBUPHINE HCL 10 MG/ML INJ SOLN	0409-1463-01	NDC	J2300	HCPCS		both		1 EA	16.05		UHC	Medicaid				3.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALBUPHINE HCL 10 MG/ML INJ SOLN	0409-1463-01	NDC	J2300	HCPCS		both		1 EA	16.05		Wellcare	Medicaid				3.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALBUPHINE HCL 10 MG/ML INJ SOLN	0409-1463-71	NDC	J2300	HCPCS		both		1 EA	16.05		UHC	Medicaid				3.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALBUPHINE HCL 10 MG/ML INJ SOLN	0409-1463-71	NDC	J2300	HCPCS		both		1 EA	16.05		Wellcare	Medicaid				3.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		UHC	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		United	Commercial/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Wellcare	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-10	NDC	J0665	HCPCS		both		1 EA	0.32		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	MGD				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		UHC	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		United	Commercial/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Wellcare	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-18	NDC	J0665	HCPCS		both		1 EA	0.32		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		UHC	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		United	Commercial/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Wellcare	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-19	NDC	J0665	HCPCS		both		1 EA	0.12		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-30	NDC	J0665	HCPCS		both		1 EA	0.12		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-30	NDC	J0665	HCPCS		both		1 EA	0.12		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-30	NDC	J0665	HCPCS		both		1 EA	0.12		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409-1559-30	NDC	J0665	HCPCS		both		1 EA	0.12		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	0409

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-10	NDC	J0665	HCPCS		both		1 EA	0.13		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-10	NDC	J0665	HCPCS		both		1 EA	0.13		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		Aetna	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		Amerihealth	HMO/PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		United	CommercialPPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-18	NDC	J0665	HCPCS		both		1 EA	0.13		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		Aetna	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		Amerihealth	HMO/PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		United	CommercialPPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	0409-1582-29	NDC	J0665	HCPCS		both		1 EA	0.07		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Aetna	Better Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Aetna	Commercial				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Amerihealth	HMO/PPO				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	Indemnity				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	Medicare Blue				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	MGD				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	NJ Health				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Quality Care	Qualcare				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		UHC	Medicaid				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		UHC	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		United	CommercialPPO				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		Wellcare	Medicaid				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-01	NDC	J3490	HCPCS		both		1 EA	2.64		WellPoint	WellPoint				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Aetna	Better Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Aetna	Commercial				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Amerihealth	HMO/PPO				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	Indemnity				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	Medicare Blue				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	MGD				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	NJ Health				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Horizon	PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Quality Care	Qualcare				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		UHC	Medicaid				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		UHC	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		United	CommercialPPO				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		Wellcare	Medicaid				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	0409-1632-21	NDC	J3490	HCPCS		both		1 EA	2.64		WellPoint	WellPoint				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-10	NDC	J3490	HCPCS		both		1 EA	2.43		Horizon	MGD				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-10	NDC	J3490	HCPCS		both		1 EA	2.43		Horizon	NJ Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-10	NDC	J3490	HCPCS		both		1 EA	2.43		UHC	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-10	NDC	J3490	HCPCS		both		1 EA	2.43		UHC	Medicare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-30	NDC	J3490	HCPCS		both		1 EA	1.38		Horizon	MGD				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-30	NDC	J3490	HCPCS		both		1 EA	1.38		Horizon	NJ Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-30	NDC	J3490	HCPCS		both		1 EA	1.38		UHC	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-30	NDC	J3490	HCPCS		both		1 EA	1.38		UHC	Medicare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-70	NDC	J3490	HCPCS		both		1 EA	2.43		Horizon	MGD				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-70	NDC	J3490	HCPCS		both		1 EA	2.43		Horizon	NJ Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-70	NDC	J3490	HCPCS		both		1 EA	2.43		UHC	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-70	NDC	J3490	HCPCS		both		1 EA	2.43		UHC	Medicare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-71	NDC	J3490	HCPCS		both		1 EA	1.38		Horizon	MGD				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-71	NDC	J3490	HCPCS		both		1 EA	1.38		Horizon	NJ Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-71	NDC	J3490	HCPCS		both		1 EA	1.38		UHC	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.25% -1:200000 INJ SOLN	0409-1746-71	NDC	J3490	HCPCS		both		1 EA	1.38		UHC	Medicare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Aetna	Better Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Aetna	Commercial				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Aetna	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	Indemnity				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	MGD				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	PPO				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		UHC	Medicaid				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		UHC	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		United	CommercialPPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		Wellcare	Medicaid				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-02	NDC	J1953	HCPCS		both		1 EA	0.28		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Aetna	Better Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Aetna	Commercial				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Aetna	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	Indemnity				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	MGD				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Horizon	PPO				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		UHC	Medicaid				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		UHC	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		United	CommercialPPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		Wellcare	Medicaid				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVETIRACETAM 500 MG/5ML IV SOLN	0409-1886-22	NDC	J1953	HCPCS		both		1 EA	0.28		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Aetna	Better Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Aetna	Medicare				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Amerihealth	HMO/PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	Medicare Blue				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	MGD				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		UHC	Medicaid				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		UHC	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		United	CommercialPPO				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		Wellcare	Medicaid				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-05	NDC	J3490	HCPCS		both		1 EA	0.6		WellPoint	WellPoint				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		Aetna	Better Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		Aetna	Medicare				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		Amerihealth	HMO/PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	Medicare Blue				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	MGD				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		Horizon	PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		UHC	Medicaid				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1 EA	0.6		UHC	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 100 MG/ML INJ SOLN	0409-2051-15	NDC	J3490	HCPCS		both		1

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MIDAZOLAM HCL (PF) 5 MG/5ML INJ SOLN	0409-2305-50	NDC	J2250	HCPCS		both		1 EA	0.63		Horizon	NJ Health				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL (PF) 5 MG/5ML INJ SOLN	0409-2305-50	NDC	J2250	HCPCS		both		1 EA	0.63		UHC	Medicaid				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL (PF) 10 MG/2ML INJ SOLN	0409-2308-02	NDC	J2250	HCPCS		both		1 EA	0.49		Horizon	NJ Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL (PF) 10 MG/2ML INJ SOLN	0409-2308-22	NDC	J2250	HCPCS		both		1 EA	0.49		Horizon	NJ Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL (PF) 10 MG/2ML INJ SOLN	0409-2308-50	NDC	J2250	HCPCS		both		1 EA	0.38		Horizon	NJ Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-02	NDC	J1250	HCPCS		both		1 EA	25.2		Aetna	Medicare				4.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-02	NDC	J1250	HCPCS		both		1 EA	25.2		Horizon	Medicare Blue				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-02	NDC	J1250	HCPCS		both		1 EA	25.2		Horizon	NJ Health				5.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-02	NDC	J1250	HCPCS		both		1 EA	25.2		Horizon	PPO				6.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-02	NDC	J1250	HCPCS		both		1 EA	25.2		UHC	Medicaid				6.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-02	NDC	J1250	HCPCS		both		1 EA	25.2		UHC	Medicare				5.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-62	NDC	J1250	HCPCS		both		1 EA	25.2		Aetna	Medicare				4.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-62	NDC	J1250	HCPCS		both		1 EA	25.2		Horizon	Medicare Blue				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-62	NDC	J1250	HCPCS		both		1 EA	25.2		Horizon	NJ Health				5.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-62	NDC	J1250	HCPCS		both		1 EA	25.2		Horizon	PPO				6.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-62	NDC	J1250	HCPCS		both		1 EA	25.2		UHC	Medicaid				6.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-62	NDC	J1250	HCPCS		both		1 EA	25.2		UHC	Medicare				5.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-68	NDC	J1250	HCPCS		both		1 EA	18.6		Aetna	Medicare				4.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-68	NDC	J1250	HCPCS		both		1 EA	18.6		Horizon	Medicare Blue				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-68	NDC	J1250	HCPCS		both		1 EA	18.6		Horizon	NJ Health				5.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-68	NDC	J1250	HCPCS		both		1 EA	18.6		Horizon	PPO				6.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-68	NDC	J1250	HCPCS		both		1 EA	18.6		UHC	Medicaid				6.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOBUTAMINE HCL 12.5 MG/ML IV SOLN	0409-2344-68	NDC	J1250	HCPCS		both		1 EA	18.6		UHC	Medicare				5.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-01	NDC	J2004	HCPCS		both		1 EA	0.05		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-01	NDC	J2004	HCPCS		both		1 EA	0.05		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-01	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	Indemnity				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-01	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-01	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-01	NDC	J2004	HCPCS		both		1 EA	0.05		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-01	NDC	J2004	HCPCS		both		1 EA	0.05		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-01	NDC	J2004	HCPCS		both		1 EA	0.05		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-01	NDC	J2004	HCPCS		both		1 EA	0.05		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-02	NDC	J2004	HCPCS		both		1 EA	0.05		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-02	NDC	J2004	HCPCS		both		1 EA	0.05		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-02	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	Indemnity				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-02	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-02	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-02	NDC	J2004	HCPCS		both		1 EA	0.05		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-02	NDC	J2004	HCPCS		both		1 EA	0.05		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-02	NDC	J2004	HCPCS		both		1 EA	0.05		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-02	NDC	J2004	HCPCS		both		1 EA	0.05		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-11	NDC	J2004	HCPCS		both		1 EA	0.05		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-11	NDC	J2004	HCPCS		both		1 EA	0.05		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-11	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	Indemnity				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-11	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-11	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-11	NDC	J2004	HCPCS		both		1 EA	0.05		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-11	NDC	J2004	HCPCS		both		1 EA	0.05		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-11	NDC	J2004	HCPCS		both		1 EA	0.05		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-11	NDC	J2004	HCPCS		both		1 EA	0.05		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-21	NDC	J2004	HCPCS		both		1 EA	0.05		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-21	NDC	J2004	HCPCS		both		1 EA	0.05		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-21	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	Indemnity				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-21	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-21	NDC	J2004	HCPCS		both		1 EA	0.05		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-21	NDC	J2004	HCPCS		both		1 EA	0.05		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-21	NDC	J2004	HCPCS		both		1 EA	0.05		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-21	NDC	J2004	HCPCS		both		1 EA	0.05		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	0409-3182-21	NDC	J2004	HCPCS		both		1 EA	0.05		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CIPROFLOXACIN IN D5W 400 MG/200ML IV SOLN	0409-3300-01	NDC	J0744	HCPCS		both		1 EA	12		Aetna	Medicare				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CIPROFLOXACIN IN D5W 400 MG/200ML IV SOLN	0409-3300-01	NDC	J0744	HCPCS		both		1 EA	12		Horizon	NJ Health				1.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CIPROFLOXACIN IN D5W 400 MG/200ML IV SOLN	0409-3300-01	NDC	J0744	HCPCS		both		1 EA	12		Horizon	PPO				1.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CIPROFLOXACIN IN D5W 400 MG/200ML IV SOLN	0409-3300-01	NDC	J0744	HCPCS		both		1 EA	12		UHC	Medicaid				2.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CIPROFLOXACIN IN D5W 400 MG/200ML IV SOLN	0409-3300-01	NDC	J0744	HCPCS		both		1 EA	12		UHC	Medicare				3.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CIPROFLOXACIN IN D5W 400 MG/200ML IV SOLN	0409-3300-01	NDC	J0744	HCPCS		both		1 EA	12		WellPoint	WellPoint				0.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-01	NDC	J0665	HCPCS		both		1 EA	0.34		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-01	NDC	J0665	HCPCS		both		1 EA	0.34		Aetna	Commercial				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-01	NDC	J0665	HCPCS		both		1 EA	0.34		Horizon	NJ Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-01	NDC	J0665	HCPCS		both		1 EA	0.34		Horizon	PPO				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-01	NDC	J0665	HCPCS		both		1 EA	0.34		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-01	NDC	J0665	HCPCS		both		1 EA	0.34		Wellcare	Medicaid				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-01	NDC	J0665	HCPCS		both		1 EA	0.34		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-11	NDC	J0665	HCPCS		both		1 EA	0.34		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-11	NDC	J0665	HCPCS		both		1 EA	0.34		Aetna	Commercial				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-11	NDC	J0665	HCPCS		both		1 EA	0.34		Horizon	NJ Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-11	NDC	J0665	HCPCS		both		1 EA	0.34		Horizon	PPO				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-11	NDC	J0665	HCPCS		both		1 EA	0.34		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-11	NDC	J0665	HCPCS		both		1 EA	0.34		Wellcare	Medicaid				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE IN DEXTROSE 0.75-8.25 % IT SOLN	0409-3613-11	NDC	J0665	HCPCS		both		1 EA	0.34		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Aetna	Better Health				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Aetna	Commercial				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Aetna	Medicare				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Amerihealth	HMO/PPO				1.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	Indemnity				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	Medicare Blue				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	MGD				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	NJ Health				1.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	PPO				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Qualcare	Qualcare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		UHC	Medicare				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		United	Commercial\PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		United	Oxford				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Wellcare	Medicaid				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		Wellcare	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-01	NDC	J1885	HCPCS		both		1 EA	11.76		WellPoint	WellPoint				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Aetna	Better Health				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Aetna	Commercial				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Aetna	Medicare				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Amerihealth	HMO/PPO				1.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	Indemnity				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	Medicare Blue				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	MGD				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	NJ Health				1.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Horizon	PPO				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Qualcare	Qualcare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		UHC	Medicare				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		United	Commercial\PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		United	Oxford				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Wellcare	Medicaid				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		Wellcare	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	0409-3795-19	NDC	J1885	HCPCS		both		1 EA	11.76		WellPoint	WellPoint				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 0.5 MG/ML INJ SOLN	0409-3814-11	NDC	J2274	HCPCS		both		1 EA	152.4		Aetna	Better Health				18.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 0.5 MG/ML INJ SOLN	0409-3814-11	NDC	J2274	HCPCS		both		1 EA	152.4		Aetna	Commercial				17.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 0.5 MG/ML INJ SOLN	0409-3814-11	NDC	J2274	HCPCS		both		1 EA	152.4		Horizon	NJ Health				16.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 0.5 MG/ML INJ SOLN	0409-3814-11	NDC	J2274	HCPCS		both		1 EA	152.4		Horizon	PPO				18.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 0.5 MG/ML INJ SOLN	0409-3814-11	NDC	J2274	HCPCS		both		1 EA	152.4		UHC	Medicaid				23.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 0.5 MG/ML INJ SOLN	0409-3814-11	NDC	J2274	HCPCS		both		1 EA	152.4		UHC	Medicare				25.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 0.5 MG/ML

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-01	NDC	J1171	HCPCS		both		1 EA	2.29		Horizon	PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-01	NDC	J1171	HCPCS		both		1 EA	2.29		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-01	NDC	J1171	HCPCS		both		1 EA	2.29		UHC	Medicare				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-01	NDC	J1171	HCPCS		both		1 EA	2.29		United	CommercialPPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-01	NDC	J1171	HCPCS		both		1 EA	2.29		United	Oxford				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-01	NDC	J1171	HCPCS		both		1 EA	2.29		Wellcare	Medicaid				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-01	NDC	J1171	HCPCS		both		1 EA	2.29		WellPoint	WellPoint				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Aetna	Better Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Aetna	Commercial				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Aetna	Medicare				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Amerihealth	HMO/PPO				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Horizon	Indemnity				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Horizon	Medicare Blue				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Horizon	MGD				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Horizon	NJ Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Horizon	PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		UHC	Medicare				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		United	CommercialPPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		United	Oxford				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		Wellcare	Medicaid				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	0409-4264-11	NDC	J1171	HCPCS		both		1 EA	2.29		WellPoint	WellPoint				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Amerihealth	HMO/PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		United	CommercialPPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-01	NDC	J2003	HCPCS		both		1 EA	0.06		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Amerihealth	HMO/PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		United	CommercialPPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-02	NDC	J2003	HCPCS		both		1 EA	0.02		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Amerihealth	HMO/PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		United	CommercialPPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-16	NDC	J2003	HCPCS		both		1 EA	0.06		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Amerihealth	HMO/PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		United	CommercialPPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 1 % INJ SOLN	0409-4276-17	NDC	J2003	HCPCS		both		1 EA	0.02		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Amerihealth	HMO/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	Indemnity				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Qualcare	Qualcare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		United	CommercialPPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		United	Oxford				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-01	NDC	J2003	HCPCS		both		1 EA	0.04		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Amerihealth	HMO/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	Indemnity				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Qualcare	Qualcare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		United	CommercialPPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		United	Oxford				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	0409-4277-16	NDC	J2003	HCPCS		both		1 EA	0.04		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	0409-4283-01	NDC	J2003	HCPCS		both		1 EA	0.09		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	0409-4283-01	NDC	J2003	HCPCS		both		1 EA	0.09		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	0409-4283-01	NDC	J2003	HCPCS		both		1 EA	0.09		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	0409-4283-01	NDC	J2003	HCPCS		both		1 EA	0.09		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	0409-4283-11	NDC	J2003	HCPCS		both		1 EA	0.09		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	0409-4283-11	NDC	J2003	HCPCS		both		1 EA	0.09		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	0409-4283-11	NDC	J2003	HCPCS		both		1 EA	0.09		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	0409-4283-11	NDC	J2003	HCPCS		both		1 EA	0.09		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-4332-01	NDC	J3373	HCPCS		both		1 EA	0.59		Aetna	Better Health				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-4332-01	NDC	J3373	HCPCS		both		1 EA	0.59		Aetna	Commercial				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-4332-01	NDC	J3373	HCPCS		both		1 EA	0.59		Horizon	Medicare Blue				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-4332-01	NDC	J3373	HCPCS		both		1 EA	0.59		Horizon	NJ Health				2.67			other	Drugs are paid at 100% of the AWP. Stand

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEFTAZIDIME 2 G IV SOLR	0409-5084-13	NDC	J0713	HCPCS		both		1 EA	8.6		Aetna	Commercial				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	0409-5084-13	NDC	J0713	HCPCS		both		1 EA	8.6		Horizon	MGD				4.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	0409-5084-13	NDC	J0713	HCPCS		both		1 EA	8.6		Horizon	NJ Health				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	0409-5084-13	NDC	J0713	HCPCS		both		1 EA	8.6		UHC	Medicaid				2.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	0409-5084-13	NDC	J0713	HCPCS		both		1 EA	8.6		UHC	Medicare				5.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	0409-5084-13	NDC	J0713	HCPCS		both		1 EA	8.6		Wellcare	Medicaid				2.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	0409-5084-13	NDC	J0713	HCPCS		both		1 EA	8.6		WellPoint	WellPoint				2.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		United	CommercialPPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-02	NDC	J1938	HCPCS		both		1 EA	0.75		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		United	CommercialPPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-04	NDC	J1938	HCPCS		both		1 EA	0.26		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		United	CommercialPPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-10	NDC	J1938	HCPCS		both		1 EA	0.21		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		United	CommercialPPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-18	NDC	J1938	HCPCS		both		1 EA	0.26		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		United	CommercialPPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-19	NDC	J1938	HCPCS		both		1 EA	0.75		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		United	CommercialPPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	0409-6102-20	NDC	J1938	HCPCS		both		1 EA	0.21		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERYTHROMYCIN LACTOBIONATE 500 MG IV SOLR	0409-6482-01	NDC	J1364	HCPCS		both		1 EA	395.07		UHC	Medicare				23.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERYTHROMYCIN LACTOBIONATE 500 MG IV SOLR	0409-6482-11	NDC	J1364	HCPCS		both		1 EA	395.07		UHC	Medicare				23.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		Aetna	Better Health				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		Aetna	Commercial				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		Horizon	Medicare Blue				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		Horizon	NJ Health				2.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		Horizon	PPO				2.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		UHC	Medicaid				3.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		UHC	Medicare				7.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		Wellcare	Medicaid				4.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		Wellcare	Medicare				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	0409-6534-01	NDC	J3373	HCPCS		both		1 EA	0.39		WellPoint	WellPoint				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 250 MG INJ SOLR	0409-7337-01	NDC	J0696	HCPCS		both		1 EA	2.73		Horizon	NJ Health				15.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 250 MG INJ SOLR	0409-7337-11	NDC	J0696	HCPCS		both		1 EA	2.73		Horizon	NJ Health				15.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		Aetna	Better Health				6.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		Aetna	Commercial				5.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		Horizon	Indemnity				7.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		Horizon	NJ Health				6.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		Horizon	PPO				14.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		UHC	Medicaid				7.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		UHC	Medicare				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		United	CommercialPPO				2.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	0409-7338-01	NDC	J0696	HCPCS		both		1 EA	1.74		Wellcare	Medicaid				11.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIA

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0409-7620-03	NDC	J1644	HCPCS		both		1 EA	15		UHC	Medicare				4.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0409-7620-03	NDC	J1644	HCPCS		both		1 EA	15		Wellcare	Medicaid				3.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 1000-0.9 UT/500ML-% IV SOLN	0409-7620-03	NDC	J1644	HCPCS		both		1 EA	15		WellPoint	WellPoint				3.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Better Health				3.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Commercial				5.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Medicare				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Amerihealth	HMO/PPO				6.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Horizon	Indemnity				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Horizon	Medicare Blue				2.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Horizon	MGD				3.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Horizon	NJ Health				1.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Horizon	PPO				2.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		UHC	Medicaid				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		UHC	Medicare				4.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		United	CommercialPPO				3.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		Wellcare	Medicaid				2.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-49	NDC	J1644	HCPCS		both		1 EA	15		WellPoint	WellPoint				3.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Better Health				3.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Commercial				5.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Medicare				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Amerihealth	HMO/PPO				6.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Horizon	Indemnity				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Horizon	Medicare Blue				2.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Horizon	MGD				3.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Horizon	NJ Health				1.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Horizon	PPO				2.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		UHC	Medicaid				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		UHC	Medicare				4.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		United	CommercialPPO				3.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		Wellcare	Medicaid				2.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	0409-7620-59	NDC	J1644	HCPCS		both		1 EA	15		WellPoint	WellPoint				3.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Better Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Commercial				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	Indemnity				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	MGD				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	PPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		UHC	Medicaid				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		UHC	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		United	CommercialPPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Wellcare	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		Wellcare	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-05	NDC	J1644	HCPCS		both		1 EA	2.1		WellPoint	WellPoint				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Better Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Commercial				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	Indemnity				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	MGD				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	PPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		UHC	Medicaid				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		UHC	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		United	CommercialPPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Wellcare	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		Wellcare	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-30	NDC	J1644	HCPCS		both		1 EA	2.1		WellPoint	WellPoint				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Better Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Commercial				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	Indemnity				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	MGD				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	PPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		UHC	Medicaid				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		UHC	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		United	CommercialPPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Wellcare	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		Wellcare	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-52	NDC	J1644	HCPCS		both		1 EA	2.1		WellPoint	WellPoint				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Better Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Commercial				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Aetna	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	Indemnity				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	MGD				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Horizon	PPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		UHC	Medicaid				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		UHC	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		United	CommercialPPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Wellcare	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		Wellcare	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	0409-7650-62	NDC	J1644	HCPCS		both		1 EA	2.1		WellPoint	WellPoint				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 1.6-5 MG/ML-% IV SOLN	0409-7809-11	NDC	J1265	HCPCS		both		1 EA	6		Aetna	Better Health				0.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 1.6-5 MG/ML-% IV SOLN	0409-7809-11	NDC	J1265	HCPCS		both		1 EA	6		Aetna	Commercial				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 1.6-5 MG/ML-% IV SOLN	0409-7809-11	NDC	J1265	HCPCS		both		1 EA	6		Amerihealth	HMO/PPO				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 1.6-5 MG/ML-% IV SOLN	0409-7809-11	NDC	J1265	HCPCS		both		1 EA	6		Horizon	MGD				3.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 1.6-5 MG/ML-% IV SOLN	0409-7809-11	NDC	J1265	HCPCS		both		1 EA	6		Horizon	NJ Health				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 1.6-5 MG/ML-% IV SOLN	0409-7809-11	NDC	J1265	HCPCS		both		1 EA	6		Horizon	PPO				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 1.6-5 MG/ML-% IV SOLN	0409-7809-11	NDC	J1265	HCPCS		both		1 EA	6		UHC	Medicaid				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE-DEXTROSE 1.6-5 MG/ML-% IV SOLN	0409-7809-11	NDC	J1265	HCPCS		both		1 EA	6		WellPoint	WellPoint				1.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.5% -1:200000 INJ SOLN	0409-9045-16	NDC	J3490	HCPCS		both		1 EA	0.48		UHC	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE HCL 40 MG/ML IV SOLN	0409-9104-20	NDC	J1265	HCPCS		both		1 EA	2.1		Horizon	NJ Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOPAMINE HCL 40 MG/ML IV SOLN	0409-9104-21	NDC	J1265	HCPCS		both		1 EA	2.1		Horizon	NJ Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAROLINE FOSAMIL 600 MG IV SOLR	0456-0600-01	NDC	J0712	HCPCS		both		1 EA	14.01		Horizon	NJ Health				1.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAROLINE FOSAMIL 600 MG IV SOLR	0456-0600-01	NDC	J0712	HCPCS		both		1 EA	14.01		Horizon	PPO				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAROLINE FOSAMIL 600 MG IV SOLR	0456-0600-10	NDC	J0712	HCPCS		both		1 EA	15.45		Horizon	NJ Health				1.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAROLINE FOSAMIL 600 MG IV SOLR	0456-0600-10	NDC	J0712	HCPCS		both		1 EA	15.45		Horizon	PPO				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME-AVIBACTAM 2.5 (2-0.5) G IV SOLR	0456-2700-01	NDC	J0714	HCPCS		both		1 EA	373.83		Amerihealth	HMO/PPO				51.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME-AVIBACTAM 2.5 (2-0.5) G IV SOLR	0456-2700-01	NDC	J0714	HCPCS		both		1 EA	373.83		Horizon	NJ Health				56.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME-AVIBACTAM 2.5 (2-0.5) G IV SOLR	0456-2700-01	NDC	J0714	HCPCS		both		1 EA	373.83		WellPoint	WellPoint				35.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME-AVIBACTAM 2.5 (2-0.5) G IV SOLR	0456-2700-10	NDC	J0714	HCPCS		both		1 EA	373.83		Amerihealth	HMO/PPO				51.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME-AVIBACTAM 2.5 (2-0.5) G IV SOLR	0456-2700-10	NDC	J0714	HCPCS		both		1 EA	373.83		Horizon	NJ Health				56.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME-AVIBACTAM 2.5 (2-0.5) G IV SOLR	0456-2700-10	NDC	J0714	HCPCS		both		1 EA	373.83		WellPoint	WellPoint				35.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPHOTERICIN B LIPOSOME 50 MG IV SUSR	0469-3051-30	NDC	J0289	HCPCS		both		1 EA	229.18		Horizon	NJ Health				92.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RISPERIDONE MICROSPHERES ER 50 MG IM SRER	0480-1453-08	NDC	J2794	HCPCS		both		1 EA	42.04		Horizon	NJ Health				4.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RISPERIDONE MICROSPHERES ER 50 MG IM SRER	0480-1453-08	NDC	J2794	HCPCS		both		1 EA	42.04		Wellcare	Medicaid				3.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0517-0031-01	NDC	J3420	HCPCS		both		1 EA	26.22		Aetna	Better Health				3.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0517-0031-01	NDC	J3420	HCPCS		both		1 EA	26.22		Aetna	Commercial				.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0517-0031-01	NDC	J3420	HCPCS		both		1 EA	26.22		Aetna	Medicare				4.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	0517-0031-01	NDC	J3420	HCP

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-01	NDC	J2210	HCPCS		both	1 EA	112.62		Aetna	Commercial				24.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-01	NDC	J2210	HCPCS		both	1 EA	112.62		Horizon	NJ Health				17.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-01	NDC	J2210	HCPCS		both	1 EA	112.62		Horizon	PPO				44.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-01	NDC	J2210	HCPCS		both	1 EA	112.62		UHC	Medicaid				22.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-01	NDC	J2210	HCPCS		both	1 EA	112.62		Wellcare	Medicaid				18.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-01	NDC	J2210	HCPCS		both	1 EA	112.62		WellPoint	WellPoint				28.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-20	NDC	J2210	HCPCS		both	1 EA	112.62		Aetna	Commercial				24.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-20	NDC	J2210	HCPCS		both	1 EA	112.62		Horizon	NJ Health				17.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-20	NDC	J2210	HCPCS		both	1 EA	112.62		Horizon	PPO				44.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-20	NDC	J2210	HCPCS		both	1 EA	112.62		UHC	Medicaid				22.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-20	NDC	J2210	HCPCS		both	1 EA	112.62		Wellcare	Medicaid				18.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLERGONOVINE MALEATE 0.2 MG/ML INJ SOLN	0517-0740-20	NDC	J2210	HCPCS		both	1 EA	112.62		WellPoint	WellPoint				28.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-01	NDC	J0461	HCPCS		both	1 EA	1.01		Aetna	Commercial				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-01	NDC	J0461	HCPCS		both	1 EA	1.01		Horizon	NJ Health				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-01	NDC	J0461	HCPCS		both	1 EA	1.01		Horizon	PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-01	NDC	J0461	HCPCS		both	1 EA	1.01		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-01	NDC	J0461	HCPCS		both	1 EA	1.01		UHC	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-01	NDC	J0461	HCPCS		both	1 EA	1.01		United	Commercial|PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-25	NDC	J0461	HCPCS		both	1 EA	1.01		Aetna	Commercial				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-25	NDC	J0461	HCPCS		both	1 EA	1.01		Horizon	NJ Health				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-25	NDC	J0461	HCPCS		both	1 EA	1.01		Horizon	PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-25	NDC	J0461	HCPCS		both	1 EA	1.01		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-25	NDC	J0461	HCPCS		both	1 EA	1.01		UHC	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 0.4 MG/ML IV SOLN	0517-1004-25	NDC	J0461	HCPCS		both	1 EA	1.01		United	Commercial|PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Aetna	Better Health				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Aetna	Commercial				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Aetna	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Amerihealth	HMO|PPO				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	Indemnity				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	Medicare Blue				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	MGD				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	NJ Health				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		UHC	Medicaid				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		UHC	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Wellcare	Medicaid				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		Wellcare	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-01	NDC	J1756	HCPCS		both	1 EA	2.27		WellPoint	WellPoint				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Aetna	Better Health				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Aetna	Commercial				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Aetna	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Amerihealth	HMO|PPO				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	Indemnity				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	Medicare Blue				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	MGD				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	NJ Health				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		UHC	Medicaid				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		UHC	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Wellcare	Medicaid				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		Wellcare	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-10	NDC	J1756	HCPCS		both	1 EA	2.27		WellPoint	WellPoint				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Aetna	Better Health				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Aetna	Commercial				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Aetna	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Amerihealth	HMO|PPO				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	Indemnity				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	Medicare Blue				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	MGD				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	NJ Health				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		UHC	Medicaid				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		UHC	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Wellcare	Medicaid				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		Wellcare	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRON SUCROSE 20 MG/ML IV SOLN	0517-2340-25	NDC	J1756	HCPCS		both	1 EA	2.27		WellPoint	WellPoint				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-01	NDC	J3410	HCPCS		both	1 EA	105.33		Aetna	Commercial				12.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-01	NDC	J3410	HCPCS		both	1 EA	105.33		Aetna	Medicare				71.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-01	NDC	J3410	HCPCS		both	1 EA	105.33		Amerihealth	HMO|PPO				17.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-01	NDC	J3410	HCPCS		both	1 EA	105.33		Horizon	NJ Health				20.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-01	NDC	J3410	HCPCS		both	1 EA	105.33		UHC	Medicaid				31.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-01	NDC	J3410	HCPCS		both	1 EA	105.33		WellPoint	WellPoint				21.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-25	NDC	J3410	HCPCS		both	1 EA	105.33		Aetna	Commercial				12.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-25	NDC	J3410	HCPCS		both	1 EA	105.33		Aetna	Medicare				71.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-25	NDC	J3410	HCPCS		both	1 EA	105.33		Amerihealth	HMO|PPO				17.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-25	NDC	J3410	HCPCS		both	1 EA	105.33		Horizon	NJ Health				20.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-25	NDC	J3410	HCPCS		both	1 EA	105.33		UHC	Medicaid				31.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROXYZINE HCL 25 MG/ML IM SOLN	0517-4201-25	NDC	J3410	HCPCS		both	1 EA	105.33		WellPoint	WellPoint				21.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL PROTEIN-BOUND PART 100 MG IV SUSR	0517-4300-01	NDC	J9264	HCPCS		both	1 EA	59		Aetna	Commercial				20.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL PROTEIN-BOUND PART 100 MG IV SUSR	0517-4300-01	NDC	J9264	HCPCS		both	1 EA	59		Horizon	MGD				14.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL PROTEIN-BOUND PART 100 MG IV SUSR	0517-4300-01	NDC	J9264	HCPCS		both	1 EA	59		Horizon	NJ Health				13.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NITROGLYCERIN 5 MG/ML IV SOLN	0517-4810-25	NDC	J2305	HCPCS		both	1 EA	5.61		Horizon	NJ Health				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Aetna	Better Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Aetna	Commercial				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Aetna	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Amerihealth	HMO|PPO				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Horizon	Indemnity				1.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Horizon	Medicare Blue				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Horizon	MGD				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Horizon	NJ Health				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Horizon	PPO				0.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		UHC	Medicaid				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		UHC	Medicare				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		United	Commercial|PPO				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		Wellcare	Medicaid				2.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	0517-6710-01	NDC	J0618	HCPCS		both	1 EA	0.15		WellPoint	WellPoint				1.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-01	NDC	J7608	HCPCS		both	1 EA	97.8		Aetna	Better Health				11.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-01	NDC	J7608	HCPCS		both	1 EA	97.8		Aetna	Commercial				37.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-01	NDC	J7608	HCPCS		both	1 EA	97.8		Aetna	Medicare				10.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-01	NDC	J7608	HCPCS		both	1 EA	97.8		Horizon	Medicare Blue				12.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-01	NDC	J7608	HCPCS		both	1 EA	97.8		Horizon	NJ Health				8.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-01	NDC	J7608	HCPCS		both	1 EA	97.8		Horizon	PPO				29.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-01	NDC	J7608	HCPCS		both	1 EA	97.8		UHC	Medicaid				25.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-01	NDC	J7608	HCPCS		both	1 EA	97.8		UHC	Medicare				56.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-01	NDC	J7608	HCPCS		both	1 EA	97.8		WellPoint	WellPoint				30.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-25	NDC	J7608	HCPCS		both	1 EA	97.8		Aetna	Better Health				11.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-25	NDC	J7608	HCPCS		both	1 EA	97.8		Aetna	Commercial				37.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-25	NDC	J7608	HCPCS		both	1 EA	97.8		Aetna	Medicare				10.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-25	NDC	J7608	HCPCS		both	1 EA	97.8		Horizon	Medicare Blue				12.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-25	NDC	J7608	HCPCS		both	1 EA	97.8		Horizon	NJ Health				8.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-25	NDC	J7608	HCPCS		both	1 EA	97.8		Horizon	PPO				29.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-25	NDC	J7608	HCPCS		both	1 EA	97.8		UHC	Medicaid				25.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-25	NDC	J7608	HCPCS		both	1 EA	97.8		UHC	Medicare				56.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	0517-7504-25	NDC	J7608	HCPCS		both	1 EA	97.8		WellPoint	WellPoint				30.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		Aetna	Commercial				13.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		Aetna	Medicare				14.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		Amerihealth	HMO|PPO				9.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		Horizon	Medicare Blue				9.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		Horizon	MGD				14.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		Horizon	NJ Health				7.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		Horizon	PPO				18.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		UHC	Medicaid				8.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		UHC	Medicare				9.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		Wellcare	Medicaid				14.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-01	NDC	J7608	HCPCS		both	1 EA	64.95		WellPoint	WellPoint				19.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-25	NDC	J7608	HCPCS		both	1 EA	64.95		Aetna	Commercial				13.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-25	NDC	J7608	HCPCS		both	1 EA	64.95		Aetna	Medicare				14.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	0517-7604-25	NDC	J7608

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-01	NDC	J1790	HCPCS		both		1 EA	38.28		UHC	Medicare				5.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-01	NDC	J1790	HCPCS		both		1 EA	38.28		United	CommercialPPO				4.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-01	NDC	J1790	HCPCS		both		1 EA	38.28		Wellcare	Medicaid				10.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-01	NDC	J1790	HCPCS		both		1 EA	38.28		Wellcare	Medicare				4.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-01	NDC	J1790	HCPCS		both		1 EA	38.28		WellPoint	WellPoint				7.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		Aetna	Better Health				9.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		Aetna	Commercial				3.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		Horizon	Indemnity				6.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		Horizon	Medicare Blue				5.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		Horizon	MGD				7.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		Horizon	NJ Health				4.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		Horizon	PPO				9.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		UHC	Medicaid				5.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		UHC	Medicare				5.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		United	CommercialPPO				4.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		Wellcare	Medicaid				10.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		Wellcare	Medicare				4.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DROPERIDOL 2.5 MG/ML INJ SOLN	0517-9702-25	NDC	J1790	HCPCS		both		1 EA	38.28		WellPoint	WellPoint				7.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 200 MG/ML PO SUSR	0527-5160-82	NDC	J7517	HCPCS		both		1 EA	33.98		Horizon	Indemnity				9.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 200 MG/ML PO SUSR	0527-5160-82	NDC	J7517	HCPCS		both		1 EA	33.98		Horizon	MGD				12.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 200 MG/ML PO SUSR	0527-5160-82	NDC	J7517	HCPCS		both		1 EA	33.98		Horizon	NJ Health				9.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 200 MG/ML PO SUSR	0527-5160-82	NDC	J7517	HCPCS		both		1 EA	33.98		Horizon	PPO				8.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		Aetna	Commercial				297.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		Aetna	Medicare				230.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		Amerihealth	HMO/PPO				144.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		Horizon	Medicare Blue				143.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		Horizon	MGD				227.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		Horizon	NJ Health				131.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		Horizon	PPO				98.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		UHC	Medicaid				117.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		UHC	Medicare				149.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		United	CommercialPPO				130.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		Wellcare	Medicaid				151.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLUCAGON (RDNA) 1 MG INJ KIT	0548-5850-00	NDC	J1610	HCPCS		both		1 EA	1008		WellPoint	WellPoint				152.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
COSYNTROPIN 0.25 MG INJ SOLR	0548-5900-00	NDC	J0834	HCPCS		both		1 EA	383.7		Aetna	Better Health				53.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
COSYNTROPIN 0.25 MG INJ SOLR	0548-5900-00	NDC	J0834	HCPCS		both		1 EA	383.7		Aetna	Medicare				52.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
COSYNTROPIN 0.25 MG INJ SOLR	0548-5900-00	NDC	J0834	HCPCS		both		1 EA	383.7		UHC	Medicare				84.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
COSYNTROPIN 0.25 MG INJ SOLR	0548-5900-00	NDC	J0834	HCPCS		both		1 EA	383.7		Wellcare	Medicaid				67.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RHO D IMMUNE GLOBULIN 1500 UNITS IM SOSY	0562-7805-01	NDC	J2790	HCPCS		both		1 EA	442.8		Aetna	Commercial				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RHO D IMMUNE GLOBULIN 1500 UNITS IM SOSY	0562-7805-05	NDC	J2790	HCPCS		both		1 EA	442.8		Aetna	Commercial				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 1 MG PO TABS	0603-5335-21	NDC	J7512	HCPCS		both		1 EA	0.75		Horizon	MGD				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 2.5 MG PO TABS	0603-5336-21	NDC	J7512	HCPCS		both		1 EA	0.2		Horizon	NJ Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 2.5 MG PO TABS	0603-5336-21	NDC	J7512	HCPCS		both		1 EA	0.2		UHC	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		Aetna	Commercial				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		Amerihealth	HMO/PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		Horizon	Indemnity				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		Horizon	Medicare Blue				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		Horizon	MGD				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		Horizon	PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		UHC	Medicare				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		Wellcare	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-21	NDC	J1100	HCPCS		both		1 EA	0.52		WellPoint	WellPoint				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		Aetna	Commercial				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		Amerihealth	HMO/PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		Horizon	Indemnity				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		Horizon	Medicare Blue				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		Horizon	MGD				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		Horizon	PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		UHC	Medicare				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		Wellcare	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML INJ SOLN	0641-0367-25	NDC	J1100	HCPCS		both		1 EA	0.51		WellPoint	WellPoint				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYTOIN SODIUM 50 MG/ML INJ SOLN	0641-0493-21	NDC	J1165	HCPCS		both		1 EA	2.52		Horizon	NJ Health				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYTOIN SODIUM 50 MG/ML INJ SOLN	0641-0493-21	NDC	J1165	HCPCS		both		1 EA	2.52		United	CommercialPPO				1.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYTOIN SODIUM 50 MG/ML INJ SOLN	0641-0493-25	NDC	J1165	HCPCS		both		1 EA	2.49		Horizon	NJ Health				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYTOIN SODIUM 50 MG/ML INJ SOLN	0641-0493-25	NDC	J1165	HCPCS		both		1 EA	2.49		United	CommercialPPO				1.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-31	NDC	J3230	HCPCS		both		1 EA	208.02		Aetna	Commercial				23.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-31	NDC	J3230	HCPCS		both		1 EA	208.02		Horizon	Medicare Blue				13.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-31	NDC	J3230	HCPCS		both		1 EA	208.02		Horizon	NJ Health				10.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-31	NDC	J3230	HCPCS		both		1 EA	208.02		Horizon	PPO				39.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-31	NDC	J3230	HCPCS		both		1 EA	208.02		UHC	Medicaid				32.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-31	NDC	J3230	HCPCS		both		1 EA	208.02		Wellcare	Medicaid				18.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-31	NDC	J3230	HCPCS		both		1 EA	208.02		WellPoint	WellPoint				14.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-35	NDC	J3230	HCPCS		both		1 EA	208.02		Aetna	Commercial				23.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-35	NDC	J3230	HCPCS		both		1 EA	208.02		Horizon	Medicare Blue				13.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-35	NDC	J3230	HCPCS		both		1 EA	208.02		Horizon	NJ Health				10.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-35	NDC	J3230	HCPCS		both		1 EA	208.02		Horizon	PPO				39.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-35	NDC	J3230	HCPCS		both		1 EA	208.02		UHC	Medicaid				32.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-35	NDC	J3230	HCPCS		both		1 EA	208.02		Wellcare	Medicaid				18.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 25 MG/ML INJ SOLN	0641-1397-35	NDC	J3230	HCPCS		both		1 EA	208.02		WellPoint	WellPoint				14.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 50 MG/2ML INJ SOLN	0641-1398-31	NDC	J3230	HCPCS		both		1 EA	119.16		Horizon	NJ Health				23.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLORPROMAZINE HCL 50 MG/2ML INJ SOLN	0641-1398-35	NDC	J3230	HCPCS		both		1 EA	119.16		Horizon	NJ Health				23.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIGOXIN 0.25 MG/ML INJ SOLN	0641-1410-31	NDC	J1160	HCPCS		both		1 EA	19.8		Aetna	Better Health				2.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIGOXIN 0.25 MG/ML INJ SOLN	0641-1410-31	NDC	J1160	HCPCS		both		1 EA	19.8		UHC	Medicare				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIGOXIN 0.25 MG/ML INJ SOLN	0641-1410-35	NDC	J1160	HCPCS		both		1 EA	19.8		Aetna	Better Health				2.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIGOXIN 0.25 MG/ML INJ SOLN	0641-1410-35	NDC	J1160	HCPCS		both		1 EA	19.8		UHC	Medicare				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYTOIN SODIUM 50 MG/ML INJ SOLN	0641-2555-41	NDC	J1165	HCPCS		both		1 EA	1.44		Horizon	NJ Health				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYTOIN SODIUM 50 MG/ML INJ SOLN	0641-2555-41	NDC	J1165	HCPCS		both		1 EA	1.44		United	CommercialPPO				1.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYTOIN SODIUM 50 MG/ML INJ SOLN	0641-2555-45	NDC	J1165	HCPCS		both		1 EA	1.44		Horizon	NJ Health				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYTOIN SODIUM 50 MG/ML INJ SOLN	0641-2555-45	NDC	J1165	HCPCS		both		1 EA	1.44		United	CommercialPPO				1.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		Aetna	Better Health				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		Aetna	Commercial				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		Aetna	Medicare				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		Horizon	Indemnity				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		Horizon	Medicare Blue				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		Horizon	MGD				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		Horizon	NJ Health				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		Horizon	PPO				1.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		UHC	Medicaid				0.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		UHC	Medicare				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		United	CommercialPPO				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		United	Oxford				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		Wellcare	Medicaid				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6001-25	NDC	J2060	HCPCS		both		1 EA	6.84		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6007-01	NDC	J1939	HCPCS		both		1 EA	2.34		Horizon	NJ Health				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6007-01	NDC	J1939	HCPCS		both		1 EA	2.34		UHC	Medicaid				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6007-01	NDC	J1939	HCPCS		both		1 EA	2.34		United	CommercialPPO				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6007-10	NDC	J1939	HCPCS		both		1 EA	2.34		Horizon	NJ Health				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6007-10	NDC	J1939	HCPCS		both		1 EA	2.34		UHC	Medicaid				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6007-10	NDC	J1939	HCPCS		both		1 EA	2.34		United	CommercialPPO				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6008-01	NDC	J1939	HCPCS		both		1 EA	5.46		Horizon	NJ Health				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6008-01	NDC	J1939	HCPCS		both		1 EA	5.46		UHC	Medicaid				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6008-01	NDC	J1939	HCPCS		both		1 EA	5.46		United	CommercialPPO				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6008-10	NDC	J1939	HCPCS		both		1 EA	5.46		Horizon	NJ Health				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6008-10	NDC	J1939	HCPCS		both		1 EA	5.46		UHC	Medicaid				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	0641-6008-10	NDC	J1939	HCPCS		both		1 EA	5.46		United	CommercialPPO				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	0641-6013-01	NDC	J1163	HCPCS		both		1 EA	0.25		Horizon	Medicare Blue				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	0641-6013-01	NDC	J1163	HCPCS		both		1 EA	0.25		Horizon	NJ Health				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SO

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Aetna	Better Health				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Aetna	Commercial				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Aetna	Medicare				1.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Amerihealth	HMO/PPO				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Horizon	Indemnity				2.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Horizon	Medicare Blue				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Horizon	MGD				2.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Horizon	NJ Health				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Horizon	PPO				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Qualcare	Qualcare				0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		UHC	Medicaid				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		UHC	Medicare				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		United	Commercial|PPO				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		United	Oxford				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Wellcare	Medicaid				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		Wellcare	Medicare				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	0641-6027-25	NDC	J3010	HCPCS		both		1 EA	7.62		WellPoint	WellPoint				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		Aetna	Better Health				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		Aetna	Commercial				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		Aetna	Medicare				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		Horizon	Indemnity				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		Horizon	Medicare Blue				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		Horizon	MGD				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		Horizon	NJ Health				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		Horizon	PPO				1.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		UHC	Medicaid				0.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		UHC	Medicare				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		United	Commercial|PPO				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		United	Oxford				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		Wellcare	Medicaid				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-01	NDC	J2060	HCPCS		both		1 EA	5.1		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		Aetna	Better Health				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		Aetna	Commercial				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		Aetna	Medicare				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		Horizon	Indemnity				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		Horizon	Medicare Blue				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		Horizon	MGD				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		Horizon	NJ Health				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		Horizon	PPO				1.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		UHC	Medicaid				0.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		UHC	Medicare				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		United	Commercial|PPO				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		United	Oxford				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		Wellcare	Medicaid				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LORAZEPAM 2 MG/ML INJ SOLN	0641-6044-25	NDC	J2060	HCPCS		both		1 EA	5.13		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPERIDINE HCL 25 MG/ML INJ SOLN	0641-6052-01	NDC	J2175	HCPCS		both		1 EA	36.6		Horizon	Medicare Blue				7.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Aetna	Better Health				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Aetna	Commercial				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Aetna	Medicare				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Amerihealth	HMO/PPO				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	Indemnity				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	Medicare Blue				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	MGD				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	NJ Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Qualcare	Qualcare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		UHC	Medicaid				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		UHC	Medicare				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		United	Commercial|PPO				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		United	Oxford				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Wellcare	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		Wellcare	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-01	NDC	J2250	HCPCS		both		1 EA	1.17		WellPoint	WellPoint				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Aetna	Better Health				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Aetna	Commercial				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Aetna	Medicare				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Amerihealth	HMO/PPO				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	Indemnity				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	Medicare Blue				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	MGD				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	NJ Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Qualcare	Qualcare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		UHC	Medicaid				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		UHC	Medicare				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		United	Commercial|PPO				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		United	Oxford				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Wellcare	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		Wellcare	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6057-25	NDC	J2250	HCPCS		both		1 EA	1.17		WellPoint	WellPoint				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Aetna	Better Health				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Aetna	Commercial				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Aetna	Medicare				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Amerihealth	HMO/PPO				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	Indemnity				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	Medicare Blue				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	MGD				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		UHC	Medicaid				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		UHC	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		United	Commercial|PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		United	Oxford				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Wellcare	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		Wellcare	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-01	NDC	J2250	HCPCS		both		1 EA	0.99		WellPoint	WellPoint				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Aetna	Better Health				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Aetna	Commercial				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Aetna	Medicare				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Amerihealth	HMO/PPO				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	Indemnity				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	Medicare Blue				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	MGD				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Horizon	PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		UHC	Medicaid				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		UHC	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		United	Commercial|PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		United	Oxford				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Wellcare	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		Wellcare	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 5 MG/5ML INJ SOLN	0641-6059-10	NDC	J2250	HCPCS		both		1 EA	0.99		WellPoint	WellPoint				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		Aetna	Better Health				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		Aetna	Commercial				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		Aetna	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		Horizon	MGD				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		Horizon	NJ Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		Horizon	PPO				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		UHC	Medicare				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		United	Commercial|PPO				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		Wellcare	Medicaid				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 10 MG/2ML INJ SOLN	0641-6063-25	NDC	J2250	HCPCS		both		1 EA	0.45		Wellc

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0641-6117-10	NDC	J0295	HCPCS		both		1 EA	13.71		Horizon	NJ Health				3.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0641-6117-10	NDC	J0295	HCPCS		both		1 EA	13.71		Horizon	PPO				5.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0641-6117-10	NDC	J0295	HCPCS		both		1 EA	13.71		UHC	Medicaid				5.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0641-6117-10	NDC	J0295	HCPCS		both		1 EA	13.71		UHC	Medicare				9.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0641-6117-10	NDC	J0295	HCPCS		both		1 EA	13.71		United	Commercial|PPO				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0641-6117-10	NDC	J0295	HCPCS		both		1 EA	13.71		United	Oxford				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0641-6117-10	NDC	J0295	HCPCS		both		1 EA	13.71		Wellcare	Medicaid				3.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0641-6117-10	NDC	J0295	HCPCS		both		1 EA	13.71		Wellcare	Medicare				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	0641-6117-10	NDC	J0295	HCPCS		both		1 EA	13.71		WellPoint	WellPoint				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE 10 MG/ML IV SOLN	0641-6127-01	NDC	J2270	HCPCS		both		1 EA	9.18		UHC	Medicaid				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE 10 MG/ML IV SOLN	0641-6127-25	NDC	J2270	HCPCS		both		1 EA	9.18		UHC	Medicaid				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-01	NDC	J2312	HCPCS		both		1 EA	0.54		Aetna	Better Health				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-01	NDC	J2312	HCPCS		both		1 EA	0.54		Aetna	Commercial				21.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-01	NDC	J2312	HCPCS		both		1 EA	0.54		Horizon	MGD				14.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-01	NDC	J2312	HCPCS		both		1 EA	0.54		Horizon	NJ Health				11.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-01	NDC	J2312	HCPCS		both		1 EA	0.54		Horizon	PPO				8.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-01	NDC	J2312	HCPCS		both		1 EA	0.54		UHC	Medicaid				14.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-01	NDC	J2312	HCPCS		both		1 EA	0.54		UHC	Medicare				21.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-01	NDC	J2312	HCPCS		both		1 EA	0.54		Wellcare	Medicaid				5.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-01	NDC	J2312	HCPCS		both		1 EA	0.54		WellPoint	WellPoint				9.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-25	NDC	J2312	HCPCS		both		1 EA	0.54		Aetna	Better Health				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-25	NDC	J2312	HCPCS		both		1 EA	0.54		Aetna	Commercial				21.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-25	NDC	J2312	HCPCS		both		1 EA	0.54		Horizon	MGD				14.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-25	NDC	J2312	HCPCS		both		1 EA	0.54		Horizon	NJ Health				11.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-25	NDC	J2312	HCPCS		both		1 EA	0.54		Horizon	PPO				8.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-25	NDC	J2312	HCPCS		both		1 EA	0.54		UHC	Medicaid				14.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-25	NDC	J2312	HCPCS		both		1 EA	0.54		UHC	Medicare				21.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-25	NDC	J2312	HCPCS		both		1 EA	0.54		Wellcare	Medicaid				5.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 0.4 MG/ML INJ SOLN	0641-6132-25	NDC	J2312	HCPCS		both		1 EA	0.54		WellPoint	WellPoint				9.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-01	NDC	Q2009	HCPCS		both		1 EA	26.64		Aetna	Better Health				11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-01	NDC	Q2009	HCPCS		both		1 EA	26.64		Horizon	Medicare Blue				2.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-01	NDC	Q2009	HCPCS		both		1 EA	26.64		Horizon	MGD				27.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-01	NDC	Q2009	HCPCS		both		1 EA	26.64		Horizon	NJ Health				3.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-01	NDC	Q2009	HCPCS		both		1 EA	26.64		UHC	Medicare				5.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-01	NDC	Q2009	HCPCS		both		1 EA	26.64		Wellcare	Medicaid				9.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-25	NDC	Q2009	HCPCS		both		1 EA	26.64		Aetna	Better Health				11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-25	NDC	Q2009	HCPCS		both		1 EA	26.64		Horizon	Medicare Blue				2.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-25	NDC	Q2009	HCPCS		both		1 EA	26.64		Horizon	MGD				27.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-25	NDC	Q2009	HCPCS		both		1 EA	26.64		Horizon	NJ Health				3.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-25	NDC	Q2009	HCPCS		both		1 EA	26.64		UHC	Medicare				5.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 100 MG PE/2ML INJ SOLN	0641-6136-25	NDC	Q2009	HCPCS		both		1 EA	26.64		Wellcare	Medicaid				9.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-01	NDC	J2371	HCPCS		both		1 EA	0.03		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-01	NDC	J2371	HCPCS		both		1 EA	0.03		Amerihealth	HMO|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-01	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-01	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-01	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-01	NDC	J2371	HCPCS		both		1 EA	0.03		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-01	NDC	J2371	HCPCS		both		1 EA	0.03		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-01	NDC	J2371	HCPCS		both		1 EA	0.03		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-25	NDC	J2371	HCPCS		both		1 EA	0.03		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-25	NDC	J2371	HCPCS		both		1 EA	0.03		Amerihealth	HMO|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-25	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-25	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-25	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-25	NDC	J2371	HCPCS		both		1 EA	0.03		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-25	NDC	J2371	HCPCS		both		1 EA	0.03		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6142-25	NDC	J2371	HCPCS		both		1 EA	0.03		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Aetna	Better Health				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Aetna	Commercial				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Aetna	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Amerihealth	HMO|PPO				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	Indemnity				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	Medicare Blue				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	MGD				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	NJ Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	PPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Quaicare	Quaicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		UHC	Medicaid				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		UHC	Medicare				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		United	Commercial|PPO				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		Wellcare	Medicaid				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-01	NDC	J2710	HCPCS		both		1 EA	1.62		WellPoint	WellPoint				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Aetna	Better Health				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Aetna	Commercial				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Aetna	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Amerihealth	HMO|PPO				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	Indemnity				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	Medicare Blue				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	MGD				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	NJ Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Horizon	PPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Quaicare	Quaicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		UHC	Medicaid				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		UHC	Medicare				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		United	Commercial|PPO				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		Wellcare	Medicaid				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 10 MG/10ML IV SOLN	0641-6149-10	NDC	J2710	HCPCS		both		1 EA	1.62		WellPoint	WellPoint				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-01	NDC	J0278	HCPCS		both		1 EA	5.76		Amerihealth	HMO|PPO				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-01	NDC	J0278	HCPCS		both		1 EA	5.76		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-01	NDC	J0278	HCPCS		both		1 EA	5.76		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-01	NDC	J0278	HCPCS		both		1 EA	5.76		UHC	Medicare				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-01	NDC	J0278	HCPCS		both		1 EA	5.76		Wellcare	Medicaid				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-10	NDC	J0278	HCPCS		both		1 EA	5.76		Amerihealth	HMO|PPO				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-10	NDC	J0278	HCPCS		both		1 EA	5.76		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-10	NDC	J0278	HCPCS		both		1 EA	5.76		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-10	NDC	J0278	HCPCS		both		1 EA	5.76		UHC	Medicare				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	0641-6167-10	NDC	J0278	HCPCS		both		1 EA	5.76		Wellcare	Medicaid				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-01	NDC	J2354	HCPCS		both		1 EA	8.1		Horizon	Medicare Blue				3.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-01	NDC	J2354	HCPCS		both		1 EA	8.1		Horizon	MGD				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-01	NDC	J2354	HCPCS		both		1 EA	8.1		Horizon	NJ Health				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-01	NDC	J2354	HCPCS		both		1 EA	8.1		UHC	Medicaid				3.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-01	NDC	J2354	HCPCS		both		1 EA	8.1		UHC	Medicare				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-10	NDC	J2354	HCPCS		both		1 EA	8.1		Horizon	Medicare Blue				3.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-10	NDC	J2354	HCPCS		both		1 EA	8.1		Horizon	MGD				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-10	NDC	J2354	HCPCS		both		1 EA	8.1		Horizon	NJ Health				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-10	NDC	J2354	HCPCS		both		1 EA	8.1		UHC	Medicaid				3.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	0641-6174-10	NDC	J2354	HCPCS		both		1 EA	8.1		UHC	Medicare				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-01	NDC	J2371	HCPCS		both		1 EA	0.03		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-01	NDC	J2371	HCPCS		both		1 EA	0.03		Amerihealth	HMO|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-01	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-01	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-01	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-01	NDC	J2371	HCPCS		both		1 EA	0.03		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-01	NDC	J2371	HCPCS		both		1 EA	0.03		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-01	NDC	J2371	HCPCS		both		1 EA	0.03		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-10	NDC	J2371	HCPCS		both		1 EA	0.03		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-10	NDC	J2371	HCPCS		both		1 EA	0.03		Amerihealth	HMO|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-10	NDC	J2371	HCPCS		both		1 EA	0.03		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	0641-6188-10	NDC	J2371	HCPCS		both		1

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6209-01	NDC	J2250	HCPCS		both	1 EA	0.57		Horizon	PPO					0.25		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6209-01	NDC	J2250	HCPCS		both	1 EA	0.57		Quallcare	Quallcare					0.13		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6209-01	NDC	J2250	HCPCS		both	1 EA	0.57		UHC	Medicaid					0.24		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6209-01	NDC	J2250	HCPCS		both	1 EA	0.57		UHC	Medicare					0.25		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6209-01	NDC	J2250	HCPCS		both	1 EA	0.57		United	Commercial|PPO					0.19		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6209-01	NDC	J2250	HCPCS		both	1 EA	0.57		United	Oxford					0.16		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6209-01	NDC	J2250	HCPCS		both	1 EA	0.57		Wellcare	Medicaid					0.23		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6209-01	NDC	J2250	HCPCS		both	1 EA	0.57		Wellcare	Medicare					0.23		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MIDAZOLAM HCL 2 MG/2ML INJ SOLN	0641-6209-01	NDC	J2250	HCPCS		both	1 EA	0.57		WellPoint	WellPoint					0.26		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 10 MG/ML INJ SOLN	0703-0113-03	NDC	J1171	HCPCS		both	1 EA	0.07		Horizon	NJ Health					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		Aetna	Commercial					2.36		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		Aetna	Medicare					0.7		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		Horizon	Indemnity					2.64		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		Horizon	Medicare Blue					1		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		Horizon	MGD					3.06		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		Horizon	NJ Health					0.93		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		Horizon	PPO					1.98		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		UHC	Medicaid					2.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		UHC	Medicare					1.7		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		United	Commercial|PPO					1.05		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		United	Oxford					3.95		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		Wellcare	Medicaid					1.91		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		Wellcare	Medicare					1.15		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	0703-0241-01	NDC	J3301	HCPCS		both	1 EA	7.28		WellPoint	WellPoint					1.38		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	0703-3218-01	NDC	J9267	HCPCS		both	1 EA	1.2		Aetna	Commercial					0.29		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	0703-3218-01	NDC	J9267	HCPCS		both	1 EA	1.2		Amerihealth	HMO|PPO					0.23		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	0703-3218-01	NDC	J9267	HCPCS		both	1 EA	1.2		Horizon	MGD					0.25		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	0703-3218-01	NDC	J9267	HCPCS		both	1 EA	1.2		Horizon	NJ Health					0.26		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	0703-3218-01	NDC	J9267	HCPCS		both	1 EA	1.2		UHC	Medicaid					0.31		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	0703-3218-01	NDC	J9267	HCPCS		both	1 EA	1.2		UHC	Medicare					0.25		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	0703-3218-01	NDC	J9267	HCPCS		both	1 EA	1.2		United	Commercial|PPO					0.73		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	0703-3218-01	NDC	J9267	HCPCS		both	1 EA	1.2		Wellcare	Medicaid					0.24		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	0703-3218-01	NDC	J9267	HCPCS		both	1 EA	1.2		WellPoint	WellPoint					0.29		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM (PF) 50 MG/2ML INJ SOLN	0703-3671-01	NDC	J9260	HCPCS		both	1 EA	37.26		Horizon	NJ Health					1.39		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		Aetna	Commercial					5.8		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		Amerihealth	HMO|PPO					4.64		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		Horizon	Medicare Blue					3.37		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		Horizon	MGD					4.74		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		Horizon	NJ Health					4.88		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		Horizon	PPO					10.63		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		UHC	Medicaid					5.64		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		UHC	Medicare					4.68		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		Wellcare	Medicaid					4.62		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-01	NDC	J9045	HCPCS		both	1 EA	19.8		WellPoint	WellPoint					3.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		Aetna	Commercial					5.8		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		Amerihealth	HMO|PPO					4.64		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		Horizon	Medicare Blue					3.37		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		Horizon	MGD					4.74		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		Horizon	NJ Health					4.88		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		Horizon	PPO					10.63		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		UHC	Medicaid					5.64		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		UHC	Medicare					4.68		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		Wellcare	Medicaid					4.62		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARBOPLATIN 600 MG/60ML IV SOLN	0703-4239-81	NDC	J9045	HCPCS		both	1 EA	19.8		WellPoint	WellPoint					3.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SULFAMETHOXAZOLE-TRIMETHOPRIM 400-80 MG/5ML IV SOLN	0703-9514-03	NDC	J2865	HCPCS		both	1 EA	0.28		Horizon	Medicare Blue					4.27		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SULFAMETHOXAZOLE-TRIMETHOPRIM 400-80 MG/5ML IV SOLN	0703-9514-03	NDC	J2865	HCPCS		both	1 EA	0.28		Horizon	MGD					0.04		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SULFAMETHOXAZOLE-TRIMETHOPRIM 400-80 MG/5ML IV SOLN	0703-9514-03	NDC	J2865	HCPCS		both	1 EA	0.28		Horizon	NJ Health					0.16		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SULFAMETHOXAZOLE-TRIMETHOPRIM 400-80 MG/5ML IV SOLN	0703-9514-03	NDC	J2865	HCPCS		both	1 EA	0.28		UHC	Medicaid					2.73		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SULFAMETHOXAZOLE-TRIMETHOPRIM 400-80 MG/5ML IV SOLN	0703-9514-03	NDC	J2865	HCPCS		both	1 EA	0.28		WellPoint	WellPoint					3.88		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 3.375 (3-0.375) G IV SOLR	0781-3113-90	NDC	J2543	HCPCS		both	1 EA	18.46		Horizon	Medicare Blue					4.91		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 3.375 (3-0.375) G IV SOLR	0781-3113-90	NDC	J2543	HCPCS		both	1 EA	18.46		Horizon	MGD					7.15		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 3.375 (3-0.375) G IV SOLR	0781-3113-90	NDC	J2543	HCPCS		both	1 EA	18.46		Horizon	NJ Health					2.73		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 3.375 (3-0.375) G IV SOLR	0781-3113-90	NDC	J2543	HCPCS		both	1 EA	18.46		WellPoint	WellPoint					3.38		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 250 MG INJ SOLR	0781-3206-85	NDC	J0696	HCPCS		both	1 EA	5.34		Horizon	NJ Health					15.93		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Aetna	Better Health					5.12		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Aetna	Commercial					2.39		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Aetna	Medicare					4.06		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Amerihealth	HMO|PPO					4.61		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Horizon	Indemnity					3.73		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Horizon	Medicare Blue					4.95		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Horizon	MGD					2.44		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Horizon	NJ Health					4.88		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		UHC	Medicaid					4.75		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		UHC	Medicare					6.11		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		United	Commercial|PPO					6.99		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		United	Oxford					4.51		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Wellcare	Medicaid					3.62		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		Wellcare	Medicare					22		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	0781-3222-95	NDC	J0692	HCPCS		both	1 EA	30.5		WellPoint	WellPoint					7.11		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 500 MG INJ SOLR	0781-3233-94	NDC	J9074	HCPCS		both	1 EA	12.36		Horizon	MGD					1.66		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 500 MG INJ SOLR	0781-3233-94	NDC	J9074	HCPCS		both	1 EA	12.36		Horizon	PPO					0.63		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 500 MG INJ SOLR	0781-3233-94	NDC	J9074	HCPCS		both	1 EA	12.36		UHC	Medicaid					1.14		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 500 MG INJ SOLR	0781-3233-94	NDC	J9074	HCPCS		both	1 EA	12.36		UHC	Medicare					0.22		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-78	NDC	J0290	HCPCS		both	1 EA	25.14		Aetna	Better Health					3.09		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-78	NDC	J0290	HCPCS		both	1 EA	25.14		Aetna	Commercial					0.66		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-78	NDC	J0290	HCPCS		both	1 EA	25.14		Horizon	MGD					3.17		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-78	NDC	J0290	HCPCS		both	1 EA	25.14		Horizon	NJ Health					3.57		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-78	NDC	J0290	HCPCS		both	1 EA	25.14		WellPoint	WellPoint					5.13		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-95	NDC	J0290	HCPCS		both	1 EA	25.14		Aetna	Better Health					3.09		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-95	NDC	J0290	HCPCS		both	1 EA	25.14		Aetna	Commercial					0.66		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-95	NDC	J0290	HCPCS		both	1 EA	25.14		Horizon	MGD					3.17		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-95	NDC	J0290	HCPCS		both	1 EA	25.14		Horizon	NJ Health					3.57		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 250 MG INJ SOLR	0781-3402-95	NDC	J0290	HCPCS		both	1 EA	25.14		WellPoint	WellPoint					5.13		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-85	NDC	J0290	HCPCS		both	1 EA	12.96		Aetna	Better Health					4.06		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-85	NDC	J0290	HCPCS		both	1 EA	12.96		Aetna	Commercial					0.4		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-85	NDC	J0290	HCPCS		both	1 EA	12.96		Horizon	Medicare Blue					1.48		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-85	NDC	J0290	HCPCS		both	1 EA	12.96		Horizon	MGD					1.61		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-85	NDC	J0290	HCPCS		both	1 EA	12.96		Horizon	NJ Health					2.25		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-85	NDC	J0290	HCPCS		both	1 EA	12.96		UHC	Medicare					7.23		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-95	NDC	J0290	HCPCS		both	1 EA	12.96		Aetna	Better Health					4.06		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-95	NDC	J0290	HCPCS		both	1 EA	12.96		Aetna	Commercial					0.4		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-95	NDC	J0290	HCPCS		both	1 EA	12.96		Horizon	Medicare Blue					1.48		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-95	NDC	J0290	HCPCS		both	1 EA	12.96		Horizon	MGD					1.61		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-95	NDC	J0290	HCPCS		both	1 EA	12.96		Horizon	NJ Health					2.25		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	0781-3404-95	NDC	J0290	HCPCS		both	1 EA	12.96		UHC	Medicare					7.23		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-78	NDC	J0290	HCPCS		both	1 EA	13.23		Aetna	Better Health					2.52		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-78	NDC	J0290	HCPCS		both	1 EA	13.23		Aetna	Commercial					0.4		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-78	NDC	J0290	HCPCS		both	1 EA	13.23		Horizon	MGD					1.66		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-78	NDC	J0290	HCPCS		both	1 EA	13.23		Horizon	NJ Health					2.36		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-78	NDC	J0290	HCPCS		both	1 EA	13.23		UHC	Medicaid					3.72		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-78	NDC	J0290	HCPCS		both	1 EA	13.23		WellPoint	WellPoint					2.42		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-95	NDC	J0290	HCPCS		both	1 EA	13.23		Aetna	Better Health					2.52		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-95	NDC	J0290	HCPCS		both	1 EA	13.23		Aetna	Commercial					0.4		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-95	NDC	J0290	HCPCS		both	1 EA	13.23		Horizon	MGD					1.66		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-95	NDC	J0290	HCPCS		both	1 EA	13.23		Horizon	NJ Health					2.36		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-95	NDC	J0290	HCPCS		both	1 EA	13.23		UHC	Medicaid					3.72		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	0781-3407-95	NDC	J0290	HCPCS		both	1 EA	13.23		WellPoint	WellPoint					2.42		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	0781-3408-80	NDC	J0290	HCPCS		both	1 EA	12.56		Aetna	Better Health					3.62		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	0781-3408-80	NDC	J0290	HCPCS		both	1 EA	12.56		Aetna	Commercial					1.14		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	0781-3408-80	NDC	J0290	HCPCS		both	1 EA	12.56		Aetna	Medicare					1.68		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	0781-3408-80	NDC	J0290	HCPCS		both	1 EA	12.56		Amerihealth	HMO|PPO					4.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	0781-3408-80	NDC	J0290	HCPCS		both	1 EA	12.56		Horizon	Indemnity					0.69		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	0781-3408-80	NDC	J0290	HCPCS		both	1 EA	12.56		Horizon	Medicare Blue					1.95		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	0781-3408-80	NDC	J0290	HCPCS		both	1 EA	12.56		Horizon	MGD					3.15		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	0781-3408-80	NDC	J0290	HCPCS		both	1 EA	12.56		Horizon	NJ Health					0.98		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	0781-3408-80	NDC	J0290	HC

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIPHENHYDRAMINE HCL 50 MG PO CAPS	0904-2056-61	NDC	Q0163	HCPCS		both		1 EA	0.18		Horizon	MGD				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG PO CAPS	0904-2056-61	NDC	Q0163	HCPCS		both		1 EA	0.18		Horizon	NJ Health				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG PO CAPS	0904-2056-61	NDC	Q0163	HCPCS		both		1 EA	0.18		Horizon	PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG PO CAPS	0904-2056-61	NDC	Q0163	HCPCS		both		1 EA	0.18		UHC	Medicaid				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG PO CAPS	0904-2056-61	NDC	Q0163	HCPCS		both		1 EA	0.18		UHC	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG PO CAPS	0904-2056-61	NDC	Q0163	HCPCS		both		1 EA	0.18		United	Commercial|PPO				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG PO CAPS	0904-2056-61	NDC	Q0163	HCPCS		both		1 EA	0.18		Wellcare	Medicaid				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG PO CAPS	0904-2056-61	NDC	Q0163	HCPCS		both		1 EA	0.18		Wellcare	Medicare				0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG PO CAPS	0904-2056-61	NDC	Q0163	HCPCS		both		1 EA	0.18		WellPoint	WellPoint				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		Aetna	Commercial				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		Aetna	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	Medicare Blue				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	MGD				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	NJ Health				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	PPO				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		UHC	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		UHC	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		Wellcare	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	0904-6551-61	NDC	Q0162	HCPCS		both		1 EA	0.56		WellPoint	WellPoint				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERPHENAZINE 4 MG PO TABS	0904-6600-61	NDC	Q0175	HCPCS		both		1 EA	5.37		Aetna	Better Health				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERPHENAZINE 4 MG PO TABS	0904-6600-61	NDC	Q0175	HCPCS		both		1 EA	5.37		Horizon	NJ Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERPHENAZINE 4 MG PO TABS	0904-6600-61	NDC	Q0175	HCPCS		both		1 EA	5.37		UHC	Medicaid				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 0.5 MG PO CAPS	0904-6623-61	NDC	J7507	HCPCS		both		1 EA	7.56		Aetna	Better Health				0.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 0.5 MG PO CAPS	0904-6623-61	NDC	J7507	HCPCS		both		1 EA	7.56		Aetna	Medicare				3.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 0.5 MG PO CAPS	0904-6623-61	NDC	J7507	HCPCS		both		1 EA	7.56		Amerihealth	HMO|PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 0.5 MG PO CAPS	0904-6623-61	NDC	J7507	HCPCS		both		1 EA	7.56		Horizon	MGD				4.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 0.5 MG PO CAPS	0904-6623-61	NDC	J7507	HCPCS		both		1 EA	7.56		Horizon	NJ Health				2.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 0.5 MG PO CAPS	0904-6623-61	NDC	J7507	HCPCS		both		1 EA	7.56		Horizon	PPO				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 0.5 MG PO CAPS	0904-6623-61	NDC	J7507	HCPCS		both		1 EA	7.56		UHC	Medicaid				2.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 0.5 MG PO CAPS	0904-6623-61	NDC	J7507	HCPCS		both		1 EA	7.56		UHC	Medicare				2.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE 4 MG PO TABS	0904-6914-61	NDC	J7509	HCPCS		both		1 EA	6.69		Horizon	NJ Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE 4 MG PO TABS	0904-6914-61	NDC	J7509	HCPCS		both		1 EA	6.69		WellPoint	WellPoint				1.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		United	Commercial|PPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	0904-6923-61	NDC	J7512	HCPCS		both		1 EA	0.06		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 250 MG PO CAPS	0904-7074-61	NDC	J7517	HCPCS		both		1 EA	2.25		Horizon	Indemnity				3.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 250 MG PO CAPS	0904-7074-61	NDC	J7517	HCPCS		both		1 EA	2.25		Horizon	MGD				2.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 250 MG PO CAPS	0904-7074-61	NDC	J7517	HCPCS		both		1 EA	2.25		Horizon	NJ Health				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 250 MG PO CAPS	0904-7074-61	NDC	J7517	HCPCS		both		1 EA	2.25		UHC	Medicare				4.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 250 MG PO CAPS	0904-7074-61	NDC	J7517	HCPCS		both		1 EA	2.25		WellPoint	WellPoint				0.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		Aetna	Better Health				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		Aetna	Commercial				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		Amerihealth	HMO|PPO				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		Horizon	Indemnity				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		Horizon	MGD				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		Horizon	NJ Health				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		Horizon	PPO				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		UHC	Medicaid				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		UHC	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		Wellcare	Medicaid				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 500 MG PO TABS	0904-7078-61	NDC	J7517	HCPCS		both		1 EA	1.71		WellPoint	WellPoint				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		Aetna	Better Health				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		Aetna	Medicare				2.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		Amerihealth	HMO|PPO				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		Horizon	Indemnity				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		Horizon	MGD				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		Horizon	NJ Health				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		Horizon	PPO				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		UHC	Medicaid				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		UHC	Medicare				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		United	Commercial|PPO				1.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		Wellcare	Medicaid				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	0904-7097-61	NDC	J7507	HCPCS		both		1 EA	4.92		WellPoint	WellPoint				1.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Amerihealth	HMO|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	0904-7127-61	NDC	J7512	HCPCS		both		1 EA	0.03		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Aetna	Better Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Aetna	Commercial				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Aetna	Medicare				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Amerihealth	HMO|PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	Indemnity				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	Medicare Blue				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	MGD				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Horizon	PPO				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		UHC	Medicaid				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		UHC	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		United	Commercial|PPO				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		Wellcare	Medicaid				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE 4 MG PO TABS	0904-7266-61	NDC	J8540	HCPCS		both		1 EA	0.23		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	0904-7382-06	NDC	Q0164	HCPCS		both		1 EA	2.46		Aetna	Commercial				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	0904-7382-06	NDC	Q0164	HCPCS		both		1 EA	2.46		Horizon	Medicare Blue				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	0904-7382-06	NDC	Q0164	HCPCS		both		1 EA	2.46		Horizon	MGD				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	0904-7382-06	NDC	Q0164	HCPCS		both		1 EA	2.46		Horizon	NJ Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	0904-7382-06	NDC	Q0164	HCPCS		both		1 EA	2.46		UHC	Medicaid				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	0904-7382-06	NDC	Q0164	HCPCS		both		1 EA	2.46		UHC	Medicare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	0904-7382-06	NDC	Q0164	HCPCS		both		1 EA	2.46		United	Commercial|PPO				1.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	0904-7382-06	NDC	Q0164	HCPCS		both		1 EA	2.46		Wellcare	Medicaid				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	0904-7382-06	NDC	Q0164	HCPCS		both		1 EA	2.46		WellPoint	WellPoint				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0955-1010-01	NDC	J1650	HCPCS		both		1 EA	7.69		Aetna	Commercial				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0955-1010-01	NDC	J1650	HCPCS		both		1 EA	7.69		Aetna	Medicare				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0955-1010-01	NDC	J1650	HCPCS		both		1 EA	7.69		Horizon	MGD				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0955-1010-01	NDC	J1650	HCPCS		both		1 EA	7.69		Horizon	NJ Health				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0955-1010-01	NDC	J1650	HCPCS		both		1 EA	7.69		Horizon	PPO				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0955-1010-01	NDC	J1650	HCPCS		both		1 EA	7.69		UHC	Medicaid				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0955-1010-01	NDC	J1650	HCPCS		both		1 EA	7.69		UHC	Medicare				1.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENOXAPARIN SODIUM 100 MG/ML INJ SOSY	0955-1010-01	NDC	J1650	HCPCS		both		1 EA	7.69		Wellcare	Medicaid				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 70 % IV SOLN	0990-7918-19	NDC	J7799	HCPCS		both		1 EA	60		Aetna	Better Health				8.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 70 % IV SOLN	0990-7918-19	NDC	J7799	HCPCS		both		1 EA	60		Aetna	Commercial				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 70 % IV SOLN	0990-7918-19	NDC	J7799	HCPCS		both		1 EA	60		Amerihealth	HMO|PPO				6.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 70 % IV SOLN	0990-7918-19	NDC	J7799	HCPCS		both		1 EA	60		Horizon	MGD				5.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 70 % IV SOLN	0990-7918-19	NDC	J7799	HCPCS		both		1 EA	60		Horizon	NJ Health				8.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 70 % IV SOLN	0990-7918-19	NDC	J7799	HCPCS		both		1 EA	60		United	Commercial|PPO				7.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 70 % IV SOLN	0990-7918-19	NDC	J7799	HCPCS		both		1 EA	60		WellPoint	WellPoint				9.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	10019-120-01	NDC	J1805	HCPCS		both		1 EA	4.38		Aetna	Better Health				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	10019-120-01	NDC	J1805	HCPCS		both		1 EA	4.38		Aetna	Commercial				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	10019-120-01	NDC	J1805	HCPCS		both		1 EA	4.38		Amerihealth	HMO|PPO				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	10019-120-01	NDC	J1805	HCPCS		both		1 EA	4.38		Horizon	Medicare Blue				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	10019-120-01	NDC	J1805	HCPCS		both		1 EA	4.38		Horizon	NJ Health				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	10019-120-01	NDC	J1805	HCPCS		both		1 EA	4.38		Horizon	PPO				0.7			other	Drugs are paid at 100

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERFLUTREN LIPID MICROSPHERE 6.52 MG/ML IV SUSP	11994-011-04	NDC	Q9957	HCPCS		both		1 EA	667.35		United	CommercialPPO				113.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LIPID MICROSPHERE 6.52 MG/ML IV SUSP	11994-011-04	NDC	Q9957	HCPCS		both		1 EA	667.35		United	Oxford				89.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LIPID MICROSPHERE 6.52 MG/ML IV SUSP	11994-011-04	NDC	Q9957	HCPCS		both		1 EA	667.35		Wellcare	Medicaid				141.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LIPID MICROSPHERE 6.52 MG/ML IV SUSP	11994-011-04	NDC	Q9957	HCPCS		both		1 EA	667.35		Wellcare	Medicare				146.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERFLUTREN LIPID MICROSPHERE 6.52 MG/ML IV SUSP	11994-011-04	NDC	Q9957	HCPCS		both		1 EA	667.35		WellPoint	WellPoint				85.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M PERTECHNETATE CO KIT	11994-090-01	NDC	A9512	HCPCS		both		1 EA	46.3		Horizon	MGD				2.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M PERTECHNETATE CO KIT	11994-090-01	NDC	A9512	HCPCS		both		1 EA	46.3		UHC	Medicaid				60.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M PERTECHNETATE CO KIT	11994-090-01	NDC	A9512	HCPCS		both		1 EA	46.3		United	Oxford				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RHO D IMMUNE GLOBULIN 1500 UNIT/ML IM SOSY	13533-631-03	NDC	J2790	HCPCS		both		1 EA	298.2		Aetna	Commercial				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TETANUS IMMUNE GLOBULIN 250 UNIT/ML IM SOSY	13533-634-02	NDC	J1670	HCPCS		both		1 EA	2337		Horizon	NJ Health				385.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	14789-128-05	NDC	J2560	HCPCS		both		1 EA	146.22		Aetna	Better Health				12.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	14789-128-05	NDC	J2560	HCPCS		both		1 EA	146.22		Horizon	NJ Health				23.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	14789-128-05	NDC	J2560	HCPCS		both		1 EA	146.22		Wellcare	Medicare				93.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	14789-128-05	NDC	J2560	HCPCS		both		1 EA	146.22		WellPoint	WellPoint				36.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 5 MG IV SOLR	16729-115-05	NDC	J9280	HCPCS		both		1 EA	817.38		Horizon	NJ Health				17.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 5 MG IV SOLR	16729-115-05	NDC	J9280	HCPCS		both		1 EA	817.38		UHC	Medicare				15.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 5 MG IV SOLR	16729-115-05	NDC	J9280	HCPCS		both		1 EA	817.38		Wellcare	Medicaid				235.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	16729-440-10	NDC	J0604	HCPCS		both		1 EA	3.07		Aetna	Medicare				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	16729-440-10	NDC	J0604	HCPCS		both		1 EA	3.07		Horizon	NJ Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	16729-440-10	NDC	J0604	HCPCS		both		1 EA	3.07		UHC	Medicare				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	16729-440-10	NDC	J0604	HCPCS		both		1 EA	3.07		Wellcare	Medicaid				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	16729-440-15	NDC	J0604	HCPCS		both		1 EA	3.07		Aetna	Medicare				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	16729-440-15	NDC	J0604	HCPCS		both		1 EA	3.07		Horizon	NJ Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	16729-440-15	NDC	J0604	HCPCS		both		1 EA	3.07		UHC	Medicare				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	16729-440-15	NDC	J0604	HCPCS		both		1 EA	3.07		Wellcare	Medicaid				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INDIUM IN 111 OXYQUINOLINE 1 MCI/ML IV SOLN	17156-021-01	NDC	A9547	HCPCS		both		1 EA	7577.93		Horizon	PPO				618.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INDIUM IN 111 OXYQUINOLINE 1 MCI/ML IV SOLN	17156-021-01	NDC	A9547	HCPCS		both		1 EA	7577.93		UHC	Medicaid				946.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M EXAMETAZIME IV KIT	17156-022-05	NDC	A9521	HCPCS		both		1 EA	25709.53		Horizon	NJ Health				7577.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M EXAMETAZIME IV KIT	17156-022-05	NDC	A9521	HCPCS		both		1 EA	25709.53		Horizon	PPO				2850.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M EXAMETAZIME IV KIT	17156-022-05	NDC	A9521	HCPCS		both		1 EA	25709.53		WellPoint	WellPoint				3699.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M TETROFOSMIN IV KIT	17156-024-05	NDC	A9502	HCPCS		both		1 EA	245.58		Aetna	Commercial				87.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M TETROFOSMIN IV KIT	17156-024-05	NDC	A9502	HCPCS		both		1 EA	245.58		Horizon	Medicare Blue				20.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M TETROFOSMIN IV KIT	17156-024-05	NDC	A9502	HCPCS		both		1 EA	245.58		Horizon	MGD				36.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M TETROFOSMIN IV KIT	17156-024-05	NDC	A9502	HCPCS		both		1 EA	245.58		Horizon	NJ Health				51.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M TETROFOSMIN IV KIT	17156-024-05	NDC	A9502	HCPCS		both		1 EA	245.58		Horizon	PPO				276.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M TETROFOSMIN IV KIT	17156-024-05	NDC	A9502	HCPCS		both		1 EA	245.58		UHC	Medicaid				38.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M TETROFOSMIN IV KIT	17156-024-05	NDC	A9502	HCPCS		both		1 EA	245.58		UHC	Medicare				59.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M TETROFOSMIN IV KIT	17156-024-05	NDC	A9502	HCPCS		both		1 EA	245.58		Wellcare	Medicaid				71.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M TETROFOSMIN IV KIT	17156-024-05	NDC	A9502	HCPCS		both		1 EA	245.58		WellPoint	WellPoint				79.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Aetna	Better Health				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Aetna	Commercial				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Aetna	Medicare				1.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Amerihealth	HMO/PPO				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Horizon	Indemnity				2.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Horizon	Medicare Blue				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Horizon	MGD				2.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Horizon	NJ Health				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Horizon	PPO				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Quelcare	Quelcare				0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		UHC	Medicaid				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		UHC	Medicare				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		United	CommercialPPO				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		United	Oxford				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Wellcare	Medicaid				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		Wellcare	Medicare				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	17478-030-02	NDC	J3010	HCPCS		both		1 EA	7.38		WellPoint	WellPoint				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISOLONE SODIUM PHOSPHATE 15 MG/5ML PO SOLN	17856-759-05	NDC	J7510	HCPCS		both		1 EA	2.45		Aetna	Better Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISOLONE SODIUM PHOSPHATE 15 MG/5ML PO SOLN	17856-759-05	NDC	J7510	HCPCS		both		1 EA	2.45		Horizon	MGD				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISOLONE SODIUM PHOSPHATE 15 MG/5ML PO SOLN	17856-759-05	NDC	J7510	HCPCS		both		1 EA	2.45		Horizon	NJ Health				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISOLONE SODIUM PHOSPHATE 15 MG/5ML PO SOLN	17856-759-05	NDC	J7510	HCPCS		both		1 EA	2.45		Horizon	PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISOLONE SODIUM PHOSPHATE 15 MG/5ML PO SOLN	17856-759-05	NDC	J7510	HCPCS		both		1 EA	2.45		UHC	Medicaid				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISOLONE SODIUM PHOSPHATE 15 MG/5ML PO SOLN	17856-759-05	NDC	J7510	HCPCS		both		1 EA	2.45		Wellcare	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISOLONE SODIUM PHOSPHATE 15 MG/5ML PO SOLN	17856-759-05	NDC	J7510	HCPCS		both		1 EA	2.45		WellPoint	WellPoint				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-31	NDC	J0278	HCPCS		both		1 EA	5.4		Amerihealth	HMO/PPO				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-31	NDC	J0278	HCPCS		both		1 EA	5.4		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-31	NDC	J0278	HCPCS		both		1 EA	5.4		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-31	NDC	J0278	HCPCS		both		1 EA	5.4		UHC	Medicare				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-31	NDC	J0278	HCPCS		both		1 EA	5.4		Wellcare	Medicaid				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 1 GM/4ML INJ SOLN	23155-290-32	NDC	J0278	HCPCS		both		1 EA	5.15		Aetna	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 1 GM/4ML INJ SOLN	23155-290-32	NDC	J0278	HCPCS		both		1 EA	5.15		Horizon	NJ Health				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 1 GM/4ML INJ SOLN	23155-290-32	NDC	J0278	HCPCS		both		1 EA	5.15		UHC	Medicare				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 1 GM/4ML INJ SOLN	23155-290-32	NDC	J0278	HCPCS		both		1 EA	5.15		Wellcare	Medicaid				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-41	NDC	J0278	HCPCS		both		1 EA	5.4		Amerihealth	HMO/PPO				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-41	NDC	J0278	HCPCS		both		1 EA	5.4		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-41	NDC	J0278	HCPCS		both		1 EA	5.4		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-41	NDC	J0278	HCPCS		both		1 EA	5.4		UHC	Medicare				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 500 MG/2ML INJ SOLN	23155-290-41	NDC	J0278	HCPCS		both		1 EA	5.4		Wellcare	Medicaid				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 1 GM/4ML INJ SOLN	23155-290-42	NDC	J0278	HCPCS		both		1 EA	5.15		Aetna	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 1 GM/4ML INJ SOLN	23155-290-42	NDC	J0278	HCPCS		both		1 EA	5.15		Horizon	NJ Health				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 1 GM/4ML INJ SOLN	23155-290-42	NDC	J0278	HCPCS		both		1 EA	5.15		UHC	Medicare				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIKACIN SULFATE 1 GM/4ML INJ SOLN	23155-290-42	NDC	J0278	HCPCS		both		1 EA	5.15		Wellcare	Medicaid				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		Aetna	Commercial				5.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		Aetna	Medicare				4.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		Amerihealth	HMO/PPO				5.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		Horizon	Indemnity				5.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		Horizon	Medicare Blue				5.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		Horizon	MGD				6.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		Horizon	NJ Health				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		Horizon	PPO				5.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		UHC	Medicaid				4.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		UHC	Medicare				2.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		United	CommercialPPO				4.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		United	Oxford				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-31	NDC	J0780	HCPCS		both		1 EA	20.16		WellPoint	WellPoint				3.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		Aetna	Commercial				5.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		Aetna	Medicare				4.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		Amerihealth	HMO/PPO				5.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		Horizon	Indemnity				5.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		Horizon	Medicare Blue				5.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		Horizon	MGD				6.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		Horizon	NJ Health				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		Horizon	PPO				5.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		UHC	Medicaid				4.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		UHC	Medicare				2.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		United	CommercialPPO				4.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		United	Oxford				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	23155-294-41	NDC	J0780	HCPCS		both		1 EA	19.56		WellPoint	WellPoint				3.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Aetna	Better Health				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Aetna	Commercial				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Aetna	Medicare				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Amerihealth	HMO/PPO				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Horizon	Indemnity				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Horizon	Medicare Blue				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Horizon	MGD				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Horizon	NJ Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Horizon	PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Quelcare	Quelcare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		UHC	Medicaid				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		UHC	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		United	CommercialPPO				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		United	Oxford				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/2ML INJ SOLN	23155-547-31	NDC	J2405	HCPCS		both		1 EA	0.42		Wellcare	Medicaid				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OND

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	23155-620-41	NDC	J2371	HCPCS		both		1 EA	5.22	0.01	WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	23155-687-41	NDC	J2354	HCPCS		both		1 EA	5.22		Horizon	Medicare Blue				3.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	23155-687-41	NDC	J2354	HCPCS		both		1 EA	5.22		Horizon	MGD				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	23155-687-41	NDC	J2354	HCPCS		both		1 EA	5.22		Horizon	NJ Health				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	23155-687-41	NDC	J2354	HCPCS		both		1 EA	5.22		UHC	Medicaid				3.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 50 MCG/ML INJ SOLN	23155-687-41	NDC	J2354	HCPCS		both		1 EA	5.22		UHC	Medicare				1.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOSPORINE MODIFIED 50 MG PO CAPS	23155-838-11	NDC	J7515	HCPCS		both		1 EA	4.56		Horizon	Indemnity				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOSPORINE MODIFIED 50 MG PO CAPS	23155-838-11	NDC	J7515	HCPCS		both		1 EA	4.56		Horizon	NJ Health				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOSPORINE MODIFIED 50 MG PO CAPS	23155-838-11	NDC	J7515	HCPCS		both		1 EA	4.56		WellPoint	WellPoint				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOSPORINE MODIFIED 50 MG PO CAPS	23155-838-30	NDC	J7515	HCPCS		both		1 EA	4.56		Horizon	Indemnity				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOSPORINE MODIFIED 50 MG PO CAPS	23155-838-30	NDC	J7515	HCPCS		both		1 EA	4.56		Horizon	NJ Health				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOSPORINE MODIFIED 50 MG PO CAPS	23155-838-30	NDC	J7515	HCPCS		both		1 EA	4.56		WellPoint	WellPoint				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	24979-161-44	NDC	J7518	HCPCS		both		1 EA	13.71		Aetna	Better Health				1.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	24979-161-44	NDC	J7518	HCPCS		both		1 EA	13.71		Aetna	Medicare				6.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	24979-161-44	NDC	J7518	HCPCS		both		1 EA	13.71		Horizon	MGD				8.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	24979-161-44	NDC	J7518	HCPCS		both		1 EA	13.71		Horizon	NJ Health				3.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	24979-161-44	NDC	J7518	HCPCS		both		1 EA	13.71		Horizon	PPO				3.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	24979-161-44	NDC	J7518	HCPCS		both		1 EA	13.71		UHC	Medicaid				3.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	24979-161-44	NDC	J7518	HCPCS		both		1 EA	13.71		UHC	Medicare				5.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	24979-161-44	NDC	J7518	HCPCS		both		1 EA	13.71		United	CommercialPPO				3.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	24979-161-44	NDC	J7518	HCPCS		both		1 EA	13.71		WellPoint	WellPoint				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Aetna	Better Health				5.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Aetna	Medicare				4.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Amerihealth	HMO/PPO				4.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Horizon	Indemnity				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Horizon	Medicare Blue				4.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Horizon	MGD				2.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Horizon	NJ Health				4.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		UHC	Medicaid				4.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		UHC	Medicare				6.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		United	CommercialPPO				6.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		United	Oxford				4.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Wellcare	Medicaid				3.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		Wellcare	Medicare				22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	25021-121-20	NDC	J0692	HCPCS		both		1 EA	10.8		WellPoint	WellPoint				7.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Aetna	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Amerihealth	HMO/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	Indemnity				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		UHC	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		United	CommercialPPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Wellcare	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		Wellcare	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METRONIDAZOLE 500 MG/100ML IV SOLN	25021-131-82	NDC	J1836	HCPCS		both		1 EA	0.18		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 200-0.9 MG/100ML-% IV SOLN	25021-184-82	NDC	J1450	HCPCS		both		1 EA	33		Horizon	Indemnity				8.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 200-0.9 MG/100ML-% IV SOLN	25021-184-82	NDC	J1450	HCPCS		both		1 EA	33		Horizon	Medicare Blue				4.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 200-0.9 MG/100ML-% IV SOLN	25021-184-82	NDC	J1450	HCPCS		both		1 EA	33		Horizon	MGD				9.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 200-0.9 MG/100ML-% IV SOLN	25021-184-82	NDC	J1450	HCPCS		both		1 EA	33		Horizon	NJ Health				5.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 200-0.9 MG/100ML-% IV SOLN	25021-184-82	NDC	J1450	HCPCS		both		1 EA	33		Horizon	PPO				8.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 200-0.9 MG/100ML-% IV SOLN	25021-184-82	NDC	J1450	HCPCS		both		1 EA	33		WellPoint	WellPoint				9.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 400-0.9 MG/200ML-% IV SOLN	25021-184-87	NDC	J1450	HCPCS		both		1 EA	24		Aetna	Commercial				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 400-0.9 MG/200ML-% IV SOLN	25021-184-87	NDC	J1450	HCPCS		both		1 EA	24		Amerihealth	HMO/PPO				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 400-0.9 MG/200ML-% IV SOLN	25021-184-87	NDC	J1450	HCPCS		both		1 EA	24		Horizon	Indemnity				6.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 400-0.9 MG/200ML-% IV SOLN	25021-184-87	NDC	J1450	HCPCS		both		1 EA	24		Horizon	MGD				5.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 400-0.9 MG/200ML-% IV SOLN	25021-184-87	NDC	J1450	HCPCS		both		1 EA	24		Horizon	NJ Health				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 400-0.9 MG/200ML-% IV SOLN	25021-184-87	NDC	J1450	HCPCS		both		1 EA	24		Horizon	PPO				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 400-0.9 MG/200ML-% IV SOLN	25021-184-87	NDC	J1450	HCPCS		both		1 EA	24		UHC	Medicaid				6.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUCONAZOLE IN SODIUM CHLORIDE 400-0.9 MG/200ML-% IV SOLN	25021-184-87	NDC	J1450	HCPCS		both		1 EA	24		WellPoint	WellPoint				8.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	25021-207-51	NDC	J9000	HCPCS		both		1 EA	24		Horizon	MGD				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	25021-207-51	NDC	J9000	HCPCS		both		1 EA	24		Horizon	NJ Health				3.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	25021-207-51	NDC	J9000	HCPCS		both		1 EA	24		Horizon	PPO				1.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	25021-207-51	NDC	J9000	HCPCS		both		1 EA	24		UHC	Medicaid				2.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUOROURACIL 2.5 GM/50ML IV SOLN	25021-215-98	NDC	J9190	HCPCS		both		1 EA	19.8		Horizon	NJ Health				8.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 5 MG IV SOLR	25021-250-20	NDC	J9280	HCPCS		both		1 EA	875.76		Horizon	NJ Health				17.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 5 MG IV SOLR	25021-250-20	NDC	J9280	HCPCS		both		1 EA	875.76		UHC	Medicare				15.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 5 MG IV SOLR	25021-250-20	NDC	J9280	HCPCS		both		1 EA	875.76		Wellcare	Medicaid				235.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 20 MG IV SOLR	25021-251-50	NDC	J9280	HCPCS		both		1 EA	568.79		Aetna	Commercial				147.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 20 MG IV SOLR	25021-251-50	NDC	J9280	HCPCS		both		1 EA	568.79		Amerihealth	HMO/PPO				78.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-301-67	NDC	J0153	HCPCS		both		1 EA	9.6		Aetna	Commercial				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-301-67	NDC	J0153	HCPCS		both		1 EA	9.6		Horizon	Indemnity				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-301-67	NDC	J0153	HCPCS		both		1 EA	9.6		Horizon	MGD				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-301-67	NDC	J0153	HCPCS		both		1 EA	9.6		Horizon	NJ Health				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-301-67	NDC	J0153	HCPCS		both		1 EA	9.6		UHC	Medicare				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Aetna	Better Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Aetna	Commercial				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Aetna	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Amerihealth	HMO/PPO				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Horizon	Indemnity				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Horizon	Medicare Blue				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Horizon	MGD				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Horizon	PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		UHC	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		UHC	Medicare				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		United	CommercialPPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	25021-317-20	NDC	J1920	HCPCS		both		1 EA	0.54		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-318-02	NDC	J0153	HCPCS		both		1 EA	3.6		Aetna	Commercial				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-318-02	NDC	J0153	HCPCS		both		1 EA	3.6		Horizon	Indemnity				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-318-02	NDC	J0153	HCPCS		both		1 EA	3.6		Horizon	MGD				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-318-02	NDC	J0153	HCPCS		both		1 EA	3.6		Horizon	NJ Health				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	25021-318-02	NDC	J0153	HCPCS		both		1 EA	3.6		UHC	Medicare				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Aetna	Better Health				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Aetna	Commercial				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Aetna	Medicare				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Amerihealth	HMO/PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Horizon	Indemnity				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Horizon	Medicare Blue				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Horizon	MGD				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Horizon	NJ Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Horizon	PPO				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Quality Care	Qualicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		UHC	Medicaid				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		UHC	Medicare				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		United	CommercialPPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		United	Oxford				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Wellcare	Medicaid				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		Wellcare	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	25021-608-20	NDC	J2704	HCPCS		both		1 EA	1.05		WellPoint	WellPoint				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	25021-700-01	NDC	J1885	HCPCS		both		1 EA	13.47		Aetna	Better Health				2.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	25021-700-01	NDC	J1885	HCPCS		both		1 EA	13.47		Aetna	Commercial				3.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	25021-700-01	NDC	J1885	HCPCS		both		1 EA	13.47		Aetna	Medicare				2.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	25021-700-01	NDC	J1885	HCPCS		both		1 EA	13.47		Amerihealth	HMO/PPO				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	25021-700-01	NDC	J1885	HCPCS		both		1 EA	13.47		Horizon	Indemnity				4.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	25021-700-01	NDC	J1885	HCPCS		both		1 EA	13.47		Horizon	Medicare Blue				2.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	25021-700-01	NDC	J1885	HCPCS		both		1 EA	13.47		Horizon	MGD				3.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	25021-700-01	NDC	J1885	HCPCS		both		1 EA	13.47		Horizon	NJ Health				1.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	25021-700-01	NDC	J1885	HCPCS		both		1 EA	13.47		Horizon	PPO	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LACOSAMIDE 200 MG/20ML IV SOLN	31722-203-31	NDC	C9254	HCPCS		both		1 EA	1.42		Horizon	NJ Health				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LACOSAMIDE 200 MG/20ML IV SOLN	31722-203-31	NDC	C9254	HCPCS		both		1 EA	1.42		Wellcare	Medicaid				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LACOSAMIDE 200 MG/20ML IV SOLN	31722-203-31	NDC	C9254	HCPCS		both		1 EA	1.42		WellPoint	WellPoint				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		Aetna	Better Health				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		Aetna	Commercial				2.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		Aetna	Medicare				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		Horizon	Medicare Blue				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		Horizon	MGD				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		Horizon	NJ Health				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		Horizon	PPO				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		UHC	Medicaid				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		UHC	Medicare				0.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-10	NDC	J0330	HCPCS		both		1 EA	6.9		Wellcare	Medicaid				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		Aetna	Better Health				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		Aetna	Commercial				2.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		Aetna	Medicare				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		Horizon	Medicare Blue				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		Horizon	MGD				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		Horizon	NJ Health				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		Horizon	PPO				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		UHC	Medicaid				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		UHC	Medicare				0.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 20 MG/ML INJ SOLN	31722-981-31	NDC	J0330	HCPCS		both		1 EA	6.9		Wellcare	Medicaid				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Aetna	Commercial				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Aetna	Medicare				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Amerihealth	HMO/PPO				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Horizon	Indemnity				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Horizon	Medicare Blue				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Horizon	MGD				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Horizon	NJ Health				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Horizon	PPO				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		UHC	Medicaid				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		UHC	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		United	Commercial|PPO				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		United	Oxford				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		Wellcare	Medicaid				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOPROLOL TARTRATE 5 MG/5ML IV SOLN	36000-033-10	NDC	J0816	HCPCS		both		1 EA	0.72		WellPoint	WellPoint				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-01	NDC	J3490	HCPCS		both		1 EA	5.76		Aetna	Commercial				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-01	NDC	J3490	HCPCS		both		1 EA	5.76		Aetna	Medicare				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-01	NDC	J3490	HCPCS		both		1 EA	5.76		UHC	Medicaid				1.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-01	NDC	J3490	HCPCS		both		1 EA	5.76		UHC	Medicare				0.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-01	NDC	J3490	HCPCS		both		1 EA	5.76		WellPoint	WellPoint				1.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-10	NDC	J3490	HCPCS		both		1 EA	5.76		Aetna	Commercial				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-10	NDC	J3490	HCPCS		both		1 EA	5.76		Aetna	Medicare				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-10	NDC	J3490	HCPCS		both		1 EA	5.76		UHC	Medicaid				1.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-10	NDC	J3490	HCPCS		both		1 EA	5.76		UHC	Medicare				0.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	36000-149-10	NDC	J3490	HCPCS		both		1 EA	5.76		WellPoint	WellPoint				1.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Aetna	Better Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Aetna	Commercial				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Aetna	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Amerihealth	HMO/PPO				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	Indemnity				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	Medicare Blue				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	MGD				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		UHC	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		UHC	Medicare				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		United	Commercial|PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-01	NDC	J1920	HCPCS		both		1 EA	0.39		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Aetna	Better Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Aetna	Commercial				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Aetna	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Amerihealth	HMO/PPO				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	Indemnity				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	Medicare Blue				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	MGD				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Horizon	PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		UHC	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		UHC	Medicare				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		United	Commercial|PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	36000-322-02	NDC	J1920	HCPCS		both		1 EA	0.39		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOLIC ACID 5 MG/ML INJ SOLN	39822-1100-1	NDC	J1808	HCPCS		both		1 EA	0.26		Aetna	Better Health				0.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOLIC ACID 5 MG/ML INJ SOLN	39822-1100-1	NDC	J1808	HCPCS		both		1 EA	0.26		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOLIC ACID 5 MG/ML INJ SOLN	39822-1100-1	NDC	J1808	HCPCS		both		1 EA	0.26		UHC	Medicare				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOLIC ACID 5 MG/ML INJ SOLN	39822-1100-1	NDC	J1808	HCPCS		both		1 EA	0.26		United	Oxford				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		Aetna	Better Health				29.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		Aetna	Commercial				57.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		Horizon	Indemnity				23.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		Horizon	Medicare Blue				28.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		Horizon	MGD				28.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		Horizon	NJ Health				26.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		UHC	Medicaid				33.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		UHC	Medicare				24.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		United	Commercial|PPO				19.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		Wellcare	Medicaid				44.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		Wellcare	Medicare				26.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIMETHOBENZAMIDE HCL 100 MG/ML IM SOLN	42023-119-25	NDC	J3250	HCPCS		both		1 EA	218.28		WellPoint	WellPoint				40.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUPHENAZINE DECANOATE 25 MG/ML INJ SOLN	42023-129-01	NDC	J2680	HCPCS		both		1 EA	56.16		United	Commercial|PPO				14.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-25	NDC	J2598	HCPCS		both		1 EA	3.6		Aetna	Better Health				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-25	NDC	J2598	HCPCS		both		1 EA	3.6		Aetna	Commercial				5.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-25	NDC	J2598	HCPCS		both		1 EA	3.6		Aetna	Medicare				3.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-25	NDC	J2598	HCPCS		both		1 EA	3.6		Horizon	MGD				3.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-25	NDC	J2598	HCPCS		both		1 EA	3.6		Horizon	NJ Health				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-25	NDC	J2598	HCPCS		both		1 EA	3.6		Horizon	PPO				4.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-25	NDC	J2598	HCPCS		both		1 EA	3.6		UHC	Medicaid				9.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-25	NDC	J2598	HCPCS		both		1 EA	3.6		WellPoint	WellPoint				4.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-89	NDC	J2598	HCPCS		both		1 EA	3.6		Aetna	Better Health				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-89	NDC	J2598	HCPCS		both		1 EA	3.6		Aetna	Commercial				5.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-89	NDC	J2598	HCPCS		both		1 EA	3.6		Aetna	Medicare				3.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-89	NDC	J2598	HCPCS		both		1 EA	3.6		Horizon	MGD				3.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-89	NDC	J2598	HCPCS		both		1 EA	3.6		Horizon	NJ Health				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-89	NDC	J2598	HCPCS		both		1 EA	3.6		Horizon	PPO				4.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-89	NDC	J2598	HCPCS		both		1 EA	3.6		UHC	Medicaid				9.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN 20 UNIT/ML IV SOLN	42023-164-89	NDC	J2598	HCPCS		both		1 EA	3.6		WellPoint	WellPoint				4.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		Aetna	Commercial				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		Aetna	Medicare				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		Horizon	Indemnity				0.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		Horizon	Medicare Blue				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		Horizon	MGD				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		Horizon	NJ Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		Horizon	PPO				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		UHC	Medicaid				0.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		UHC	Medicare				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		United	Oxford				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		Wellcare	Medicaid				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE (ANAPHYLAXIS) 30 MG/30ML INJ SOLN	42023-168-01	NDC	J0165	HCPCS		both		1 EA	3.01		WellPoint	WellPoint				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPRENORPHINE HCL 0.3 MG/ML INJ SOLN	42023-179-01	NDC	J0592	HCPCS		both		1 EA	16.34		Aetna	Better Health				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPRENORPHINE HCL 0.3 MG/ML INJ SOLN	42023-179-01	NDC	J0592	HCPCS		both		1 EA	16.34		Aetna	Commercial				2.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPRENORPHINE HCL 0.3 MG/ML INJ SOLN	42023-179-01	NDC	J0592	HCPCS		both		1 EA	16.34		Horizon	NJ Health	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ERTAPENEM SODIUM 1 G INJ SOLR	42023-221-10	NDC	J1335	HCPCS		both		1 EA	210.72		UHC	Medicare				75.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	42023-221-10	NDC	J1335	HCPCS		both		1 EA	210.72		United	CommercialPPO				40.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	42023-221-10	NDC	J1335	HCPCS		both		1 EA	210.72		Wellcare	Medicaid				19.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	42023-221-10	NDC	J1335	HCPCS		both		1 EA	210.72		Wellcare	Medicare				30.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	42023-221-10	NDC	J1335	HCPCS		both		1 EA	210.72		WellPoint	WellPoint				41.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE-NACL 4-0.9 MG/250ML-% IV SOLN	42023-315-01	NDC	J0165	HCPCS		both		1 EA	3.56		Horizon	NJ Health				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-01	NDC	J2560	HCPCS		both		1 EA	145		Aetna	Better Health				11.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-01	NDC	J2560	HCPCS		both		1 EA	145		Horizon	NJ Health				19.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-01	NDC	J2560	HCPCS		both		1 EA	145		UHC	Medicare				6.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-01	NDC	J2560	HCPCS		both		1 EA	145		Wellcare	Medicaid				21.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-01	NDC	J2560	HCPCS		both		1 EA	145		WellPoint	WellPoint				8.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-25	NDC	J2560	HCPCS		both		1 EA	145		Aetna	Better Health				11.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-25	NDC	J2560	HCPCS		both		1 EA	145		Horizon	NJ Health				19.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-25	NDC	J2560	HCPCS		both		1 EA	145		UHC	Medicare				6.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-25	NDC	J2560	HCPCS		both		1 EA	145		Wellcare	Medicaid				21.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 65 MG/ML INJ SOLN	42494-415-25	NDC	J2560	HCPCS		both		1 EA	145		WellPoint	WellPoint				8.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	42494-416-01	NDC	J2560	HCPCS		both		1 EA	188.17		Aetna	Better Health				12.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	42494-416-01	NDC	J2560	HCPCS		both		1 EA	188.17		Horizon	NJ Health				23.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	42494-416-01	NDC	J2560	HCPCS		both		1 EA	188.17		Wellcare	Medicare				93.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	42494-416-01	NDC	J2560	HCPCS		both		1 EA	188.17		WellPoint	WellPoint				36.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	42494-416-25	NDC	J2560	HCPCS		both		1 EA	188.2		Aetna	Better Health				12.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	42494-416-25	NDC	J2560	HCPCS		both		1 EA	188.2		Horizon	NJ Health				23.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	42494-416-25	NDC	J2560	HCPCS		both		1 EA	188.2		Wellcare	Medicare				93.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENOBARBITAL SODIUM 130 MG/ML INJ SOLN	42494-416-25	NDC	J2560	HCPCS		both		1 EA	188.2		WellPoint	WellPoint				36.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		Aetna	Better Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		Aetna	Commercial				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		Aetna	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		Amerihealth	HMO/PPO				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		Horizon	MGD				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		Horizon	PPO				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		UHC	Medicare				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		United	CommercialPPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		Wellcare	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NICARDIPINE HCL IN NACL 40-0.83 MG/200ML-% IV SOLN	43066-016-10	NDC	J2404	HCPCS		both		1 EA	0.72		WellPoint	WellPoint				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL IN DEXTROSE 360-4.14 MG/200ML-% IV SOLN	43066-360-20	NDC	J0283	HCPCS		both		1 EA	14		Horizon	NJ Health				2.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL IN DEXTROSE 360-4.14 MG/200ML-% IV SOLN	43066-360-20	NDC	J0283	HCPCS		both		1 EA	14		UHC	Medicare				1.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL IN DEXTROSE 360-4.14 MG/200ML-% IV SOLN	43066-360-20	NDC	J0283	HCPCS		both		1 EA	14		Wellcare	Medicaid				5.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Aetna	Better Health				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Aetna	Commercial				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Aetna	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Amerihealth	HMO/PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	Indemnity				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	Medicare Blue				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	MGD				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	NJ Health				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	PPO				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		UHC	Medicaid				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		UHC	Medicare				0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		United	CommercialPPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		United	Oxford				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Wellcare	Medicaid				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		Wellcare	Medicare				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-01	NDC	J3490	HCPCS		both		1 EA	2.58		WellPoint	WellPoint				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Aetna	Better Health				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Aetna	Commercial				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Aetna	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Amerihealth	HMO/PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	Indemnity				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	Medicare Blue				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	MGD				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	NJ Health				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Horizon	PPO				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		UHC	Medicaid				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		UHC	Medicare				0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		United	CommercialPPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		United	Oxford				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Wellcare	Medicaid				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		Wellcare	Medicare				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	43547-531-10	NDC	J3490	HCPCS		both		1 EA	2.58		WellPoint	WellPoint				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Aetna	Better Health				2.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Aetna	Commercial				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Aetna	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Amerihealth	HMO/PPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Horizon	Medicare Blue				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Horizon	MGD				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Horizon	NJ Health				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Horizon	PPO				3.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		UHC	Medicaid				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		UHC	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		United	CommercialPPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		United	Oxford				2.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Wellcare	Medicaid				2.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		Wellcare	Medicare				8.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-11	NDC	J3411	HCPCS		both		1 EA	11.52		WellPoint	WellPoint				3.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Aetna	Better Health				2.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Aetna	Commercial				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Aetna	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Amerihealth	HMO/PPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Horizon	Medicare Blue				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Horizon	MGD				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Horizon	NJ Health				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Horizon	PPO				3.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		UHC	Medicaid				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		UHC	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		United	CommercialPPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		United	Oxford				2.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Wellcare	Medicaid				2.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		Wellcare	Medicare				8.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	43598-050-25	NDC	J3411	HCPCS		both		1 EA	11.52		WellPoint	WellPoint				3.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENALAPRILAT 1.25 MG/ML IV SOLN	43598-078-11	NDC	J3490	HCPCS		both		1 EA	19.11		WellPoint	WellPoint				4.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENALAPRILAT 1.25 MG/ML IV SOLN	43598-078-58	NDC	J3490	HCPCS		both		1 EA	19.11		WellPoint	WellPoint				4.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	43598-128-11	NDC	J2919	HCPCS		both		1 EA	0.79		Aetna	Medicare				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	43598-128-11	NDC	J2919	HCPCS		both		1 EA	0.79		Horizon	Indemnity				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	43598-128-11	NDC	J2919	HCPCS		both		1 EA	0.79		Horizon	MGD				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	43598-128-11	NDC	J2919	HCPCS		both		1 EA	0.79		Horizon	NJ Health				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	43598-128-11	NDC	J2919	HCPCS		both		1 EA	0.79		Horizon	PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 500 MG INJ SOLR	43598-128-11	NDC	J2919	HCPCS		both		1 EA	0.79		UHC	Medicaid				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Aetna	Better Health				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Aetna	Commercial				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Aetna	Medicare				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Amerihealth	HMO/PPO				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Horizon	Indemnity				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Horizon	Medicare Blue				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Horizon	MGD				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Horizon	PPO				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		Qualcare	Qualcare				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		UHC	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		UHC	Medicare				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	43598-129-01	NDC	J2919	HCPCS		both		1 EA	1.09		United	CommercialPPO		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VITAMIN K1 10 MG/ML INJ SOLN	43598-405-16	NDC	J3430	HCPCS		both		1 EA	15.4		United	Oxford				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	43598-405-16	NDC	J3430	HCPCS		both		1 EA	15.4		WellPoint	WellPoint				4.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		Aetna	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		Amerihealth	HMO/PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		Horizon	Medicare Blue				10.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		Horizon	MGD				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		Horizon	NJ Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		United	CommercialPPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		Wellcare	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-01	NDC	J0602	HCPCS		both		1 EA	0.46		WellPoint	WellPoint				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		Aetna	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		Amerihealth	HMO/PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		Horizon	Medicare Blue				10.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		Horizon	MGD				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		Horizon	NJ Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		United	CommercialPPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		Wellcare	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 2.4 G PO PACK	43598-479-90	NDC	J0602	HCPCS		both		1 EA	0.46		WellPoint	WellPoint				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN 300 MG/5ML IN NEBU	43598-605-04	NDC	J7682	HCPCS		both		1 EA	386.25		Horizon	NJ Health				27.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 2 MG/2ML INJ SOSY	43598-750-58	NDC	J2312	HCPCS		both		1 EA	0.56		Horizon	NJ Health				5.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 2 MG/2ML INJ SOSY	43598-750-58	NDC	J2312	HCPCS		both		1 EA	0.56		UHC	Medicaid				9.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		Aetna	Better Health				8.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		Aetna	Commercial				6.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		Aetna	Medicare				10.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		Horizon	Medicare Blue				14.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		Horizon	NJ Health				9.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		Horizon	PPO				16.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		UHC	Medicaid				11.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		UHC	Medicare				8.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		Wellcare	Medicaid				14.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-11	NDC	J3486	HCPCS		both		1 EA	84.6		WellPoint	WellPoint				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		Aetna	Better Health				9.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		Aetna	Commercial				6.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		Aetna	Medicare				10.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		Horizon	Medicare Blue				14.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		Horizon	NJ Health				9.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		Horizon	PPO				16.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		UHC	Medicaid				11.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		UHC	Medicare				8.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		Wellcare	Medicaid				14.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIPRASIDONE MESYLATE 20 MG IM SOLR	43598-848-58	NDC	J3486	HCPCS		both		1 EA	84.6		WellPoint	WellPoint				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		Aetna	Commercial				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		Aetna	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		Amerihealth	HMO/PPO				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		Horizon	Indemnity				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		Horizon	Medicare Blue				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		Horizon	MGD				1.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		Horizon	NJ Health				0.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		Horizon	PPO				1.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		UHC	Medicaid				1.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		UHC	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		United	CommercialPPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	43598-948-11	NDC	J1453	HCPCS		both		1 EA	1.97		WellPoint	WellPoint				0.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Better Health				52.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Commercial				62.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Medicare				44.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Amerihealth	HMO/PPO				93.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Horizon	Indemnity				85.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Horizon	Medicare Blue				39.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Horizon	MGD				79.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Horizon	NJ Health				56.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Horizon	PPO				67.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		UHC	Medicaid				52.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		UHC	Medicare				46.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		United	CommercialPPO				61.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		United	Oxford				55.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Wellcare	Medicaid				102.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		Wellcare	Medicare				35.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-05	NDC	P9047	HCPCS		both		1 EA	324		WellPoint	WellPoint				95.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Better Health				52.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Commercial				62.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Medicare				44.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Amerihealth	HMO/PPO				93.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Horizon	Indemnity				85.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Horizon	Medicare Blue				39.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Horizon	MGD				79.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Horizon	NJ Health				56.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Horizon	PPO				67.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		UHC	Medicaid				52.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		UHC	Medicare				46.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		United	CommercialPPO				61.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		United	Oxford				55.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Wellcare	Medicaid				102.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		Wellcare	Medicare				35.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-10	NDC	P9047	HCPCS		both		1 EA	324		WellPoint	WellPoint				95.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Better Health				52.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Commercial				62.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Medicare				44.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Amerihealth	HMO/PPO				93.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Horizon	Indemnity				85.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Horizon	Medicare Blue				39.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Horizon	MGD				79.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Horizon	NJ Health				56.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Horizon	PPO				67.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		UHC	Medicaid				52.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		UHC	Medicare				46.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		United	CommercialPPO				61.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		United	Oxford				55.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Wellcare	Medicaid				102.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		Wellcare	Medicare				35.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-90	NDC	P9047	HCPCS		both		1 EA	324		WellPoint	WellPoint				95.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Better Health				52.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Commercial				62.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Aetna	Medicare				44.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Amerihealth	HMO/PPO				93.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Horizon	Indemnity				85.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Horizon	Medicare Blue				39.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Horizon	MGD				79.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Horizon	NJ Health				56.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Horizon	PPO				67.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		UHC	Medicaid				52.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		UHC	Medicare				46.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		United	CommercialPPO				61.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		United	Oxford				55.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Wellcare	Medicaid				102.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		Wellcare	Medicare				35.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 25 % IV SOLN	44206-251-91	NDC	P9047	HCPCS		both		1 EA	324		WellPoint	WellPoint				95.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-25	NDC	P9045	HCPCS		both		1 EA	322.5		Aetna	Better Health				40.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-25	NDC	P9045	HCPCS		both		1 EA	322.5		Aetna	Commercial				52.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-25	NDC	P9045	HCPCS		both		1 EA	322.5		Aetna	Medicare				47.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-25	NDC	P9045	HCPCS		both		1 EA	322.5		Amerihealth	HMO/PPO				36.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-25	NDC	P9045	HCPCS		both		1 EA	322.5		Horizon	Indemnity				82.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-25	NDC	P9045	HCPCS		both		1 EA	322.5		Horizon	Medicare Blue				53.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
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hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALBUMIN HUMAN 5 % IV SOLN	44206-310-90	NDC	P9045	HCPCS		both		1 EA	322.5		UHC	Medicare				58.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-90	NDC	P9045	HCPCS		both		1 EA	322.5		United	CommercialPPO				31.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-90	NDC	P9045	HCPCS		both		1 EA	322.5		Wellcare	Medicaid				78.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-90	NDC	P9045	HCPCS		both		1 EA	322.5		Wellcare	Medicare				108.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	44206-310-90	NDC	P9045	HCPCS		both		1 EA	322.5		WellPoint	WellPoint				71.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NAFCILLIN SODIUM 1 G INJ SOLR	44567-221-10	NDC	J2290	HCPCS		both		1 EA	0.79		Horizon	NJ Health				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 1 G INJ SOLR	44567-235-25	NDC	J0713	HCPCS		both		1 EA	8.1		Horizon	NJ Health				1.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 1 G INJ SOLR	44567-235-25	NDC	J0713	HCPCS		both		1 EA	8.1		Horizon	PPO				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 1 G INJ SOLR	44567-235-25	NDC	J0713	HCPCS		both		1 EA	8.1		UHC	Medicaid				2.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 1 G INJ SOLR	44567-235-25	NDC	J0713	HCPCS		both		1 EA	8.1		UHC	Medicare				2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 1 G INJ SOLR	44567-235-25	NDC	J0713	HCPCS		both		1 EA	8.1		United	CommercialPPO				1.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	44567-236-10	NDC	J0713	HCPCS		both		1 EA	9		Aetna	Better Health				2.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	44567-236-10	NDC	J0713	HCPCS		both		1 EA	9		Aetna	Commercial				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	44567-236-10	NDC	J0713	HCPCS		both		1 EA	9		Horizon	MGD				4.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	44567-236-10	NDC	J0713	HCPCS		both		1 EA	9		Horizon	NJ Health				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	44567-236-10	NDC	J0713	HCPCS		both		1 EA	9		UHC	Medicaid				2.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	44567-236-10	NDC	J0713	HCPCS		both		1 EA	9		UHC	Medicare				5.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	44567-236-10	NDC	J0713	HCPCS		both		1 EA	9		Wellcare	Medicaid				2.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTAZIDIME 2 G IV SOLR	44567-236-10	NDC	J0713	HCPCS		both		1 EA	9		WellPoint	WellPoint				2.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFOXITIN SODIUM 1 G IV SOLR	44567-245-25	NDC	J0694	HCPCS		both		1 EA	35.82		Aetna	Commercial				11.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Aetna	Better Health				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Aetna	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Amerihealth	HMO/PPO				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	Indemnity				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	Medicare Blue				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	MGD				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	PPO				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		UHC	Medicaid				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		UHC	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		United	CommercialPPO				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		United	Oxford				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		Wellcare	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-01	NDC	J0613	HCPCS		both		1 EA	0.71		WellPoint	WellPoint				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Aetna	Better Health				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Aetna	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Amerihealth	HMO/PPO				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	Indemnity				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	Medicare Blue				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	MGD				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Horizon	PPO				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		UHC	Medicaid				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		UHC	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		United	CommercialPPO				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		United	Oxford				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		Wellcare	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE-NACL 1-0.675 GM/50ML-% IV SOLN	44567-620-24	NDC	J0613	HCPCS		both		1 EA	0.71		WellPoint	WellPoint				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		Aetna	Better Health				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		Aetna	Commercial				0.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		Aetna	Medicare				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		Amerihealth	HMO/PPO				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		Horizon	Indemnity				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		Horizon	MGD				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		Horizon	NJ Health				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		Horizon	PPO				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		UHC	Medicaid				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		UHC	Medicare				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		United	CommercialPPO				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		Wellcare	Medicaid				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 1 G INJ SOLR	44567-701-25	NDC	J0696	HCPCS		both		1 EA	2.7		WellPoint	WellPoint				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	44567-702-25	NDC	J0696	HCPCS		both		1 EA	2.7		Aetna	Commercial				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	44567-702-25	NDC	J0696	HCPCS		both		1 EA	2.7		Horizon	Indemnity				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	44567-702-25	NDC	J0696	HCPCS		both		1 EA	2.7		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	44567-702-25	NDC	J0696	HCPCS		both		1 EA	2.7		Horizon	NJ Health				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	44567-702-25	NDC	J0696	HCPCS		both		1 EA	2.7		Horizon	PPO				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	44567-702-25	NDC	J0696	HCPCS		both		1 EA	2.7		UHC	Medicaid				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	44567-702-25	NDC	J0696	HCPCS		both		1 EA	2.7		UHC	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 2 G INJ SOLR	44567-702-25	NDC	J0696	HCPCS		both		1 EA	2.7		WellPoint	WellPoint				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M SULFUR COLLOID CO KIT	45567-0030-1	NDC	A9541	HCPCS		both		1 EA	2254.2		Aetna	Commercial				488.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M SULFUR COLLOID CO KIT	45567-0030-1	NDC	A9541	HCPCS		both		1 EA	2254.2		Aetna	Medicare				275.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M SULFUR COLLOID CO KIT	45567-0030-1	NDC	A9541	HCPCS		both		1 EA	2254.2		Horizon	Medicare Blue				292.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M SULFUR COLLOID CO KIT	45567-0030-1	NDC	A9541	HCPCS		both		1 EA	2254.2		Horizon	MGD				579.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M SULFUR COLLOID CO KIT	45567-0030-1	NDC	A9541	HCPCS		both		1 EA	2254.2		Horizon	NJ Health				50.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M SULFUR COLLOID CO KIT	45567-0030-1	NDC	A9541	HCPCS		both		1 EA	2254.2		Horizon	PPO				533.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M SULFUR COLLOID CO KIT	45567-0030-1	NDC	A9541	HCPCS		both		1 EA	2254.2		UHC	Medicaid				676.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNET TC 99M SULFUR COLLOID CO KIT	45567-0030-1	NDC	A9541	HCPCS		both		1 EA	2254.2		UHC	Medicare				276.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M PYROPHOS IV KIT	45567-0060-1	NDC	A9538	HCPCS		both		1 EA	230.58		WellPoint	WellPoint				88.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEBROFENIN IV KIT	45567-0455-1	NDC	A9537	HCPCS		both		1 EA	1021.14		Aetna	Commercial				276.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEBROFENIN IV KIT	45567-0455-1	NDC	A9537	HCPCS		both		1 EA	1021.14		Aetna	Medicare				50.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEBROFENIN IV KIT	45567-0455-1	NDC	A9537	HCPCS		both		1 EA	1021.14		Horizon	Medicare Blue				123.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEBROFENIN IV KIT	45567-0455-1	NDC	A9537	HCPCS		both		1 EA	1021.14		Horizon	MGD				228.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEBROFENIN IV KIT	45567-0455-1	NDC	A9537	HCPCS		both		1 EA	1021.14		Horizon	NJ Health				93.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEBROFENIN IV KIT	45567-0455-1	NDC	A9537	HCPCS		both		1 EA	1021.14		Horizon	PPO				122.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEBROFENIN IV KIT	45567-0455-1	NDC	A9537	HCPCS		both		1 EA	1021.14		UHC	Medicaid				269.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEBROFENIN IV KIT	45567-0455-1	NDC	A9537	HCPCS		both		1 EA	1021.14		UHC	Medicare				185.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEBROFENIN IV KIT	45567-0455-1	NDC	A9537	HCPCS		both		1 EA	1021.14		WellPoint	WellPoint				110.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M SESTAMIBI IV KIT	45567-0555-1	NDC	A9500	HCPCS		both		1 EA	1351.74		Horizon	Indemnity				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M SESTAMIBI IV KIT	45567-0555-1	NDC	A9500	HCPCS		both		1 EA	1351.74		Horizon	MGD				423.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M SESTAMIBI IV KIT	45567-0555-1	NDC	A9500	HCPCS		both		1 EA	1351.74		Horizon	NJ Health				73.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M SESTAMIBI IV KIT	45567-0555-1	NDC	A9500	HCPCS		both		1 EA	1351.74		UHC	Medicaid				10.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M SESTAMIBI IV KIT	45567-0555-1	NDC	A9500	HCPCS		both		1 EA	1351.74		UHC	Medicare				116.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M SESTAMIBI IV KIT	45567-0555-1	NDC	A9500	HCPCS		both		1 EA	1351.74		United	Oxford				295.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	45963-614-51	NDC	J9206	HCPCS		both		1 EA	40.5		Horizon	NJ Health				6.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	45963-614-51	NDC	J9206	HCPCS		both		1 EA	40.5		Horizon	PPO				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	45963-614-51	NDC	J9206	HCPCS		both		1 EA	40.5		UHC	Medicaid				10.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	45963-614-51	NDC	J9206	HCPCS		both		1 EA	40.5		UHC	Medicare				7.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	45963-614-51	NDC	J9206	HCPCS		both		1 EA	40.5		United	CommercialPPO				19.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	45963-733-60	NDC	J9000	HCPCS		both		1 EA	25.2		Horizon	MGD				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	45963-733-60	NDC	J9000	HCPCS		both		1 EA	25.2		Horizon	NJ Health				3.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	45963-733-60	NDC	J9000	HCPCS		both		1 EA	25.2		Horizon	PPO				1.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL 2 MG/ML IV SOLN	45963-733-60	NDC	J9000	HCPCS		both		1 EA	25.2		UHC	Medicaid				2.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL LIPOSOMAL 2 MG/ML IV SUSP	47335-049-40	NDC	Q2050	HCPCS		both		1 EA	1744.2		Aetna	Commercial				366.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Aetna	Better Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Aetna	Commercial				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Amerihealth	HMO/PPO				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Horizon	Indemnity				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Horizon	Medicare Blue				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Horizon	MGD				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Horizon	NJ Health				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Horizon	PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Qualcare	Qualcare				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		UHC	Medicaid				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		UHC	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		United	CommercialPPO				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		Wellcare	Medicaid				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-40	NDC	J3490	HCPCS		both		1 EA	3.06		WellPoint	WellPoint				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-44	NDC	J3490	HCPCS		both		1 EA	3.06		Aetna	Better Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-44	NDC	J3490	HCPCS		both		1 EA	3.06		Aetna	Commercial				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VECURONIUM BROMIDE 10 MG IV SOLR	47335-931-44	NDC	J3490	HCPCS		both		1 EA	3.06		Amerihealth	HMO/PPO				0.38			other	Drugs are paid at 100% of the AWP. Standard char

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		Horizon	MGD				136.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		Horizon	NJ Health				157.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		Horizon	PPO				177.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		UHC	Medicaid				199.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		UHC	Medicare				114.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		United	Commercial|PPO				526.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		United	Oxford				497.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		Wellcare	Medicaid				194.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		Wellcare	Medicare				72.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUDEOXYGLUCOSE F 18 20-300 MCI/ML IV SOLN	49609-101-02	NDC	A9609	HCPCS		both		1 EA	666		WellPoint	WellPoint				179.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIDOVUDINE 10 MG/ML IV SOLN	49702-213-01	NDC	J3485	HCPCS		both		1 EA	5.25		Aetna	Commercial				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIDOVUDINE 10 MG/ML IV SOLN	49702-213-01	NDC	J3485	HCPCS		both		1 EA	5.25		Horizon	NJ Health				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIDOVUDINE 10 MG/ML IV SOLN	49702-213-01	NDC	J3485	HCPCS		both		1 EA	5.25		UHC	Medicare				0.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIDOVUDINE 10 MG/ML IV SOLN	49702-213-01	NDC	J3485	HCPCS		both		1 EA	5.25		Wellcare	Medicaid				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIDOVUDINE 10 MG/ML IV SOLN	49702-213-26	NDC	J3485	HCPCS		both		1 EA	5.25		Aetna	Commercial				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIDOVUDINE 10 MG/ML IV SOLN	49702-213-26	NDC	J3485	HCPCS		both		1 EA	5.25		Horizon	NJ Health				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIDOVUDINE 10 MG/ML IV SOLN	49702-213-26	NDC	J3485	HCPCS		both		1 EA	5.25		UHC	Medicare				0.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZIDOVUDINE 10 MG/ML IV SOLN	49702-213-26	NDC	J3485	HCPCS		both		1 EA	5.25		Wellcare	Medicaid				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM HYALURONATE (VISCOSUP) 25 MG/2.5ML IX SOSY	50016-95721	NDC	J7321	HCPCS		both		1 EA	342		Horizon	Medicare Blue				78.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM HYALURONATE (VISCOSUP) 25 MG/2.5ML IX SOSY	50016-95721	NDC	J7321	HCPCS		both		1 EA	342		Horizon	MGD				166.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM HYALURONATE (VISCOSUP) 25 MG/2.5ML IX SOSY	50016-95721	NDC	J7321	HCPCS		both		1 EA	342		UHC	Medicaid				68.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM HYALURONATE (VISCOSUP) 25 MG/2.5ML IX SOSY	50016-95721	NDC	J7321	HCPCS		both		1 EA	342		UHC	Medicare				101.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM HYALURONATE (VISCOSUP) 25 MG/2.5ML IX SOSY	50016-95721	NDC	J7321	HCPCS		both		1 EA	342		United	Commercial|PPO				101.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM HYALURONATE (VISCOSUP) 25 MG/2.5ML IX SOSY	50016-95721	NDC	J7321	HCPCS		both		1 EA	342		WellPoint	WellPoint				85.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALTEPLASE 2 MG INJ SOLR	50242-041-64	NDC	J2997	HCPCS		both		1 EA	333.3		Aetna	Better Health				59.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALTEPLASE 2 MG INJ SOLR	50242-041-64	NDC	J2997	HCPCS		both		1 EA	333.3		Aetna	Commercial				67.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALTEPLASE 2 MG INJ SOLR	50242-041-64	NDC	J2997	HCPCS		both		1 EA	333.3		Aetna	Medicare				30.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALTEPLASE 2 MG INJ SOLR	50242-041-64	NDC	J2997	HCPCS		both		1 EA	333.3		Horizon	NJ Health				61.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALTEPLASE 2 MG INJ SOLR	50242-041-64	NDC	J2997	HCPCS		both		1 EA	333.3		Horizon	PPO				123.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALTEPLASE 2 MG INJ SOLR	50242-041-64	NDC	J2997	HCPCS		both		1 EA	333.3		UHC	Medicaid				44.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALTEPLASE 2 MG INJ SOLR	50242-041-64	NDC	J2997	HCPCS		both		1 EA	333.3		United	Commercial|PPO				43.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALTEPLASE 2 MG INJ SOLR	50242-041-64	NDC	J2997	HCPCS		both		1 EA	333.3		Wellcare	Medicaid				58.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALTEPLASE 2 MG INJ SOLR	50242-041-64	NDC	J2997	HCPCS		both		1 EA	333.3		WellPoint	WellPoint				38.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB 100 MG/10ML IV SOLN	50242-051-21	NDC	J9312	HCPCS		both		1 EA	338.22		Horizon	NJ Health				76.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB 100 MG/10ML IV SOLN	50242-051-21	NDC	J9312	HCPCS		both		1 EA	338.22		UHC	Medicaid				59.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB 100 MG/10ML IV SOLN	50242-051-21	NDC	J9312	HCPCS		both		1 EA	338.22		UHC	Medicare				9.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB 500 MG/50ML IV SOLN	50242-053-06	NDC	J9312	HCPCS		both		1 EA	338.22		Aetna	Commercial				124.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB 500 MG/50ML IV SOLN	50242-053-06	NDC	J9312	HCPCS		both		1 EA	338.22		Horizon	NJ Health				60.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB 500 MG/50ML IV SOLN	50242-053-06	NDC	J9312	HCPCS		both		1 EA	338.22		UHC	Medicaid				38.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB 500 MG/50ML IV SOLN	50242-053-06	NDC	J9312	HCPCS		both		1 EA	338.22		UHC	Medicare				9.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB 500 MG/50ML IV SOLN	50242-053-06	NDC	J9312	HCPCS		both		1 EA	338.22		Wellcare	Medicare				77.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB 100 MG/4ML IV SOLN	50242-060-01	NDC	J9035	HCPCS		both		1 EA	286.9		Aetna	Commercial				107.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB 100 MG/4ML IV SOLN	50242-060-01	NDC	J9035	HCPCS		both		1 EA	286.9		Horizon	Medicare Blue				42.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB 100 MG/4ML IV SOLN	50242-060-01	NDC	J9035	HCPCS		both		1 EA	286.9		Horizon	NJ Health				74.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB 100 MG/4ML IV SOLN	50242-060-01	NDC	J9035	HCPCS		both		1 EA	286.9		WellPoint	WellPoint				74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB 400 MG/16ML IV SOLN	50242-061-01	NDC	J9035	HCPCS		both		1 EA	286.9		Aetna	Commercial				107.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB 400 MG/16ML IV SOLN	50242-061-01	NDC	J9035	HCPCS		both		1 EA	286.9		Horizon	NJ Health				74.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB 400 MG/16ML IV SOLN	50242-061-01	NDC	J9035	HCPCS		both		1 EA	286.9		Horizon	PPO				60.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB 400 MG/16ML IV SOLN	50242-061-01	NDC	J9035	HCPCS		both		1 EA	286.9		WellPoint	WellPoint				74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RANIBIZUMAB 0.5 MG/0.05ML IZ SOSY	50242-080-63	NDC	J2778	HCPCS		both		1 EA	1404		Wellcare	Medicaid				421.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADO-TRASTUZUMAB EMTANSINE 160 MG IV SOLR	50242-087-01	NDC	J9354	HCPCS		both		1 EA	143.63		WellPoint	WellPoint				4.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FARICIMAB-SVOA 6 MG/0.05ML IZ SOLN	50242-096-01	NDC	J2777	HCPCS		both		1 EA	137.38		Aetna	Medicare				31.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FARICIMAB-SVOA 6 MG/0.05ML IZ SOLN	50242-096-01	NDC	J2777	HCPCS		both		1 EA	137.38		Horizon	Medicare Blue				30.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FARICIMAB-SVOA 6 MG/0.05ML IZ SOLN	50242-096-01	NDC	J2777	HCPCS		both		1 EA	137.38		Horizon	NJ Health				28.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FARICIMAB-SVOA 6 MG/0.05ML IZ SOLN	50242-096-01	NDC	J2777	HCPCS		both		1 EA	137.38		UHC	Medicaid				30.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FARICIMAB-SVOA 6 MG/0.05ML IZ SOLN	50242-096-01	NDC	J2777	HCPCS		both		1 EA	137.38		UHC	Medicare				27.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FARICIMAB-SVOA 6 MG/0.05ML IZ SOLN	50242-096-01	NDC	J2777	HCPCS		both		1 EA	137.38		Wellcare	Medicaid				27.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FARICIMAB-SVOA 6 MG/0.05ML IZ SOLN	50242-096-01	NDC	J2777	HCPCS		both		1 EA	137.38		WellPoint	WellPoint				36.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DORNASE ALFA 2.5 MG/2.5ML IN SOLN	50242-100-39	NDC	J7639	HCPCS		both		1 EA	192.63		Aetna	Commercial				5.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DORNASE ALFA 2.5 MG/2.5ML IN SOLN	50242-100-39	NDC	J7639	HCPCS		both		1 EA	192.63		Horizon	Medicare Blue				40.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DORNASE ALFA 2.5 MG/2.5ML IN SOLN	50242-100-39	NDC	J7639	HCPCS		both		1 EA	192.63		Horizon	NJ Health				23.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DORNASE ALFA 2.5 MG/2.5ML IN SOLN	50242-100-40	NDC	J7639	HCPCS		both		1 EA	192.63		Aetna	Commercial				5.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DORNASE ALFA 2.5 MG/2.5ML IN SOLN	50242-100-40	NDC	J7639	HCPCS		both		1 EA	192.63		Horizon	Medicare Blue				40.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DORNASE ALFA 2.5 MG/2.5ML IN SOLN	50242-100-40	NDC	J7639	HCPCS		both		1 EA	192.63		Horizon	NJ Health				23.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TENECTEPLASE 50 MG IV KIT	50242-120-47	NDC	J3101	HCPCS		both		1 EA	597.4		Aetna	Commercial				97.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TENECTEPLASE 50 MG IV KIT	50242-120-47	NDC	J3101	HCPCS		both		1 EA	597.4		Aetna	Medicare				136.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TENECTEPLASE 50 MG IV KIT	50242-120-47	NDC	J3101	HCPCS		both		1 EA	597.4		Horizon	MGD				120.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TENECTEPLASE 50 MG IV KIT	50242-120-47	NDC	J3101	HCPCS		both		1 EA	597.4		Horizon	NJ Health				58.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TENECTEPLASE 50 MG IV KIT	50242-120-47	NDC	J3101	HCPCS		both		1 EA	597.4		Horizon	PPO				245.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TENECTEPLASE 50 MG IV KIT	50242-120-47	NDC	J3101	HCPCS		both		1 EA	597.4		UHC	Medicaid				66.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TENECTEPLASE 50 MG IV KIT	50242-120-47	NDC	J3101	HCPCS		both		1 EA	597.4		UHC	Medicare				217.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TENECTEPLASE 50 MG IV KIT	50242-120-47	NDC	J3101	HCPCS		both		1 EA	597.4		United	Commercial|PPO				67.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TENECTEPLASE 50 MG IV KIT	50242-120-47	NDC	J3101	HCPCS		both		1 EA	597.4		Wellcare	Medicaid				125.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERTUZUMAB 420 MG/14ML IV SOLN	50242-145-01	NDC	J9306	HCPCS		both		1 EA	58.46		Horizon	Medicare Blue				9.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERTUZUMAB 420 MG/14ML IV SOLN	50242-145-01	NDC	J9306	HCPCS		both		1 EA	58.46		Horizon	NJ Health				13.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERTUZUMAB 420 MG/14ML IV SOLN	50242-145-01	NDC	J9306	HCPCS		both		1 EA	58.46		UHC	Medicaid				17.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERTUZUMAB 420 MG/14ML IV SOLN	50242-145-01	NDC	J9306	HCPCS		both		1 EA	58.46		UHC	Medicare				0.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERTUZUMAB 420 MG/14ML IV SOLN	50242-145-01	NDC	J9306	HCPCS		both		1 EA	58.46		United	Commercial|PPO				17.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERTUZUMAB 420 MG/14ML IV SOLN	50242-145-01	NDC	J9306	HCPCS		both		1 EA	58.46		United	Oxford				27.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PERTUZUMAB 420 MG/14ML IV SOLN	50242-145-01	NDC	J9306	HCPCS		both		1 EA	58.46		Wellcare	Medicaid				17.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATEZOLIZUMAB 1200 MG/20ML IV SOLN	50242-917-01	NDC	J9022	HCPCS		both		1 EA	337.56		Horizon	NJ Health				87.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATEZOLIZUMAB 1200 MG/20ML IV SOLN	50242-917-01	NDC	J9022	HCPCS		both		1 EA	337.56		UHC	Medicare				84.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATEZOLIZUMAB 1200 MG/20ML IV SOLN	50242-917-01	NDC	J9022	HCPCS		both		1 EA	337.56		WellPoint	WellPoint				84.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		Aetna	Commercial				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		Aetna	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	Medicare Blue				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	MGD				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	NJ Health				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	PPO				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		UHC	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		UHC	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		Wellcare	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-11	NDC	Q0162	HCPCS		both		1 EA	0.56		WellPoint	WellPoint				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		Aetna	Commercial				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		Aetna	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	Medicare Blue				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	MGD				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	NJ Health				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		Horizon	PPO				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		UHC	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		UHC	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		Wellcare	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG PO TABS	50268-621-15	NDC	Q0162	HCPCS		both		1 EA	0.56		WellPoint	WellPoint				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	50268-647-14	NDC	Q0162	HCPCS		both		1 EA	11.48		Aetna	Better Health				3.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	50268-647-14	NDC	Q0162	HCPCS		both		1 EA	11.48		Horizon	NJ Health				2.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	50268-647-14	NDC	Q0162	HCPCS		both		1 EA	11.48		UHC	Medicaid				3.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	50268-647-14	NDC	Q0162	HCPCS		both		1 EA	11.48		Wellcare	Medicaid				3.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	50268-647-14	NDC	Q0162	HCPCS		both		1 EA	11.48		WellPoint	WellPoint				2.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 5 MG PO TABS	50268-684-11	NDC	Q0164	HCPCS		both		1 EA	4.83		Aetna	Commercial				0.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 5 MG PO TABS	50268-684-11	NDC	Q0164	HCPCS		both		1 EA	4.83		UHC	Medicaid				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 5 MG PO TABS	50268-684-11	NDC	Q0164	HCPCS		both		1 EA	4.83		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-11	NDC	Q0164	HCPCS		both		1 EA	2.66		Aetna	Commercial				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-11	NDC	Q0164	HCPCS		both		1 EA	2.66		Horizon	Medicare Blue				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-11	NDC	Q0164	HCPCS		both		1 EA	2.66		Horizon	MGD				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-11	NDC	Q0164	HCPCS		both		1 EA	2.66		Horizon	NJ Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-11	NDC	Q0164	HCPCS		both		1 EA	2.66		UHC	Medicaid				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-11	NDC	Q0164	HCPCS		both		1 EA	2.66		UHC	Medicare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-11	NDC	Q0164	HCPCS		both		1 EA	2.66		United	Commercial|PPO				1.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-11	NDC	Q0164	HCPCS		both		1 EA	2.66		Wellcare	Medicaid				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-11	NDC	Q0164	HCPCS		both		1 EA	2.66		WellPoint	WellPoint				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-15	NDC	Q0164	HCPCS		both		1 EA	2.66		Aetna	Commercial				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-15	NDC	Q0164	HCPCS		both		1 EA	2.66		Horizon	Medicare Blue				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-15	NDC	Q0164	HCPCS		both		1 EA	2.66		Horizon	MGD				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-15	NDC	Q0164	HCPCS		both		1 EA	2.66		Horizon	NJ Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE MALEATE 10 MG PO TABS	50268-685-15	NDC	Q0164	HCPCS		both	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TACROLIMUS 1 MG PO CAPS	51079-818-01	NDC	J7507	HCPCS	both		1 EA		13.38		Horizon	PPO				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-01	NDC	J7507	HCPCS	both		1 EA		13.38		UHC	Medicaid				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-01	NDC	J7507	HCPCS	both		1 EA		13.38		UHC	Medicare				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-01	NDC	J7507	HCPCS	both		1 EA		13.38		United	Commercial|PPO				1.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-01	NDC	J7507	HCPCS	both		1 EA		13.38		Wellcare	Medicaid				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-01	NDC	J7507	HCPCS	both		1 EA		13.38		WellPoint	WellPoint				1.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		Aetna	Better Health				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		Aetna	Medicare				2.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		Amerihealth	HMO|PPO				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		Horizon	Indemnity				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		Horizon	MGD				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		Horizon	NJ Health				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		Horizon	PPO				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		UHC	Medicaid				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		UHC	Medicare				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		United	Commercial|PPO				1.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		Wellcare	Medicaid				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 1 MG PO CAPS	51079-818-20	NDC	J7507	HCPCS	both		1 EA		13.38		WellPoint	WellPoint				1.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ENFORTUMAB VEDOTIN-EJFV 20 MG IV SOLR	51144-020-01	NDC	J9177	HCPCS	both		1 EA		126.41		Horizon	NJ Health				56.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Aetna	Better Health				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Aetna	Commercial				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Aetna	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Amerihealth	HMO|PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	Medicare Blue				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	MGD				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	NJ Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	PPO				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		UHC	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		UHC	Medicare				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		United	Commercial|PPO				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		United	Oxford				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Wellcare	Medicaid				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		Wellcare	Medicare				1.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-1	NDC	J3490	HCPCS	both		1 EA		3.3		WellPoint	WellPoint				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Aetna	Better Health				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Aetna	Commercial				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Aetna	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Amerihealth	HMO|PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	Medicare Blue				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	MGD				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	NJ Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Horizon	PPO				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		UHC	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		UHC	Medicare				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		United	Commercial|PPO				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		United	Oxford				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Wellcare	Medicaid				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		Wellcare	Medicare				1.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	51754-5011-4	NDC	J3490	HCPCS	both		1 EA		3.3		WellPoint	WellPoint				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-20	NDC	Q0166	HCPCS	both		1 EA		177.15		Aetna	Medicare				43.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-20	NDC	Q0166	HCPCS	both		1 EA		177.15		Horizon	NJ Health				40.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-20	NDC	Q0166	HCPCS	both		1 EA		177.15		Horizon	PPO				86.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-20	NDC	Q0166	HCPCS	both		1 EA		177.15		UHC	Medicaid				33.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-20	NDC	Q0166	HCPCS	both		1 EA		177.15		UHC	Medicare				27.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-32	NDC	Q0166	HCPCS	both		1 EA		177.18		Aetna	Medicare				43.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-32	NDC	Q0166	HCPCS	both		1 EA		177.18		Horizon	NJ Health				40.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-32	NDC	Q0166	HCPCS	both		1 EA		177.18		Horizon	PPO				86.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-32	NDC	Q0166	HCPCS	both		1 EA		177.18		UHC	Medicaid				33.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-32	NDC	Q0166	HCPCS	both		1 EA		177.18		UHC	Medicare				27.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-99	NDC	Q0166	HCPCS	both		1 EA		177.15		Aetna	Medicare				43.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-99	NDC	Q0166	HCPCS	both		1 EA		177.15		Horizon	NJ Health				40.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-99	NDC	Q0166	HCPCS	both		1 EA		177.15		Horizon	PPO				86.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-99	NDC	Q0166	HCPCS	both		1 EA		177.15		UHC	Medicaid				33.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	51991-735-99	NDC	Q0166	HCPCS	both		1 EA		177.15		UHC	Medicare				27.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	54288-100-01	NDC	J3489	HCPCS	both		1 EA		33.75		Horizon	Medicare Blue				136.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	54288-100-01	NDC	J3489	HCPCS	both		1 EA		33.75		Horizon	MGD				284.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	54288-100-01	NDC	J3489	HCPCS	both		1 EA		33.75		Horizon	NJ Health				80.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	54288-100-01	NDC	J3489	HCPCS	both		1 EA		33.75		UHC	Medicaid				52.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	54288-100-01	NDC	J3489	HCPCS	both		1 EA		33.75		UHC	Medicare				89.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Aetna	Better Health				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Aetna	Commercial				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Aetna	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	Indemnity				1.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	Medicare Blue				0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	MGD				1.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	NJ Health				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	PPO				1.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		UHC	Medicaid				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		UHC	Medicare				1.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		United	Commercial|PPO				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		United	Oxford				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Wellcare	Medicaid				1.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		Wellcare	Medicare				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-01	NDC	J0166	HCPCS	both		1 EA		5.25		WellPoint	WellPoint				1.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Aetna	Better Health				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Aetna	Commercial				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Aetna	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	Indemnity				1.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	Medicare Blue				0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	MGD				1.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	NJ Health				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Horizon	PPO				1.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		UHC	Medicaid				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		UHC	Medicare				1.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		United	Commercial|PPO				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		United	Oxford				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Wellcare	Medicaid				1.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		Wellcare	Medicare				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE PF 1 MG/ML INJ SOLN	54288-103-10	NDC	J0166	HCPCS	both		1 EA		5.25		WellPoint	WellPoint				1.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-01	NDC	J2440	HCPCS	both		1 EA		117		Aetna	Commercial				17.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-01	NDC	J2440	HCPCS	both		1 EA		117		Aetna	Medicare				35.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-01	NDC	J2440	HCPCS	both		1 EA		117		Horizon	MGD				29.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-01	NDC	J2440	HCPCS	both		1 EA		117		Horizon	NJ Health				11.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-01	NDC	J2440	HCPCS	both		1 EA		117		Horizon	PPO				10.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-01	NDC	J2440	HCPCS	both		1 EA		117		UHC	Medicare				36.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-01	NDC	J2440	HCPCS	both		1 EA		117		Wellcare	Medicaid				29.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-01	NDC	J2440	HCPCS	both		1 EA		117		WellPoint	WellPoint				33.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-10	NDC	J2440	HCPCS	both		1 EA		117		Aetna	Commercial				17.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-10	NDC	J2440	HCPCS	both		1 EA		117		Aetna	Medicare				35.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-10	NDC	J2440	HCPCS	both		1 EA		117		Horizon	MGD				29.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-10	NDC	J2440	HCPCS	both		1 EA		117		Horizon	NJ Health				11.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-10	NDC	J2440	HCPCS	both		1 EA		117		Horizon	PPO				10.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-10	NDC	J2440	HCPCS	both		1 EA		117		UHC	Medicare				36.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-10	NDC	J2440	HCPCS	both		1 EA		117		Wellcare	Medicaid				29.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PAPAVERINE HCL 30 MG/ML INJ SOLN	54288-142-10	NDC	J2440	HCPCS	both		1 EA		117		WellPoint	WellPoint				33.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	55111-685-07	NDC	J3489	HCPCS	both		1 EA		67.5		Horizon	Medicare Blue				136.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	55111-685-07	NDC	J3489	HCPCS	both		1 EA		67.5		Horizon	MGD				284.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	55111-685-07	NDC	J3489	HCPCS	both		1 EA		67.5		Horizon	NJ Health				80.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	55111-685-07	NDC	J3489	HCPCS	both		1 EA		67.5		UHC	Medicaid				52.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	55111-685-07	NDC	J3489	HCPCS	both		1 EA		67.5		UHC	Medicare				89.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	55150-113-10	NDC	J0290	HCPCS	both		1 EA		12.32		Aetna	Better Health				4.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	55150-113-10	NDC	J0290	HCPCS	both		1 EA		12.32		Aetna	Commercial				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	55150-113-10	NDC	J0290	HCPCS	both		1 EA		12.32		Horizon	Medicare Blue				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	55150-113-10	NDC	J0290	HCPCS	both		1 EA		12.32		Horizon	MGD				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	55150-113-10	NDC	J0290	HCPCS	both		1 EA		12.32		Horizon	NJ Health				2.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 1 G INJ SOLR	55150-113-10	NDC	J0290	HCPCS	both		1 EA		12.32		UHC	Medicare				7.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 2 G INJ SOLR	55150-114-20	ND

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		Horizon	MGD				6.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		Horizon	NJ Health				3.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		Horizon	PPO				5.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		UHC	Medicaid				5.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		UHC	Medicare				9.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		United	Commercial|PPO				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		United	Oxford				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		Wellcare	Medicaid				3.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		Wellcare	Medicare				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN-SULBACTAM SODIUM 3 (2-1) G INJ SOLR	55150-117-20	NDC	J0295	HCPCS		both		1 EA	21.9		WellPoint	WellPoint				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-154-10	NDC	J0133	HCPCS		both		1 EA	0.48		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-154-10	NDC	J0133	HCPCS		both		1 EA	0.48		Aetna	Medicare				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-154-10	NDC	J0133	HCPCS		both		1 EA	0.48		Horizon	Medicare Blue				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-154-10	NDC	J0133	HCPCS		both		1 EA	0.48		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-154-10	NDC	J0133	HCPCS		both		1 EA	0.48		Horizon	PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-154-10	NDC	J0133	HCPCS		both		1 EA	0.48		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-154-10	NDC	J0133	HCPCS		both		1 EA	0.48		UHC	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-154-10	NDC	J0133	HCPCS		both		1 EA	0.48		Wellcare	Medicaid				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-154-10	NDC	J0133	HCPCS		both		1 EA	0.48		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-155-20	NDC	J0133	HCPCS		both		1 EA	0.45		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-155-20	NDC	J0133	HCPCS		both		1 EA	0.45		Aetna	Medicare				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-155-20	NDC	J0133	HCPCS		both		1 EA	0.45		Horizon	Medicare Blue				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-155-20	NDC	J0133	HCPCS		both		1 EA	0.45		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-155-20	NDC	J0133	HCPCS		both		1 EA	0.45		Horizon	PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-155-20	NDC	J0133	HCPCS		both		1 EA	0.45		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-155-20	NDC	J0133	HCPCS		both		1 EA	0.45		UHC	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-155-20	NDC	J0133	HCPCS		both		1 EA	0.45		Wellcare	Medicaid				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	55150-155-20	NDC	J0133	HCPCS		both		1 EA	0.45		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Aetna	Better Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Aetna	Commercial				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Aetna	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Amerihealth	HMO/PPO				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Horizon	Indemnity				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Horizon	MGD				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Horizon	PPO				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		UHC	Medicaid				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		UHC	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		United	Commercial|PPO				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		United	Oxford				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Wellcare	Medicaid				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	55150-162-05	NDC	J2003	HCPCS		both		1 EA	0.24		WellPoint	WellPoint				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		Aetna	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		Horizon	MGD				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	55150-165-05	NDC	J2003	HCPCS		both		1 EA	0.11		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		UHC	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Wellcare	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	55150-167-10	NDC	J0865	HCPCS		both		1 EA	0.19		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		Horizon	Medicare Blue				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		Horizon	PPO				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		UHC	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		UHC	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	55150-170-30	NDC	J0865	HCPCS		both		1 EA	0.04		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Aetna	Better Health				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Aetna	Commercial				7.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Aetna	Medicare				4.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Amerihealth	HMO/PPO				3.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Horizon	Indemnity				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Horizon	Medicare Blue				6.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Horizon	MGD				6.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Horizon	NJ Health				4.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Horizon	PPO				12.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		UHC	Medicaid				5.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		UHC	Medicare				5.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Wellcare	Medicaid				5.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		Wellcare	Medicare				9.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	55150-174-10	NDC	J0456	HCPCS		both		1 EA	33		WellPoint	WellPoint				4.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CAFFEINE CITRATE 60 MG/3ML IV SOLN	55150-187-03	NDC	J0706	HCPCS		both		1 EA	10		Aetna	Commercial				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CAFFEINE CITRATE 60 MG/3ML IV SOLN	55150-187-03	NDC	J0706	HCPCS		both		1 EA	10		Horizon	NJ Health				1.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Aetna	Better Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Aetna	Commercial				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Aetna	Medicare				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Amerihealth	HMO/PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Horizon	MGD				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Horizon	NJ Health				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Horizon	PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		UHC	Medicaid				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		UHC	Medicare				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		United	Commercial|PPO				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Wellcare	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		Wellcare	Medicare				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-221-10	NDC	J3490	HCPCS		both		1 EA	2.88		WellPoint	WellPoint				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Aetna	Better Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Aetna	Commercial				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Aetna	Medicare				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Amerihealth	HMO/PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Horizon	MGD				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Horizon	NJ Health				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Horizon	PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		UHC	Medicaid				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		UHC	Medicare				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		United	Commercial|PPO				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Wellcare	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	55150-222-20	NDC	J3490	HCPCS		both		1 EA	1.68		Wellcare	Medicare				1.31			other	Drugs are

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHLORPROMAZINE HCL 50 MG/2ML INJ SOLN	55150-319-25	NDC	J3230	HCPCS	both		1 EA		119.16		Horizon	NJ Health				23.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		United	Commercial|PPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-01	NDC	J1938	HCPCS	both		1 EA		0.47		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		United	Commercial|PPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	55150-322-25	NDC	J1938	HCPCS	both		1 EA		0.47		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		Aetna	Better Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		Amerihealth	HMO/PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		Horizon	Indemnity				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		Horizon	Medicare Blue				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		Horizon	MGD				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		Horizon	NJ Health				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		Horizon	PPO				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		UHC	Medicaid				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		United	Commercial|PPO				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		Wellcare	Medicaid				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	55150-329-01	NDC	J1050	HCPCS	both		1 EA		0.88		WellPoint	WellPoint				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 2 MG/2ML INJ SOSY	55150-345-01	NDC	J2312	HCPCS	both		1 EA		0.57		Horizon	NJ Health				5.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 2 MG/2ML INJ SOSY	55150-345-01	NDC	J2312	HCPCS	both		1 EA		0.57		UHC	Medicaid				9.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 2 MG/2ML INJ SOSY	55150-345-10	NDC	J2312	HCPCS	both		1 EA		0.57		Horizon	NJ Health				5.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NALOXONE HCL 2 MG/2ML INJ SOSY	55150-345-10	NDC	J2312	HCPCS	both		1 EA		0.57		UHC	Medicaid				9.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPHOTERICIN B LIPOSOME 50 MG IV SUSR	55150-365-01	NDC	J0289	HCPCS	both		1 EA		183.42		Horizon	NJ Health				50.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEMETREXED DISODIUM 100 MG IV SOLR	55150-381-01	NDC	J9305	HCPCS	both		1 EA		54		UHC	Medicaid				87.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXRAZOXANE HCL 250 MG IV SOLR	55150-434-01	NDC	J1190	HCPCS	both		1 EA		987.33		Horizon	NJ Health				247.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Aetna	Better Health				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Aetna	Commercial				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Aetna	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Amerihealth	HMO/PPO				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	Indemnity				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	Medicare Blue				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	MGD				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	NJ Health				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	PPO				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Qualcare	Qualcare				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		UHC	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		UHC	Medicare				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		United	Commercial|PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		Wellcare	Medicaid				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-01	NDC	J3490	HCPCS	both		1 EA		3.63		WellPoint	WellPoint				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Aetna	Better Health				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Aetna	Commercial				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Aetna	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Amerihealth	HMO/PPO				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	Indemnity				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	Medicare Blue				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	MGD				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	NJ Health				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Horizon	PPO				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Qualcare	Qualcare				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		UHC	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		UHC	Medicare				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		United	Commercial|PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		Wellcare	Medicaid				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETAMINE HCL 10 MG/ML INJ SOLN	55150-438-10	NDC	J3490	HCPCS	both		1 EA		3.63		WellPoint	WellPoint				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA 2000 UNIT/ML INJ SOLN	55513-126-01	NDC	J0885	HCPCS	both		1 EA		59.69		Horizon	NJ Health				7.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA 2000 UNIT/ML INJ SOLN	55513-126-10	NDC	J0885	HCPCS	both		1 EA		59.69		Horizon	NJ Health				7.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRASTUZUMAB-ANNS 150 MG IV SOLR	55513-141-01	NDC	Q5117	HCPCS	both		1 EA		326.42		UHC	Medicaid				102.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRASTUZUMAB-ANNS 150 MG IV SOLR	55513-141-01	NDC	Q5117	HCPCS	both		1 EA		326.42		United	Commercial|PPO				97.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRASTUZUMAB-ANNS 150 MG IV SOLR	55513-141-01	NDC	Q5117	HCPCS	both		1 EA		326.42		United	Oxford				162.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRASTUZUMAB-ANNS 150 MG IV SOLR	55513-141-01	NDC	Q5117	HCPCS	both		1 EA		326.42		Wellcare	Medicaid				97.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-01	NDC	Q4081	HCPCS	both		1 EA		5.97		Amerihealth	HMO/PPO				0.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-01	NDC	Q4081	HCPCS	both		1 EA		5.97		Horizon	Indemnity				1.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-01	NDC	Q4081	HCPCS	both		1 EA		5.97		Horizon	Medicare Blue				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-01	NDC	Q4081	HCPCS	both		1 EA		5.97		Horizon	MGD				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-01	NDC	Q4081	HCPCS	both		1 EA		5.97		WellPoint	WellPoint				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-10	NDC	Q4081	HCPCS	both		1 EA		5.97		Amerihealth	HMO/PPO				0.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-10	NDC	Q4081	HCPCS	both		1 EA		5.97		Horizon	Indemnity				1.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-10	NDC	Q4081	HCPCS	both		1 EA		5.97		Horizon	Medicare Blue				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-10	NDC	Q4081	HCPCS	both		1 EA		5.97		Horizon	MGD				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA (EPOGEN/PROCRIT FOR DIALYSIS) INJECTION	55513-148-10	NDC	Q4081	HCPCS	both		1 EA		5.97		WellPoint	WellPoint				1.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC SOSY	55513-190-01	NDC	J2506	HCPCS	both		1 EA		1925.4		Aetna	Commercial				594.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC SOSY	55513-190-01	NDC	J2506	HCPCS	both		1 EA		1925.4		Horizon	PPO				305.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC SOSY	55513-190-01	NDC	J2506	HCPCS	both		1 EA		1925.4		UHC	Medicaid				592.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC SOSY	55513-190-01	NDC	J2506	HCPCS	both		1 EA		1925.4		WellPoint	WellPoint				378.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC PSKT	55513-192-01	NDC	J2506	HCPCS	both		1 EA		1925.4		Aetna	Commercial				533.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC PSKT	55513-192-01	NDC	J2506	HCPCS	both		1 EA		1925.4		Horizon	Medicare Blue				327.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC PSKT	55513-192-01	NDC	J2506	HCPCS	both		1 EA		1925.4		Horizon	NJ Health				362.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC PSKT	55513-192-01	NDC	J2506	HCPCS	both		1 EA		1925.4		Horizon	PPO				286.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC PSKT	55513-192-01	NDC	J2506	HCPCS	both		1 EA		1925.4		UHC	Medicaid				584.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC PSKT	55513-192-01	NDC	J2506	HCPCS	both		1 EA		1925.4		UHC	Medicare				16.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC PSKT	55513-192-01	NDC	J2506	HCPCS	both		1 EA		1925.4		Wellcare	Medicaid				436.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM 6 MG/0.6ML SC PSKT	55513-192-01	NDC	J2506	HCPCS	both		1 EA		1925.4		WellPoint	WellPoint				263.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB-AWWB 100 MG/4ML IV SOLN	55513-206-01	NDC	Q5107	HCPCS	both		1 EA		251.18		Amerihealth	HMO/PPO				58.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB-AWWB 100 MG/4ML IV SOLN	55513-206-01	NDC	Q5107	HCPCS	both		1 EA		251.18		Horizon	NJ Health				52.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB-AWWB 400 MG/16ML IV SOLN	55513-207-01	NDC	Q5107	HCPCS	both		1 EA		251.18		Aetna	Commercial				71.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB-AWWB 400 MG/16ML IV SOLN	55513-207-01	NDC	Q5107	HCPCS	both		1 EA		251.18		Horizon	MGD				53.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB-AWWB 400 MG/16ML IV SOLN	55513-207-01	NDC	Q5107	HCPCS	both		1 EA		251.18		Horizon	NJ Health				53.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BEVACIZUMAB-AWWB 400 MG/16ML IV SOLN	55513-207-01	NDC	Q5107	HCPCS	both		1 EA		251.18		UHC	Medicaid				77.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROMIPLOSTIM 250 MCG SC SOLR	55513-221-01	NDC	J2802	HCPCS	both		1 EA		39.64		UHC	Medicaid				92.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROMIPLOSTIM 500 MCG SC SOLR	55513-222-01	NDC	J2802	HCPCS	both		1 EA		39.64		UHC	Medicaid				79.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROMIPLOSTIM 125 MCG SC SOLR	55513-223-01	NDC	J2802	HCPCS	both		1 EA		39.64		UHC	Medicaid				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	55513-283-01	NDC	Q4081	HCPCS	both		1 EA		5.97		Horizon	NJ Health				0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	55513-283-01	NDC	Q4081	HCPCS	both		1 EA		5.97		UHC	Medicaid				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	55513-283-10	NDC	Q4081	HCPCS	both		1 EA		5.97		Horizon	NJ Health				0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	55513-283-10	NDC	Q4081	HCPCS	both		1 EA		5.97		UHC	Medicaid				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLIXIMAB-AXXQ 100 MG IV SOLR	55513

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFLIXIMAB 100 MG IV SOLR	57894-160-01	NDC	J1745	HCPCS		both		1 EA	171		Horizon	PPO				64.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLIXIMAB 100 MG IV SOLR	57894-160-01	NDC	J1745	HCPCS		both		1 EA	171		UHC	Medicaid				11.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLIXIMAB 100 MG IV SOLR	57894-160-01	NDC	J1745	HCPCS		both		1 EA	171		United	CommercialPPO				27.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INFLIXIMAB 100 MG IV SOLR	57894-160-01	NDC	J1745	HCPCS		both		1 EA	171		Wellcare	Medicaid				19.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DARATUMUMAB-HYALURONIDASE-FIHJ 1800-30000 MG-UT/15ML SC SOLN	57894-503-01	NDC	J9144	HCPCS		both		1 EA	211.44		Aetna	Commercial				49.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DARATUMUMAB-HYALURONIDASE-FIHJ 1800-30000 MG-UT/15ML SC SOLN	57894-503-01	NDC	J9144	HCPCS		both		1 EA	211.44		Horizon	Medicare Blue				49.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DARATUMUMAB-HYALURONIDASE-FIHJ 1800-30000 MG-UT/15ML SC SOLN	57894-503-01	NDC	J9144	HCPCS		both		1 EA	211.44		Horizon	MGD				90.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DARATUMUMAB-HYALURONIDASE-FIHJ 1800-30000 MG-UT/15ML SC SOLN	57894-503-01	NDC	J9144	HCPCS		both		1 EA	211.44		Horizon	NJ Health				46.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DARATUMUMAB-HYALURONIDASE-FIHJ 1800-30000 MG-UT/15ML SC SOLN	57894-503-01	NDC	J9144	HCPCS		both		1 EA	211.44		UHC	Medicare				37.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DARATUMUMAB-HYALURONIDASE-FIHJ 1800-30000 MG-UT/15ML SC SOLN	57894-503-01	NDC	J9144	HCPCS		both		1 EA	211.44		United	CommercialPPO				129.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DARATUMUMAB-HYALURONIDASE-FIHJ 1800-30000 MG-UT/15ML SC SOLN	57894-503-01	NDC	J9144	HCPCS		both		1 EA	211.44		WellPoint	WellPoint				38.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
COAGULATION FACTOR IX (RECOMB) 500 UNITS IV KIT	58394-634-03	NDC	J7195	HCPCS		both		1 EA	0.01		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
COAGULATION FACTOR IX (RECOMB) 1000 UNITS IV KIT	58394-635-03	NDC	J7195	HCPCS		both		1 EA	0.01		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ANTI-THYMOCYTE GLOB (RABBIT) 25 MG IV SOLR	58468-0080-1	NDC	J7511	HCPCS		both		1 EA	4030.08		Horizon	MGD				164.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PARAGARD INTRAUTERINE COPPER IU IUD	59365-5128-1	NDC	J7300	HCPCS		both		1 EA	4100.4		Horizon	NJ Health				1104.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PARAGARD INTRAUTERINE COPPER IU IUD	59365-5128-1	NDC	J7300	HCPCS		both		1 EA	4100.4		Horizon	PPO				1342.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PARAGARD INTRAUTERINE COPPER IU IUD	59365-5128-1	NDC	J7300	HCPCS		both		1 EA	4100.4		UHC	Medicaid				1219.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PARAGARD INTRAUTERINE COPPER IU IUD	59365-5128-1	NDC	J7300	HCPCS		both		1 EA	4100.4		Wellcare	Medicaid				1254.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFIDEROCOL SULFATE TOSYLATE 1 G IV SOLR	59630-266-01	NDC	J0699	HCPCS		both		1 EA	8.38		Aetna	Commercial				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFIDEROCOL SULFATE TOSYLATE 1 G IV SOLR	59630-266-01	NDC	J0699	HCPCS		both		1 EA	8.38		WellPoint	WellPoint				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFIDEROCOL SULFATE TOSYLATE 1 G IV SOLR	59630-266-10	NDC	J0699	HCPCS		both		1 EA	8.38		Aetna	Commercial				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFIDEROCOL SULFATE TOSYLATE 1 G IV SOLR	59630-266-10	NDC	J0699	HCPCS		both		1 EA	8.38		WellPoint	WellPoint				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	59676-310-00	NDC	Q4081	HCPCS		both		1 EA	9.62		Horizon	NJ Health				0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	59676-310-00	NDC	Q4081	HCPCS		both		1 EA	9.62		UHC	Medicaid				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	59676-310-01	NDC	Q4081	HCPCS		both		1 EA	9.62		Horizon	NJ Health				0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	59676-310-01	NDC	Q4081	HCPCS		both		1 EA	9.62		UHC	Medicaid				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	59676-310-02	NDC	Q4081	HCPCS		both		1 EA	9.62		Horizon	NJ Health				0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN 10000UNITS/ML(DIALYSIS) INJ	59676-310-02	NDC	Q4081	HCPCS		both		1 EA	9.62		UHC	Medicaid				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA 20000 UNIT/ML INJ SOLN	59676-320-00	NDC	J0885	HCPCS		both		1 EA	96.21		Aetna	Better Health				14.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA 20000 UNIT/ML INJ SOLN	59676-320-00	NDC	J0885	HCPCS		both		1 EA	96.21		Horizon	NJ Health				21.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA 20000 UNIT/ML INJ SOLN	59676-320-04	NDC	J0885	HCPCS		both		1 EA	96.21		Aetna	Better Health				14.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOETIN ALFA 20000 UNIT/ML INJ SOLN	59676-320-04	NDC	J0885	HCPCS		both		1 EA	96.21		Horizon	NJ Health				21.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE 4 MG PO TABS	59746-001-06	NDC	J7509	HCPCS		both		1 EA	4.95		Horizon	NJ Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE 4 MG PO TABS	59746-001-06	NDC	J7509	HCPCS		both		1 EA	4.95		WellPoint	WellPoint				1.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE 16 MG PO TABS	59762-0050-1	NDC	J7509	HCPCS		both		1 EA	2.66		Horizon	NJ Health				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	60505-2966-7	NDC	J7518	HCPCS		both		1 EA	13.71		Aetna	Better Health				1.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	60505-2966-7	NDC	J7518	HCPCS		both		1 EA	13.71		Aetna	Medicare				6.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	60505-2966-7	NDC	J7518	HCPCS		both		1 EA	13.71		Horizon	MGD				8.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	60505-2966-7	NDC	J7518	HCPCS		both		1 EA	13.71		Horizon	NJ Health				3.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	60505-2966-7	NDC	J7518	HCPCS		both		1 EA	13.71		Horizon	PPO				3.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	60505-2966-7	NDC	J7518	HCPCS		both		1 EA	13.71		UHC	Medicaid				3.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	60505-2966-7	NDC	J7518	HCPCS		both		1 EA	13.71		UHC	Medicare				5.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	60505-2966-7	NDC	J7518	HCPCS		both		1 EA	13.71		United	CommercialPPO				3.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE SODIUM 360 MG PO TBEC	60505-2966-7	NDC	J7518	HCPCS		both		1 EA	13.71		WellPoint	WellPoint				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	60505-6128-0	NDC	J9206	HCPCS		both		1 EA	26.19		Horizon	NJ Health				6.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	60505-6128-0	NDC	J9206	HCPCS		both		1 EA	26.19		Horizon	PPO				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	60505-6128-0	NDC	J9206	HCPCS		both		1 EA	26.19		UHC	Medicaid				10.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	60505-6128-0	NDC	J9206	HCPCS		both		1 EA	26.19		UHC	Medicare				7.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
IRINOTECAN HCL 40 MG/2ML IV SOLN	60505-6128-0	NDC	J9206	HCPCS		both		1 EA	26.19		United	CommercialPPO				19.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 50 MG/10ML IV SOLN	60505-6132-6	NDC	J9263	HCPCS		both		1 EA	1.8		Aetna	Commercial				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 50 MG/10ML IV SOLN	60505-6132-6	NDC	J9263	HCPCS		both		1 EA	1.8		Horizon	NJ Health				0.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 50 MG/10ML IV SOLN	60505-6132-6	NDC	J9263	HCPCS		both		1 EA	1.8		UHC	Medicaid				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 50 MG/10ML IV SOLN	60505-6132-6	NDC	J9263	HCPCS		both		1 EA	1.8		UHC	Medicare				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 50 MG/10ML IV SOLN	60505-6132-6	NDC	J9263	HCPCS		both		1 EA	1.8		WellPoint	WellPoint				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Aetna	Better Health				5.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Aetna	Medicare				4.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Amerihealth	HMO/PPO				4.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Horizon	Indemnity				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Horizon	Medicare Blue				4.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Horizon	MGD				2.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Horizon	NJ Health				4.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		UHC	Medicaid				4.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		UHC	Medicare				6.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		United	CommercialPPO				6.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		United	Oxford				4.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Wellcare	Medicaid				3.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		Wellcare	Medicare				22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-0	NDC	J0692	HCPCS		both		1 EA	30.5		WellPoint	WellPoint				7.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Aetna	Better Health				5.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Aetna	Medicare				4.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Amerihealth	HMO/PPO				4.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Horizon	Indemnity				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Horizon	Medicare Blue				4.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Horizon	MGD				2.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Horizon	NJ Health				4.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		UHC	Medicaid				4.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		UHC	Medicare				6.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		United	CommercialPPO				6.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		United	Oxford				4.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Wellcare	Medicaid				3.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		Wellcare	Medicare				22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 1 G INJ SOLR	60505-6146-4	NDC	J0692	HCPCS		both		1 EA	30.5		WellPoint	WellPoint				7.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Aetna	Better Health				4.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Aetna	Commercial				6.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Aetna	Medicare				5.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Amerihealth	HMO/PPO				5.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	Indemnity				10.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	Medicare Blue				5.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	MGD				5.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	NJ Health				5.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	PPO				3.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		UHC	Medicaid				5.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		UHC	Medicare				6.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		United	CommercialPPO				4.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		United	Oxford				4.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Wellcare	Medicaid				6.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		Wellcare	Medicare				6.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-0	NDC	J0692	HCPCS		both		1 EA	30.27		WellPoint	WellPoint				6.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Aetna	Better Health				4.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Aetna	Commercial				6.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Aetna	Medicare				5.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Amerihealth	HMO/PPO				5.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	Indemnity				10.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	Medicare Blue				5.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	MGD				5.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	NJ Health				5.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Horizon	PPO				3.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		UHC	Medicaid				5.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		UHC	Medicare				6.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		United	CommercialPPO				4.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		United	Oxford				4.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Wellcare	Medicaid				6.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		Wellcare	Medicare				6.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFEPIME HCL 2 G IV SOLR	60505-6147-4	NDC	J0692	HCPCS		both		1 EA	30.27		WellPoint	WellPoint				6.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 250 MG INJ SOLR	60505-6151-1	NDC	J0696	HCPCS		both		1 EA	44.46		Horizon	NJ Health				15.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 250 MG INJ SOLR	60505-6151-4	NDC	J0696	HCPCS		both		1 EA	47.82		Horizon	NJ Health				15.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	60505-6152-1	NDC	J0696	HCPCS		both		1 EA	40.28		Aetna	Better Health				6.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	60505-6152-1	NDC	J0696	HCPCS		both		1 EA	40.28		Aetna	Commercial				5.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	60505-6152-1	NDC	J0696	HCPCS		both		1 EA	40.28		Horizon	Indemnity				7.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	60505-6152-1	NDC	J0696	HCPCS		both		1 EA	40.28		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	60505-6152-1	NDC	J0696	HCPCS		both		1 EA	40.28		Horizon	NJ Health				6.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	60505-6152-1	NDC	J0696	HCPCS		both		1 EA	40.28		Horizon	PPO				14.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	60505-6152-1	NDC	J0696	HCPCS		both		1 EA	40.28		UHC	Medicaid				7.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	60505-6152-1	NDC	J0696	HCPCS		both		1 EA	40.28		UHC	Medicare				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTRIAXONE SODIUM 500 MG INJ SOLR	60505-6152-1	NDC	J0696	HCPCS		both		1 EA	40.28		United	CommercialPPO	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PIPERACILLIN SOD-TAZOBACTAM SO 3.375 (3-0.375) G IV SOLR	60505-6157-4	NDC	J2543	HCPCS		both		1 EA	17.18		Horizon	NJ Health				2.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 3.375 (3-0.375) G IV SOLR	60505-6157-4	NDC	J2543	HCPCS		both		1 EA	17.18		WellPoint	WellPoint				3.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 4.5 (4-0.5) G IV SOLR	60505-6159-0	NDC	J2543	HCPCS		both		1 EA	16.31		Aetna	Better Health				6.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 4.5 (4-0.5) G IV SOLR	60505-6159-0	NDC	J2543	HCPCS		both		1 EA	16.31		Aetna	Commercial				6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 4.5 (4-0.5) G IV SOLR	60505-6159-0	NDC	J2543	HCPCS		both		1 EA	16.31		UHC	Medicaid				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 4.5 (4-0.5) G IV SOLR	60505-6159-0	NDC	J2543	HCPCS		both		1 EA	16.31		WellPoint	WellPoint				3.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 4.5 (4-0.5) G IV SOLR	60505-6159-4	NDC	J2543	HCPCS		both		1 EA	16.31		Aetna	Better Health				6.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 4.5 (4-0.5) G IV SOLR	60505-6159-4	NDC	J2543	HCPCS		both		1 EA	16.31		Aetna	Commercial				6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 4.5 (4-0.5) G IV SOLR	60505-6159-4	NDC	J2543	HCPCS		both		1 EA	16.31		UHC	Medicaid				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PIPERACILLIN SOD-TAZOBACTAM SO 4.5 (4-0.5) G IV SOLR	60505-6159-4	NDC	J2543	HCPCS		both		1 EA	16.31		WellPoint	WellPoint				3.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		Aetna	Commercial				16.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		Amerihealth	HMO/PPO				9.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		Horizon	Indemnity				20.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		Horizon	Medicare Blue				8.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		Horizon	MGD				15.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		Horizon	NJ Health				11.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		Horizon	PPO				13.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		UHC	Medicaid				14.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		UHC	Medicare				6.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		United	Commercial/PPO				27.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		Wellcare	Medicaid				11.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PALONOSETRON HCL 0.25 MG/5ML IV SOLN	60505-6193-1	NDC	J2469	HCPCS		both		1 EA	50.4		WellPoint	WellPoint				8.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		Aetna	Medicare				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	Indemnity				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	Medicare Blue				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	PPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-01	NDC	J7512	HCPCS		both		1 EA	0.12		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		Aetna	Medicare				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	Indemnity				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	Medicare Blue				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		Horizon	PPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	60687-122-11	NDC	J7512	HCPCS		both		1 EA	0.12		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		United	Commercial/PPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-01	NDC	J7512	HCPCS		both		1 EA	0.06		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		United	Commercial/PPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 10 MG PO TABS	60687-134-11	NDC	J7512	HCPCS		both		1 EA	0.06		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Amerihealth	HMO/PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		United	Commercial/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-01	NDC	J7512	HCPCS		both		1 EA	0.04		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Amerihealth	HMO/PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		United	Commercial/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11	NDC	J7512	HCPCS		both		1 EA	0.04		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	60687-145-11

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-01	NDC	Q5101	HCPCS		both		1 EA	3.29		Wellcare	Medicaid				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-01	NDC	Q5101	HCPCS		both		1 EA	3.29		WellPoint	WellPoint				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-05	NDC	Q5101	HCPCS		both		1 EA	3.29		Aetna	Medicare				0.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-05	NDC	Q5101	HCPCS		both		1 EA	3.29		Amerihealth	HMO/PPO				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-05	NDC	Q5101	HCPCS		both		1 EA	3.29		Horizon	Indemnity				0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-05	NDC	Q5101	HCPCS		both		1 EA	3.29		Horizon	NJ Health				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-05	NDC	Q5101	HCPCS		both		1 EA	3.29		Horizon	PPO				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-05	NDC	Q5101	HCPCS		both		1 EA	3.29		UHC	Medicaid				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-05	NDC	Q5101	HCPCS		both		1 EA	3.29		UHC	Medicare				1.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-05	NDC	Q5101	HCPCS		both		1 EA	3.29		Wellcare	Medicaid				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-05	NDC	Q5101	HCPCS		both		1 EA	3.29		WellPoint	WellPoint				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-10	NDC	Q5101	HCPCS		both		1 EA	3.29		Aetna	Medicare				0.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-10	NDC	Q5101	HCPCS		both		1 EA	3.29		Amerihealth	HMO/PPO				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-10	NDC	Q5101	HCPCS		both		1 EA	3.29		Horizon	Indemnity				0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-10	NDC	Q5101	HCPCS		both		1 EA	3.29		Horizon	NJ Health				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-10	NDC	Q5101	HCPCS		both		1 EA	3.29		Horizon	PPO				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-10	NDC	Q5101	HCPCS		both		1 EA	3.29		UHC	Medicaid				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-10	NDC	Q5101	HCPCS		both		1 EA	3.29		UHC	Medicare				1.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-10	NDC	Q5101	HCPCS		both		1 EA	3.29		Wellcare	Medicaid				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FILGRASTIM-SNDZ 480 MCG/0.8ML INJ SOSY	61314-326-10	NDC	Q5101	HCPCS		both		1 EA	3.29		WellPoint	WellPoint				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VINCRISTINE SULFATE 1 MG/ML IV SOLN	61703-309-06	NDC	J9370	HCPCS		both		1 EA	63.9		Horizon	NJ Health				8.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VINCRISTINE SULFATE 1 MG/ML IV SOLN	61703-309-06	NDC	J9370	HCPCS		both		1 EA	63.9		Horizon	PPO				4.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VINCRISTINE SULFATE 1 MG/ML IV SOLN	61703-309-06	NDC	J9370	HCPCS		both		1 EA	63.9		UHC	Medicaid				12.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VINCRISTINE SULFATE 1 MG/ML IV SOLN	61703-309-06	NDC	J9370	HCPCS		both		1 EA	63.9		UHC	Medicare				0.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VINCRISTINE SULFATE 1 MG/ML IV SOLN	61703-309-16	NDC	J9370	HCPCS		both		1 EA	27.72		Horizon	NJ Health				8.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VINCRISTINE SULFATE 1 MG/ML IV SOLN	61703-309-16	NDC	J9370	HCPCS		both		1 EA	27.72		Horizon	PPO				4.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VINCRISTINE SULFATE 1 MG/ML IV SOLN	61703-309-16	NDC	J9370	HCPCS		both		1 EA	27.72		UHC	Medicaid				12.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VINCRISTINE SULFATE 1 MG/ML IV SOLN	61703-309-16	NDC	J9370	HCPCS		both		1 EA	27.72		UHC	Medicare				0.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM 25 MG/ML OB/GYN INJECTION	61703-350-09	NDC	J9260	HCPCS		both		1 EA	19.08		Horizon	NJ Health				4.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM 25 MG/ML OB/GYN INJECTION	61703-350-09	NDC	J9260	HCPCS		both		1 EA	19.08		WellPoint	WellPoint				8.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM 25 MG/ML OB/GYN INJECTION	61703-350-37	NDC	J9260	HCPCS		both		1 EA	26.16		Horizon	NJ Health				4.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM 25 MG/ML OB/GYN INJECTION	61703-350-37	NDC	J9260	HCPCS		both		1 EA	26.16		WellPoint	WellPoint				8.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM 25 MG/ML OB/GYN INJECTION	61703-350-38	NDC	J9260	HCPCS		both		1 EA	26.16		Horizon	NJ Health				4.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM 25 MG/ML OB/GYN INJECTION	61703-350-38	NDC	J9260	HCPCS		both		1 EA	26.16		WellPoint	WellPoint				8.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 100 MG/20ML IV SOLN	61703-363-22	NDC	J9263	HCPCS		both		1 EA	1.73		Aetna	Commercial				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 100 MG/20ML IV SOLN	61703-363-22	NDC	J9263	HCPCS		both		1 EA	1.73		Horizon	NJ Health				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 100 MG/20ML IV SOLN	61703-363-22	NDC	J9263	HCPCS		both		1 EA	1.73		Horizon	PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 100 MG/20ML IV SOLN	61703-363-22	NDC	J9263	HCPCS		both		1 EA	1.73		UHC	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 100 MG/20ML IV SOLN	61703-363-22	NDC	J9263	HCPCS		both		1 EA	1.73		UHC	Medicare				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXALIPLATIN 100 MG/20ML IV SOLN	61703-363-22	NDC	J9263	HCPCS		both		1 EA	1.73		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AFLIBERCEPT 2 MG/0.05ML IZ SOLN	61755-005-02	NDC	J0178	HCPCS		both		1 EA	3330		Horizon	NJ Health				630.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AFLIBERCEPT 2 MG/0.05ML IZ SOLN	61755-005-02	NDC	J0178	HCPCS		both		1 EA	3330		UHC	Medicaid				1000			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AFLIBERCEPT 2 MG/0.05ML IZ SOLN	61755-005-02	NDC	J0178	HCPCS		both		1 EA	3330		WellPoint	WellPoint				463.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AFLIBERCEPT 2 MG/0.05ML IZ SOLN	61755-005-55	NDC	J0178	HCPCS		both		1 EA	3330		Horizon	NJ Health				630.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AFLIBERCEPT 2 MG/0.05ML IZ SOLN	61755-005-55	NDC	J0178	HCPCS		both		1 EA	3330		UHC	Medicaid				1000			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AFLIBERCEPT 2 MG/0.05ML IZ SOLN	61755-005-55	NDC	J0178	HCPCS		both		1 EA	3330		WellPoint	WellPoint				463.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEMIPLIMAB-RWLC 350 MG/7ML IV SOLN	61755-008-01	NDC	J9119	HCPCS		both		1 EA	112.37		Aetna	Commercial				45.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMDESIVIR 100 MG IV SOLR	61958-2901-2	NDC	J0248	HCPCS		both		1 EA	22.85		Amerihealth	HMO/PPO				9.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMDESIVIR 100 MG IV SOLR	61958-2901-2	NDC	J0248	HCPCS		both		1 EA	22.85		Horizon	NJ Health				4.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMDESIVIR 100 MG IV SOLR	61958-2901-2	NDC	J0248	HCPCS		both		1 EA	22.85		Horizon	PPO				3.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMDESIVIR 100 MG IV SOLR	61958-2901-2	NDC	J0248	HCPCS		both		1 EA	22.85		UHC	Medicare				5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMDESIVIR 100 MG IV SOLR	61958-2901-2	NDC	J0248	HCPCS		both		1 EA	22.85		WellPoint	WellPoint				5.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOPROSTENOL SODIUM (VELETRI) 0.5 MG IV SOLR	62756-059-40	NDC	J1325	HCPCS		both		1 EA	84.3		UHC	Medicare				7.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Aetna	Better Health				3.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Aetna	Commercial				3.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Aetna	Medicare				3.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Amerihealth	HMO/PPO				3.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Horizon	Medicare Blue				2.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Horizon	MGD				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Horizon	NJ Health				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Horizon	PPO				2.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		UHC	Medicaid				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		UHC	Medicare				2.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		United	Commercial\PPO				2.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Wellcare	Medicaid				3.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		Wellcare	Medicare				6.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	62756-240-60	NDC	Q0162	HCPCS		both		1 EA	16.69		WellPoint	WellPoint				3.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG SC KIT	62935-227-10	NDC	J9217	HCPCS		both		1 EA	1626.08		Aetna	Commercial				306.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG SC KIT	62935-227-10	NDC	J9217	HCPCS		both		1 EA	1626.08		Aetna	Medicare				171.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG SC KIT	62935-227-10	NDC	J9217	HCPCS		both		1 EA	1626.08		WellPoint	WellPoint				38.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-01	NDC	J1580	HCPCS		both		1 EA	16.74		Aetna	Commercial				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-01	NDC	J1580	HCPCS		both		1 EA	16.74		Aetna	Medicare				4.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-01	NDC	J1580	HCPCS		both		1 EA	16.74		Amerihealth	HMO/PPO				3.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-01	NDC	J1580	HCPCS		both		1 EA	16.74		Horizon	Medicare Blue				1.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-01	NDC	J1580	HCPCS		both		1 EA	16.74		Horizon	NJ Health				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-01	NDC	J1580	HCPCS		both		1 EA	16.74		UHC	Medicaid				3.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-01	NDC	J1580	HCPCS		both		1 EA	16.74		United	Commercial\PPO				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-01	NDC	J1580	HCPCS		both		1 EA	16.74		WellPoint	WellPoint				2.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-02	NDC	J1580	HCPCS		both		1 EA	16.68		Aetna	Commercial				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-02	NDC	J1580	HCPCS		both		1 EA	16.68		Aetna	Medicare				4.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-02	NDC	J1580	HCPCS		both		1 EA	16.68		Amerihealth	HMO/PPO				3.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-02	NDC	J1580	HCPCS		both		1 EA	16.68		Horizon	Medicare Blue				1.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-02	NDC	J1580	HCPCS		both		1 EA	16.68		Horizon	NJ Health				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-02	NDC	J1580	HCPCS		both		1 EA	16.68		UHC	Medicaid				3.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-02	NDC	J1580	HCPCS		both		1 EA	16.68		United	Commercial\PPO				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-02	NDC	J1580	HCPCS		both		1 EA	16.68		WellPoint	WellPoint				2.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-03	NDC	J1580	HCPCS		both		1 EA	12		Aetna	Commercial				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-03	NDC	J1580	HCPCS		both		1 EA	12		Aetna	Medicare				4.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-03	NDC	J1580	HCPCS		both		1 EA	12		Amerihealth	HMO/PPO				3.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-03	NDC	J1580	HCPCS		both		1 EA	12		Horizon	Medicare Blue				1.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-03	NDC	J1580	HCPCS		both		1 EA	12		Horizon	NJ Health				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-03	NDC	J1580	HCPCS		both		1 EA	12		UHC	Medicaid				3.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-03	NDC	J1580	HCPCS		both		1 EA	12		United	Commercial\PPO				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-03	NDC	J1580	HCPCS		both		1 EA	12		WellPoint	WellPoint				2.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-20	NDC	J1580	HCPCS		both		1 EA	12		Aetna	Commercial				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-20	NDC	J1580	HCPCS		both		1 EA	12		Aetna	Medicare				4.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-20	NDC	J1580	HCPCS		both		1 EA	12		Amerihealth	HMO/PPO				3.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-20	NDC	J1580	HCPCS		both		1 EA	12		Horizon	Medicare Blue				1.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-20	NDC	J1580	HCPCS		both		1 EA	12		Horizon	NJ Health				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-20	NDC	J1580	HCPCS		both		1 EA	12		UHC	Medicaid				3.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-20	NDC	J1580	HCPCS		both		1 EA	12		United	Commercial\PPO				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 40 MG/ML INJ SOLN	63323-010-20	NDC	J1580	HCPCS		both		1 EA	12		WellPoint	WellPoint				2.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Aetna	Better Health				2.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Aetna	Commercial				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Aetna	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Amerihealth	HMO/PPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Horizon	Medicare Blue				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Horizon	MGD				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Horizon	NJ Health				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Horizon	PPO				3.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		UHC	Medicaid				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		UHC	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		United	Commercial\PPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		United	Oxford				2.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Wellcare	Medicaid				2.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		Wellcare	Medicare				8.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-01	NDC	J3411	HCPCS		both		1 EA	17.91		WellPoint	WellPoint				3.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-02	NDC	J3411	HCPCS		both		1 EA	17.91		Aetna	Better Health				2.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-02	NDC	J3411	HCPCS		both		1 EA	17.91		Aetna	Commercial				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-02	NDC	J3411	HCPCS		both		1 EA	17.91		Aetna	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-02	NDC	J3411	HCPCS		both		1 EA	17.91		Amerihealth	HMO/PPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-02	NDC	J3411	HCPCS		both		1 EA	17.91		Horizon	Medicare Blue				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-02	NDC	J3411	HCPCS		both		1 EA	17.91		Horizon	MGD				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-02	NDC	J3411	HCPCS		both		1 EA	17.91		Horizon	NJ Health				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/ML INJ SOLN	63323-013-02	NDC	J3411	HCPCS		both		1 EA	17.91		Horizon	PPO				3.03			other	Drugs are paid at 100% of the

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	63323-044-01	NDC	J3420	HCPCS		both		1 EA	24.87		UHC	Medicare				6.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	63323-044-01	NDC	J3420	HCPCS		both		1 EA	24.87		Wellcare	Medicaid				7.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	63323-044-01	NDC	J3420	HCPCS		both		1 EA	24.87		Wellcare	Medicare				6.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYANOCOBALAMIN 1000 MCG/ML INJ SOLN	63323-044-01	NDC	J3420	HCPCS		both		1 EA	24.87		WellPoint	WellPoint				9.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Aetna	Better Health				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Aetna	Commercial				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Aetna	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Amerihealth	HMO/PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Horizon	Medicare Blue				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Horizon	MGD				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Horizon	NJ Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Horizon	PPO				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		UHC	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		UHC	Medicare				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		United	Commercial|PPO				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		United	Oxford				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Wellcare	Medicaid				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		Wellcare	Medicare				1.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	63323-089-50	NDC	J3490	HCPCS		both		1 EA	1.8		WellPoint	WellPoint				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		Aetna	Commercial				5.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		Aetna	Medicare				3.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		Amerihealth	HMO/PPO				4.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		Horizon	Indemnity				5.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		Horizon	MGD				6.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		Horizon	NJ Health				3.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		Horizon	PPO				6.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		UHC	Medicaid				3.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		UHC	Medicare				2.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		United	Commercial|PPO				9.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CISPLATIN 200 MG/200ML IV SOLN	63323-103-64	NDC	J9060	HCPCS		both		1 EA	14.7		WellPoint	WellPoint				3.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		Aetna	Commercial				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		Horizon	Medicare Blue				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		Horizon	MGD				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		Horizon	NJ Health				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		Horizon	PPO				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		UHC	Medicaid				0.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		UHC	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		United	Oxford				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-00	NDC	J3475	HCPCS		both		1 EA	4.13		WellPoint	WellPoint				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		Aetna	Commercial				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		Horizon	Medicare Blue				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		Horizon	MGD				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		Horizon	NJ Health				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		Horizon	PPO				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		UHC	Medicaid				0.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		UHC	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		United	Oxford				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	63323-106-01	NDC	J3475	HCPCS		both		1 EA	4.13		WellPoint	WellPoint				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Aetna	Better Health				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Aetna	Commercial				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Aetna	Medicare				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Amerihealth	HMO/PPO				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Horizon	Indemnity				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Horizon	Medicare Blue				1.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Horizon	MGD				2.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Horizon	NJ Health				1.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Horizon	PPO				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		UHC	Medicaid				1.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		UHC	Medicare				2.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		United	Commercial|PPO				1.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		United	Oxford				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Wellcare	Medicaid				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		Wellcare	Medicare				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-02	NDC	J3475	HCPCS		both		1 EA	9.75		WellPoint	WellPoint				2.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Aetna	Better Health				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Aetna	Commercial				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Aetna	Medicare				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Amerihealth	HMO/PPO				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Horizon	Indemnity				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Horizon	Medicare Blue				1.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Horizon	MGD				2.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Horizon	NJ Health				1.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Horizon	PPO				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		UHC	Medicaid				1.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		UHC	Medicare				2.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		United	Commercial|PPO				1.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		United	Oxford				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Wellcare	Medicaid				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		Wellcare	Medicare				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	63323-106-05	NDC	J3475	HCPCS		both		1 EA	11.63		WellPoint	WellPoint				2.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 20 GM/500ML IV SOLN	63323-106-15	NDC	J3475	HCPCS		both		1 EA	0.75		Aetna	Commercial				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 20 GM/500ML IV SOLN	63323-106-15	NDC	J3475	HCPCS		both		1 EA	0.75		Horizon	Indemnity				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 20 GM/500ML IV SOLN	63323-106-15	NDC	J3475	HCPCS		both		1 EA	0.75		Horizon	MGD				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 20 GM/500ML IV SOLN	63323-106-15	NDC	J3475	HCPCS		both		1 EA	0.75		Horizon	NJ Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 20 GM/500ML IV SOLN	63323-106-15	NDC	J3475	HCPCS		both		1 EA	0.75		Horizon	PPO				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 20 GM/500ML IV SOLN	63323-106-15	NDC	J3475	HCPCS		both		1 EA	0.75		UHC	Medicaid				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 20 GM/500ML IV SOLN	63323-106-15	NDC	J3475	HCPCS		both		1 EA	0.75		UHC	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 20 GM/500ML IV SOLN	63323-106-15	NDC	J3475	HCPCS		both		1 EA	0.75		WellPoint	WellPoint				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUOROURACIL 2.5 GM/50ML IV SOLN	63323-117-51	NDC	J9190	HCPCS		both		1 EA	10.5		Horizon	NJ Health				8.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUOROURACIL 2.5 GM/50ML IV SOLN	63323-117-59	NDC	J9190	HCPCS		both		1 EA	6.6		Horizon	NJ Health				8.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHOTREXATE SODIUM 1 G INJ SOLR	63323-122-50	NDC	J9260	HCPCS		both		1 EA	11.45		Horizon	NJ Health				2.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DACARBAZINE 200 MG IV SOLR	63323-128-20	NDC	J9130	HCPCS		both		1 EA	21.6		Horizon	NJ Health				6.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-02	NDC	J1271	HCPCS		both		1 EA	0.95		Aetna	Better Health				25.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-02	NDC	J1271	HCPCS		both		1 EA	0.95		Horizon	MGD				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-02	NDC	J1271	HCPCS		both		1 EA	0.95		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-02	NDC	J1271	HCPCS		both		1 EA	0.95		Horizon	PPO				32.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-02	NDC	J1271	HCPCS		both		1 EA	0.95		UHC	Medicaid				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-02	NDC	J1271	HCPCS		both		1 EA	0.95		Wellcare	Medicaid				25.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-02	NDC	J1271	HCPCS		both		1 EA	0.95		Wellcare	Medicare				14.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-02	NDC	J1271	HCPCS		both		1 EA	0.95		WellPoint	WellPoint				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-11	NDC	J1271	HCPCS		both		1 EA	0.95		Aetna	Better Health				25.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-11	NDC	J1271	HCPCS		both		1 EA	0.95		Horizon	MGD				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-11	NDC	J1271	HCPCS		both		1 EA	0.95		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-11	NDC	J1271	HCPCS		both		1 EA	0.95		Horizon	PPO				32.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-11	NDC	J1271	HCPCS		both		1 EA	0.95		UHC	Medicaid				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-11	NDC	J1271	HCPCS		both		1 EA	0.95		Wellcare	Medicaid				25.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-11	NDC	J1271	HCPCS		both		1 EA	0.95		Wellcare	Medicare				14.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXYCYCLINE HYCLATE 100 MG IV SOLR	63323-130-11	NDC	J1271	HCPCS		both		1 EA	0.95		WellPoint	WellPoint				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Aetna	Better Health				2.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Aetna	Commercial				3.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Aetna	Medicare				2.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Amerihealth	HMO/PPO				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Horizon	Indemnity				4.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Horizon	Medicare Blue				2.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Horizon	MGD				3.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Horizon	NJ Health				1.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Horizon	PPO				2.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		Qualcare	Qualcare				1.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		UHC	Medicaid				3.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		UHC	Medicare				2.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		United	Commercial|PPO				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN	63323-161-00	NDC	J1885	HCPCS		both		1 EA	13.5		United	Oxford				3.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETO

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		Amerihealth	HMO/PPO				1.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	Indemnity				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	Medicare Blue				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	MGD				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	NJ Health				1.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	PPO				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		Qualcare	Qualcare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		UHC	Medicare				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		United	Commercial|PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		United	Oxford				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		Wellcare	Medicaid				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		Wellcare	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-00	NDC	J1885	HCPCS		both		1 EA	10.26		WellPoint	WellPoint				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Aetna	Better Health				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Aetna	Commercial				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Aetna	Medicare				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Amerihealth	HMO/PPO				1.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	Indemnity				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	Medicare Blue				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	MGD				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	NJ Health				1.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Horizon	PPO				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Qualcare	Qualcare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		UHC	Medicare				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		United	Commercial|PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		United	Oxford				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Wellcare	Medicaid				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		Wellcare	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	63323-162-01	NDC	J1885	HCPCS		both		1 EA	10.26		WellPoint	WellPoint				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		Amerihealth	HMO/PPO				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		Horizon	Indemnity				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		Horizon	MGD				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		Horizon	NJ Health				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		Horizon	PPO				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		UHC	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		UHC	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		United	Commercial|PPO				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		Wellcare	Medicaid				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/ML INJ SOLN	63323-165-03	NDC	J1100	HCPCS		both		1 EA	1.25		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-01	NDC	J1580	HCPCS		both		1 EA	88.8		Aetna	Better Health				3.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-01	NDC	J1580	HCPCS		both		1 EA	88.8		Aetna	Commercial				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-01	NDC	J1580	HCPCS		both		1 EA	88.8		Horizon	MGD				7.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-01	NDC	J1580	HCPCS		both		1 EA	88.8		Horizon	NJ Health				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-01	NDC	J1580	HCPCS		both		1 EA	88.8		WellPoint	WellPoint				3.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-02	NDC	J1580	HCPCS		both		1 EA	88.8		Aetna	Better Health				3.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-02	NDC	J1580	HCPCS		both		1 EA	88.8		Aetna	Commercial				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-02	NDC	J1580	HCPCS		both		1 EA	88.8		Horizon	MGD				7.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-02	NDC	J1580	HCPCS		both		1 EA	88.8		Horizon	NJ Health				2.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GENTAMICIN SULFATE 10 MG/ML INJ SOLN	63323-173-02	NDC	J1580	HCPCS		both		1 EA	88.8		WellPoint	WellPoint				3.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-00	NDC	J3415	HCPCS		both		1 EA	78.24		Aetna	Better Health				21.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-00	NDC	J3415	HCPCS		both		1 EA	78.24		Aetna	Commercial				12.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-00	NDC	J3415	HCPCS		both		1 EA	78.24		Horizon	MGD				16.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-00	NDC	J3415	HCPCS		both		1 EA	78.24		Horizon	NJ Health				3.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-00	NDC	J3415	HCPCS		both		1 EA	78.24		Wellcare	Medicaid				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-01	NDC	J3415	HCPCS		both		1 EA	78.24		Aetna	Better Health				21.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-01	NDC	J3415	HCPCS		both		1 EA	78.24		Aetna	Commercial				12.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-01	NDC	J3415	HCPCS		both		1 EA	78.24		Horizon	MGD				16.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-01	NDC	J3415	HCPCS		both		1 EA	78.24		Horizon	NJ Health				3.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PYRIDOXINE HCL 100 MG/ML INJ SOLN	63323-180-01	NDC	J3415	HCPCS		both		1 EA	78.24		Wellcare	Medicaid				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Amerihealth	HMO/PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Horizon	Indemnity				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Qualcare	Qualcare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		United	Oxford				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	63323-202-02	NDC	J2003	HCPCS		both		1 EA	0.27		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Aetna	Better Health				2.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Aetna	Commercial				3.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Aetna	Medicare				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Amerihealth	HMO/PPO				2.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	Indemnity				10.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	Medicare Blue				2.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	MGD				3.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	NJ Health				3.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	PPO				2.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		UHC	Medicaid				2.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		UHC	Medicare				4.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		United	Commercial|PPO				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Wellcare	Medicaid				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		Wellcare	Medicare				3.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-01	NDC	J3373	HCPCS		both		1 EA	0.46		WellPoint	WellPoint				3.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Aetna	Better Health				2.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Aetna	Commercial				3.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Aetna	Medicare				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Amerihealth	HMO/PPO				2.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	Indemnity				10.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	Medicare Blue				2.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	MGD				3.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	NJ Health				3.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Horizon	PPO				2.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		UHC	Medicaid				2.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		UHC	Medicare				4.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		United	Commercial|PPO				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Wellcare	Medicaid				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		Wellcare	Medicare				3.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-20	NDC	J3373	HCPCS		both		1 EA	0.46		WellPoint	WellPoint				3.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Aetna	Better Health				2.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Aetna	Commercial				3.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Aetna	Medicare				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Amerihealth	HMO/PPO				2.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Horizon	Indemnity				10.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Horizon	Medicare Blue				2.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Horizon	MGD				3.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Horizon	NJ Health				3.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Horizon	PPO				2.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		UHC	Medicaid				2.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		UHC	Medicare				4.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		United	Commercial|PPO				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Wellcare	Medicaid				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		Wellcare	Medicare				3.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-26	NDC	J3373	HCPCS		both		1 EA	0.27		WellPoint	WellPoint				3.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 750 MG IV SOLR	63323-203-41	NDC	J3373	HCPCS		both		1 EA	0.27		Aetna	Better Health				2.38			other	Drugs are paid at 100% of the AWP. Standard charge amount

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-10	NDC	J3373	HCPCS		both	1 EA	0.5	0.5	Wellcare	Medicaid				4.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-10	NDC	J3373	HCPCS		both	1 EA	0.5		Wellcare	Medicare				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-10	NDC	J3373	HCPCS		both	1 EA	0.5		WellPoint	WellPoint				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		Aetna	Better Health				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		Aetna	Commercial				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		Horizon	Medicare Blue				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		Horizon	NJ Health				2.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		Horizon	PPO				2.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		UHC	Medicaid				3.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		UHC	Medicare				7.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		Wellcare	Medicaid				4.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		Wellcare	Medicare				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	63323-221-16	NDC	J3373	HCPCS		both	1 EA	0.18		WellPoint	WellPoint				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-05	NDC	J2720	HCPCS		both	1 EA	11.16		Aetna	Medicare				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-05	NDC	J2720	HCPCS		both	1 EA	11.16		Horizon	MGD				5.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-05	NDC	J2720	HCPCS		both	1 EA	11.16		Horizon	NJ Health				1.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-05	NDC	J2720	HCPCS		both	1 EA	11.16		UHC	Medicaid				2.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-05	NDC	J2720	HCPCS		both	1 EA	11.16		Wellcare	Medicaid				3.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-05	NDC	J2720	HCPCS		both	1 EA	11.16		WellPoint	WellPoint				2.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-30	NDC	J2720	HCPCS		both	1 EA	7.62		Aetna	Medicare				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-30	NDC	J2720	HCPCS		both	1 EA	7.62		Horizon	MGD				5.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-30	NDC	J2720	HCPCS		both	1 EA	7.62		Horizon	NJ Health				1.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-30	NDC	J2720	HCPCS		both	1 EA	7.62		UHC	Medicaid				2.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-30	NDC	J2720	HCPCS		both	1 EA	7.62		Wellcare	Medicaid				3.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTAMINE SULFATE 10 MG/ML IV SOLN	63323-229-30	NDC	J2720	HCPCS		both	1 EA	7.62		WellPoint	WellPoint				2.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Aetna	Better Health				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Aetna	Commercial				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Aetna	Medicare				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Amerihealth	HMO/PPO				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Horizon	Indemnity				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Horizon	Medicare Blue				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Horizon	MGD				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Horizon	PPO				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Qualcare	Qualcare				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		UHC	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		UHC	Medicare				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		United	Commercial|PPO				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Wellcare	Medicaid				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		Wellcare	Medicare				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE SODIUM SUCC 125 MG INJ SOLR	63323-258-03	NDC	J2919	HCPCS		both	1 EA	1.68		WellPoint	WellPoint				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Aetna	Better Health				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Aetna	Commercial				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Aetna	Medicare				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Amerihealth	HMO/PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	Indemnity				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	Medicare Blue				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	MGD				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	NJ Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	PPO				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Qualcare	Qualcare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		UHC	Medicaid				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		UHC	Medicare				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		United	Commercial|PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		United	Oxford				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Wellcare	Medicaid				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		Wellcare	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 200 MG/20ML IV EMUL	63323-269-29	NDC	J2704	HCPCS		both	1 EA	1.08		WellPoint	WellPoint				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Aetna	Better Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Aetna	Commercial				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Aetna	Medicare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Amerihealth	HMO/PPO				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	Indemnity				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	MGD				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	NJ Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	PPO				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		UHC	Medicaid				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		UHC	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		United	Commercial|PPO				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		United	Oxford				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		Wellcare	Medicaid				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 500 MG/50ML IV EMUL	63323-269-50	NDC	J2704	HCPCS		both	1 EA	1.08		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Aetna	Better Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Aetna	Commercial				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Aetna	Medicare				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Amerihealth	HMO/PPO				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	Indemnity				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	Medicare Blue				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	MGD				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	NJ Health				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		UHC	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		UHC	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		United	Commercial|PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Wellcare	Medicaid				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		Wellcare	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROPOFOL 1000 MG/100ML IV EMUL	63323-269-65	NDC	J2704	HCPCS		both	1 EA	1.08		WellPoint	WellPoint				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VINBLASTINE SULFATE 1 MG/ML IV SOLN	63323-278-10	NDC	J9360	HCPCS		both	1 EA	19.35		Horizon	NJ Health				6.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		United	Commercial|PPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-01	NDC	J1938	HCPCS		both	1 EA	0.38		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Horizon	PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		UHC	Medicare				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		United	Commercial|PPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-02	NDC	J1938	HCPCS		both	1 EA	0.38		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-03	NDC	J1938	HCPCS		both	1 EA	0.25		Aetna	Better Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-03	NDC	J1938	HCPCS		both	1 EA	0.25		Aetna	Commercial				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-03	NDC	J1938	HCPCS		both	1 EA	0.25		Aetna	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-03	NDC	J1938	HCPCS		both	1 EA	0.25		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-03	NDC	J1938	HCPCS		both	1 EA	0.25		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-03	NDC	J1938	HCPCS		both	1 EA	0.25		Horizon	Medicare Blue				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-03	NDC	J1938	HCPCS		both	1 EA	0.25		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-04	NDC	J1938	HCPCS		both		1 EA	0.25		United	CommercialPPO				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-04	NDC	J1938	HCPCS		both		1 EA	0.25		United	Oxford				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-04	NDC	J1938	HCPCS		both		1 EA	0.25		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-04	NDC	J1938	HCPCS		both		1 EA	0.25		Wellcare	Medicare				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FUROSEMIDE 10 MG/ML INJ SOLN	63323-280-04	NDC	J1938	HCPCS		both		1 EA	0.25		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUPHENAZINE HCL 2.5 MG/ML INJ SOLN	63323-281-10	NDC	J2679	HCPCS		both		1 EA	34.58		United	CommercialPPO				4.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Aetna	Better Health				4.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Aetna	Commercial				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Aetna	Medicare				7.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Amerihealth	HMO/PPO				5.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	Indemnity				8.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	Medicare Blue				3.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	MGD				5.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	NJ Health				4.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	PPO				4.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		UHC	Medicaid				4.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		UHC	Medicare				5.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		United	CommercialPPO				6.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		Wellcare	Medicaid				7.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-01	NDC	J3373	HCPCS		both		1 EA	0.57		WellPoint	WellPoint				4.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Aetna	Better Health				4.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Aetna	Commercial				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Aetna	Medicare				7.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Amerihealth	HMO/PPO				5.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	Indemnity				8.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	Medicare Blue				3.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	MGD				5.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	NJ Health				4.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Horizon	PPO				4.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		UHC	Medicaid				4.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		UHC	Medicare				5.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		United	CommercialPPO				6.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		Wellcare	Medicaid				7.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1 G IV SOLR	63323-284-20	NDC	J3373	HCPCS		both		1 EA	0.57		WellPoint	WellPoint				4.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-01	NDC	J0670	HCPCS		both		1 EA	18		Horizon	Medicare Blue				2.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-01	NDC	J0670	HCPCS		both		1 EA	18		Horizon	MGD				15.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-01	NDC	J0670	HCPCS		both		1 EA	18		Horizon	NJ Health				1.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-01	NDC	J0670	HCPCS		both		1 EA	18		UHC	Medicaid				2.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-01	NDC	J0670	HCPCS		both		1 EA	18		UHC	Medicare				2.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-37	NDC	J0670	HCPCS		both		1 EA	18		Horizon	Medicare Blue				2.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-37	NDC	J0670	HCPCS		both		1 EA	18		Horizon	MGD				15.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-37	NDC	J0670	HCPCS		both		1 EA	18		Horizon	NJ Health				1.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-37	NDC	J0670	HCPCS		both		1 EA	18		UHC	Medicaid				2.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEPIVACAINE HCL (PF) 1.5 % INJ SOLN	63323-293-37	NDC	J0670	HCPCS		both		1 EA	18		UHC	Medicare				2.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		Aetna	Better Health				6.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		Aetna	Commercial				6.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		Aetna	Medicare				12.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		Amerihealth	HMO/PPO				6.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		Horizon	NJ Health				6.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		Horizon	PPO				14.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		UHC	Medicaid				10.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		UHC	Medicare				19.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		United	CommercialPPO				7.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		Wellcare	Medicaid				10.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-01	NDC	J3490	HCPCS		both		1 EA	41.01		WellPoint	WellPoint				11.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		Aetna	Better Health				6.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		Aetna	Commercial				6.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		Aetna	Medicare				12.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		Amerihealth	HMO/PPO				6.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		Horizon	NJ Health				6.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		Horizon	PPO				14.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		UHC	Medicaid				10.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		UHC	Medicare				19.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		United	CommercialPPO				7.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		Wellcare	Medicaid				10.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POLYMYXIN B SULFATE 500000 UNITS INJ SOLR	63323-321-10	NDC	J3490	HCPCS		both		1 EA	41.01		WellPoint	WellPoint				11.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-09	NDC	J0133	HCPCS		both		1 EA	0.63		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-09	NDC	J0133	HCPCS		both		1 EA	0.63		Aetna	Medicare				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-09	NDC	J0133	HCPCS		both		1 EA	0.63		Horizon	Medicare Blue				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-09	NDC	J0133	HCPCS		both		1 EA	0.63		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-09	NDC	J0133	HCPCS		both		1 EA	0.63		Horizon	PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-09	NDC	J0133	HCPCS		both		1 EA	0.63		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-09	NDC	J0133	HCPCS		both		1 EA	0.63		UHC	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-09	NDC	J0133	HCPCS		both		1 EA	0.63		Wellcare	Medicaid				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-09	NDC	J0133	HCPCS		both		1 EA	0.63		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-10	NDC	J0133	HCPCS		both		1 EA	0.68		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-10	NDC	J0133	HCPCS		both		1 EA	0.68		Aetna	Medicare				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-10	NDC	J0133	HCPCS		both		1 EA	0.68		Horizon	Medicare Blue				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-10	NDC	J0133	HCPCS		both		1 EA	0.68		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-10	NDC	J0133	HCPCS		both		1 EA	0.68		Horizon	PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-10	NDC	J0133	HCPCS		both		1 EA	0.68		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-10	NDC	J0133	HCPCS		both		1 EA	0.68		UHC	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-10	NDC	J0133	HCPCS		both		1 EA	0.68		Wellcare	Medicaid				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-10	NDC	J0133	HCPCS		both		1 EA	0.68		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-20	NDC	J0133	HCPCS		both		1 EA	0.63		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-20	NDC	J0133	HCPCS		both		1 EA	0.63		Aetna	Medicare				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-20	NDC	J0133	HCPCS		both		1 EA	0.63		Horizon	Medicare Blue				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-20	NDC	J0133	HCPCS		both		1 EA	0.63		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-20	NDC	J0133	HCPCS		both		1 EA	0.63		Horizon	PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-20	NDC	J0133	HCPCS		both		1 EA	0.63		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-20	NDC	J0133	HCPCS		both		1 EA	0.63		UHC	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-20	NDC	J0133	HCPCS		both		1 EA	0.63		Wellcare	Medicaid				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-20	NDC	J0133	HCPCS		both		1 EA	0.63		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-41	NDC	J0133	HCPCS		both		1 EA	0.16		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-41	NDC	J0133	HCPCS		both		1 EA	0.16		Aetna	Medicare				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-41	NDC	J0133	HCPCS		both		1 EA	0.16		Horizon	Medicare Blue				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-41	NDC	J0133	HCPCS		both		1 EA	0.16		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-41	NDC	J0133	HCPCS		both		1 EA	0.16		Horizon	PPO				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-41	NDC	J0133	HCPCS		both		1 EA	0.16		UHC	Medicaid				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-41	NDC	J0133	HCPCS		both		1 EA	0.16		UHC	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-41	NDC	J0133	HCPCS		both		1 EA	0.16		Wellcare	Medicaid				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACYCLOVIR SODIUM 50 MG/ML IV SOLN	63323-325-41	NDC	J0133	HCPCS		both		1 EA	0.16		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-01	NDC	J0612	HCPCS		both		1 EA	0.36		Aetna	Better Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-01	NDC	J0612	HCPCS		both		1 EA	0.36		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-01	NDC	J0612	HCPCS		both		1 EA	0.36		Horizon	Medicare Blue				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-01	NDC	J0612	HCPCS		both		1 EA	0.36		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-01	NDC	J0612	HCPCS		both		1 EA	0.36		Horizon	NJ Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-01	NDC	J0612	HCPCS		both		1 EA	0.36		UHC	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-01	NDC	J0612	HCPCS		both		1 EA	0.36		Wellcare	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-19	NDC	J0612	HCPCS		both		1 EA	0.36		Aetna	Better Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-19	NDC	J0612	HCPCS		both		1 EA	0.36		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-19	NDC	J0612	HCPCS		both		1 EA	0.36		Horizon	Medicare Blue				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-19	NDC	J0612	HCPCS		both		1 EA	0.36		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-19	NDC	J0612	HCPCS		both		1 EA	0.36		Horizon	NJ Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-19	NDC	J0612	HCPCS		both		1 EA	0.36		UHC	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM GLUCONATE 10 % IV SOLN	63323-360-19	NDC	J0612	HCPCS		both		1 EA	0.36		Wellcare	Medicaid				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 100 MCG/ML INJ SOLN	63323-376-00	NDC	J2354	HCPCS		both		1 EA	8.95		Aetna	Commercial				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 100 MCG/ML INJ SOLN	63323-376-00	NDC	J2354	HCPCS		both		1 EA	8.95		Amerihealth	HMO/PPO				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 100 MCG/ML INJ SOLN	63323-376-00	NDC	J2354	HCPCS		both		1 EA	8.95		Horizon	NJ Health				3.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 100 MCG/ML INJ SOLN	63323-376-00	NDC	J2354	HCPCS		both		1 EA	8.95		Horizon	PPO				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 100 MCG/ML INJ SOLN	63323-376-01	NDC	J2354	HCPCS		both		1 EA	8.95		Aetna	Commercial				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 100 MCG/ML INJ SOLN	63323-376-01	NDC	J2354	HCPCS		both		1 EA	8.95		Amerihealth	HMO/PPO				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 100 MCG/ML INJ SOLN	63323-376-01	NDC	J2354	HCPCS		both		1 EA	8.95		Horizon	NJ Health				3.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 100 MCG/ML INJ SOLN	63323-376-01	NDC	J2354	HCPCS		both		1 EA	8.95		Horizon	PPO				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 1000 MCG/ML INJ SOLN	63323-379-05	NDC	J2354	HCPCS		both		1 EA	8.94		Aetna	Commercial				1.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OCTREOTIDE ACETATE 1000 MCG/ML INJ SOLN	63323-379-05	NDC	J2354	HCPCS		both		1 EA	8.94		Aetna	Medicare				0.66	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AZITHROMYCIN 500 MG IV SOLR	63323-398-01	NDC	J0456	HCPCS		both		1 EA	26.76		UHC	Medicare				5.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-01	NDC	J0456	HCPCS		both		1 EA	26.76		Wellcare	Medicaid				5.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-01	NDC	J0456	HCPCS		both		1 EA	26.76		Wellcare	Medicare				9.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-01	NDC	J0456	HCPCS		both		1 EA	26.76		WellPoint	WellPoint				4.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Aetna	Better Health				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Aetna	Commercial				7.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Aetna	Medicare				4.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Amerihealth	HMO/PPO				3.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Horizon	Indemnity				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Horizon	Medicare Blue				6.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Horizon	MGD				6.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Horizon	NJ Health				4.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Horizon	PPO				12.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		UHC	Medicaid				5.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		UHC	Medicare				5.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Wellcare	Medicaid				5.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		Wellcare	Medicare				9.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-10	NDC	J0456	HCPCS		both		1 EA	26.76		WellPoint	WellPoint				4.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Aetna	Better Health				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Aetna	Commercial				7.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Aetna	Medicare				4.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Amerihealth	HMO/PPO				3.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Horizon	Indemnity				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Horizon	Medicare Blue				6.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Horizon	MGD				6.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Horizon	NJ Health				4.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Horizon	PPO				12.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		UHC	Medicaid				5.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		UHC	Medicare				5.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Wellcare	Medicaid				5.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		Wellcare	Medicare				9.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	63323-398-12	NDC	J0456	HCPCS		both		1 EA	10.8		WellPoint	WellPoint				4.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZTREONAM 1 G INJ SOLR	63323-401-01	NDC	J0457	HCPCS		both		1 EA	12.99		Horizon	PPO				5.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZTREONAM 1 G INJ SOLR	63323-401-20	NDC	J0457	HCPCS		both		1 EA	12.99		Horizon	PPO				5.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CAFFEINE CITRATE 60 MG/3ML IV SOLN	63323-407-03	NDC	J0706	HCPCS		both		1 EA	9.34		Aetna	Commercial				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CAFFEINE CITRATE 60 MG/3ML IV SOLN	63323-407-03	NDC	J0706	HCPCS		both		1 EA	9.34		Horizon	NJ Health				1.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	63323-424-10	NDC	J3490	HCPCS		both		1 EA	28.05		Aetna	Commercial				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	63323-424-10	NDC	J3490	HCPCS		both		1 EA	28.05		Aetna	Medicare				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	63323-424-10	NDC	J3490	HCPCS		both		1 EA	28.05		UHC	Medicaid				1.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	63323-424-10	NDC	J3490	HCPCS		both		1 EA	28.05		UHC	Medicare				0.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FLUMAZENIL 1 MG/10ML IV SOLN	63323-424-10	NDC	J3490	HCPCS		both		1 EA	28.05		WellPoint	WellPoint				1.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Aetna	Better Health				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Aetna	Commercial				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Aetna	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Amerihealth	HMO/PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	Indemnity				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	Medicare Blue				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	MGD				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	NJ Health				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	PPO				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		UHC	Medicaid				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		UHC	Medicare				0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		United	CommercialPPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		United	Oxford				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Wellcare	Medicaid				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		Wellcare	Medicare				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-01	NDC	J3490	HCPCS		both		1 EA	4.89		WellPoint	WellPoint				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		Aetna	Better Health				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		Aetna	Commercial				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		Aetna	Medicare				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	MGD				1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	NJ Health				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		UHC	Medicaid				0.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		UHC	Medicare				0.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		Wellcare	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		Wellcare	Medicare				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 50 MG/5ML IV SOLN	63323-426-05	NDC	J3490	HCPCS		both		1 EA	4.89		WellPoint	WellPoint				0.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Aetna	Better Health				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Aetna	Commercial				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Aetna	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Amerihealth	HMO/PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	Indemnity				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	Medicare Blue				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	MGD				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	NJ Health				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Horizon	PPO				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		UHC	Medicaid				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		UHC	Medicare				0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		United	CommercialPPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		United	Oxford				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Wellcare	Medicaid				0.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		Wellcare	Medicare				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ROCURONIUM BROMIDE 100 MG/10ML IV SOLN	63323-426-10	NDC	J3490	HCPCS		both		1 EA	4.89		WellPoint	WellPoint				0.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Aetna	Better Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Aetna	Commercial				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Aetna	Medicare				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	Indemnity				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	Medicare Blue				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	MGD				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	NJ Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	PPO				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Qualcare	Qualcare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		UHC	Medicaid				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		UHC	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		United	CommercialPPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Wellcare	Medicaid				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		Wellcare	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-00	NDC	J0134	HCPCS		both		1 EA	0.36		WellPoint	WellPoint				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Aetna	Better Health				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Aetna	Commercial				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Aetna	Medicare				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Amerihealth	HMO/PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	Indemnity				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	Medicare Blue				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	MGD				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	NJ Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Horizon	PPO				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Qualcare	Qualcare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		UHC	Medicaid				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		UHC	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		United	CommercialPPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Wellcare	Medicaid				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		Wellcare	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETAMINOPHEN 10 MG/ML IV SOLN	63323-434-41	NDC	J0134	HCPCS		both		1 EA	0.36		WellPoint	WellPoint				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 10 MG/ML INJ SOLN	63323-451-00	NDC	J2272	HCPCS		both		1 EA	10.98		Horizon	NJ Health				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 2 MG/ML INJ SOLN	63323-452-00	NDC	J2272	HCPCS		both		1 EA	51.6		Aetna	Better Health				8.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 2 MG/ML INJ SOLN	63323-452-00	NDC	J2272	HCPCS		both		1 EA	51.6		Aetna	Commercial				6.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 2 MG/ML INJ SOLN	63323-452-00	NDC	J2272	HCPCS		both		1 EA	51.6		Aetna	Medicare				6.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 2 MG/ML INJ SOLN	63323-452-00	NDC	J2272	HCPCS		both		1 EA	51.6		Amerihealth	HMO/PPO				10.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 2 MG/ML INJ SOLN	63323-452-00	NDC	J2272	HCPCS		both		1 EA	51.6		Horizon	Indemnity				34.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 2 MG/ML INJ SOLN	63323-452-00	NDC	J2272	HCPCS		both		1 EA	51.6		Horizon	Medicare Blue				7.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 2 MG/ML INJ SOLN	63323-452-00	NDC	J2272	HCPCS		both		1 EA	51.6		Horizon	MGD				13.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 2 MG/ML INJ SOLN	63323-452-00	NDC	J2272	HCPCS		both		1 EA	51.6		Horizon	NJ Health				8.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 2 MG/ML INJ SOLN	63323-452-00	NDC	J2272	HCPCS		both	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Aetna	Better Health				5.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Aetna	Commercial				5.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Aetna	Medicare				3.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Amerihealth	HMO/PPO				8.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	Indemnity				8.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	Medicare Blue				4.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	MGD				5.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	NJ Health				3.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	PPO				7.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Qualcare	Qualcare				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		UHC	Medicaid				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		UHC	Medicare				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		United	Commercial|PPO				3.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Wellcare	Medicaid				5.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		Wellcare	Medicare				18.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-00	NDC	J2272	HCPCS		both	1 EA	25.8		WellPoint	WellPoint				5.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Aetna	Better Health				5.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Aetna	Commercial				5.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Aetna	Medicare				3.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Amerihealth	HMO/PPO				8.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	Indemnity				8.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	Medicare Blue				4.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	MGD				5.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	NJ Health				3.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Horizon	PPO				7.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Qualcare	Qualcare				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		UHC	Medicaid				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		UHC	Medicare				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		United	Commercial|PPO				3.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Wellcare	Medicaid				5.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		Wellcare	Medicare				18.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE (PF) 4 MG/ML INJ SOLN	63323-454-01	NDC	J2272	HCPCS		both	1 EA	25.8		WellPoint	WellPoint				5.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE-EPINEPHRINE (PF) 0.5% -1:200000 INJ SOLN	63323-462-01	NDC	J3490	HCPCS		both	1 EA	1.56		UHC	Medicare				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		UHC	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Wellcare	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-01	NDC	J0665	HCPCS		both	1 EA	0.52		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		UHC	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Wellcare	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-02	NDC	J0665	HCPCS		both	1 EA	0.2		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		UHC	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Wellcare	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-17	NDC	J0665	HCPCS		both	1 EA	0.52		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Aetna	Better Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Amerihealth	HMO/PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	Indemnity				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	MGD				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		UHC	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		United	Oxford				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Wellcare	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		Wellcare	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.25 % INJ SOLN	63323-464-37	NDC	J0665	HCPCS		both	1 EA	0.2		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		Horizon	Medicare Blue				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		Horizon	PPO				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		UHC	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		UHC	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-01	NDC	J0665	HCPCS		both	1 EA	0.1		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		Horizon	Medicare Blue				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		Horizon	PPO				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		UHC	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		UHC	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-31	NDC	J0665	HCPCS		both	1 EA	0.09		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-37	NDC	J0665	HCPCS		both	1 EA	0.1		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-37	NDC	J0665	HCPCS		both	1 EA	0.1		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	63323-466-37	NDC	J0665	HCPCS		both	1 EA	0.1	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		Aetna	Medicare					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		Amerihealth	HMO/PPO					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		Horizon	Medicare Blue					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		Horizon	NJ Health					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		Horizon	PPO					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		UHC	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		UHC	Medicare					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		United	Commercial|PPO					0.04		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		Wellcare	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		Wellcare	Medicare					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.75 % INJ SOLN	63323-472-37	NDC	J0665	HCPCS		both		1 EA	0.07		WellPoint	WellPoint					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-01	NDC	J2401	HCPCS		both		1 EA	0.11		Aetna	Better Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-01	NDC	J2401	HCPCS		both		1 EA	0.11		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-01	NDC	J2401	HCPCS		both		1 EA	0.11		UHC	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-01	NDC	J2401	HCPCS		both		1 EA	0.11		Wellcare	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-01	NDC	J2401	HCPCS		both		1 EA	0.11		WellPoint	WellPoint					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-37	NDC	J2401	HCPCS		both		1 EA	0.11		Aetna	Better Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-37	NDC	J2401	HCPCS		both		1 EA	0.11		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-37	NDC	J2401	HCPCS		both		1 EA	0.11		UHC	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-37	NDC	J2401	HCPCS		both		1 EA	0.11		Wellcare	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL 2 % INJ SOLN	63323-476-37	NDC	J2401	HCPCS		both		1 EA	0.11		WellPoint	WellPoint					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-01	NDC	J2401	HCPCS		both		1 EA	0.13		Aetna	Commercial					0.04		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-01	NDC	J2401	HCPCS		both		1 EA	0.13		Horizon	MGD					0.05		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-01	NDC	J2401	HCPCS		both		1 EA	0.13		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-01	NDC	J2401	HCPCS		both		1 EA	0.13		UHC	Medicaid					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-01	NDC	J2401	HCPCS		both		1 EA	0.13		WellPoint	WellPoint					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-27	NDC	J2401	HCPCS		both		1 EA	0.13		Aetna	Commercial					0.04		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-27	NDC	J2401	HCPCS		both		1 EA	0.13		Horizon	MGD					0.05		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-27	NDC	J2401	HCPCS		both		1 EA	0.13		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-27	NDC	J2401	HCPCS		both		1 EA	0.13		UHC	Medicaid					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROPROCAINE HCL (PF) 3 % INJ SOLN	63323-478-27	NDC	J2401	HCPCS		both		1 EA	0.13		WellPoint	WellPoint					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Aetna	Better Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Aetna	Commercial					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Aetna	Medicare					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Amerihealth	HMO/PPO					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	Indemnity					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	Medicare Blue					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	MGD					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		UHC	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		UHC	Medicare					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		United	Commercial|PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		United	Oxford					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Wellcare	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		Wellcare	Medicare					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-03	NDC	J2004	HCPCS		both		1 EA	0.1		WellPoint	WellPoint					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Aetna	Better Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Aetna	Commercial					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Aetna	Medicare					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Amerihealth	HMO/PPO					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Horizon	Indemnity					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Horizon	Medicare Blue					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Horizon	MGD					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Horizon	PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		UHC	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		UHC	Medicare					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		United	Commercial|PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		United	Oxford					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Wellcare	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		Wellcare	Medicare					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-17	NDC	J2004	HCPCS		both		1 EA	0.14		WellPoint	WellPoint					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Aetna	Better Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Aetna	Commercial					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Aetna	Medicare					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Amerihealth	HMO/PPO					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Horizon	Indemnity					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Horizon	Medicare Blue					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Horizon	MGD					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Horizon	PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		UHC	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		UHC	Medicare					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		United	Commercial|PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		United	Oxford					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Wellcare	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		Wellcare	Medicare					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-26	NDC	J2004	HCPCS		both		1 EA	0.03		WellPoint	WellPoint					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Aetna	Better Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Aetna	Commercial					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Aetna	Medicare					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Amerihealth	HMO/PPO					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	Indemnity					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	Medicare Blue					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	MGD					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		UHC	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		UHC	Medicare					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		United	Commercial|PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		United	Oxford					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Wellcare	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		Wellcare	Medicare					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-27	NDC	J2004	HCPCS		both		1 EA	0.1		WellPoint	WellPoint					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Aetna	Better Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Aetna	Commercial					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Aetna	Medicare					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Amerihealth	HMO/PPO					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	Indemnity					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	Medicare Blue					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	MGD					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Horizon	PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		UHC	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		UHC	Medicare					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		United	Commercial|PPO					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		United	Oxford					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Wellcare	Medicaid					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		Wellcare	Medicare					0.01		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-41	NDC	J2004	HCPCS		both		1 EA	0.1		WellPoint	WellPoint					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-57	NDC	J2004	HCPCS		both		1 EA	0.09		Aetna	Better Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-57	NDC	J2004	HCPCS		both		1 EA	0.09		Aetna	Commercial					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-57	NDC	J2004	HCPCS		both		1 EA	0.09		Aetna	Medicare					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-57	NDC	J2004	HCPCS		both		1 EA	0.09		Amerihealth	HMO/PPO					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-57	NDC	J2004	HCPCS		both		1 EA	0.09		Horizon	Indemnity					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-57	NDC	J2004	HCPCS		both		1 EA	0.09		Horizon	Medicare Blue					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-57	NDC	J2004	HCPCS		both		1 EA	0.09		Horizon	MGD					0.03		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 1 %-1:100000 INJ SOLN	63323-482-57	NDC	J2004	HCPCS		both		1 EA	0.09		Horizon	NJ Health					0.02		other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
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hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
LIDOCAINE HCL 1 % INJ SOLN	63323-485-03	NDC	J2003	HCPCS		both	1 EA	0.04		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-03	NDC	J2003	HCPCS		both	1 EA	0.04		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-03	NDC	J2003	HCPCS		both	1 EA	0.04		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-03	NDC	J2003	HCPCS		both	1 EA	0.04		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-03	NDC	J2003	HCPCS		both	1 EA	0.04		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-03	NDC	J2003	HCPCS		both	1 EA	0.04		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-03	NDC	J2003	HCPCS		both	1 EA	0.04		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-03	NDC	J2003	HCPCS		both	1 EA	0.04		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-03	NDC	J2003	HCPCS		both	1 EA	0.04		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Amerihealth	HMO|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-26	NDC	J2003	HCPCS		both	1 EA	0.03		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Amerihealth	HMO|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-27	NDC	J2003	HCPCS		both	1 EA	0.06		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Amerihealth	HMO|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 1 % INJ SOLN	63323-485-57	NDC	J2003	HCPCS		both	1 EA	0.04		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Amerihealth	HMO|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	Indemnity				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Quakcare	Quakcare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		United	Oxford				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-02	NDC	J2003	HCPCS		both	1 EA	0.03		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Amerihealth	HMO|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Horizon	Indemnity				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Quakcare	Quakcare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		United	Oxford				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-26	NDC	J2003	HCPCS		both	1 EA	0.02		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Amerihealth	HMO|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	Indemnity				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Quakcare	Quakcare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		United	Oxford				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE HCL 2 % INJ SOLN	63323-486-27	NDC	J2003	HCPCS		both	1 EA	0.03		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-07	NDC	J2004	HCPCS		both	1 EA	4.26		Aetna	Better Health				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-07	NDC	J2004	HCPCS		both	1 EA	4.26		Aetna	Commercial				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-07	NDC	J2004	HCPCS		both	1 EA	4.26		Horizon	MGD				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-07	NDC	J2004	HCPCS		both	1 EA	4.26		Horizon	NJ Health				0.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-07	NDC	J2004	HCPCS		both	1 EA	4.26		UHC	Medicaid				0.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-07	NDC	J2004	HCPCS		both	1 EA	4.26		UHC	Medicare				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-07	NDC	J2004	HCPCS		both	1 EA	4.26		Wellcare	Medicaid				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-07	NDC	J2004	HCPCS		both	1 EA	4.26		Wellcare	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-07	NDC	J2004	HCPCS		both	1 EA	4.26		WellPoint	WellPoint				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-17	NDC	J2004	HCPCS		both	1 EA	7.86		Aetna	Better Health				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-17	NDC	J2004	HCPCS		both	1 EA	7.86		Aetna	Commercial				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-17	NDC	J2004	HCPCS		both	1 EA	7.86		Horizon	MGD				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-17	NDC	J2004	HCPCS		both	1 EA	7.86		Horizon	NJ Health				0.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-17	NDC	J2004	HCPCS		both	1 EA	7.86		UHC	Medicaid				0.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-17	NDC	J2004	HCPCS		both	1 EA	7.86		UHC	Medicare				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-17	NDC	J2004	HCPCS		both	1 EA	7.86		Wellcare	Medicaid				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDOCAINE-EPINEPHRINE (PF) 1.5 %-1:200000 INJ SOLN	63323-488-17	NDC	J2004	HCPCS		both	1 EA	7.86		Wellcare	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe						
LIDO

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-17	NDC	J3490	HCPCS		both		1 EA		0.21		Horizon	Indemnity					0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-17	NDC	J3490	HCPCS		both		1 EA		0.21		Horizon	NJ Health					0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-17	NDC	J3490	HCPCS		both		1 EA		0.21		UHC	Medicaid					0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-17	NDC	J3490	HCPCS		both		1 EA		0.21		United	CommercialPPO					0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-17	NDC	J3490	HCPCS		both		1 EA		0.21		WellPoint	WellPoint					0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-21	NDC	J3490	HCPCS		both		1 EA		0.12		Aetna	Commercial					0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-21	NDC	J3490	HCPCS		both		1 EA		0.12		Horizon	Indemnity					0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-21	NDC	J3490	HCPCS		both		1 EA		0.12		Horizon	NJ Health					0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-21	NDC	J3490	HCPCS		both		1 EA		0.12		UHC	Medicaid					0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-21	NDC	J3490	HCPCS		both		1 EA		0.12		United	CommercialPPO					0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-21	NDC	J3490	HCPCS		both		1 EA		0.12		WellPoint	WellPoint					0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-27	NDC	J3490	HCPCS		both		1 EA		0.21		Aetna	Commercial					0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-27	NDC	J3490	HCPCS		both		1 EA		0.21		Horizon	Indemnity					0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-27	NDC	J3490	HCPCS		both		1 EA		0.21		Horizon	NJ Health					0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-27	NDC	J3490	HCPCS		both		1 EA		0.21		UHC	Medicaid					0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-27	NDC	J3490	HCPCS		both		1 EA		0.21		United	CommercialPPO					0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE (PF) 2 %-1:200000 INJ SOLN	63323-489-27	NDC	J3490	HCPCS		both		1 EA		0.21		WellPoint	WellPoint					0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Aetna	Better Health					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Aetna	Commercial					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Aetna	Medicare					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Amerihealth	HMO/PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	Indemnity					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	Medicare Blue					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	MGD					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	NJ Health					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		UHC	Medicaid					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		UHC	Medicare					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		United	CommercialPPO					0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		United	Oxford					0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Wellcare	Medicaid					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		Wellcare	Medicare					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-09	NDC	J2003	HCPCS		both		1 EA		0.28		WellPoint	WellPoint					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Aetna	Better Health					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Aetna	Commercial					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Aetna	Medicare					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Amerihealth	HMO/PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Horizon	Indemnity					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Horizon	Medicare Blue					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Horizon	MGD					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Horizon	NJ Health					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Horizon	PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		UHC	Medicaid					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		UHC	Medicare					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		United	CommercialPPO					0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		United	Oxford					0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Wellcare	Medicaid					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		Wellcare	Medicare					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-26	NDC	J2003	HCPCS		both		1 EA		0.03		WellPoint	WellPoint					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Aetna	Better Health					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Aetna	Commercial					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Aetna	Medicare					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Amerihealth	HMO/PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Horizon	Indemnity					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Horizon	Medicare Blue					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Horizon	MGD					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Horizon	NJ Health					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Horizon	PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		UHC	Medicaid					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		UHC	Medicare					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		United	CommercialPPO					0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		United	Oxford					0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Wellcare	Medicaid					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		Wellcare	Medicare					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-36	NDC	J2003	HCPCS		both		1 EA		0.1		WellPoint	WellPoint					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Aetna	Better Health					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Aetna	Commercial					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Aetna	Medicare					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Amerihealth	HMO/PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Horizon	Indemnity					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Horizon	Medicare Blue					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Horizon	MGD					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Horizon	NJ Health					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Horizon	PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		UHC	Medicaid					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		UHC	Medicare					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		United	CommercialPPO					0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		United	Oxford					0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Wellcare	Medicaid					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		Wellcare	Medicare					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-37	NDC	J2003	HCPCS		both		1 EA		0.14		WellPoint	WellPoint					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Aetna	Better Health					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Aetna	Commercial					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Aetna	Medicare					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Amerihealth	HMO/PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	Indemnity					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	Medicare Blue					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	MGD					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	NJ Health					0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Horizon	PPO					0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		UHC	Medicaid					0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		UHC	Medicare					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		United	CommercialPPO					0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		United	Oxford					0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Wellcare	Medicaid					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		Wellcare	Medicare					0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	63323-492-57	NDC	J2003	HCPCS		both		1 EA		0.28		WellPoint	WellPoint					0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-01	NDC	J3490	HCPCS		both		1 EA		4.83		Aetna	Better Health					1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-01	NDC	J3490	HCPCS		both		1 EA		4.83		Aetna	Commercial					1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-01	NDC	J3490	HCPCS		both		1 EA		4.83		Aetna	Medicare					1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-01	NDC	J3490	HCPCS		both		1 EA		4.83		Horizon	Indemnity					1.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-01	NDC	J3490	HCPCS		both		1 EA		4.83		Horizon	NJ Health					1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-01	NDC	J3490	HCPCS		both		1 EA		4.83		UHC	Medicaid					1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-01	NDC	J3490	HCPCS		both		1 EA		4.83		UHC	Medicare					3.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-01	NDC	J3490	HCPCS		both		1 EA		4.83		Wellcare	Medicaid					1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-01	NDC	J3490	HCPCS		both		1 EA		4.83		WellPoint	WellPoint					0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-05	NDC	J3490	HCPCS		both		1 EA		4.83		Aetna	Better Health					1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-05	NDC	J3490	HCPCS		both		1 EA		4.83		Aetna	Commercial					1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-05	NDC	J3490	HCPCS		both		1 EA		4.83		Aetna	Medicare					1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-05	NDC	J3490	HCPCS		both		1 EA		4.83		Horizon	Indemnity					1.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-05	NDC	J3490	HCPCS		both		1 EA		4.83		Horizon	NJ Health					1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-05	NDC	J3490	HCPCS		both		1 EA		4.83		UHC	Medicaid					1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-05	NDC	J3490	HCPCS		both		1 EA		4.83		UHC	Medicare					3.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-05	NDC	J3490	HCPCS		both		1 EA		4.83		Wellcare	Medicaid					1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-05	NDC	J3490	HCPCS		both		1 EA		4.83		WellPoint	WellPoint					0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-16	NDC	J3490	HCPCS		both		1 EA		1.47		Aetna	Better Health					1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-16	NDC	J3490	HCPCS		both		1 EA		1.47		Aetna	Commercial					1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-16	NDC	J3490	HCPCS		both		1 EA		1.47		Aetna	Medicare					1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-16	NDC	J3490	HCPCS		both		1 EA		1.47		Horizon	Indemnity					1.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-16	NDC	J3490	HCPCS		both		1 EA		1.47		Horizon	NJ Health					1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-16	NDC	J3490	HCPCS		both		1 EA		1.47		UHC	Medicaid					1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-16	NDC	J3490	HCPCS		both		1 EA		1.47		UHC	Medicare					3.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	63323-494-16	NDC	J3490	HCPCS		both		1 EA		1.47		Wellcare

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIDOCAINE HCL (PF) 2 % INJ SOLN	63323-495-07	NDC	J2003	HCPCS		both		1 EA	0.13		Horizon	MGD				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	63323-495-07	NDC	J2003	HCPCS		both		1 EA	0.13		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	63323-495-07	NDC	J2003	HCPCS		both		1 EA	0.13		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	63323-495-07	NDC	J2003	HCPCS		both		1 EA	0.13		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	63323-495-07	NDC	J2003	HCPCS		both		1 EA	0.13		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	63323-495-07	NDC	J2003	HCPCS		both		1 EA	0.13		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	63323-495-07	NDC	J2003	HCPCS		both		1 EA	0.13		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Aetna	Better Health				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Aetna	Commercial				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Aetna	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Amerihealth	HMO/PPO				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Horizon	Indemnity				1.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Horizon	Medicare Blue				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Horizon	MGD				0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Horizon	NJ Health				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Horizon	PPO				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		UHC	Medicaid				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		UHC	Medicare				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		United	Commercial|PPO				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		Wellcare	Medicaid				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN	63323-506-01	NDC	J1100	HCPCS		both		1 EA	2.7		WellPoint	WellPoint				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Better Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Commercial				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	Indemnity				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	MGD				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	PPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		UHC	Medicaid				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		UHC	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		United	Commercial|PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Wellcare	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		Wellcare	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-01	NDC	J1644	HCPCS		both		1 EA	1.5		WellPoint	WellPoint				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Better Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Commercial				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	Indemnity				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	MGD				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	PPO				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		UHC	Medicaid				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		UHC	Medicare				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		United	Commercial|PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Wellcare	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		Wellcare	Medicare				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 25000-0.45 UT/250ML-% IV SOLN	63323-517-74	NDC	J1644	HCPCS		both		1 EA	1.5		WellPoint	WellPoint				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Better Health				3.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Commercial				5.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Aetna	Medicare				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Amerihealth	HMO/PPO				6.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Horizon	Indemnity				4.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Horizon	Medicare Blue				2.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Horizon	MGD				3.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Horizon	NJ Health				1.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Horizon	PPO				2.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		UHC	Medicaid				2.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		UHC	Medicare				4.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		United	Commercial|PPO				3.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		Wellcare	Medicaid				2.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN (PORCINE) IN NACL 2000-0.9 UNIT/L-% IV SOLN	63323-519-01	NDC	J1644	HCPCS		both		1 EA	15		WellPoint	WellPoint				3.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Better Health				1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Commercial				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		Amerihealth	HMO/PPO				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	Medicare Blue				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	MGD				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	PPO				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		UHC	Medicaid				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		UHC	Medicare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		United	Commercial|PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-01	NDC	J1644	HCPCS		both		1 EA	1.5		WellPoint	WellPoint				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Better Health				1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Commercial				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		Aetna	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		Amerihealth	HMO/PPO				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	Medicare Blue				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	MGD				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		Horizon	PPO				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		UHC	Medicaid				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		UHC	Medicare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		United	Commercial|PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SOD (PORCINE) IN DSW 100 UNIT/ML IV SOLN	63323-523-74	NDC	J1644	HCPCS		both		1 EA	1.5		WellPoint	WellPoint				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		Aetna	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		Horizon	Indemnity				3.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		Horizon	Medicare Blue				3.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		Horizon	MGD				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		Horizon	NJ Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		Horizon	PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		UHC	Medicaid				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		UHC	Medicare				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		United	Commercial|PPO				4.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		Wellcare	Medicaid				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-01	NDC	J1644	HCPCS		both		1 EA	14.43		WellPoint	WellPoint				3.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		Aetna	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		Horizon	Indemnity				3.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		Horizon	Medicare Blue				3.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		Horizon	MGD				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		Horizon	NJ Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		Horizon	PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		UHC	Medicaid				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		UHC	Medicare				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		United	Commercial|PPO				4.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		Wellcare	Medicaid				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-31	NDC	J1644	HCPCS		both		1 EA	0.87		WellPoint	WellPoint				3.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-33	NDC	J1644	HCPCS		both		1 EA	0.87		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-33	NDC	J1644	HCPCS		both		1 EA	0.87		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	63323-540-33	NDC	J1644	HCPCS		both		1 EA	0.87		Aet

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		Horizon	Medicare Blue				1.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		Horizon	MGD				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		Horizon	NJ Health				2.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		Horizon	PPO				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		Quelcare	Quelcare				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		UHC	Medicaid				2.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		UHC	Medicare				2.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		United	CommercialPPO				1.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		United	Oxford				2.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		Wellcare	Medicaid				3.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		Wellcare	Medicare				2.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	63323-578-03	NDC	J1596	HCPCS		both	1 EA		14.22		WellPoint	WellPoint				3.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	63323-578-05	NDC	J1596	HCPCS		both	1 EA		10.77		Horizon	Medicare Blue				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	63323-578-05	NDC	J1596	HCPCS		both	1 EA		10.77		Horizon	NJ Health				2.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	63323-578-05	NDC	J1596	HCPCS		both	1 EA		10.77		UHC	Medicaid				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Aetna	Better Health				11.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Aetna	Commercial				5.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Aetna	Medicare				8.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Amerihealth	HMO/PPO				8.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	Indemnity				9.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	Medicare Blue				10.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	MGD				8.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	NJ Health				7.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	PPO				11.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		UHC	Medicaid				9.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		UHC	Medicare				9.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		United	CommercialPPO				7.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		United	Oxford				4.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		Wellcare	Medicaid				9.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-00	NDC	J0360	HCPCS		both	1 EA		51.54		WellPoint	WellPoint				9.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Aetna	Better Health				11.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Aetna	Commercial				5.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Aetna	Medicare				8.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Amerihealth	HMO/PPO				8.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	Indemnity				9.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	Medicare Blue				10.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	MGD				8.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	NJ Health				7.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Horizon	PPO				11.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		UHC	Medicaid				9.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		UHC	Medicare				9.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		United	CommercialPPO				7.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		United	Oxford				4.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		Wellcare	Medicaid				9.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDRALAZINE HCL 20 MG/ML INJ SOLN	63323-614-01	NDC	J0360	HCPCS		both	1 EA		51.54		WellPoint	WellPoint				9.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOTHYROXINE SODIUM 200 MCG IV SOLR	63323-647-10	NDC	J0650	HCPCS		both	1 EA		43.33		Horizon	MGD				10.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOTHYROXINE SODIUM 200 MCG IV SOLR	63323-647-10	NDC	J0650	HCPCS		both	1 EA		43.33		Horizon	NJ Health				5.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOTHYROXINE SODIUM 200 MCG IV SOLR	63323-647-10	NDC	J0650	HCPCS		both	1 EA		43.33		Wellcare	Medicaid				4.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOTHYROXINE SODIUM 100 MCG IV SOLR	63323-649-07	NDC	J0650	HCPCS		both	1 EA		43.33		Aetna	Medicare				14.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOTHYROXINE SODIUM 100 MCG IV SOLR	63323-649-07	NDC	J0650	HCPCS		both	1 EA		43.33		Horizon	NJ Health				13.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOTHYROXINE SODIUM 100 MCG IV SOLR	63323-649-07	NDC	J0650	HCPCS		both	1 EA		43.33		UHC	Medicaid				46.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOTHYROXINE SODIUM 100 MCG IV SOLR	63323-649-07	NDC	J0650	HCPCS		both	1 EA		43.33		UHC	Medicare				5.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVOTHYROXINE SODIUM 100 MCG IV SOLR	63323-649-07	NDC	J0650	HCPCS		both	1 EA		43.33		WellPoint	WellPoint				75.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	63323-651-02	NDC	J0153	HCPCS		both	1 EA		6.57		Aetna	Commercial				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	63323-651-02	NDC	J0153	HCPCS		both	1 EA		6.57		Horizon	Indemnity				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	63323-651-02	NDC	J0153	HCPCS		both	1 EA		6.57		Horizon	MGD				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	63323-651-02	NDC	J0153	HCPCS		both	1 EA		6.57		Horizon	NJ Health				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	63323-651-02	NDC	J0153	HCPCS		both	1 EA		6.57		UHC	Medicare				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROTHIAZIDE SODIUM 500 MG IV SOLR	63323-658-20	NDC	J1205	HCPCS		both	1 EA		1071.72		Horizon	NJ Health				55.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CHLOROTHIAZIDE SODIUM 500 MG IV SOLR	63323-658-20	NDC	J1205	HCPCS		both	1 EA		1071.72		Wellcare	Medicaid				427.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Aetna	Better Health				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Aetna	Commercial				2.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Aetna	Medicare				1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Amerihealth	HMO/PPO				1.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	Indemnity				3.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	Medicare Blue				2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	MGD				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	NJ Health				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	PPO				3.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Quelcare	Quelcare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		UHC	Medicaid				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		UHC	Medicare				2.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		United	CommercialPPO				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		United	Oxford				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Wellcare	Medicaid				1.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		Wellcare	Medicare				2.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-00	NDC	J1200	HCPCS		both	1 EA		10.83		WellPoint	WellPoint				1.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Aetna	Better Health				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Aetna	Commercial				2.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Aetna	Medicare				1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Amerihealth	HMO/PPO				1.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	Indemnity				3.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	Medicare Blue				2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	MGD				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	NJ Health				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Horizon	PPO				3.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Quelcare	Quelcare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		UHC	Medicaid				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		UHC	Medicare				2.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		United	CommercialPPO				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		United	Oxford				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Wellcare	Medicaid				1.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		Wellcare	Medicare				2.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	63323-664-01	NDC	J1200	HCPCS		both	1 EA		10.83		WellPoint	WellPoint				1.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TERBUTALINE SULFATE 1 MG/ML INJ SOLN	63323-665-00	NDC	J3105	HCPCS		both	1 EA		70.92		Aetna	Better Health				11.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TERBUTALINE SULFATE 1 MG/ML INJ SOLN	63323-665-00	NDC	J3105	HCPCS		both	1 EA		70.92		Horizon	NJ Health				12.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TERBUTALINE SULFATE 1 MG/ML INJ SOLN	63323-665-00	NDC	J3105	HCPCS		both	1 EA		70.92		UHC	Medicaid				13.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TERBUTALINE SULFATE 1 MG/ML INJ SOLN	63323-665-00	NDC	J3105	HCPCS		both	1 EA		70.92		UHC	Medicare				13.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TERBUTALINE SULFATE 1 MG/ML INJ SOLN	63323-665-01	NDC	J3105	HCPCS		both	1 EA		70.92		Aetna	Better Health				11.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TERBUTALINE SULFATE 1 MG/ML INJ SOLN	63323-665-01	NDC	J3105	HCPCS		both	1 EA		70.92		Horizon	NJ Health				12.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TERBUTALINE SULFATE 1 MG/ML INJ SOLN	63323-665-01	NDC	J3105	HCPCS		both	1 EA		70.92		UHC	Medicaid				13.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TERBUTALINE SULFATE 1 MG/ML INJ SOLN	63323-665-01	NDC	J3105	HCPCS		both	1 EA		70.92		UHC	Medicare				13.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		Aetna	Commercial				13.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		Aetna	Medicare				14.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		Amerihealth	HMO/PPO				9.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		Horizon	Medicare Blue				9.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		Horizon	MGD				14.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		Horizon	NJ Health				7.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		Horizon	PPO				18.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		UHC	Medicaid				8.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		UHC	Medicare				9.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		Wellcare	Medicaid				14.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 20 % IN SOLN	63323-690-30	NDC	J7608	HCPCS		both	1 EA		17.85		WellPoint	WellPoint				19.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	63323-691-30	NDC	J7608	HCPCS		both	1 EA		28.5		Aetna	Better Health				11.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	63323-691-30	NDC	J7608	HCPCS		both	1 EA		28.5		Aetna	Commercial				37.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	63323-691-30	NDC	J7608	HCPCS		both	1 EA		28.5		Aetna	Medicare				10.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	63323-691-30	NDC	J7608	HCPCS		both	1 EA		28.5		Horizon	Medicare Blue				12.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	63323-691-30	NDC	J7608	HCPCS		both	1 EA		28.5		Horizon	NJ Health				8.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	63323-691-30	NDC	J7608	HCPCS		both	1 EA		28.5		Horizon	PPO				29.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	63323-691-30	NDC	J7608	HCPCS		both	1 EA		28.5		UHC	Medicaid				25.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	63323-691-30	NDC	J7608	HCPCS		both	1 EA		28.5		UHC	Medicare				56.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 10 % IN SOLN	63323-691-30	NDC	J7608	HCPCS		both	1 EA		28.5		WellPoint	WellPoint				30.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	63323-713-03	NDC	J2020	HCPCS		both	1 EA		48		Aetna	Better Health				11.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	63323-713-03	NDC	J2020	HCPCS		both	1 EA		48		Aetna	Commercial				8.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	63323-713-03	NDC	J2020	HCPCS		both	1 EA		48		Aetna	Medicare				7.53			other	Drugs are paid at 100

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMIFENTANIL HCL 2 MG IV SOLR	63323-724-01	NDC	J3490	HCPCS		both		1 EA	463.02		Horizon	MGD				141.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	63323-724-01	NDC	J3490	HCPCS		both		1 EA	463.02		Horizon	NJ Health				65.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	63323-724-01	NDC	J3490	HCPCS		both		1 EA	463.02		Horizon	PPO				107.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	63323-724-01	NDC	J3490	HCPCS		both		1 EA	463.02		UHC	Medicaid				79.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	63323-724-01	NDC	J3490	HCPCS		both		1 EA	463.02		UHC	Medicare				159.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	63323-724-01	NDC	J3490	HCPCS		both		1 EA	463.02		United	Commercial|PPO				81.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	63323-724-01	NDC	J3490	HCPCS		both		1 EA	463.02		Wellcare	Medicaid				84.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 2 MG IV SOLR	63323-724-01	NDC	J3490	HCPCS		both		1 EA	463.02		WellPoint	WellPoint				131.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-11	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Better Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-11	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-11	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-11	NDC	J1308	HCPCS		both		1 EA	0.04		Horizon	NJ Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-11	NDC	J1308	HCPCS		both		1 EA	0.04		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-12	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Better Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-12	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-12	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-12	NDC	J1308	HCPCS		both		1 EA	0.04		Horizon	NJ Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-12	NDC	J1308	HCPCS		both		1 EA	0.04		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-16	NDC	J1308	HCPCS		both		1 EA	0.03		Aetna	Better Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-16	NDC	J1308	HCPCS		both		1 EA	0.03		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-16	NDC	J1308	HCPCS		both		1 EA	0.03		Aetna	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-16	NDC	J1308	HCPCS		both		1 EA	0.03		Horizon	NJ Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	63323-739-16	NDC	J1308	HCPCS		both		1 EA	0.03		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Aetna	Better Health				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Aetna	Commercial				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Aetna	Medicare				1.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Amerihealth	HMO|PPO				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Horizon	Indemnity				2.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Horizon	Medicare Blue				1.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Horizon	MGD				2.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Horizon	NJ Health				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Horizon	PPO				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Qualcare	Qualcare				0.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		UHC	Medicaid				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		UHC	Medicare				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		United	Commercial|PPO				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		United	Oxford				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Wellcare	Medicaid				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		Wellcare	Medicare				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 100 MCG/2ML INJ SOLN	63323-806-12	NDC	J3010	HCPCS		both		1 EA	8.28		WellPoint	WellPoint				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Aetna	Better Health				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Aetna	Commercial				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Aetna	Medicare				1.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Amerihealth	HMO|PPO				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Horizon	Indemnity				1.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Horizon	Medicare Blue				1.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Horizon	MGD				0.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Horizon	NJ Health				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Horizon	PPO				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		UHC	Medicaid				0.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		UHC	Medicare				0.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		United	Commercial|PPO				0.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		United	Oxford				0.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Wellcare	Medicaid				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		Wellcare	Medicare				0.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FENTANYL CITRATE (PF) 250 MCG/5ML INJ SOLN	63323-806-13	NDC	J3010	HCPCS		both		1 EA	4.08		WellPoint	WellPoint				0.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-02	NDC	J0500	HCPCS		both		1 EA	140.4		Aetna	Better Health				36.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-02	NDC	J0500	HCPCS		both		1 EA	140.4		Aetna	Commercial				21.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-02	NDC	J0500	HCPCS		both		1 EA	140.4		Amerihealth	HMO|PPO				25.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-02	NDC	J0500	HCPCS		both		1 EA	140.4		Horizon	NJ Health				5.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-02	NDC	J0500	HCPCS		both		1 EA	140.4		UHC	Medicaid				30.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-02	NDC	J0500	HCPCS		both		1 EA	140.4		United	Commercial|PPO				16.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-02	NDC	J0500	HCPCS		both		1 EA	140.4		Wellcare	Medicaid				13.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-02	NDC	J0500	HCPCS		both		1 EA	140.4		WellPoint	WellPoint				39.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-21	NDC	J0500	HCPCS		both		1 EA	140.4		Aetna	Better Health				36.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-21	NDC	J0500	HCPCS		both		1 EA	140.4		Aetna	Commercial				21.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-21	NDC	J0500	HCPCS		both		1 EA	140.4		Amerihealth	HMO|PPO				25.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-21	NDC	J0500	HCPCS		both		1 EA	140.4		Horizon	NJ Health				5.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-21	NDC	J0500	HCPCS		both		1 EA	140.4		UHC	Medicaid				30.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-21	NDC	J0500	HCPCS		both		1 EA	140.4		United	Commercial|PPO				16.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-21	NDC	J0500	HCPCS		both		1 EA	140.4		Wellcare	Medicaid				13.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DICYCLOMINE HCL 10 MG/ML IM SOLN	63323-842-21	NDC	J0500	HCPCS		both		1 EA	140.4		WellPoint	WellPoint				39.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 10 MG/ML INJ SOLN	63323-851-10	NDC	J1171	HCPCS		both		1 EA	0.17		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Aetna	Better Health				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Aetna	Commercial				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Aetna	Medicare				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Amerihealth	HMO|PPO				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	Indemnity				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	Medicare Blue				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	PPO				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Qualcare	Qualcare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		UHC	Medicaid				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		UHC	Medicare				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		United	Commercial|PPO				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		United	Oxford				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Wellcare	Medicaid				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		Wellcare	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-03	NDC	J1171	HCPCS		both		1 EA	1.55		WellPoint	WellPoint				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Aetna	Better Health				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Aetna	Commercial				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Aetna	Medicare				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Amerihealth	HMO|PPO				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	Indemnity				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	Medicare Blue				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	MGD				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	NJ Health				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Horizon	PPO				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Qualcare	Qualcare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		UHC	Medicaid				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		UHC	Medicare				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		United	Commercial|PPO				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		United	Oxford				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Wellcare	Medicaid				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		Wellcare	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 1 MG/ML INJ SOLN	63323-852-25	NDC	J1171	HCPCS		both		1 EA	1.55		WellPoint	WellPoint				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		Aetna	Commercial				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		Aetna	Medicare				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		Amerihealth	HMO|PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		Horizon	MGD				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		Horizon	NJ Health				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		Horizon	PPO				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		UHC	Medicaid				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		UHC	Medicare				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		United	Commercial|PPO				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		Wellcare	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-03	NDC	J1171	HCPCS		both		1 EA	0.78		WellPoint	WellPoint				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-25	NDC	J1171	HCPCS		both		1 EA	0.78		Aetna	Commercial				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-25	NDC	J1171	HCPCS		both		1 EA	0.78		Aetna	Medicare				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-25	NDC	J1171	HCPCS		both		1 EA	0.78		Amerihealth	HMO|PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-25	NDC	J1171	HCPCS		both		1 EA	0.78		Horizon	MGD				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL PF 2 MG/ML INJ SOLN	63323-853-25	NDC	J1171	HCPCS		both		1

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		Aetna	Commercial				1.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		Aetna	Medicare				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		Amerihealth	HMO/PPO				1.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		Horizon	Indemnity				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		Horizon	MGD				2.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		Horizon	NJ Health				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		Horizon	PPO				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		UHC	Medicaid				1.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		UHC	Medicare				1.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		Wellcare	Medicaid				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ACETYLCYSTEINE 200 MG/ML IV SOLN	63323-963-30	NDC	J0132	HCPCS		both		1 EA	6.6		WellPoint	WellPoint				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		Aetna	Better Health				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		Aetna	Commercial				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		Aetna	Medicare				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		Amerihealth	HMO/PPO				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		Horizon	Indemnity				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		Horizon	MGD				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		Horizon	NJ Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		Horizon	PPO				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		UHC	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		UHC	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		United	Commercial|PPO				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-03	NDC	J3480	HCPCS		both		1 EA	0.84		WellPoint	WellPoint				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		Aetna	Better Health				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		Aetna	Commercial				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		Aetna	Medicare				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		Amerihealth	HMO/PPO				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		Horizon	Indemnity				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		Horizon	MGD				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		Horizon	NJ Health				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		Horizon	PPO				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		UHC	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		UHC	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		United	Commercial|PPO				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
POTASSIUM CHLORIDE 2 MEQ/ML IV SOLN	63323-965-10	NDC	J3480	HCPCS		both		1 EA	0.84		WellPoint	WellPoint				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 100 MG/10ML IV SOLN	63459-103-10	NDC	Q5115	HCPCS		both		1 EA	304.41		Horizon	MGD				64.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 100 MG/10ML IV SOLN	63459-103-10	NDC	Q5115	HCPCS		both		1 EA	304.41		Horizon	NJ Health				25.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 100 MG/10ML IV SOLN	63459-103-10	NDC	Q5115	HCPCS		both		1 EA	304.41		Horizon	PPO				122.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 100 MG/10ML IV SOLN	63459-103-10	NDC	Q5115	HCPCS		both		1 EA	304.41		UHC	Medicaid				32.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 100 MG/10ML IV SOLN	63459-103-10	NDC	Q5115	HCPCS		both		1 EA	304.41		WellPoint	WellPoint				57.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 500 MG/50ML IV SOLN	63459-104-50	NDC	Q5115	HCPCS		both		1 EA	304.41		Horizon	MGD				19.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 500 MG/50ML IV SOLN	63459-104-50	NDC	Q5115	HCPCS		both		1 EA	304.41		Horizon	NJ Health				15.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 500 MG/50ML IV SOLN	63459-104-50	NDC	Q5115	HCPCS		both		1 EA	304.41		Horizon	PPO				122.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 500 MG/50ML IV SOLN	63459-104-50	NDC	Q5115	HCPCS		both		1 EA	304.41		UHC	Medicaid				55.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
RITUXIMAB-ABBS 500 MG/50ML IV SOLN	63459-104-50	NDC	Q5115	HCPCS		both		1 EA	304.41		WellPoint	WellPoint				57.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTHROMBIN COMPLEX CONC HUMAN 500 UNITS IV KIT	63833-386-02	NDC	J7168	HCPCS		both		1 EA	0.02		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROTHROMBIN COMPLEX CONC HUMAN 1000 UNITS IV KIT	63833-387-02	NDC	J7168	HCPCS		both		1 EA	0.01		Aetna	Medicare				0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		Aetna	Commercial				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		Aetna	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		Amerihealth	HMO/PPO				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		Horizon	Medicare Blue				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		Horizon	NJ Health				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		Horizon	PPO				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		UHC	Medicaid				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		UHC	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		United	Commercial|PPO				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		United	Oxford				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		Wellcare	Medicaid				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		Wellcare	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML IV SOLN	64253-333-35	NDC	J1642	HCPCS		both		1 EA	0.22		WellPoint	WellPoint				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		Aetna	Better Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		Aetna	Commercial				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		Aetna	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		Horizon	Indemnity				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		Horizon	MGD				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		UHC	Medicaid				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		UHC	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		United	Oxford				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		Wellcare	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-30	NDC	J0461	HCPCS		both		1 EA	0.36		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		Aetna	Better Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		Aetna	Commercial				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		Aetna	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		Horizon	Indemnity				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		Horizon	MGD				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		UHC	Medicaid				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		UHC	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		United	Oxford				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		Wellcare	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	64253-400-91	NDC	J0461	HCPCS		both		1 EA	0.36		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		Aetna	Medicare				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		Horizon	Indemnity				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		Horizon	Medicare Blue				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		Horizon	NJ Health				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		Horizon	PPO				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 5 MG PO TABS	64380-783-06	NDC	J7512	HCPCS		both		1 EA	0.14		WellPoint	WellPoint				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	64380-883-04	NDC	J0604	HCPCS		both		1 EA	3.07		Aetna	Medicare				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	64380-883-04	NDC	J0604	HCPCS		both		1 EA	3.07		Horizon	NJ Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	64380-883-04	NDC	J0604	HCPCS		both		1 EA	3.07		UHC	Medicare				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 30 MG PO TABS	64380-883-04	NDC	J0604	HCPCS		both		1 EA	3.07		Wellcare	Medicaid				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	64380-884-04	NDC	J0604	HCPCS		both		1 EA	3.07		Aetna	Medicare				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	64380-884-04	NDC	J0604	HCPCS		both		1 EA	3.07		Horizon	NJ Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	64380-884-04	NDC	J0604	HCPCS		both		1 EA	3.07		WellPoint	WellPoint				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 50 MG PO TABS	64380-949-06	NDC	J7512	HCPCS		both		1 EA	0.02		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 50 MG PO TABS	64380-949-06	NDC	J7512	HCPCS		both		1 EA	0.02		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 50 MG PO TABS	64380-949-06	NDC	J7512	HCPCS		both		1 EA	0.02		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 50 MG PO TABS	64380-949-06	NDC	J7512	HCPCS		both		1 EA	0.02		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 50 MG PO TABS	64380-949-06	NDC	J7512	HCPCS		both		1 EA	0.02		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 50 MG PO TABS	64380-949-06	NDC	J7512	HCPCS		both		1 EA	0.02		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 50 MG PO TABS	64380-949-06	NDC	J7512	HCPCS		both		1 EA	0.02		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	65162-691-79	NDC	Q0162	HCPCS		both		1 EA	18		Aetna	Better Health				3.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	65162-691-79	NDC	Q0162	HCPCS		both		1 EA	18		Horizon	NJ Health				2.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	65162-691-79	NDC	Q0162	HCPCS		both		1 EA	18		UHC	Medicaid				3.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	65162-691-79	NDC	Q0162	HCPCS		both		1 EA	18		Wellcare	Medicaid				3.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON HCL 4 MG/5ML PO SOLN	65162-691-79	NDC	Q0162	HCPCS		both		1 EA	18		WellPoint	WellPoint				2.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		Aetna	Commercial				28.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		Aetna	Medicare				16.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		Amerihealth	HMO/PPO				1.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		Horizon	Indemnity				36.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		Horizon	Medicare Blue				32.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		Horizon	MGD				34.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		Horizon	NJ Health				18.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		UHC	Medicaid				22.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		UHC	Medicare				25.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		Wellcare	Medicaid				11.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MEDRONATE MDP INJ	65174-660-30	NDC	A9503	HCPCS		both		1 EA	133.2		WellPoint	WellPoint				33.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ONDANSETRON 4 MG PO TBDP	65862-390-10	NDC	Q0162	HCPCS		both		1 EA	16.72		Wellcare	Medicare				6.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	65862-390-10	NDC	Q0162	HCPCS		both		1 EA	16.72		WellPoint	WellPoint				3.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	65862-832-30	NDC	J0604	HCPCS		both		1 EA	3.07		Aetna	Medicare				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	65862-832-30	NDC	J0604	HCPCS		both		1 EA	3.07		Horizon	NJ Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	65862-832-30	NDC	J0604	HCPCS		both		1 EA	3.07		WellPoint	WellPoint				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		Aetna	Better Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		Aetna	Medicare				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		Horizon	Indemnity				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		Horizon	Medicare Blue				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		Horizon	MGD				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		UHC	Medicaid				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		UHC	Medicare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		United	CommercialPPO				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		Wellcare	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SEVELAMER CARBONATE 800 MG PO TABS	65862-921-27	NDC	J0601	HCPCS		both		1 EA	0.46		WellPoint	WellPoint				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPOPROSTENOL SODIUM (VELETRI) 0.5 MG IV SOLR	66215-403-01	NDC	J1325	HCPCS		both		1 EA	99.48		UHC	Medicare				7.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	66794-204-42	NDC	J1596	HCPCS		both		1 EA	1.44		Horizon	Medicare Blue				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	66794-204-42	NDC	J1596	HCPCS		both		1 EA	1.44		Horizon	NJ Health				2.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	66794-204-42	NDC	J1596	HCPCS		both		1 EA	1.44		UHC	Medicaid				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Aetna	Better Health				11.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Aetna	Commercial				8.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Aetna	Medicare				7.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Horizon	Indemnity				15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Horizon	Medicare Blue				4.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Horizon	MGD				16.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Horizon	NJ Health				7.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Horizon	PPO				5.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		UHC	Medicaid				7.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		UHC	Medicare				6.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		United	CommercialPPO				9.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Wellcare	Medicaid				6.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		Wellcare	Medicare				5.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LINEZOLID 600 MG/300ML IV SOLN	66794-219-43	NDC	J2020	HCPCS		both		1 EA	24		WellPoint	WellPoint				14.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	66975-425-51	NDC	J2004	HCPCS		both		1 EA	0.11		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	66975-425-51	NDC	J2004	HCPCS		both		1 EA	0.11		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	66975-425-51	NDC	J2004	HCPCS		both		1 EA	0.11		Horizon	Indemnity				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	66975-425-51	NDC	J2004	HCPCS		both		1 EA	0.11		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	66975-425-51	NDC	J2004	HCPCS		both		1 EA	0.11		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	66975-425-51	NDC	J2004	HCPCS		both		1 EA	0.11		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	66975-425-51	NDC	J2004	HCPCS		both		1 EA	0.11		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	66975-425-51	NDC	J2004	HCPCS		both		1 EA	0.11		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE-EPINEPHRINE 2 %-1:100000 INJ SOLN	66975-425-51	NDC	J2004	HCPCS		both		1 EA	0.11		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	67457-153-03	NDC	J0282	HCPCS		both		1 EA	2.75		Aetna	Better Health				0.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	67457-153-03	NDC	J0282	HCPCS		both		1 EA	2.75		Aetna	Medicare				0.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	67457-153-03	NDC	J0282	HCPCS		both		1 EA	2.75		Horizon	NJ Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	67457-153-03	NDC	J0282	HCPCS		both		1 EA	2.75		UHC	Medicare				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMIODARONE HCL 150 MG/3ML IV SOLN	67457-153-03	NDC	J0282	HCPCS		both		1 EA	2.75		Wellcare	Medicaid				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		Aetna	Better Health				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		Aetna	Commercial				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		Amerihealth	HMO/PPO				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		Horizon	Medicare Blue				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		Horizon	NJ Health				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		Horizon	PPO				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		UHC	Medicare				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		United	CommercialPPO				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		Wellcare	Medicaid				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-00	NDC	J1805	HCPCS		both		1 EA	2.64		WellPoint	WellPoint				1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		Aetna	Better Health				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		Aetna	Commercial				1.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		Amerihealth	HMO/PPO				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		Horizon	Medicare Blue				0.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		Horizon	NJ Health				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		Horizon	PPO				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		UHC	Medicaid				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		UHC	Medicare				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		United	CommercialPPO				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		Wellcare	Medicaid				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ESMOLOL HCL 100 MG/10ML IV SOLN	67457-182-10	NDC	J1805	HCPCS		both		1 EA	2.64		WellPoint	WellPoint				1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Aetna	Better Health				2.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Aetna	Commercial				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Aetna	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Amerihealth	HMO/PPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Horizon	Medicare Blue				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Horizon	MGD				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Horizon	NJ Health				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Horizon	PPO				3.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		UHC	Medicaid				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		UHC	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		United	CommercialPPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		United	Oxford				2.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Wellcare	Medicaid				2.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		Wellcare	Medicare				8.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-00	NDC	J3411	HCPCS		both		1 EA	15.99		WellPoint	WellPoint				3.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Aetna	Better Health				2.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Aetna	Commercial				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Aetna	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Amerihealth	HMO/PPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Horizon	Medicare Blue				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Horizon	MGD				2.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Horizon	NJ Health				2.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Horizon	PPO				3.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		UHC	Medicaid				2.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		UHC	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		United	CommercialPPO				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		United	Oxford				2.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Wellcare	Medicaid				2.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		Wellcare	Medicare				8.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
THIAMINE HCL 100 MG/3ML INJ SOLN	67457-196-02	NDC	J3411	HCPCS		both		1 EA	15.99		WellPoint	WellPoint				3.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CIDOFOVIR 75 MG/ML IV SOLN	67457-210-05	NDC	J0740	HCPCS		both		1 EA	3559.35		Horizon	MGD				1051.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHADONE HCL 10 MG/ML INJ SOLN	67457-217-20	NDC	J1230	HCPCS		both		1 EA	84.57		Amerihealth	HMO/PPO				16.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHADONE HCL 10 MG/ML INJ SOLN	67457-217-20	NDC	J1230	HCPCS		both		1 EA	84.57		Horizon	NJ Health				9.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHADONE HCL 10 MG/ML INJ SOLN	67457-217-20	NDC	J1230	HCPCS		both		1 EA	84.57		Horizon	PPO				6.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHADONE HCL 10 MG/ML INJ SOLN	67457-217-20	NDC	J1230	HCPCS		both		1 EA	84.57		UHC	Medicaid				10.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHADONE HCL 10 MG/ML INJ SOLN	67457-217-20	NDC	J1230	HCPCS		both		1 EA	84.57		UHC	Medicare				16.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHADONE HCL 10 MG/ML INJ SOLN	67457-217-20	NDC	J1230	HCPCS		both		1 EA	84.57		Wellcare	Medicaid				23.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHADONE HCL 10 MG/ML INJ SOLN	67457-217-20	NDC	J1230	HCPCS		both		1 EA	84.57		WellPoint	WellPoint				20.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Better Health				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Commercial				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	Medicare Blue				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	NJ Health				2.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	PPO				2.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicaid				3.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicare				7.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		Wellcare	Medicaid				4.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		Wellcare	Medicare				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-00	NDC	J3374	HCPCS		both		1 EA	0.58		WellPoint	WellPoint				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-50	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Better Health				3.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-50	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Commercial				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-50	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	Medicare Blue				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-50	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	NJ Health				2.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-50	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	PPO				2.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-50	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicaid				3.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-50	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicare				7.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-50	NDC	J3374	HCPCS		both		1 EA	0.58		Wellcare	Medicaid				4.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 500 MG IV SOLR	67457-339-50	NDC	J3374	HCPCS		both		1 EA	0.58

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/5ML INJ SOLN	67457-422-54	NDC	J1100	HCPCS		both		1 EA	0.35		United	CommercialPPO				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/5ML INJ SOLN	67457-422-54	NDC	J1100	HCPCS		both		1 EA	0.35		Wellcare	Medicaid				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXAMETHASONE SODIUM PHOSPHATE 20 MG/5ML INJ SOLN	67457-422-54	NDC	J1100	HCPCS		both		1 EA	0.35		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		Aetna	Better Health				4.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		Aetna	Commercial				3.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		Aetna	Medicare				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		Horizon	Medicare Blue				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		Horizon	MGD				2.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		Horizon	NJ Health				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		Horizon	PPO				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		UHC	Medicaid				2.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		UHC	Medicare				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		United	CommercialPPO				6.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		Wellcare	Medicaid				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		Wellcare	Medicare				6.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-00	NDC	J1630	HCPCS		both		1 EA	4.32		WellPoint	WellPoint				3.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		Aetna	Better Health				4.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		Aetna	Commercial				3.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		Aetna	Medicare				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		Horizon	Medicare Blue				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		Horizon	MGD				2.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		Horizon	NJ Health				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		Horizon	PPO				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		UHC	Medicaid				2.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		UHC	Medicare				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		United	CommercialPPO				6.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		Wellcare	Medicaid				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		Wellcare	Medicare				6.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL LACTATE 5 MG/ML INJ SOLN	67457-426-12	NDC	J1630	HCPCS		both		1 EA	4.32		WellPoint	WellPoint				3.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-00	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Better Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-00	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-00	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-00	NDC	J1308	HCPCS		both		1 EA	0.04		Horizon	NJ Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-00	NDC	J1308	HCPCS		both		1 EA	0.04		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-22	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Better Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-22	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-22	NDC	J1308	HCPCS		both		1 EA	0.04		Aetna	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-22	NDC	J1308	HCPCS		both		1 EA	0.04		Horizon	NJ Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FAMOTIDINE (PF) 20 MG/2ML IV SOLN	67457-433-22	NDC	J1308	HCPCS		both		1 EA	0.04		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-00	NDC	J3260	HCPCS		both		1 EA	7.14		Horizon	Medicare Blue				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-00	NDC	J3260	HCPCS		both		1 EA	7.14		Horizon	MGD				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-00	NDC	J3260	HCPCS		both		1 EA	7.14		Horizon	NJ Health				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-00	NDC	J3260	HCPCS		both		1 EA	7.14		UHC	Medicare				1.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-00	NDC	J3260	HCPCS		both		1 EA	7.14		WellPoint	WellPoint				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-22	NDC	J3260	HCPCS		both		1 EA	7.14		Horizon	Medicare Blue				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-22	NDC	J3260	HCPCS		both		1 EA	7.14		Horizon	MGD				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-22	NDC	J3260	HCPCS		both		1 EA	7.14		Horizon	NJ Health				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-22	NDC	J3260	HCPCS		both		1 EA	7.14		UHC	Medicare				1.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TOBRAMYCIN SULFATE 80 MG/2ML INJ SOLN	67457-473-22	NDC	J3260	HCPCS		both		1 EA	7.14		WellPoint	WellPoint				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	67457-631-10	NDC	J1327	HCPCS		both		1 EA	24		Aetna	Better Health				2.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	67457-631-10	NDC	J1327	HCPCS		both		1 EA	24		Horizon	NJ Health				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	67457-631-10	NDC	J1327	HCPCS		both		1 EA	24		Horizon	PPO				3.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	67457-631-10	NDC	J1327	HCPCS		both		1 EA	24		UHC	Medicaid				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCITONIN (SALMON) 200 UNIT/ML INJ SOLN	67457-675-02	NDC	J0630	HCPCS		both		1 EA	7200		Horizon	Medicare Blue				2281.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCITONIN (SALMON) 200 UNIT/ML INJ SOLN	67457-675-02	NDC	J0630	HCPCS		both		1 EA	7200		Horizon	NJ Health				944.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCITONIN (SALMON) 200 UNIT/ML INJ SOLN	67457-675-02	NDC	J0630	HCPCS		both		1 EA	7200		UHC	Medicare				1705.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCITONIN (SALMON) 200 UNIT/ML INJ SOLN	67457-675-02	NDC	J0630	HCPCS		both		1 EA	7200		Wellcare	Medicaid				1127.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Better Health				4.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Commercial				3.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Medicare				4.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Amerihealth	HMO/PPO				4.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	Indemnity				8.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	Medicare Blue				4.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	MGD				7.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	NJ Health				4.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	PPO				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicaid				5.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicare				5.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		United	CommercialPPO				6.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		United	Oxford				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		Wellcare	Medicaid				6.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-12	NDC	J3374	HCPCS		both		1 EA	0.58		WellPoint	WellPoint				4.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Better Health				4.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Commercial				3.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Medicare				4.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Amerihealth	HMO/PPO				4.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	Indemnity				8.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	Medicare Blue				4.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	MGD				7.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	NJ Health				4.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	PPO				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicaid				5.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicare				5.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		United	CommercialPPO				6.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		United	Oxford				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		Wellcare	Medicaid				6.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.25 G IV SOLR	67457-823-99	NDC	J3374	HCPCS		both		1 EA	0.58		WellPoint	WellPoint				4.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Better Health				3.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Commercial				7.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Medicare				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Amerihealth	HMO/PPO				4.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	Medicare Blue				8.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	MGD				4.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	NJ Health				4.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	PPO				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicaid				4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicare				6.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		United	CommercialPPO				6.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		United	Oxford				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Wellcare	Medicaid				4.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		Wellcare	Medicare				4.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-15	NDC	J3374	HCPCS		both		1 EA	0.58		WellPoint	WellPoint				5.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Better Health				3.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Commercial				7.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Aetna	Medicare				0.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Amerihealth	HMO/PPO				4.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	Medicare Blue				8.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	MGD				4.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	NJ Health				4.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Horizon	PPO				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicaid				4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		UHC	Medicare				6.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		United	CommercialPPO				6.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		United	Oxford				2.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Wellcare	Medicaid				4.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		Wellcare	Medicare				4.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VANCOMYCIN HCL 1.5 G IV SOLR	67457-824-99	NDC	J3374	HCPCS		both		1 EA	0.58		WellPoint	WellPoint				5.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	67457-855-00	NDC	J0153	HCPCS		both		1 EA	3.75		Aetna	Commercial				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	67457-855-00	NDC	J0153	HCPCS		both		1 EA	3.75		Horizon	Indemnity				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	67457-855-00	NDC	J0153	HCPCS		both		1 EA	3.75		Horizon	MGD				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	67457-855-00	NDC	J0153	HCPCS		both		1 EA	3.75		Horizon	NJ Health				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	67457-855-00	NDC	J0153	HCPCS		both		1 EA	3.75		UHC	Medicare				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	67457-855-02	NDC	J0153	HCPCS		both		1 EA	3.75		Aetna	Commercial				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	67457-855-02	NDC	J0153	HCPCS		both		1 EA	3.75		Horizon	Indemnity				1.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	67457-855-02	NDC	J0153	HCPCS		both		1 EA	3.75		Horizon	MGD				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ADENOSINE 6 MG/2ML IV SOLN	67457-855-02	NDC	J0153	HCPCS		both		1 EA	3.75		Horizon	NJ Health				0.45			other	Drugs are paid at 100% of the

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		Aetna	Commercial							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		Amerihealth	HMO/PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	Indemnity							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	Medicare Blue							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		United	Commercial|PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		Wellcare	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-01	NDC	J1050	HCPCS		both	1 EA	0.83		WellPoint	WellPoint							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		Aetna	Commercial							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		Amerihealth	HMO/PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	Indemnity							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	Medicare Blue							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		Horizon	PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		United	Commercial|PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		Wellcare	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEDROXYPROGESTERONE ACETATE 150 MG/ML IM SUSP	67457-887-99	NDC	J1050	HCPCS		both	1 EA	0.83		WellPoint	WellPoint							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-00	NDC	J0290	HCPCS		both	1 EA	12.45		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-00	NDC	J0290	HCPCS		both	1 EA	12.45		Aetna	Commercial							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-00	NDC	J0290	HCPCS		both	1 EA	12.45		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-00	NDC	J0290	HCPCS		both	1 EA	12.45		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-00	NDC	J0290	HCPCS		both	1 EA	12.45		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-00	NDC	J0290	HCPCS		both	1 EA	12.45		WellPoint	WellPoint							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-10	NDC	J0290	HCPCS		both	1 EA	12.45		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-10	NDC	J0290	HCPCS		both	1 EA	12.45		Aetna	Commercial							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-10	NDC	J0290	HCPCS		both	1 EA	12.45		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-10	NDC	J0290	HCPCS		both	1 EA	12.45		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-10	NDC	J0290	HCPCS		both	1 EA	12.45		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AMPICILLIN SODIUM 500 MG INJ SOLR	67850-024-10	NDC	J0290	HCPCS		both	1 EA	12.45		WellPoint	WellPoint							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 200 MG/ML PO SUSR	67877-230-22	NDC	J7517	HCPCS		both	1 EA	33.98		Horizon	Indemnity							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 200 MG/ML PO SUSR	67877-230-22	NDC	J7517	HCPCS		both	1 EA	33.98		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 200 MG/ML PO SUSR	67877-230-22	NDC	J7517	HCPCS		both	1 EA	33.98		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MYCOPHENOLATE MOFETIL 200 MG/ML PO SUSR	67877-230-22	NDC	J7517	HCPCS		both	1 EA	33.98		Horizon	PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EVEROLIMUS 0.5 MG PO TABS	67877-719-31	NDC	J7527	HCPCS		both	1 EA	30.11		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SIROLIMUS 1 MG PO TABS	67877-747-01	NDC	J7520	HCPCS		both	1 EA	50.85		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SIROLIMUS 1 MG PO TABS	67877-747-01	NDC	J7520	HCPCS		both	1 EA	50.85		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SIROLIMUS 1 MG PO TABS	67877-747-01	NDC	J7520	HCPCS		both	1 EA	50.85		Horizon	PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SIROLIMUS 1 MG PO TABS	67877-747-01	NDC	J7520	HCPCS		both	1 EA	50.85		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DRONABINOL 5 MG PO CAPS	67877-754-60	NDC	Q0167	HCPCS		both	1 EA	20.33		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DRONABINOL 5 MG PO CAPS	67877-754-60	NDC	Q0167	HCPCS		both	1 EA	20.33		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTOLOZANE-TAZOBACTAM 1.5 (1-0.5) G IV SOLR	67919-030-01	NDC	J0695	HCPCS		both	1 EA	31.38		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTOLOZANE-TAZOBACTAM 1.5 (1-0.5) G IV SOLR	67919-030-01	NDC	J0695	HCPCS		both	1 EA	31.38		Amerihealth	HMO/PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTOLOZANE-TAZOBACTAM 1.5 (1-0.5) G IV SOLR	67919-030-01	NDC	J0695	HCPCS		both	1 EA	31.38		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CEFTOLOZANE-TAZOBACTAM 1.5 (1-0.5) G IV SOLR	67919-030-01	NDC	J0695	HCPCS		both	1 EA	31.38		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZATHIOPRINE 50 MG PO TABS	68084-229-01	NDC	J7500	HCPCS		both	1 EA	2.55		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZATHIOPRINE 50 MG PO TABS	68084-229-01	NDC	J7500	HCPCS		both	1 EA	2.55		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZATHIOPRINE 50 MG PO TABS	68084-229-01	NDC	J7500	HCPCS		both	1 EA	2.55		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZATHIOPRINE 50 MG PO TABS	68084-229-11	NDC	J7500	HCPCS		both	1 EA	2.55		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZATHIOPRINE 50 MG PO TABS	68084-229-11	NDC	J7500	HCPCS		both	1 EA	2.55		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZATHIOPRINE 50 MG PO TABS	68084-229-11	NDC	J7500	HCPCS		both	1 EA	2.55		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BENZTROPINE MESYLATE 1 MG/ML INJ SOLN	68382-860-10	NDC	J0515	HCPCS		both	1 EA	88.14		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BENZTROPINE MESYLATE 1 MG/ML INJ SOLN	68382-860-10	NDC	J0515	HCPCS		both	1 EA	88.14		Aetna	Commercial							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BENZTROPINE MESYLATE 1 MG/ML INJ SOLN	68382-860-10	NDC	J0515	HCPCS		both	1 EA	88.14		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BENZTROPINE MESYLATE 1 MG/ML INJ SOLN	68382-860-10	NDC	J0515	HCPCS		both	1 EA	88.14		Horizon	PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BENZTROPINE MESYLATE 1 MG/ML INJ SOLN	68382-860-10	NDC	J0515	HCPCS		both	1 EA	88.14		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BENZTROPINE MESYLATE 1 MG/ML INJ SOLN	68382-860-10	NDC	J0515	HCPCS		both	1 EA	88.14		Wellcare	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BENZTROPINE MESYLATE 1 MG/ML INJ SOLN	68382-860-10	NDC	J0515	HCPCS		both	1 EA	88.14		WellPoint	WellPoint							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Aetna	Commercial							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Aetna	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Amerihealth	HMO/PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Horizon	Medicare Blue							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Horizon	PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		United	Commercial|PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Wellcare	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		Wellcare	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-13	NDC	Q0162	HCPCS		both	1 EA	17.33		WellPoint	WellPoint							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Aetna	Commercial							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Aetna	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Amerihealth	HMO/PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Horizon	Medicare Blue							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Horizon	PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		United	Commercial|PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Wellcare	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		Wellcare	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ONDANSETRON 4 MG PO TBDP	68462-157-40	NDC	Q0162	HCPCS		both	1 EA	17.33		WellPoint	WellPoint							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	68462-470-40	NDC	J1939	HCPCS		both	1 EA	1.8		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	68462-470-40	NDC	J1939	HCPCS		both	1 EA	1.8		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	68462-470-40	NDC	J1939	HCPCS		both	1 EA	1.8		United	Commercial|PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	68462-470-54	NDC	J1939	HCPCS		both	1 EA	1.8		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	68462-470-54	NDC	J1939	HCPCS		both	1 EA	1.8		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUMETANIDE 0.25 MG/ML INJ SOLN	68462-470-54	NDC	J1939	HCPCS		both	1 EA	1.8		United	Commercial|PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
APREPITANT 80 MG PO CAPS	68462-584-58	NDC	J8501	HCPCS		both	1 EA	38.21		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
APREPITANT 80 MG PO CAPS	68462-584-58	NDC	J8501	HCPCS		both	1 EA	38.21		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-10	NDC	Q2009	HCPCS		both	1 EA	17.1		Amerihealth	HMO/PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-10	NDC	Q2009	HCPCS		both	1 EA	17.1		Horizon	Medicare Blue							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-10	NDC	Q2009	HCPCS		both	1 EA	17.1		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-10	NDC	Q2009	HCPCS		both	1 EA	17.1		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-10	NDC	Q2009	HCPCS		both	1 EA	17.1		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-64	NDC	Q2009	HCPCS		both	1 EA	17.1		Amerihealth	HMO/PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-64	NDC	Q2009	HCPCS		both	1 EA	17.1		Horizon	Medicare Blue							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-64	NDC	Q2009	HCPCS		both	1 EA	17.1		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-64	NDC	Q2009	HCPCS		both	1 EA	17.1		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSPHENYTOIN SODIUM 500 MG PE/10ML INJ SOLN	68462-622-64	NDC	Q2009	HCPCS		both	1 EA	17.1		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Aetna	Commercial							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Aetna	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Amerihealth	HMO/PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Horizon	Indemnity							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Horizon	Medicare Blue							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Horizon	MGD							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Horizon	PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		UHC	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		UHC	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		United	Commercial|PPO							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Wellcare	Medicaid							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		Wellcare	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ALBUMIN HUMAN 5 % IV SOLN	68516-5219-0	NDC	P9045	HCPCS		both	1 EA	165		WellPoint	WellPoint							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	69097-411-02	NDC	J0604	HCPCS		both	1 EA	3.07		Aetna	Medicare							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	69097-411-02	NDC	J0604	HCPCS		both	1 EA	3.07		Horizon	NJ Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	69097-411-02	NDC	J0604	HCPCS		both	1 EA	3.07		WellPoint	WellPoint							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both	1 EA	15.4		Aetna	Better Health							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both	1 EA	15.4		Aetna	Commercial							other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both	1 EA	15.4

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both		1 EA	15.4		Horizon	Medicare Blue				2.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both		1 EA	15.4		Horizon	MGD				2.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both		1 EA	15.4		Horizon	NJ Health				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both		1 EA	15.4		Horizon	PPO				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both		1 EA	15.4		UHC	Medicaid				2.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both		1 EA	15.4		UHC	Medicare				4.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both		1 EA	15.4		United	CommercialPPO				2.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both		1 EA	15.4		United	Oxford				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 10 MG/ML INJ SOLN	69097-708-96	NDC	J3430	HCPCS		both		1 EA	15.4		WellPoint	WellPoint				4.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SOLN	69097-709-30	NDC	J3430	HCPCS		both		1 EA	21.6		Aetna	Commercial				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SOLN	69097-709-30	NDC	J3430	HCPCS		both		1 EA	21.6		Horizon	NJ Health				8.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TESTOSTERONE CYPIONATE 200 MG/ML IM SOLN	69097-802-32	NDC	J1071	HCPCS		both		1 EA	0.35		Horizon	Indemnity				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TESTOSTERONE CYPIONATE 200 MG/ML IM SOLN	69097-802-32	NDC	J1071	HCPCS		both		1 EA	0.35		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		Aetna	Better Health				6.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		Aetna	Commercial				6.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		Aetna	Medicare				5.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		Horizon	Medicare Blue				8.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		Horizon	MGD				6.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		Horizon	NJ Health				6.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		Horizon	PPO				10.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		UHC	Medicaid				6.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		UHC	Medicare				8.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		Wellcare	Medicaid				8.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		Wellcare	Medicare				3.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-02	NDC	J3360	HCPCS		both		1 EA	44.31		WellPoint	WellPoint				8.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		Aetna	Better Health				6.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		Aetna	Commercial				6.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		Aetna	Medicare				5.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		Horizon	Medicare Blue				8.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		Horizon	MGD				6.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		Horizon	NJ Health				6.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		Horizon	PPO				10.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		UHC	Medicaid				6.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		UHC	Medicare				8.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		Wellcare	Medicaid				8.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		Wellcare	Medicare				3.72			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIAZEPAM 5 MG/ML INJ SOLN	69339-136-03	NDC	J3360	HCPCS		both		1 EA	44.31		WellPoint	WellPoint				8.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	69367-190-50	NDC	J3489	HCPCS		both		1 EA	628.73		Horizon	Medicare Blue				136.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	69367-190-50	NDC	J3489	HCPCS		both		1 EA	628.73		Horizon	MGD				284.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	69367-190-50	NDC	J3489	HCPCS		both		1 EA	628.73		Horizon	NJ Health				80.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	69367-190-50	NDC	J3489	HCPCS		both		1 EA	628.73		UHC	Medicaid				52.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ZOLEDRONIC ACID 4 MG/5ML IV CONC	69367-190-50	NDC	J3489	HCPCS		both		1 EA	628.73		UHC	Medicare				89.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 2 MG/2ML IV SOSY	69374-922-03	NDC	J2710	HCPCS		both		1 EA	16.65		Horizon	NJ Health				2.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 2 MG/2ML IV SOSY	69374-922-03	NDC	J2710	HCPCS		both		1 EA	16.65		UHC	Medicaid				5.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 2 MG/2ML IV SOSY	69374-922-03	NDC	J2710	HCPCS		both		1 EA	16.65		Wellcare	Medicaid				4.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		Aetna	Better Health				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		Aetna	Commercial				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		Aetna	Medicare				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		Horizon	Indemnity				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		Horizon	Medicare Blue				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		Horizon	MGD				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		Horizon	NJ Health				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		Horizon	PPO				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		UHC	Medicaid				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPINEPHRINE 1 MG/10ML INJ SOSY	69374-925-10	NDC	J0165	HCPCS		both		1 EA	1.8		UHC	Medicare				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	69452-350-92	NDC	Q0166	HCPCS		both		1 EA	177.03		Aetna	Medicare				43.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	69452-350-92	NDC	Q0166	HCPCS		both		1 EA	177.03		Horizon	NJ Health				40.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	69452-350-92	NDC	Q0166	HCPCS		both		1 EA	177.03		Horizon	PPO				86.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	69452-350-92	NDC	Q0166	HCPCS		both		1 EA	177.03		UHC	Medicaid				33.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GRANISETRON HCL 1 MG PO TABS	69452-350-92	NDC	Q0166	HCPCS		both		1 EA	177.03		UHC	Medicare				27.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM ACETATE 2 MEQ/ML IV SOLN	69784-230-10	NDC	J3490	HCPCS		both		1 EA	26.4		Aetna	Better Health				4.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM ACETATE 2 MEQ/ML IV SOLN	69784-230-10	NDC	J3490	HCPCS		both		1 EA	26.4		Aetna	Commercial				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM ACETATE 2 MEQ/ML IV SOLN	69784-230-10	NDC	J3490	HCPCS		both		1 EA	26.4		Amerihealth	HMO/PPO				3.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM ACETATE 2 MEQ/ML IV SOLN	69784-230-10	NDC	J3490	HCPCS		both		1 EA	26.4		Horizon	NJ Health				4.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM ACETATE 2 MEQ/ML IV SOLN	69784-230-10	NDC	J3490	HCPCS		both		1 EA	26.4		WellPoint	WellPoint				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		Aetna	Better Health				9.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		Aetna	Commercial				18.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		Aetna	Medicare				25.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		Amerihealth	HMO/PPO				8.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		Horizon	Medicare Blue				11.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		Horizon	MGD				12.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		Horizon	NJ Health				10.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		Horizon	PPO				4.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		UHC	Medicaid				12.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		UHC	Medicare				10.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		United	Oxford				4.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DESMOPRESSIN ACETATE 4 MCG/ML INJ SOLN	69918-901-10	NDC	J2597	HCPCS		both		1 EA	35.55		WellPoint	WellPoint				9.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
COPPER CU 64 DOTATATE 1 MCI/ML IV SOLN	69945-064-01	NDC	A9592	HCPCS		both		1 EA	3465		Horizon	NJ Health				294.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
COPPER CU 64 DOTATATE 1 MCI/ML IV SOLN	69945-064-01	NDC	A9592	HCPCS		both		1 EA	3465		Horizon	PPO				529.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MERTIATIDE INJ	69945-096-20	NDC	A9562	HCPCS		both		1 EA	1116		Horizon	Indemnity				364.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MERTIATIDE INJ	69945-096-20	NDC	A9562	HCPCS		both		1 EA	1116		Horizon	Medicare Blue				156.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MERTIATIDE INJ	69945-096-20	NDC	A9562	HCPCS		both		1 EA	1116		Horizon	MGD				372.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MERTIATIDE INJ	69945-096-20	NDC	A9562	HCPCS		both		1 EA	1116		Horizon	NJ Health				456.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MERTIATIDE INJ	69945-096-20	NDC	A9562	HCPCS		both		1 EA	1116		UHC	Medicaid				301.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MERTIATIDE INJ	69945-096-20	NDC	A9562	HCPCS		both		1 EA	1116		UHC	Medicare				149.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M MERTIATIDE INJ	69945-096-20	NDC	A9562	HCPCS		both		1 EA	1116		WellPoint	WellPoint				99.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M ALBUMIN AGGREGATED MAA INJ	69945-139-20	NDC	A9540	HCPCS		both		1 EA	825.45		Horizon	Medicare Blue				193.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M ALBUMIN AGGREGATED MAA INJ	69945-139-20	NDC	A9540	HCPCS		both		1 EA	825.45		Horizon	NJ Health				22.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M ALBUMIN AGGREGATED MAA INJ	69945-139-20	NDC	A9540	HCPCS		both		1 EA	825.45		Horizon	PPO				471.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TECHNETIUM TC 99M ALBUMIN AGGREGATED MAA INJ	69945-139-20	NDC	A9540	HCPCS		both		1 EA	825.45		WellPoint	WellPoint				210.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GALLIUM CITRATE GA-67	69945-180-12	NDC	A9556	HCPCS		both		1 EA	97.26		Aetna	Commercial				51.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GALLIUM CITRATE GA-67	69945-180-12	NDC	A9556	HCPCS		both		1 EA	97.26		Horizon	Indemnity				69.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		Aetna	Better Health				5.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		Aetna	Commercial				7.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		Horizon	Indemnity				5.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		Horizon	MGD				9.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		Horizon	NJ Health				4.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		Horizon	PPO				10.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		UHC	Medicaid				5.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		UHC	Medicare				5.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		United	CommercialPPO				4.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		Wellcare	Medicaid				5.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
OXYTOCIN-SODIUM CHLORIDE 30-0.9 UT/500ML-% IV SOLN	70004-085-44	NDC	J2590	HCPCS		both		1 EA	30		WellPoint	WellPoint				5.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL-NACL 20-0.9 MG/100ML-% INJ SOLN	70004-300-55	NDC	J1171	HCPCS		both		1 EA	0.56		WellPoint	WellPoint				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Aetna	Better Health				2.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Aetna	Commercial				1.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Aetna	Medicare				1.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Amerihealth	HMO/PPO				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Horizon	Indemnity				2.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Horizon	Medicare Blue				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Horizon	MGD				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Horizon	NJ Health				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Horizon	PPO				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		UHC	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		United	CommercialPPO				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		United	Oxford				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Wellcare	Medicaid				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		Wellcare	Medicare				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70004-700-28	NDC	J1920	HCPCS		both		1 EA	6.3		WellPoint	WellPoint				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	70069-013-01	NDC	J1596	HCPCS		both		1 EA	4.11		Horizon	Medicare Blue				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	70069-013-01	NDC	J1596	HCPCS		both		1 EA	4.11		Horizon	NJ Health				2.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	70069-013-01	NDC	J1596	HCPCS		both		1 EA	4.11		UHC	Medicaid				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	70069-013-25	NDC	J1596	HCPCS		both		1 EA	4.11		Horizon	Medicare Blue				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	70069-013-25	NDC	J1596	HCPCS		both		1 EA	4.11		Horizon	NJ Health				2.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 1 MG/5ML INJ SOLN	70069-013-25

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	70069-617-01	NDC	J1596	HCPCS		both		1 EA	4.49		Horizon	PPO				3.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	70069-617-01	NDC	J1596	HCPCS		both		1 EA	4.49		Qualcare	Qualcare				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	70069-617-01	NDC	J1596	HCPCS		both		1 EA	4.49		UHC	Medicaid				2.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	70069-617-01	NDC	J1596	HCPCS		both		1 EA	4.49		UHC	Medicare				2.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	70069-617-01	NDC	J1596	HCPCS		both		1 EA	4.49		United	Commercial|PPO				1.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	70069-617-01	NDC	J1596	HCPCS		both		1 EA	4.49		United	Oxford				2.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	70069-617-01	NDC	J1596	HCPCS		both		1 EA	4.49		Wellcare	Medicaid				3.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	70069-617-01	NDC	J1596	HCPCS		both		1 EA	4.49		Wellcare	Medicare				2.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GLYCOPYRROLATE 0.2 MG/ML INJ SOLN	70069-617-01	NDC	J1596	HCPCS		both		1 EA	4.49		WellPoint	WellPoint				3.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Aetna	Better Health				2.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Aetna	Commercial				1.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Aetna	Medicare				1.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Amerihealth	HMO|PPO				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Horizon	Indemnity				2.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Horizon	Medicare Blue				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Horizon	MGD				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Horizon	NJ Health				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Horizon	PPO				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		UHC	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		United	Commercial|PPO				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		United	Oxford				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Wellcare	Medicaid				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		Wellcare	Medicare				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1009-44	NDC	J1920	HCPCS		both		1 EA	8.46		WellPoint	WellPoint				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 20-0.9 MG/250ML-% IV SOLN	70092-1042-05	NDC	J2371	HCPCS		both		1 EA	0.07		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 20-0.9 MG/250ML-% IV SOLN	70092-1042-05	NDC	J2371	HCPCS		both		1 EA	0.07		Aetna	Medicare				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 20-0.9 MG/250ML-% IV SOLN	70092-1042-05	NDC	J2371	HCPCS		both		1 EA	0.07		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 20-0.9 MG/250ML-% IV SOLN	70092-1042-05	NDC	J2371	HCPCS		both		1 EA	0.07		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 20-0.9 MG/250ML-% IV SOLN	70092-1042-05	NDC	J2371	HCPCS		both		1 EA	0.07		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 20-0.9 MG/250ML-% IV SOLN	70092-1042-05	NDC	J2371	HCPCS		both		1 EA	0.07		UHC	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 20-0.9 MG/250ML-% IV SOLN	70092-1042-05	NDC	J2371	HCPCS		both		1 EA	0.07		United	Oxford				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-1046-46	NDC	J2371	HCPCS		both		1 EA	0.65		Aetna	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-1046-46	NDC	J2371	HCPCS		both		1 EA	0.65		Horizon	Medicare Blue				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-1046-46	NDC	J2371	HCPCS		both		1 EA	0.65		Horizon	MGD				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-1046-46	NDC	J2371	HCPCS		both		1 EA	0.65		Wellcare	Medicaid				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 5 MG/5ML IV SOSY	70092-1084-44	NDC	J2710	HCPCS		both		1 EA	6.33		Aetna	Better Health				2.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 5 MG/5ML IV SOSY	70092-1084-44	NDC	J2710	HCPCS		both		1 EA	6.33		Aetna	Commercial				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 5 MG/5ML IV SOSY	70092-1084-44	NDC	J2710	HCPCS		both		1 EA	6.33		Aetna	Medicare				2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 5 MG/5ML IV SOSY	70092-1084-44	NDC	J2710	HCPCS		both		1 EA	6.33		Horizon	NJ Health				1.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 5 MG/5ML IV SOSY	70092-1084-44	NDC	J2710	HCPCS		both		1 EA	6.33		Horizon	PPO				2.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 5 MG/5ML IV SOSY	70092-1084-44	NDC	J2710	HCPCS		both		1 EA	6.33		UHC	Medicaid				1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NEOSTIGMINE METHYLSULFATE 5 MG/5ML IV SOSY	70092-1084-44	NDC	J2710	HCPCS		both		1 EA	6.33		Wellcare	Medicaid				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Aetna	Better Health				2.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Aetna	Commercial				3.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Aetna	Medicare				2.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Amerihealth	HMO|PPO				4.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Horizon	Indemnity				5.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Horizon	Medicare Blue				2.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Horizon	MGD				3.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Horizon	NJ Health				2.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Horizon	PPO				3.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Qualcare	Qualcare				1.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		UHC	Medicaid				2.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		UHC	Medicare				2.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		United	Commercial|PPO				1.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		United	Oxford				2.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Wellcare	Medicaid				2.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		Wellcare	Medicare				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SUCCINYLCHOLINE CHLORIDE 200 MG/10ML IV SOSY	70092-1087-46	NDC	J0330	HCPCS		both		1 EA	12.24		WellPoint	WellPoint				3.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-1191-46	NDC	J2371	HCPCS		both		1 EA	0.43		Aetna	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-1191-46	NDC	J2371	HCPCS		both		1 EA	0.43		Horizon	Medicare Blue				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-1191-46	NDC	J2371	HCPCS		both		1 EA	0.43		Horizon	MGD				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-1191-46	NDC	J2371	HCPCS		both		1 EA	0.43		Wellcare	Medicaid				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE-NACL 100-0.9 MG/100ML-% IV SOLN	70092-1380-36	NDC	J2270	HCPCS		both		1 EA	5.7		Aetna	Commercial				0.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE-NACL 100-0.9 MG/100ML-% IV SOLN	70092-1380-36	NDC	J2270	HCPCS		both		1 EA	5.7		Horizon	Medicare Blue				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE-NACL 100-0.9 MG/100ML-% IV SOLN	70092-1380-36	NDC	J2270	HCPCS		both		1 EA	5.7		Horizon	NJ Health				1.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE-NACL 100-0.9 MG/100ML-% IV SOLN	70092-1380-36	NDC	J2270	HCPCS		both		1 EA	5.7		UHC	Medicaid				1.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE-NACL 100-0.9 MG/100ML-% IV SOLN	70092-1380-36	NDC	J2270	HCPCS		both		1 EA	5.7		UHC	Medicare				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE-NACL 100-0.9 MG/100ML-% IV SOLN	70092-1380-36	NDC	J2270	HCPCS		both		1 EA	5.7		Wellcare	Medicare				4.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE-NACL 100-0.9 MG/100ML-% IV SOLN	70092-1380-36	NDC	J2270	HCPCS		both		1 EA	5.7		WellPoint	WellPoint				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Aetna	Better Health				2.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Aetna	Commercial				1.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Aetna	Medicare				1.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Amerihealth	HMO|PPO				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Horizon	Indemnity				2.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Horizon	Medicare Blue				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Horizon	MGD				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Horizon	NJ Health				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Horizon	PPO				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		UHC	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		United	Commercial|PPO				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		United	Oxford				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Wellcare	Medicaid				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		Wellcare	Medicare				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-1558-44	NDC	J1920	HCPCS		both		1 EA	5.85		WellPoint	WellPoint				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Aetna	Better Health				2.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Aetna	Commercial				1.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Aetna	Medicare				1.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Amerihealth	HMO|PPO				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Horizon	Indemnity				2.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Horizon	Medicare Blue				1.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Horizon	MGD				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Horizon	NJ Health				1.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Horizon	PPO				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		UHC	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		United	Commercial|PPO				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		United	Oxford				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Wellcare	Medicaid				1.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		Wellcare	Medicare				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 20 MG/4ML IV SOSY	70092-2009-44	NDC	J1920	HCPCS		both		1 EA	9.18		WellPoint	WellPoint				0.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-2046-46	NDC	J2371	HCPCS		both		1 EA	0.71		Aetna	Medicare				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-2046-46	NDC	J2371	HCPCS		both		1 EA	0.71		Horizon	Medicare Blue				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-2046-46	NDC	J2371	HCPCS		both		1 EA	0.71		Horizon	MGD				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL-NACL 1-0.9 MG/10ML-% IV SOSY	70092-2046-46	NDC	J2371	HCPCS		both		1 EA	0.71		Wellcare	Medicaid				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Aetna	Better Health				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Aetna	Commercial				7.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Aetna	Medicare				4.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Amerihealth	HMO|PPO				3.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Horizon	Indemnity				5.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Horizon	Medicare Blue				6.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Horizon	MGD				6.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Horizon	NJ Health				4.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Horizon	PPO				12.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		UHC	Medicaid				5.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		UHC	Medicare				5.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Wellcare	Medicaid				5.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		Wellcare	Medicare				9.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
AZITHROMYCIN 500 MG IV SOLR	70095-025-02	NDC	J0456	HCPCS		both		1 EA	21.6		WellPoint	WellPoint				4.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	70095-050-01	NDC	J3490	HCPCS		both		1 EA	0.72		Aetna	Better Health				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BIC

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-1	NDC	J3301	HCPCS		both		1 EA	7.65		Wellcare	Medicaid				1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-1	NDC	J3301	HCPCS		both		1 EA	7.65		Wellcare	Medicare				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-1	NDC	J3301	HCPCS		both		1 EA	7.65		WellPoint	WellPoint				1.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		Aetna	Commercial				2.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		Aetna	Medicare				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		Horizon	Indemnity				2.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		Horizon	Medicare Blue				1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		Horizon	MGD				3.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		Horizon	NJ Health				0.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		Horizon	PPO				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		UHC	Medicaid				2.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		UHC	Medicare				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		United	Commercial|PPO				1.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		United	Oxford				3.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		Wellcare	Medicaid				1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		Wellcare	Medicare				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1049-5	NDC	J3301	HCPCS		both		1 EA	7.65		WellPoint	WellPoint				1.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		Aetna	Commercial				2.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		Aetna	Medicare				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		Horizon	Indemnity				2.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		Horizon	Medicare Blue				1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		Horizon	MGD				3.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		Horizon	NJ Health				0.93			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		Horizon	PPO				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		UHC	Medicaid				2.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		UHC	Medicare				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		United	Commercial|PPO				1.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		United	Oxford				3.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		Wellcare	Medicaid				1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		Wellcare	Medicare				1.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TRIAMCINOLONE ACETONIDE 40 MG/ML INJ SUSP	70121-1168-1	NDC	J3301	HCPCS		both		1 EA	7.8		WellPoint	WellPoint				1.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 1 G INJ SOLR	70121-1239-1	NDC	J9075	HCPCS		both		1 EA	4.25		Horizon	MGD				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 1 G INJ SOLR	70121-1239-1	NDC	J9075	HCPCS		both		1 EA	4.25		Horizon	PPO				0.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 1 G INJ SOLR	70121-1239-1	NDC	J9075	HCPCS		both		1 EA	4.25		UHC	Medicaid				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 1 G INJ SOLR	70121-1239-1	NDC	J9075	HCPCS		both		1 EA	4.25		UHC	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ARSENIC TRIOXIDE 10 MG/10ML IV SOLN	70121-1483-1	NDC	J9017	HCPCS		both		1 EA	54		Horizon	NJ Health				10.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ARSENIC TRIOXIDE 10 MG/10ML IV SOLN	70121-1483-7	NDC	J9017	HCPCS		both		1 EA	54		Horizon	NJ Health				10.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		Aetna	Commercial				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		Aetna	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		Amerihealth	HMO|PPO				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		Horizon	Medicare Blue				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		Horizon	MGD				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		Horizon	NJ Health				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		Horizon	PPO				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		UHC	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		United	Oxford				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		Wellcare	Medicaid				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-1	NDC	J1010	HCPCS		both		1 EA	0.87		WellPoint	WellPoint				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		Aetna	Commercial				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		Aetna	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		Amerihealth	HMO|PPO				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		Horizon	Medicare Blue				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		Horizon	MGD				0.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		Horizon	NJ Health				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		Horizon	PPO				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		UHC	Medicare				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		United	Oxford				0.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		Wellcare	Medicaid				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 40 MG/ML INJ SUSP	70121-1573-5	NDC	J1010	HCPCS		both		1 EA	0.87		WellPoint	WellPoint				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-1	NDC	J1010	HCPCS		both		1 EA	0.73		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-1	NDC	J1010	HCPCS		both		1 EA	0.73		Horizon	Indemnity				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-1	NDC	J1010	HCPCS		both		1 EA	0.73		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-1	NDC	J1010	HCPCS		both		1 EA	0.73		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-1	NDC	J1010	HCPCS		both		1 EA	0.73		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-1	NDC	J1010	HCPCS		both		1 EA	0.73		UHC	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-1	NDC	J1010	HCPCS		both		1 EA	0.73		United	Commercial|PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-1	NDC	J1010	HCPCS		both		1 EA	0.73		Wellcare	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-5	NDC	J1010	HCPCS		both		1 EA	0.73		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-5	NDC	J1010	HCPCS		both		1 EA	0.73		Horizon	Indemnity				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-5	NDC	J1010	HCPCS		both		1 EA	0.73		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-5	NDC	J1010	HCPCS		both		1 EA	0.73		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-5	NDC	J1010	HCPCS		both		1 EA	0.73		UHC	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-5	NDC	J1010	HCPCS		both		1 EA	0.73		UHC	Medicare				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-5	NDC	J1010	HCPCS		both		1 EA	0.73		United	Commercial|PPO				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METHYLPREDNISOLONE ACETATE 80 MG/ML INJ SUSP	70121-1574-5	NDC	J1010	HCPCS		both		1 EA	0.73		Wellcare	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		Aetna	Commercial				0.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		Horizon	Medicare Blue				1.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		Horizon	MGD				0.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		Horizon	NJ Health				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		Horizon	PPO				0.38			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		UHC	Medicaid				0.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		UHC	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		United	Oxford				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		Wellcare	Medicaid				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 4 GM/100ML IV SOLN	70121-1720-9	NDC	J3475	HCPCS		both		1 EA	3		WellPoint	WellPoint				0.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
TACROLIMUS 0.5 MG/ML PO SOL	70377-016-11	NDC	J7505	HCPCS		both		1 EA	133.8		Horizon	MGD				21.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	70436-008-04	NDC	J0604	HCPCS		both		1 EA	3.09		Aetna	Medicare				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	70436-008-04	NDC	J0604	HCPCS		both		1 EA	3.09		Horizon	NJ Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CINACALCET HCL 60 MG PO TABS	70436-008-04	NDC	J0604	HCPCS		both		1 EA	3.09		WellPoint	WellPoint				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 20 MG/10ML IV SOLN	70436-026-80	NDC	J1327	HCPCS		both		1 EA	114.15		Aetna	Better Health				15.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 20 MG/10ML IV SOLN	70436-026-80	NDC	J1327	HCPCS		both		1 EA	114.15		Aetna	Commercial				42.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 20 MG/10ML IV SOLN	70436-026-80	NDC	J1327	HCPCS		both		1 EA	114.15		Horizon	NJ Health				13.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 20 MG/10ML IV SOLN	70436-026-80	NDC	J1327	HCPCS		both		1 EA	114.15		Horizon	PPO				20.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 20 MG/10ML IV SOLN	70436-026-80	NDC	J1327	HCPCS		both		1 EA	114.15		UHC	Medicaid				22.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 20 MG/10ML IV SOLN	70436-026-80	NDC	J1327	HCPCS		both		1 EA	114.15		United	Commercial|PPO				9.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	70436-027-80	NDC	J1327	HCPCS		both		1 EA	93.8		Aetna	Better Health				2.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	70436-027-80	NDC	J1327	HCPCS		both		1 EA	93.8		Horizon	NJ Health				1.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	70436-027-80	NDC	J1327	HCPCS		both		1 EA	93.8		Horizon	PPO				3.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
EPTIFIBATIDE 75 MG/100ML IV SOLN	70436-027-80	NDC	J1327	HCPCS		both		1 EA	93.8		UHC	Medicaid				4.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GANCICLOVIR SODIUM 500 MG IV SOLR	70436-089-55	NDC	J1570	HCPCS		both		1 EA	158.4		Horizon	Indemnity				46.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GANCICLOVIR SODIUM 500 MG IV SOLR	70436-089-55	NDC	J1570	HCPCS		both		1 EA	158.4		Horizon	NJ Health				4.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GANCICLOVIR SODIUM 500 MG IV SOLR	70436-089-55	NDC	J1570	HCPCS		both		1 EA	158.4		Horizon	PPO				41.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GANCICLOVIR SODIUM 500 MG IV SOLR	70436-089-55	NDC	J1570	HCPCS		both		1 EA	158.4		UHC	Medicaid				17.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GANCICLOVIR SODIUM 500 MG IV SOLR	70436-089-55	NDC	J1570	HCPCS		both		1 EA	158.4		WellPoint	WellPoint				45.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Aetna	Better Health				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Aetna	Commercial				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Aetna	Medicare				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Amerihealth	HMO|PPO				1.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Horizon	Indemnity				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Horizon	Medicare Blue				1.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Horizon	MGD				1.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Horizon	NJ Health				1.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Horizon	PPO				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Qualcare	Qualcare				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		UHC	Medicaid				1.47			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		UHC	Medicare				1.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		United	Commercial|PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		United	Oxford				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
KETOROLAC TROMETHAMINE 30 MG/ML INJ SOLN	70512-843-01	NDC	J1885	HCPCS		both		1 EA	2.85		Wellcare	Medicaid				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DAPTOMYCIN 500 MG IV SOLR	70594-034-01	NDC	J0878	HCPCS	both		1 EA		0.43		WellPoint	WellPoint				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		Horizon	Medicare Blue				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		Horizon	PPO				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		UHC	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		UHC	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-01	NDC	J0565	HCPCS	both		1 EA		0.19		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		Aetna	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		Horizon	Medicare Blue				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		Horizon	PPO				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		UHC	Medicaid				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		UHC	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		United	Commercial|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70594-117-02	NDC	J0565	HCPCS	both		1 EA		0.19		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BUPIVACAINE HCL (PF) 0.5 % INJ SOLN	70710-1411-1	NDC	J9041	HCPCS	both		1 EA		4.62		Horizon	Medicare Blue				0.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BORTEZOMIB 3.5 MG INJ SOLR	70710-1411-1	NDC	J9041	HCPCS	both		1 EA		4.62		Horizon	NJ Health				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOMEPIZOLE 1 GM/ML IV SOLN	70710-1478-1	NDC	J1451	HCPCS	both		1 EA		54		Aetna	Commercial				8.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL LIPOSOMAL 2 MG/ML IV SUSP	70710-1530-1	NDC	Q2050	HCPCS	both		1 EA		1221		Aetna	Commercial				366.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DOXORUBICIN HCL LIPOSOMAL 2 MG/ML IV SUSP	70710-1531-1	NDC	Q2050	HCPCS	both		1 EA		1221		Aetna	Commercial				366.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GOSERELIN ACETATE 3.6 MG SC IMPL	70720-950-36	NDC	J9202	HCPCS	both		1 EA		3785.04		Horizon	NJ Health				2308.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GOSERELIN ACETATE 10.8 MG SC IMPL	70720-951-30	NDC	J9202	HCPCS	both		1 EA		3504.02		Aetna	Commercial				1116.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GOSERELIN ACETATE 10.8 MG SC IMPL	70720-951-30	NDC	J9202	HCPCS	both		1 EA		3504.02		Horizon	NJ Health				27.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL DECANOATE 100 MG/ML IM SOLN	70756-625-85	NDC	J1631	HCPCS	both		1 EA		72		Aetna	Better Health				15.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL DECANOATE 100 MG/ML IM SOLN	70756-625-85	NDC	J1631	HCPCS	both		1 EA		72		Aetna	Commercial				4.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL DECANOATE 100 MG/ML IM SOLN	70756-625-85	NDC	J1631	HCPCS	both		1 EA		72		Horizon	NJ Health				4.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL DECANOATE 100 MG/ML IM SOLN	70756-625-85	NDC	J1631	HCPCS	both		1 EA		72		UHC	Medicaid				12.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HALOPERIDOL DECANOATE 100 MG/ML IM SOLN	70756-625-85	NDC	J1631	HCPCS	both		1 EA		72		Wellcare	Medicaid				5.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 1 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		Aetna	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		Horizon	MGD				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-25	NDC	J2003	HCPCS	both		1 EA		0.08		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		Aetna	Commercial				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		Aetna	Medicare				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		Horizon	MGD				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 2 % INJ SOLN	70756-643-85	NDC	J2003	HCPCS	both		1 EA		0.08		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Amerihealth	HMO|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	Indemnity				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Qualcare	Qualcare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		United	Oxford				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-25	NDC	J2003	HCPCS	both		1 EA		0.07		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Aetna	Better Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Aetna	Commercial				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Aetna	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Amerihealth	HMO|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	Indemnity				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	Medicare Blue				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	MGD				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	NJ Health				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Horizon	PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Qualcare	Qualcare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		UHC	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		UHC	Medicare				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		United	Commercial|PPO				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		United	Oxford				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Wellcare	Medicaid				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		Wellcare	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL 2 % INJ SOLN	70756-648-87	NDC	J2003	HCPCS	both		1 EA		0.07		WellPoint	WellPoint				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-05	NDC	J1163	HCPCS	both		1 EA		0.2		Horizon	Medicare Blue				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-05	NDC	J1163	HCPCS	both		1 EA		0.2		Horizon	NJ Health				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-05	NDC	J1163	HCPCS	both		1 EA		0.2		UHC	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-05	NDC	J1163	HCPCS	both		1 EA		0.2		UHC	Medicare				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-05	NDC	J1163	HCPCS	both		1 EA		0.2		United	Oxford				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 125 MG/25ML IV SOLN	70860-301-25	NDC	J1163	HCPCS	both		1 EA		0.13		Horizon	NJ Health				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-41	NDC	J1163	HCPCS	both		1 EA		0.2		Horizon	Medicare Blue				0.76			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-41	NDC	J1163	HCPCS	both		1 EA		0.2		Horizon	NJ Health				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-41	NDC	J1163	HCPCS	both		1 EA		0.2		UHC	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-41	NDC	J1163	HCPCS	both		1 EA		0.2		UHC	Medicare				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 25 MG/5ML IV SOLN	70860-301-41	NDC	J1163	HCPCS	both		1 EA		0.2		United	Oxford				0.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DILTIAZEM HCL 125 MG/25ML IV SOLN	70860-301-83	NDC	J1163	HCPCS	both		1 EA		0.13		Horizon	NJ Health				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	70860-784-41	NDC	J3490	HCPCS	both		1 EA		3.6		Aetna	Better Health				1.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	70860-784-41	NDC	J3490	HCPCS	both		1 EA		3.6		Aetna	Commercial				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	70860-784-41	NDC	J3490	HCPCS	both		1 EA		3.6		Aetna	Medicare				1.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	70860-784-41	NDC	J3490	HCPCS	both		1 EA		3.6		Horizon	Indemnity				1.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	70860-784-41	NDC	J3490	HCPCS	both		1 EA		3.6		Horizon	NJ Health				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	70860-784-41	NDC	J3490	HCPCS	both		1 EA		3.6		UHC	Medicaid				1.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	70860-784-41	NDC	J3490	HCPCS	both		1 EA		3.6		UHC	Medicare				3.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	70860-784-41	NDC	J3490	HCPCS	both		1 EA		3.6		Wellcare	Medicaid				1.91			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VALPROATE SODIUM 100 MG/ML IV SOLN	70860-784-41	NDC	J3490	HCPCS	both		1 EA		3.6		WellPoint	WellPoint				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 2.5 MG PO TABS	70954-057-10	NDC	J7512	HCPCS	both		1 EA		0.2		Horizon	NJ Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 2.5 MG PO TABS	70954-057-10	NDC	J7512	HCPCS	both		1 EA		0.2		UHC	Medicare				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		Aetna	Better Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		Amerihealth	HMO|PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		Horizon	PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		UHC	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J7512	HCPCS	both		1 EA		0.04		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PREDNISONE 20 MG PO TABS	70954-060-10	NDC	J

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9010-1	NDC	J2371	HCPCS	both		1 EA		1.07		United	CommercialPPO				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9010-1	NDC	J2371	HCPCS	both		1 EA		1.07		United	Oxford				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9010-1	NDC	J2371	HCPCS	both		1 EA		1.07		Wellcare	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9010-1	NDC	J2371	HCPCS	both		1 EA		1.07		Wellcare	Medicare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9010-1	NDC	J2371	HCPCS	both		1 EA		1.07		WellPoint	WellPoint				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Aetna	Better Health				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Aetna	Medicare				0.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Amerihealth	HMO/PPO				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Horizon	Indemnity				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Horizon	Medicare Blue				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Horizon	MGD				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Horizon	NJ Health				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Horizon	PPO				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		UHC	Medicaid				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		UHC	Medicare				0.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		United	CommercialPPO				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		United	Oxford				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Wellcare	Medicaid				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		Wellcare	Medicare				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL 1 MG/10ML IV SOSY	71266-9011-1	NDC	J2371	HCPCS	both		1 EA		0.41		WellPoint	WellPoint				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BLEOMYCIN SULFATE 30 UNITS INJ SOLR	71288-107-20	NDC	J9040	HCPCS	both		1 EA		120.05		Horizon	NJ Health				19.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 200 MG/5.26ML IV SOLN	71288-117-06	NDC	J9201	HCPCS	both		1 EA		26.98		Aetna	Commercial				11.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 200 MG/5.26ML IV SOLN	71288-117-06	NDC	J9201	HCPCS	both		1 EA		26.98		Horizon	Medicare Blue				6.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 200 MG/5.26ML IV SOLN	71288-117-06	NDC	J9201	HCPCS	both		1 EA		26.98		Horizon	MGD				12.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 200 MG/5.26ML IV SOLN	71288-117-06	NDC	J9201	HCPCS	both		1 EA		26.98		Horizon	NJ Health				4.55			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
GEMCITABINE HCL 200 MG/5.26ML IV SOLN	71288-117-06	NDC	J9201	HCPCS	both		1 EA		26.98		UHC	Medicare				4.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 5 MG IV SOLR	71288-137-20	NDC	J9280	HCPCS	both		1 EA		540		Horizon	NJ Health				17.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 5 MG IV SOLR	71288-137-20	NDC	J9280	HCPCS	both		1 EA		540		UHC	Medicare				15.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 5 MG IV SOLR	71288-137-20	NDC	J9280	HCPCS	both		1 EA		540		Wellcare	Medicaid				235.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		Aetna	Commercial				6.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		Horizon	Indemnity				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		Horizon	Medicare Blue				1.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		Horizon	MGD				9.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		Horizon	NJ Health				3.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		Horizon	PPO				2.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		UHC	Medicaid				5.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		UHC	Medicare				4.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		Wellcare	Medicaid				5.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REGADENOSON 0.4 MG/5ML IV SOLN	71288-201-85	NDC	J2785	HCPCS	both		1 EA		18		WellPoint	WellPoint				5.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		Aetna	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	Indemnity				3.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	Medicare Blue				3.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	MGD				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	NJ Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		UHC	Medicaid				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		UHC	Medicare				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		United	CommercialPPO				4.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		Wellcare	Medicaid				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-01	NDC	J1644	HCPCS	both		1 EA		6.48		WellPoint	WellPoint				3.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		Aetna	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	Indemnity				3.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	Medicare Blue				3.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	MGD				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	NJ Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		Horizon	PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		UHC	Medicaid				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		UHC	Medicare				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		United	CommercialPPO				4.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		Wellcare	Medicaid				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-02	NDC	J1644	HCPCS	both		1 EA		6.48		WellPoint	WellPoint				3.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		Aetna	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	Indemnity				3.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	Medicare Blue				3.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	MGD				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	NJ Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		UHC	Medicaid				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		UHC	Medicare				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		United	CommercialPPO				4.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		Wellcare	Medicaid				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-30	NDC	J1644	HCPCS	both		1 EA		0.84		WellPoint	WellPoint				3.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		Aetna	Better Health				0.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		Aetna	Commercial				2.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		Aetna	Medicare				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	Indemnity				3.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	Medicare Blue				3.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	MGD				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	NJ Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		Horizon	PPO				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		UHC	Medicaid				0.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		UHC	Medicare				3.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		United	CommercialPPO				4.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		Wellcare	Medicaid				0.36			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 1000 UNIT/ML INJ SOLN	71288-402-31	NDC	J1644	HCPCS	both		1 EA		0.84		WellPoint	WellPoint				3.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Aetna	Better Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Aetna	Medicare				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Amerihealth	HMO/PPO				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	MGD				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	NJ Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		UHC	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		UHC	Medicare				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		United	CommercialPPO				0.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		United	Oxford				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Wellcare	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		Wellcare	Medicare				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-01	NDC	J1644	HCPCS	both		1 EA		1.37		WellPoint	WellPoint				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		Aetna	Better Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		Aetna	Commercial				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		Aetna	Medicare				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		Amerihealth	HMO/PPO				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	Indemnity				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	Medicare Blue				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	MGD				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	NJ Health				0.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		Horizon	PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		UHC	Medicaid				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both		1 EA		1.37		UHC	Medicare				0.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HEPARIN SODIUM (PORCINE) 5000 UNIT/ML INJ SOLN	71288-403-02	NDC	J1644	HCPCS	both

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	71288-807-02	NDC	J2371	HCPCS		both		1 EA	0.01		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	71288-807-02	NDC	J2371	HCPCS		both		1 EA	0.01		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Aetna	Better Health				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Aetna	Commercial				1.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Aetna	Medicare				2.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Amerihealth	HMO/PPO				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Horizon	Medicare Blue				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Horizon	MGD				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Horizon	NJ Health				1.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Horizon	PPO				3.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		UHC	Medicaid				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		UHC	Medicare				1.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		United	Commercial|PPO				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Wellcare	Medicaid				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		Wellcare	Medicare				2.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-00	NDC	J2249	HCPCS		both		1 EA	7.89		WellPoint	WellPoint				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Aetna	Better Health				1.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Aetna	Commercial				1.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Aetna	Medicare				2.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Amerihealth	HMO/PPO				1.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Horizon	Medicare Blue				1.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Horizon	MGD				1.08			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Horizon	NJ Health				1.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Horizon	PPO				3.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		UHC	Medicaid				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		UHC	Medicare				1.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		United	Commercial|PPO				1.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Wellcare	Medicaid				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		Wellcare	Medicare				2.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIMAZOLAM BESYLATE 20 MG IV SOLR	71390-011-11	NDC	J2249	HCPCS		both		1 EA	7.89		WellPoint	WellPoint				1.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 1 MG IV SOLR	72078-034-00	NDC	J3490	HCPCS		both		1 EA	242.49		Horizon	NJ Health				35.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 1 MG IV SOLR	72078-034-00	NDC	J3490	HCPCS		both		1 EA	242.49		UHC	Medicaid				38.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 1 MG IV SOLR	72078-034-00	NDC	J3490	HCPCS		both		1 EA	242.49		Wellcare	Medicaid				46.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
REMIFENTANIL HCL 1 MG IV SOLR	72078-034-00	NDC	J3490	HCPCS		both		1 EA	242.49		WellPoint	WellPoint				34.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		Aetna	Commercial				1.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		Aetna	Medicare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		Amerihealth	HMO/PPO				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		Horizon	Indemnity				1.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		Horizon	Medicare Blue				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		Horizon	MGD				1.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		Horizon	NJ Health				0.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		Horizon	PPO				1.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		UHC	Medicaid				1.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		UHC	Medicare				0.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		United	Commercial|PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSAPREPITANT DIMEGLUMINE 150 MG IV SOLR	72205-054-01	NDC	J1453	HCPCS		both		1 EA	6.43		WellPoint	WellPoint				0.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	72205-063-01	NDC	J9267	HCPCS		both		1 EA	1.2		Aetna	Commercial				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	72205-063-01	NDC	J9267	HCPCS		both		1 EA	1.2		Amerihealth	HMO/PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	72205-063-01	NDC	J9267	HCPCS		both		1 EA	1.2		Horizon	MGD				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	72205-063-01	NDC	J9267	HCPCS		both		1 EA	1.2		Horizon	NJ Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	72205-063-01	NDC	J9267	HCPCS		both		1 EA	1.2		UHC	Medicaid				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	72205-063-01	NDC	J9267	HCPCS		both		1 EA	1.2		UHC	Medicare				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	72205-063-01	NDC	J9267	HCPCS		both		1 EA	1.2		United	Commercial|PPO				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	72205-063-01	NDC	J9267	HCPCS		both		1 EA	1.2		Wellcare	Medicaid				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PACLITAXEL 300 MG/50ML IV CONC	72205-063-01	NDC	J9267	HCPCS		both		1 EA	1.2		WellPoint	WellPoint				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	72205-265-01	NDC	J2371	HCPCS		both		1 EA	0.01		Aetna	Commercial				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	72205-265-01	NDC	J2371	HCPCS		both		1 EA	0.01		Amerihealth	HMO/PPO				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	72205-265-01	NDC	J2371	HCPCS		both		1 EA	0.01		Horizon	Indemnity				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	72205-265-01	NDC	J2371	HCPCS		both		1 EA	0.01		Horizon	Medicare Blue				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	72205-265-01	NDC	J2371	HCPCS		both		1 EA	0.01		Horizon	MGD				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	72205-265-01	NDC	J2371	HCPCS		both		1 EA	0.01		UHC	Medicare				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	72205-265-01	NDC	J2371	HCPCS		both		1 EA	0.01		Wellcare	Medicaid				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PHENYLEPHRINE HCL (PRESSORS) 10 MG/ML IV SOLN	72205-265-01	NDC	J2371	HCPCS		both		1 EA	0.01		WellPoint	WellPoint				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Aetna	Better Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Aetna	Commercial				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Aetna	Medicare				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Amerihealth	HMO/PPO				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Horizon	Indemnity				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Horizon	Medicare Blue				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Horizon	MGD				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Horizon	NJ Health				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Horizon	PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		UHC	Medicaid				0.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		UHC	Medicare				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		United	Commercial|PPO				0.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		Wellcare	Medicaid				0.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LABETALOL HCL 5 MG/ML IV SOLN	72266-102-01	NDC	J1920	HCPCS		both		1 EA	1.44		WellPoint	WellPoint				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Aetna	Better Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Aetna	Commercial				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Aetna	Medicare				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Amerihealth	HMO/PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Horizon	MGD				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Horizon	NJ Health				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Horizon	PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		UHC	Medicaid				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		UHC	Medicare				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		United	Commercial|PPO				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Wellcare	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		Wellcare	Medicare				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-01	NDC	J3490	HCPCS		both		1 EA	0.87		WellPoint	WellPoint				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Aetna	Better Health				0.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Aetna	Commercial				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Aetna	Medicare				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Amerihealth	HMO/PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Horizon	Medicare Blue				0.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Horizon	MGD				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Horizon	NJ Health				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Horizon	PPO				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		UHC	Medicaid				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		UHC	Medicare				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		United	Commercial|PPO				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Wellcare	Medicaid				0.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		Wellcare	Medicare				1.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETOMIDATE 2 MG/ML IV SOLN	72266-147-10	NDC	J3490	HCPCS		both		1 EA	0.87		WellPoint	WellPoint				0.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	72266-159-05	NDC	J1335	HCPCS		both		1 EA	144		Aetna	Commercial				24.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	72266-159-05	NDC	J1335	HCPCS		both		1 EA	144		Amerihealth	HMO/PPO				41.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	72266-159-05	NDC	J1335	HCPCS		both		1 EA	144		Horizon	MGD				58.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	72266-159-05	NDC	J1335	HCPCS		both		1 EA	144		Horizon	NJ Health				39.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	72266-159-05	NDC	J1335	HCPCS		both		1 EA	144		UHC	Medicare				75.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	72266-159-05	NDC	J1335	HCPCS		both		1 EA	144		United	Commercial|PPO				40.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	72266-159-05	NDC	J1335	HCPCS		both		1 EA	144		Wellcare	Medicaid				19.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	72266-159-05	NDC	J1335	HCPCS		both		1 EA	144		Wellcare	Medicare				30.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ERTAPENEM SODIUM 1 G INJ SOLR	72266-159-05	NDC	J1335	HCPCS		both		1 EA	144		WellPoint	WellPoint				41.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		Aetna	Commercial				5.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		Aetna	Medicare				4.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		Amerihealth	HMO/PPO				5.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		Horizon	Indemnity				5.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		Horizon	Medicare Blue				5.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		Horizon	MGD				6.84			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		Horizon	NJ Health				3.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		Horizon	PPO				5.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		UHC	Medicaid				4.69			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		UHC	Medicare				2.19			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ SOLN	72266-204-01	NDC	J0780	HCPCS		both		1 EA	16.5		United	Commercial|PPO				4.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PROCHLORPERAZINE EDISYLATE 10 MG/2ML INJ

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		Horizon	NJ Health				1.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		Horizon	PPO				3.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		Qualcare	Qualcare				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		UHC	Medicaid				2.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		UHC	Medicare				2.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		United	Commercial|PPO				1.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		United	Oxford				1.61			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		Wellcare	Medicaid				1.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		Wellcare	Medicare				2.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DIPHENHYDRAMINE HCL 50 MG/ML INJ SOLN	72485-101-25	NDC	J1200	HCPCS		both		1 EA	5.76		WellPoint	WellPoint				1.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Aetna	Better Health				1.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Aetna	Commercial				0.67			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Aetna	Medicare				1.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Amerihealth	HMO|PPO				1.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Horizon	Indemnity				6.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Horizon	Medicare Blue				1.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Horizon	MGD				1.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Horizon	NJ Health				1.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Horizon	PPO				1.18			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		UHC	Medicaid				0.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		UHC	Medicare				1.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		United	Commercial|PPO				0.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Wellcare	Medicaid				0.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		Wellcare	Medicare				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MEROPENEM 1 G IV SOLR	72485-412-10	NDC	J2185	HCPCS		both		1 EA	2.07		WellPoint	WellPoint				0.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 20 MG IV SOLR	72819-153-02	NDC	J9280	HCPCS		both		1 EA	121.67		Aetna	Commercial				147.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MITOMYCIN 20 MG IV SOLR	72819-153-02	NDC	J9280	HCPCS		both		1 EA	121.67		Amerihealth	HMO|PPO				78.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ASPART 100 UNIT/ML INJ SOLN	73070-100-11	NDC	J1815	HCPCS		both		1 EA	1.3		Horizon	Medicare Blue				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ASPART 100 UNIT/ML INJ SOLN	73070-100-11	NDC	J1815	HCPCS		both		1 EA	1.3		Horizon	NJ Health				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ASPART 100 UNIT/ML INJ SOLN	73070-100-11	NDC	J1815	HCPCS		both		1 EA	1.3		UHC	Medicaid				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
INSULIN ASPART 100 UNIT/ML INJ SOLN	73070-100-11	NDC	J1815	HCPCS		both		1 EA	1.3		WellPoint	WellPoint				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE 2 MG/ML INJ SOLN	76045-004-01	NDC	J2272	HCPCS		both		1 EA	51.6		Aetna	Commercial				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MORPHINE SULFATE 2 MG/ML INJ SOLN	76045-004-11	NDC	J2272	HCPCS		both		1 EA	51.6		Aetna	Commercial				1.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Aetna	Better Health				0.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Aetna	Commercial				0.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Aetna	Medicare				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Amerihealth	HMO|PPO				0.4			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Horizon	Indemnity				0.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Horizon	Medicare Blue				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Horizon	MGD				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Horizon	NJ Health				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Horizon	PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		UHC	Medicaid				0.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		UHC	Medicare				0.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		United	Commercial|PPO				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		United	Oxford				0.13			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		Wellcare	Medicaid				0.45			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HYDROMORPHONE HCL 1 MG/ML INJ SOLN	76045-009-96	NDC	J1171	HCPCS		both		1 EA	2.99		WellPoint	WellPoint				0.42			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARFILZOMIB 60 MG IV SOLR	76075-101-01	NDC	J9047	HCPCS		both		1 EA	212.23		Aetna	Commercial				48.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARFILZOMIB 60 MG IV SOLR	76075-101-01	NDC	J9047	HCPCS		both		1 EA	212.23		Horizon	Medicare Blue				51.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARFILZOMIB 60 MG IV SOLR	76075-101-01	NDC	J9047	HCPCS		both		1 EA	212.23		Horizon	NJ Health				52.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARFILZOMIB 30 MG IV SOLR	76075-102-01	NDC	J9047	HCPCS		both		1 EA	212.23		Horizon	Medicare Blue				51.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARFILZOMIB 10 MG IV SOLR	76075-103-01	NDC	J9047	HCPCS		both		1 EA	212.23		Aetna	Commercial				48.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARFILZOMIB 10 MG IV SOLR	76075-103-01	NDC	J9047	HCPCS		both		1 EA	212.23		Horizon	Medicare Blue				50.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CARFILZOMIB 10 MG IV SOLR	76075-103-01	NDC	J9047	HCPCS		both		1 EA	212.23		Horizon	NJ Health				52.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVALBUTEROL HCL 0.63 MG/3ML IN NEBU	76204-800-01	NDC	J7614	HCPCS		both		1 EA	4.79		Horizon	NJ Health				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LEVALBUTEROL HCL 0.63 MG/3ML IN NEBU	76204-800-11	NDC	J7614	HCPCS		both		1 EA	4.79		Horizon	NJ Health				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSCARNET SODIUM 6000 MG/250ML IV SOLN	76310-024-15	NDC	J1455	HCPCS		both		1 EA	287.5		Horizon	PPO				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
FOSCARNET SODIUM 6000 MG/250ML IV SOLN	76310-024-25	NDC	J1455	HCPCS		both		1 EA	287.5		Horizon	PPO				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		Aetna	Better Health				17.81			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		Aetna	Commercial				47.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		Horizon	Indemnity				25.35			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		Horizon	Medicare Blue				14.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		Horizon	MGD				16.17			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		Horizon	NJ Health				19.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		Horizon	PPO				86.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		UHC	Medicaid				21.54			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		United	Commercial|PPO				76.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		United	Oxford				85.39			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		Wellcare	Medicaid				21.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VITAMIN K1 1 MG/0.5ML INJ SYRINGE	76329-1240-1	NDC	J3430	HCPCS		both		1 EA	89.03		WellPoint	WellPoint				23.82			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Aetna	Better Health				9.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Aetna	Commercial				9.41			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Aetna	Medicare				10.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Amerihealth	HMO|PPO				11.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Horizon	Indemnity				19.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Horizon	Medicare Blue				9.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Horizon	MGD				11.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Horizon	NJ Health				9.85			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Horizon	PPO				13.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		UHC	Medicaid				10.52			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		UHC	Medicare				12.98			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		United	Commercial|PPO				9.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		United	Oxford				9.78			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Wellcare	Medicaid				11.92			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		Wellcare	Medicare				17.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
DEXTROSE 50 % IV SOLN	76329-3302-1	NDC	J7799	HCPCS		both		1 EA	73.5		WellPoint	WellPoint				12.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Aetna	Better Health				0.57			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Aetna	Commercial				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Aetna	Medicare				0.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Amerihealth	HMO|PPO				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Horizon	Indemnity				1.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Horizon	Medicare Blue				0.49			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Horizon	MGD				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Horizon	NJ Health				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Horizon	PPO				0.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		UHC	Medicaid				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		UHC	Medicare				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		United	Commercial|PPO				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		Wellcare	Medicaid				2.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CALCIUM CHLORIDE 10 % IV SOLN	76329-3304-1	NDC	J0618	HCPCS		both		1 EA	0.08		WellPoint	WellPoint				1.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		Aetna	Better Health				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		Aetna	Commercial				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		Aetna	Medicare				0.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		Horizon	Indemnity				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		Horizon	MGD				0.11			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		Horizon	NJ Health				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		Horizon	PPO				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		UHC	Medicaid				0.09			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		UHC	Medicare				0.1			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		United	Oxford				0.07			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		Wellcare	Medicaid				0.04			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ATROPINE SULFATE 1 MG/10ML INJ SOSY	76329-3340-1	NDC	J0461	HCPCS		both		1 EA	0.41		WellPoint	WellPoint				0.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Aetna	Better Health				0.31			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Aetna	Commercial				0.51			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Aetna	Medicare				0.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Amerihealth	HMO|PPO				0.21			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Horizon	Indemnity				0.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Horizon	Medicare Blue				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Horizon	MGD				0.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Horizon	NJ Health				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Horizon	PPO				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		UHC	Medicaid				0.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		UHC	Medicare				0.37			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		United	Commercial|PPO				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		United	Oxford				0.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Wellcare	Medicaid				0.34			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
SODIUM BICARBONATE 8.4 % IV SOLN	76329-3352-1	NDC	J3490	HCPCS		both		1 EA	1.41		Wellc

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML INJ SUSP	78206-118-01	NDC	J0702	HCPCS		both		1 EA	31.44		Horizon	NJ Health				5.29			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML INJ SUSP	78206-118-01	NDC	J0702	HCPCS		both		1 EA	31.44		Horizon	PPO				13.89			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML INJ SUSP	78206-118-01	NDC	J0702	HCPCS		both		1 EA	31.44		UHC	Medicaid				7.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML INJ SUSP	78206-118-01	NDC	J0702	HCPCS		both		1 EA	31.44		UHC	Medicare				9.64			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
BETAMETHASONE SOD PHOS & ACET 6 (3-3) MG/ML INJ SUSP	78206-118-01	NDC	J0702	HCPCS		both		1 EA	31.44		Wellcare	Medicaid				12.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETONOGESTREL 68 MG SC IMPL	78206-145-01	NDC	J7307	HCPCS		both		1 EA	4372.68		Aetna	Better Health				1314.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETONOGESTREL 68 MG SC IMPL	78206-145-01	NDC	J7307	HCPCS		both		1 EA	4372.68		Aetna	Commercial				1495.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETONOGESTREL 68 MG SC IMPL	78206-145-01	NDC	J7307	HCPCS		both		1 EA	4372.68		Horizon	MGD				1648.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETONOGESTREL 68 MG SC IMPL	78206-145-01	NDC	J7307	HCPCS		both		1 EA	4372.68		Horizon	NJ Health				703.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETONOGESTREL 68 MG SC IMPL	78206-145-01	NDC	J7307	HCPCS		both		1 EA	4372.68		Horizon	PPO				1322			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETONOGESTREL 68 MG SC IMPL	78206-145-01	NDC	J7307	HCPCS		both		1 EA	4372.68		UHC	Medicaid				1023.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETONOGESTREL 68 MG SC IMPL	78206-145-01	NDC	J7307	HCPCS		both		1 EA	4372.68		Wellcare	Medicaid				1219.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
ETONOGESTREL 68 MG SC IMPL	78206-145-01	NDC	J7307	HCPCS		both		1 EA	4372.68		WellPoint	WellPoint				787.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NA HYALUR & NA CHOND-NA HYALUR 0.55-0.5 ML IO KIT	8065-183150	NDC	J3490	HCPCS		both		1 EA	472.47		Horizon	NJ Health				68.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
NA HYALUR & NA CHOND-NA HYALUR 0.55-0.5 ML IO KIT	8065-183150	NDC	J3490	HCPCS		both		1 EA	472.47		UHC	Medicare				53.65			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 500 MG INJ SOLR	81298-8110-1	NDC	J9075	HCPCS		both		1 EA	4.25		Horizon	MGD				1.66			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 500 MG INJ SOLR	81298-8110-1	NDC	J9075	HCPCS		both		1 EA	4.25		Horizon	PPO				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 500 MG INJ SOLR	81298-8110-1	NDC	J9075	HCPCS		both		1 EA	4.25		UHC	Medicaid				1.14			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 500 MG INJ SOLR	81298-8110-1	NDC	J9075	HCPCS		both		1 EA	4.25		UHC	Medicare				0.22			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 1 G INJ SOLR	81298-8112-1	NDC	J9075	HCPCS		both		1 EA	4.55		Horizon	MGD				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 1 G INJ SOLR	81298-8112-1	NDC	J9075	HCPCS		both		1 EA	4.55		Horizon	PPO				0.68			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 1 G INJ SOLR	81298-8112-1	NDC	J9075	HCPCS		both		1 EA	4.55		UHC	Medicaid				0.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
CYCLOPHOSPHAMIDE 1 G INJ SOLR	81298-8112-1	NDC	J9075	HCPCS		both		1 EA	4.55		UHC	Medicare				0.12			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Aetna	Better Health				3.53			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Aetna	Commercial				2.06			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Aetna	Medicare				1.87			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Amerihealth	HMO/PPO				2.05			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Horizon	Indemnity				3.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Horizon	Medicare Blue				2.3			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Horizon	MGD				2.28			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Horizon	NJ Health				1.86			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Horizon	PPO				2.9			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		UHC	Medicaid				1.99			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		UHC	Medicare				3.26			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		United	Commercial/PPO				3.15			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		United	Oxford				2.83			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Wellcare	Medicaid				3.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		Wellcare	Medicare				9.75			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
VASOPRESSIN-SODIUM CHLORIDE 40-0.9 UT/100ML-% IV SOLN	81298-8554-1	NDC	J2598	HCPCS		both		1 EA	11.7		WellPoint	WellPoint				3.24			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	83090-007-01	NDC	J2003	HCPCS		both		1 EA	0.16		Horizon	MGD				0.02			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	83090-007-01	NDC	J2003	HCPCS		both		1 EA	0.16		Horizon	NJ Health				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	83090-007-01	NDC	J2003	HCPCS		both		1 EA	0.16		United	Oxford				0.01			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
LIDOCAINE HCL (PF) 4 % INJ SOLN	83090-007-01	NDC	J2003	HCPCS		both		1 EA	0.16		WellPoint	WellPoint				0.03			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM-JMDB 6 MG/0.6ML SC SOSY	83257-005-41	NDC	Q5108	HCPCS		both		1 EA	626.25		Aetna	Commercial				213.48			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM-JMDB 6 MG/0.6ML SC SOSY	83257-005-41	NDC	Q5108	HCPCS		both		1 EA	626.25		Horizon	NJ Health				137.32			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM-JMDB 6 MG/0.6ML SC SOSY	83257-005-41	NDC	Q5108	HCPCS		both		1 EA	626.25		Horizon	PPO				195.95			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM-JMDB 6 MG/0.6ML SC SOSY	83257-005-41	NDC	Q5108	HCPCS		both		1 EA	626.25		UHC	Medicaid				93.62			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
PEGFILGRASTIM-JMDB 6 MG/0.6ML SC SOSY	83257-005-41	NDC	Q5108	HCPCS		both		1 EA	626.25		WellPoint	WellPoint				111.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Aetna	Better Health				1.77			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Aetna	Commercial				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Aetna	Medicare				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Amerihealth	HMO/PPO				1.79			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Horizon	Indemnity				2.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Horizon	Medicare Blue				1.8			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Horizon	MGD				2.25			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Horizon	NJ Health				1.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Horizon	PPO				1.88			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		UHC	Medicaid				1.97			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		UHC	Medicare				2.23			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		United	Commercial/PPO				1.5			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		United	Oxford				1.96			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Wellcare	Medicaid				2.27			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		Wellcare	Medicare				1.94			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
MAGNESIUM SULFATE 2 GM/50ML IV SOLN	83634-500-41	NDC	J3475	HCPCS		both		1 EA	4.88		WellPoint	WellPoint				2.16			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Aetna	Better Health				0.59			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Aetna	Commercial				0.7			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Aetna	Medicare				0.6			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Amerihealth	HMO/PPO				0.43			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Horizon	Indemnity				1.46			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Horizon	Medicare Blue				0.73			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Horizon	MGD				0.71			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Horizon	NJ Health				0.44			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Horizon	PPO				0.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Qualcare	Qualcare				0.2			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		UHC	Medicaid				0.56			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		UHC	Medicare				0.63			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		United	Commercial/PPO				0.33			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		Wellcare	Medicaid				0.74			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN	83634-779-41	NDC	J2765	HCPCS		both		1 EA	5.04		WellPoint	WellPoint				0.58			other	Drugs are paid at 100% of the AWP. Standard charge amount can be case spe
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Aetna	Better Health	3032.23	30.44			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Americare	Americare	7470.99	75			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Aetna	Medicare	3068.09	30.8			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Aetna	Commercial	3785.3	38			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Qualcare	Qualcare	7470.99	75			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Consumer	Consumer	9463.25	95			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		First Trenton	First Trenton	8965.19	90			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Amerihealth	HMO/PPO	6474.86	65			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		First Health	First Health	6972.92	70			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Corrections	Corrections	7969.06	80			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Horizon	MGD	3813.19	38.28			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Multiplan	Multiplan	7969.06	80			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Horizon	Indemnity	3813.19	38.28			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Managed Care Inc	Managed Care Inc	8965.19	90			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		UHC	Medicaid	3032.23	30.44			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Horizon	Medicare Blue	2988.4	30			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		WellPoint	WellPoint	3092.99	31.05			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Horizon	PPO	3813.19	38.28			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Three Rivers	Three Rivers	9463.25	95			2988.4	9463.25	percent of total billed charges	
HC ISOLATION ROOM DAILY	10000000000	LOCAL				inpatient			9961.32		Wellcare	Medicaid	3032.23	30.44			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Aetna	Commercial	3785.3	38			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		WellPoint	WellPoint	3092.99	31.05			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Corrections	Corrections	7969.06	80			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Aetna	Better Health	3032.23	30.44			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Horizon	Medicare Blue	2988.4	30			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Aetna	Medicare	3068.09	30.8			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Americare	Americare	7470.99	75			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		First Health	First Health	6972.92	70			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Amerihealth	HMO/PPO	6474.86	65			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		UHC	Medicaid	3032.23	30.44			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Consumer	Consumer	9463.25	95			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Horizon	Indemnity	3813.19	38.28			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Wellcare	Medicaid	3032.23	30.44			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		First Trenton	First Trenton	8965.19	90			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Horizon	MGD	3813.19	38.28		3215.53	2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Horizon	PPO	3813.19	38.28			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Multiplan	Multiplan	7969.06	80			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Managed Care Inc	Managed Care Inc	8965.19	90			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Qualcare	Qualcare	7470.99	75			2988.4	9463.25	percent of total billed charges	
HC PRIVATE ROOM DAILY	10000000001	LOCAL				inpatient			9961.32		Three Rivers	Three Rivers	9463.25	95			2988.4	9463.25	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Americare	Americare	6880.41	75			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		UHC	Medicaid	2792.53	30.44			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Aetna	Commercial	3486.07	38			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Aetna	Better Health	2792.53	30.44			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Horizon	Medicare Blue	2752.16	30			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		First Trenton	First Trenton	8256.49	90			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Consumer	Consumer	8715.19	95			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		First Health	First Health	6421.72	70			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Horizon	PPO	3511.76	38.28			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Horizon	Indemnity	3511.76	38.28			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Aetna	Medicare	2825.56	30.8			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Wellcare	Medicaid	2792.53	30.44			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM DAILY	10000000002	LOCAL				inpatient			9173.88		Managed Care Inc	Managed Care Inc	8256.49	90			2752.16	8715.19	percent of total billed charges	
HC SEMI-PRIVATE ROOM D

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Corrections	Corrections	11029.06	80			4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Qualcare	10339.74	75				4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Horizon	MGD	5277.4	38.28			4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Wellcare	Medicaid	4196.56	30.44			4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Consumer	Consumer	13097	95			4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Horizon	PPO	5277.4	38.28			4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Horizon	Indemnity	5277.4	38.28			4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Three Rivers	Three Rivers	13097	95			4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		First Trenton	First Trenton	12407.69	90			4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Horizon	Medicare Blue	4135.9	30			4135.9	13097	percent of total billed charges	
HC PROGRESSIVE CARE ROOM DAILY	10000000003	LOCAL				inpatient			13786.32		Managed Care Inc	Managed Care Inc	12407.69	90			4135.9	13097	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Wellcare	Medicaid	5635.36	30.44			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Corrections	Corrections	14810.4	80			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Americare	Americare	13884.75	75			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Aetna	Better Health	5635.36	30.44			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Horizon	MGD	7086.78	38.28			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Aetna	Medicare	5702	30.8			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		UHC	Medicaid	5635.36	30.44			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Consumer	Consumer	17587.35	95			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		WellPoint	WellPoint	5748.29	31.05			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Aetna	Commercial	7034.94	38			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		First Trenton	First Trenton	16661.7	90			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		First Health	First Health	12959.1	70			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Horizon	PPO	7086.78	38.28			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Amerihealth	HMO/PPO	12033.45	65			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Managed Care Inc	Managed Care Inc	16661.7	90			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Horizon	Medicare Blue	5553.9	30			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Three Rivers	Three Rivers	17587.35	95			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Horizon	Indemnity	7086.78	38.28			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Multiplan	Multiplan	14810.4	80			5553.9	17587.35	percent of total billed charges	
HC CORONARY CARE ROOM DAILY	10000000004	LOCAL				inpatient			18513		Qualcare	Qualcare	13884.75	75			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		First Trenton	First Trenton	16661.7	90			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Aetna	Better Health	5635.36	30.44			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Americare	Americare	13884.75	75			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Aetna	Commercial	7034.94	38			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Aetna	Medicare	5702	30.8			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Qualcare	Qualcare	13884.75	75			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Horizon	MGD	7086.78	38.28			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Consumer	Consumer	17587.35	95			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		UHC	Medicaid	5635.36	30.44			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		First Health	First Health	12959.1	70			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		WellPoint	WellPoint	5748.29	31.05			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Amerihealth	HMO/PPO	12033.45	65			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Horizon	Indemnity	7086.78	38.28			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Corrections	Corrections	14810.4	80			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Horizon	Medicare Blue	5553.9	30			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Multiplan	Multiplan	14810.4	80			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Horizon	PPO	7086.78	38.28			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Managed Care Inc	Managed Care Inc	16661.7	90			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Three Rivers	Three Rivers	17587.35	95			5553.9	17587.35	percent of total billed charges	
HC INTENSIVE CARE ROOM DAILY	10000000005	LOCAL				inpatient			18513		Wellcare	Medicaid	5635.36	30.44			5553.9	17587.35	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Amerihealth	HMO/PPO	12766.73	65			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		First Health	First Health	13748.78	70			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Consumer	Consumer	18659.06	95			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Horizon	Indemnity	7518.62	38.28			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Aetna	Commercial	7463.63	38			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Aetna	Better Health	5978.76	30.44			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Americare	Americare	14730.84	75			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		UHC	Medicaid	5978.76	30.44			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Corrections	Corrections	15712.9	80			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		First Trenton	First Trenton	17677.01	90			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Aetna	Medicare	6049.46	30.8			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Horizon	PPO	7518.62	38.28			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		WellPoint	WellPoint	6098.57	31.05			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Horizon	Medicare Blue	5892.34	30			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Horizon	MGD	7518.62	38.28			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Three Rivers	Three Rivers	18659.06	95			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Multiplan	Multiplan	15712.9	80			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Managed Care Inc	Managed Care Inc	17677.01	90			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Qualcare	Qualcare	14730.84	75			5892.34	18659.06	percent of total billed charges	
HC CARDIOTHORACIC ICU ROOM DAILY	10000000006	LOCAL				inpatient			19641.12		Wellcare	Medicaid	5978.76	30.44			5892.34	18659.06	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Corrections	Corrections	15926.69	80			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		First Trenton	First Trenton	17917.52	90			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Amerihealth	HMO/PPO	12940.43	65			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Horizon	Indemnity	7620.92	38.28			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Aetna	Commercial	7565.18	38			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Aetna	Medicare	6131.77	30.8			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Aetna	Better Health	6060.1	30.44			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Americare	Americare	14931.27	75			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		First Health	First Health	13935.85	70			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Horizon	PPO	7620.92	38.28			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Consumer	Consumer	18912.94	95			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Horizon	MGD	7620.92	38.28			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Multiplan	Multiplan	15926.69	80			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Managed Care Inc	Managed Care Inc	17917.52	90			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Horizon	Medicare Blue	5972.51	30			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		UHC	Medicaid	6060.1	30.44			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Qualcare	Qualcare	14931.27	75			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		WellPoint	WellPoint	6181.55	31.05			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Three Rivers	Three Rivers	18912.94	95			5972.51	18912.94	percent of total billed charges	
HC NEUROSURGICAL ICU ROOM DAILY	10000000007	LOCAL				inpatient			19908.36		Wellcare	Medicaid	6060.1	30.44			5972.51	18912.94	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Americare	Americare	18332.46	75			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		WellPoint	WellPoint	7589.64	31.05			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Aetna	Better Health	7440.53	30.44			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		First Health	First Health	17110.3	70			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Aetna	Commercial	9288.45	38			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		UHC	Medicaid	7440.53	30.44			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Amerihealth	HMO/PPO	15888.13	65			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Horizon	MGD	9356.89	38.28			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Consumer	Consumer	23221.12	95			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Horizon	PPO	9356.89	38.28			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		First Trenton	First Trenton	21998.95	90			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Three Rivers	Three Rivers	23221.12	95			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Aetna	Medicare	7528.53	30.8			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Corrections	Corrections	19554.62	80			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Multiplan	Multiplan	19554.62	80			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Managed Care Inc	Managed Care Inc	21998.95	90			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Qualcare	Qualcare	18332.46	75			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Horizon	Indemnity	9356.89	38.28			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Wellcare	Medicaid	7440.53	30.44			7332.98	23221.12	percent of total billed charges	
HC SURGICAL ICU ROOM DAILY	10000000008	LOCAL				inpatient			24443.28		Horizon	Medicare Blue	7332.98	30			7332.98	23221.12	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Aetna	Better Health	5635.36	30.44			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Aetna	Commercial	7034.94	38			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Managed Care Inc	Managed Care Inc	16661.7	90			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		First Health	First Health	12959.1	70			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Consumer	Consumer	17587.35	95			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Aetna	Medicare	5702	30.8			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Amerihealth	HMO/PPO	12033.45	65			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		First Trenton	First Trenton	16661.7	90			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Americare	Americare	13884.75	75			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Horizon	Medicare Blue	5553.9	30			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		WellPoint	WellPoint	5748.29	31.05			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Horizon	MGD	7086.78	38.28			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Corrections	Corrections	14810.4	80			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Wellcare	Medicaid	5635.36	30.44			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Horizon	Indemnity	7086.78	38.28			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Horizon	PPO	7086.78	38.28			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Multiplan	Multiplan	14810.4	80			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Three Rivers	Three Rivers	17587.35	95			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		Qualcare	Qualcare	13884.75	75			5553.9	17587.35	percent of total billed charges	
HC NEONATAL ICU ROOM DAILY	10000000009	LOCAL				inpatient			18513		UHC	Medicaid	5635.36	30.44			5553.9	17587.35	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Corrections	Corrections	2643.02	80			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Aetna	Commercial	1255.44	38			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		UHC	Medicaid	1005.67	30.44			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		WellPoint	WellPoint	1025.82	31.05			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Americare	Americare	2477.84	75			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Aetna	Better Health	1005.67	30.44			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Horizon	Indemnity	1264.69	38.28			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Aetna	Medicare	1017.56	30.8			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		First Trenton	First Trenton	2973.4	90			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Amerihealth	HMO/PPO	2147.46	65			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Horizon	MGD	1264.69	38.28			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Consumer	Consumer	3138.59	95			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Horizon	PPO	1264.69	38.28			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Horizon	Medicare Blue	991.13	30			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Managed Care Inc	Managed Care Inc	2973.4	90			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		First Health	First Health	2312.65	70			991.13	3138.59	percent of total billed charges	
HC NEWBORN NURSERY ROOM DAILY	10000000010	LOCAL				inpatient			3303.78		Three Rivers	Three Rivers	3138.59	95			991.13	3138.59	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
HC NEWBORN NURSERY ROOM DAILY	1000000010	LOCAL				inpatient			3303.78		Multiplan	Multiplan	2643.02	80			991.13	3138.59	percent of total billed charges						
HC NEWBORN NURSERY ROOM DAILY	1000000010	LOCAL				inpatient			3303.78		Wellcare	Medicaid	1005.67	30.44			991.13	3138.59	percent of total billed charges						
HC NEWBORN NURSERY ROOM DAILY	1000000010	LOCAL				inpatient			3303.78		Qualcare	Qualcare	2477.84	75			991.13	3138.59	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Horizon	MGD	1366.6	38.28			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Horizon	PPO	1366.6	38.28			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Consumer	Consumer	3391.5	95			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Amerihealth	HMO/PPO	2320.5	65			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Aetna	Commercial	1356.6	38			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Aetna	Medicare	1099.56	30.8			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Americare	Americare	2677.5	75			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Aetna	Better Health	1086.71	30.44			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Corrections	Corrections	2856	80			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		First Health	First Health	2499	70			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Three Rivers	Three Rivers	3391.5	95			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Multiplan	Multiplan	2856	80			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Horizon	Indemnity	1366.6	38.28			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Wellcare	Medicaid	1086.71	30.44			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		First Trenton	First Trenton	3213	90			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Qualcare	Qualcare	2677.5	75			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Horizon	Medicare Blue	1071	30			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		UHC	Medicaid	1086.71	30.44			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		Managed Care Inc	Managed Care Inc	3213	90			1071	3391.5	percent of total billed charges						
HC INTERMEDIATE NURSERY ROOM DAILY	1000000011	LOCAL				inpatient			3570		WellPoint	WellPoint	1108.49	31.05			1071	3391.5	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Amerihealth	HMO/PPO	932.84	65			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		First Trenton	First Trenton	1291.63	90			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Consumer	Consumer	1363.38	95			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Americare	Americare	1076.36	75			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Aetna	Better Health	436.86	30.44			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Aetna	Medicare	442.02	30.8			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Corrections	Corrections	1148.11	80			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Aetna	Commercial	545.35	38			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		First Health	First Health	1004.6	70			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Horizon	PPO	549.37	38.28			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Three Rivers	Three Rivers	1363.38	95			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Horizon	Indemnity	549.37	38.28			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Horizon	Medicare Blue	430.54	30			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Horizon	MGD	549.37	38.28			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Multiplan	Multiplan	1148.11	80			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Managed Care Inc	Managed Care Inc	1291.63	90			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Qualcare	Qualcare	1076.36	75			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		UHC	Medicaid	436.86	30.44			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		Wellcare	Medicaid	436.86	30.44			430.54	1363.38	percent of total billed charges						
HC BOARDER BABY ROOM DAILY	1000000012	LOCAL				inpatient			1435.14		WellPoint	WellPoint	445.61	31.05			430.54	1363.38	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Americare	Americare	765	75			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		First Trenton	First Trenton	918	90			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Aetna	Better Health	310.49	30.44			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Aetna	Medicare	314.16	30.8			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Consumer	Consumer	969	95			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		First Health	First Health	714	70			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Amerihealth	HMO/PPO	663	65			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Horizon	MGD	390.46	38.28			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Horizon	Indemnity	390.46	38.28			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Wellcare	Medicaid	310.49	30.44			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Aetna	Commercial	387.6	38			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		UHC	Medicaid	310.49	30.44			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Managed Care Inc	Managed Care Inc	918	90			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Corrections	Corrections	816	80			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Horizon	PPO	390.46	38.28			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Horizon	Medicare Blue	306	30			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Qualcare	Qualcare	765	75			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		WellPoint	WellPoint	316.71	31.05			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Three Rivers	Three Rivers	969	95			306	969	percent of total billed charges						
HC SERENITY HOSPICE ROOM CHARGE	1000000013	LOCAL				inpatient			1020		Multiplan	Multiplan	816	80			306	969	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Amerihealth	HMO/PPO	5963.02	65			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Americare	Americare	6880.41	75			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Aetna	Commercial	3486.07	38			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Horizon	Indemnity	3511.76	38.28			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Aetna	Better Health	2792.53	30.44			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Corrections	Corrections	7339.1	80			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Aetna	Medicare	2825.56	30.8			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		First Trenton	First Trenton	8256.49	90			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		First Health	First Health	6421.72	70			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Horizon	MGD	3511.76	38.28			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		WellPoint	WellPoint	2848.49	31.05			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Horizon	PPO	3511.76	38.28			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Consumer	Consumer	8715.19	95			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		UHC	Medicaid	2792.53	30.44			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Multiplan	Multiplan	7339.1	80			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Managed Care Inc	Managed Care Inc	8256.49	90			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Horizon	Medicare Blue	2752.16	30			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Three Rivers	Three Rivers	8715.19	95			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Qualcare	Qualcare	6880.41	75			2752.16	8715.19	percent of total billed charges						
HC PSYCH SEMI-PRIVATE ROOM DAILY	1000000015	LOCAL				inpatient			9173.88		Wellcare	Medicaid	2792.53	30.44			2752.16	8715.19	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Americare	Americare	841.5	75			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Amerihealth	HMO/PPO	729.3	65			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Aetna	Commercial	426.36	38			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Consumer	Consumer	1065.9	95			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		First Trenton	First Trenton	1009.8	90			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Horizon	Indemnity	429.5	38.28			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Aetna	Medicare	345.58	30.8			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Aetna	Better Health	341.54	30.44			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Horizon	PPO	429.5	38.28			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Multiplan	Multiplan	897.6	80			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Horizon	MGD	429.5	38.28			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Corrections	Corrections	897.6	80			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Managed Care Inc	Managed Care Inc	1009.8	90			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Qualcare	Qualcare	841.5	75			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		WellPoint	WellPoint	348.38	31.05			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		First Health	First Health	785.4	70			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		UHC	Medicaid	341.54	30.44			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Horizon	Medicare Blue	336.6	30			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Three Rivers	Three Rivers	1065.9	95			336.6	1065.9	percent of total billed charges						
HC IP TELEMETRY DAILY	1000000016	LOCAL				both			1122		Wellcare	Medicaid	341.54	30.44			336.6	1065.9	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Corrections	Corrections	39.17	80			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Amerihealth	HMO/PPO	31.82	65			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Aetna	Medicare	15.08	30.8			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		WellPoint	WellPoint	15.2	31.05			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Aetna	Better Health	14.9	30.44			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Americare	Americare	36.72	75			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		First Health	First Health	34.27	70			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		First Trenton	First Trenton	44.06	90			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Aetna	Commercial	18.6	38			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Multiplan	Multiplan	39.17	80			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Horizon	MGD	18.74	38.28			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Horizon	Indemnity	18.74	38.28			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Horizon	Medicare Blue	14.69	30			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Consumer	Consumer	46.51	95			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		UHC	Medicaid	14.9	30.44			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Horizon	PPO	18.74	38.28			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Wellcare	Medicaid	14.9	30.44			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Qualcare	Qualcare	36.72	75			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Managed Care Inc	Managed Care Inc	44.06	90			14.69	46.51	percent of total billed charges						
AMB SUP CORNEAL BURR TIP	2410000000	LOCAL				both			48.96		Three Rivers	Three Rivers	46.51	95			14.69	46.51	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Amerihealth	HMO/PPO	1.17	65			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Americare	Americare	1.35	75			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Horizon	Indemnity	0.69	38.28			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Aetna	Better Health	0.55	30.44			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		First Health	First Health	1.26	70			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Aetna	Commercial	0.68	38			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		First Trenton	First Trenton	1.62	90			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Corrections	Corrections	1.44	80			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		UHC	Medicaid	0.55	30.44			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Aetna	Medicare	0.55	30.8			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Horizon	Medicare Blue	0.54	30			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Consumer	Consumer	1.71	95			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Multiplan	Multiplan	1.44	80			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Horizon	MGD	0.69	38.28			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Managed Care Inc	Managed Care Inc	1.62	90			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Qualcare	Qualcare	1.35	75			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Horizon	PPO	0.69	38.28			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Three Rivers	Three Rivers	1.71	95			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		WellPoint	WellPoint	0.56	31.05			0.54	1.71	percent of total billed charges						
AMB SUP CALCIUM ALGINATE SWAB	2410000005	LOCAL				both			1.8		Wellcare	Medicaid	0.55	30.44			0.54	1.71	percent of total billed charges						
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Aetna	Medicare	6.09	30.8			5.93	18.77	percent of total billed charges						
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Consumer	Consumer	18.77	95			5.93	18.77	percent of total billed charges						
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Aetna	Commercial	7.51	38			5.93	18.77	percent of total billed charges						
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Amerihealth	HMO/PPO	12.84	65			5.93	18.77	percent of total billed charges						
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Horizon	PPO	7.56	38.28			5.93	18.77	percent of total billed charges						

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Americare	Americare	14.82	75			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Horizon	MGD	7.56	38.28			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Aetna	Better Health	6.01	30.44			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		First Health	First Health	13.83	70			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Corrections	Corrections	15.81	80			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Wellcare	Medicaid	6.01	30.44			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Multiplan	Multiplan	15.81	80			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Three Rivers	Three Rivers	18.77	95			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		First Trenton	First Trenton	17.78	90			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Horizon	Indemnity	7.56	38.28			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Qualcare	Qualcare	14.82	75			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Horizon	Medicare Blue	5.93	30			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		UHC	Medicaid	6.01	30.44			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		Managed Care Inc	Managed Care Inc	17.78	90			5.93	18.77	percent of total billed charges	
AMB SUP APPLICATOR PHENOL	2410000006	LOCAL				both			19.76		WellPoint	WellPoint	6.14	31.05			5.93	18.77	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Aetna	Commercial	43.02	38			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Americare	Americare	84.92	75			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		First Trenton	First Trenton	101.9	90			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Amerihealth	HMO/PPO	73.59	65			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Aetna	Medicare	34.87	30.8			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Consumer	Consumer	107.56	95			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Horizon	PPO	43.34	38.28			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Aetna	Better Health	34.46	30.44			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		First Health	First Health	79.25	70			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Three Rivers	Three Rivers	107.56	95			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Managed Care Inc	Managed Care Inc	101.9	90			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Multiplan	Multiplan	90.58	80			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Horizon	MGD	43.34	38.28			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Corrections	Corrections	90.58	80			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		WellPoint	WellPoint	35.15	31.05			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Horizon	Medicare Blue	33.97	30			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		UHC	Medicaid	34.46	30.44			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Horizon	Indemnity	43.34	38.28			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Wellcare	Medicaid	34.46	30.44			33.97	107.56	percent of total billed charges	
AMB SUP ASPIRATOR UTERINE	2410000007	LOCAL				both			113.22		Qualcare	Qualcare	84.92	75			33.97	107.56	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Aetna	Better Health	2.81	30.44			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Aetna	Medicare	2.84	30.8			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Americare	Americare	6.92	75			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Amerihealth	HMO/PPO	5.99	65			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Aetna	Commercial	3.5	38			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		First Health	First Health	6.45	70			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Consumer	Consumer	8.76	95			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		First Trenton	First Trenton	8.3	90			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Multiplan	Multiplan	7.38	80			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Horizon	PPO	3.53	38.28			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Corrections	Corrections	7.38	80			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Horizon	Indemnity	3.53	38.28			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Three Rivers	Three Rivers	8.76	95			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Horizon	Medicare Blue	2.77	30			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		WellPoint	WellPoint	2.86	31.05		2.57	2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Managed Care Inc	Managed Care Inc	8.3	90			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Horizon	MGD	3.53	38.28		5.02	2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Qualcare	Qualcare	6.92	75			2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		UHC	Medicaid	2.81	30.44		1.76	2.77	8.76	percent of total billed charges	
AMB SUP BAND EXERCISE PER 2 YARDS	2410000009	LOCAL				both			9.22		Wellcare	Medicaid	2.81	30.44		2.85	2.77	8.76	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		First Health	First Health	269.04	70			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Horizon	Medicare Blue	115.3	30			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Aetna	Better Health	116.99	30.44			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Aetna	Medicare	118.38	30.8			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Consumer	Consumer	365.12	95			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		WellPoint	WellPoint	119.34	31.05			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Corrections	Corrections	307.47	80			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Americare	Americare	288.26	75			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		First Trenton	First Trenton	345.91	90			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Horizon	MGD	147.13	38.28			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Aetna	Commercial	146.05	38			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Horizon	PPO	147.13	38.28			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Amerihealth	HMO/PPO	249.82	65			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Managed Care Inc	Managed Care Inc	345.91	90			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Horizon	Indemnity	147.13	38.28			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Three Rivers	Three Rivers	365.12	95			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Multiplan	Multiplan	307.47	80			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		UHC	Medicaid	116.99	30.44			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Qualcare	Qualcare	288.26	75			115.3	365.12	percent of total billed charges	
AMB SUP BLADE REMOVAL SCREW	2410000014	LOCAL				both			384.34		Wellcare	Medicaid	116.99	30.44			115.3	365.12	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Americare	Americare	50.19	75			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		WellPoint	WellPoint	20.78	31.05			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Aetna	Better Health	20.37	30.44			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		UHC	Medicaid	20.37	30.44			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Corrections	Corrections	53.54	80			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Aetna	Medicare	20.61	30.8			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Aetna	Commercial	25.43	38			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Horizon	Indemnity	25.62	38.28			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		First Trenton	First Trenton	60.23	90			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Consumer	Consumer	63.57	95			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Horizon	Medicare Blue	20.08	30			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		First Health	First Health	46.84	70			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Horizon	MGD	25.62	38.28			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Amerihealth	HMO/PPO	43.5	65			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Horizon	PPO	25.62	38.28			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Wellcare	Medicaid	20.37	30.44			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Managed Care Inc	Managed Care Inc	60.23	90			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Multiplan	Multiplan	53.54	80			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Three Rivers	Three Rivers	63.57	95			20.08	63.57	percent of total billed charges	
AMB SUP BLOCK EXERCISE R-LITE	2410000015	LOCAL				both			66.92		Qualcare	Qualcare	50.19	75			20.08	63.57	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		First Trenton	First Trenton	95.71	90			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		First Health	First Health	74.44	70			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Americare	Americare	79.76	75			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Aetna	Medicare	32.75	30.8			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Horizon	PPO	40.71	38.28			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Aetna	Better Health	32.37	30.44			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Amerihealth	HMO/PPO	69.12	65			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Consumer	Consumer	101.02	95			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Managed Care Inc	Managed Care Inc	95.71	90			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Wellcare	Medicaid	32.37	30.44			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Multiplan	Multiplan	85.07	80			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Corrections	Corrections	85.07	80			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		UHC	Medicaid	32.37	30.44			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Aetna	Commercial	40.41	38			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Horizon	Indemnity	40.71	38.28			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Horizon	MGD	40.71	38.28			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Three Rivers	Three Rivers	101.02	95			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		WellPoint	WellPoint	33.02	31.05			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Horizon	Medicare Blue	31.9	30			31.9	101.02	percent of total billed charges	
AMB SUP BOOT CAST SLIMLINE	2410000016	LOCAL				both			106.34		Qualcare	Qualcare	79.76	75			31.9	101.02	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Americare	Americare	8.14	75			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Aetna	Better Health	3.3	30.44			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Aetna	Medicare	3.34	30.8			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Aetna	Commercial	4.12	38			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Wellcare	Medicaid	3.3	30.44			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		First Health	First Health	7.6	70			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		WellPoint	WellPoint	3.37	31.05			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Corrections	Corrections	8.68	80			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Horizon	MGD	4.15	38.28			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Consumer	Consumer	10.31	95			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		UHC	Medicaid	3.3	30.44			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Amerihealth	HMO/PPO	7.05	65			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		First Trenton	First Trenton	9.77	90			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Multiplan	Multiplan	8.68	80			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Horizon	Indemnity	4.15	38.28			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Qualcare	Qualcare	8.14	75			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Horizon	Medicare Blue	3.26	30			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Horizon	PPO	4.15	38.28			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Managed Care Inc	Managed Care Inc	9.77	90			3.26	10.31	percent of total billed charges	
AMB SUP LACRIMAL CANNULA	2410000031	LOCAL				both			10.85		Three Rivers	Three Rivers	10.31	95			3.26	10.31	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Aetna	Medicare	149.23	30.8			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Corrections	Corrections	387.6	80			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Aetna	Better Health	147.48	30.44			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		First Health	First Health	339.15	70			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Americare	Americare	363.38	75			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		First Trenton	First Trenton	436.05	90			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Aetna	Commercial	184.11	38			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Horizon	MGD	185.47	38.28			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Amerihealth	HMO/PPO	314.93	65			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Horizon	Indemnity	185.47	38.28			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		WellPoint	WellPoint	150.44	31.05			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Horizon	PPO	185.47	38.28			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Consumer	Consumer	460.28	95			145.35	460.28	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Horizon	Medicare Blue	145.35	30			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Multiplan	Multiplan	387.6	80			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Managed Care Inc	Managed Care Inc	436.05	90			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		UHC	Medicaid	147.48	30.44			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Three Rivers	Three Rivers	460.28	95			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Qualcare	Qualcare	363.38	75			145.35	460.28	percent of total billed charges	
AMB SUP CAST PADDING	2410000032	LOCAL				both			484.5		Wellcare	Medicaid	147.48	30.44			145.35	460.28	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Horizon	MGD	14.45	38.28			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Consumer	Consumer	35.87	95			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Corrections	Corrections	30.21	80			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Aetna	Better Health	11.49	30.44			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Americare	Americare	28.32	75			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Aetna	Medicare	11.63	30.8			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		First Trenton	First Trenton	33.98	90			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Amerihealth	HMO/PPO	24.54	65			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Horizon	Indemnity	14.45	38.28			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		First Health	First Health	26.43	70			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Managed Care Inc	Managed Care Inc	33.98	90			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Aetna	Commercial	14.35	38			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Horizon	Medicare Blue	11.33	30			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		UHC	Medicaid	11.49	30.44			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Horizon	PPO	14.45	38.28			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Qualcare	Qualcare	28.32	75			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Three Rivers	Three Rivers	35.87	95			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Multiplan	Multiplan	30.21	80			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		WellPoint	WellPoint	11.72	31.05			11.33	35.87	percent of total billed charges	
AMB SUP ELECTROSURG CAUTERY - HAND HELD	2410000037	LOCAL				both			37.76		Wellcare	Medicaid	11.49	30.44			11.33	35.87	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Corrections	Corrections	3.41	80			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Aetna	Commercial	1.62	38			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Horizon	MGD	1.63	38.28			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Americare	Americare	3.2	75			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Aetna	Better Health	1.3	30.44			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		First Health	First Health	2.98	70			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Wellcare	Medicaid	1.3	30.44			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Horizon	Medicare Blue	1.28	30			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		WellPoint	WellPoint	1.32	31.05			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Aetna	Medicare	1.31	30.8			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Consumer	Consumer	4.05	95			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Amerihealth	HMO/PPO	2.77	65			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		First Trenton	First Trenton	3.83	90			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Multiplan	Multiplan	3.41	80			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Horizon	Indemnity	1.63	38.28			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Qualcare	Qualcare	3.2	75			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Horizon	PPO	1.63	38.28			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		UHC	Medicaid	1.3	30.44			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Managed Care Inc	Managed Care Inc	3.83	90			1.28	4.05	percent of total billed charges	
AMB SUP CURETTE	2410000039	LOCAL				both			4.26		Three Rivers	Three Rivers	4.05	95			1.28	4.05	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Aetna	Better Health	14.9	30.44			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Amerihealth	HMO/PPO	31.82	65			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		First Health	First Health	34.27	70			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		First Trenton	First Trenton	44.06	90			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Corrections	Corrections	39.17	80			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Americare	Americare	36.72	75			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Aetna	Commercial	18.6	38			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Horizon	Indemnity	18.74	38.28			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Consumer	Consumer	46.51	95			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Multiplan	Multiplan	39.17	80			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Wellcare	Medicaid	14.9	30.44			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Managed Care Inc	Managed Care Inc	44.06	90			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Horizon	Medicare Blue	14.69	30			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Qualcare	Qualcare	36.72	75			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Aetna	Medicare	15.08	30.8			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Horizon	PPO	18.74	38.28			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Horizon	MGD	18.74	38.28			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		Three Rivers	Three Rivers	46.51	95			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		UHC	Medicaid	14.9	30.44			14.69	46.51	percent of total billed charges	
AMB SUP DEPRESSOR	2410000040	LOCAL				both			48.96		WellPoint	WellPoint	15.2	31.05			14.69	46.51	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		First Trenton	First Trenton	46.82	90			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Consumer	Consumer	49.42	95			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Aetna	Medicare	16.02	30.8			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Aetna	Better Health	15.83	30.44			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Amerihealth	HMO/PPO	33.81	65			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		First Health	First Health	36.41	70			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Americare	Americare	39.02	75			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Corrections	Corrections	41.62	80			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Horizon	PPO	19.91	38.28			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Three Rivers	Three Rivers	49.42	95			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Horizon	MGD	19.91	38.28			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Aetna	Commercial	19.77	38			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Horizon	Indemnity	19.91	38.28			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Multiplan	Multiplan	41.62	80			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Managed Care Inc	Managed Care Inc	46.82	90			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		UHC	Medicaid	15.83	30.44			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Horizon	Medicare Blue	15.61	30			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Qualcare	Qualcare	39.02	75			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		WellPoint	WellPoint	16.15	31.05			15.61	49.42	percent of total billed charges	
AMB SUP DILATOR CERVICAL	2410000041	LOCAL				both			52.02		Wellcare	Medicaid	15.83	30.44			15.61	49.42	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Horizon	MGD	30.22	38.28			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Aetna	Better Health	24.03	30.44			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Americare	Americare	59.21	75			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Aetna	Commercial	30	38			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Horizon	Medicare Blue	23.69	30			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Aetna	Medicare	24.32	30.8			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		First Trenton	First Trenton	71.06	90			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Corrections	Corrections	63.16	80			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Wellcare	Medicaid	24.03	30.44			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		UHC	Medicaid	24.03	30.44			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Horizon	PPO	30.22	38.28			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Amerihealth	HMO/PPO	51.32	65			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Managed Care Inc	Managed Care Inc	71.06	90			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Consumer	Consumer	75	95			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Three Rivers	Three Rivers	75	95			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		WellPoint	WellPoint	24.51	31.05			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		First Health	First Health	55.27	70			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Horizon	Indemnity	30.22	38.28			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Multiplan	Multiplan	63.16	80			23.69	75	percent of total billed charges	
AMB SUP ELECTRODE ELECTROSURGICAL	2410000042	LOCAL				both			78.95		Qualcare	Qualcare	59.21	75			23.69	75	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Aetna	Commercial	3.63	38			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Consumer	Consumer	9.08	95			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Americare	Americare	7.17	75			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Horizon	MGD	3.66	38.28			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Amerihealth	HMO/PPO	6.21	65			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Aetna	Better Health	2.91	30.44			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Corrections	Corrections	7.65	80			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		First Health	First Health	6.69	70			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Horizon	Medicare Blue	2.87	30		1.8	2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Aetna	Medicare	2.94	30.8			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Horizon	Indemnity	3.66	38.28			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		UHC	Medicaid	2.91	30.44			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Qualcare	Qualcare	7.17	75			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		WellPoint	WellPoint	2.97	31.05			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		First Trenton	First Trenton	8.6	90			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Multiplan	Multiplan	7.65	80			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Horizon	PPO	3.66	38.28			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Wellcare	Medicaid	2.91	30.44			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Managed Care Inc	Managed Care Inc	8.6	90			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISE PUTTY PER 5 OZ	2410000044	LOCAL				both			9.56		Three Rivers	Three Rivers	9.08	95			2.87	9.08	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		UHC	Medicaid	2.74	30.44			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Aetna	Commercial	3.42	38			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Aetna	Better Health	2.74	30.44			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Horizon	MGD	3.45	38.28			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		First Health	First Health	6.3	70			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Corrections	Corrections	7.2	80			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Horizon	Indemnity	3.45	38.28			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Americare	Americare	6.75	75			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Aetna	Medicare	2.77	30.8			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Wellcare	Medicaid	2.74	30.44			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Horizon	Medicare Blue	2.7	30			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Consumer	Consumer	8.55	95			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Amerihealth	HMO/PPO	5.85	65			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		First Trenton	First Trenton	8.1	90			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		WellPoint	WellPoint	2.79	31.05			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Horizon	PPO	3.45	38.28			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Multiplan	Multiplan	7.2	80			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Managed Care Inc	Managed Care Inc	8.1	90			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Qualcare	Qualcare	6.75	75			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER HAND T-FOAM	2410000045	LOCAL				both			9		Three Rivers	Three Rivers	8.55	95			2.7	8.55	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Wellcare	Medicaid	0.77	30.44			0.76	2.41	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		First Health	First Health	1.78	70			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Aetna	Better Health	0.77	30.44			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Corrections	Corrections	2.03	80			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Americare	Americare	1.91	75			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		First Trenton	First Trenton	2.29	90			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Aetna	Medicare	0.78	30.8			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Amerihealth	HMO/PPO	1.65	65			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Consumer	Consumer	2.41	95			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Horizon	Indemnity	0.97	38.28			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Aetna	Commercial	0.97	38			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Horizon	Medicare Blue	0.76	30			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		WellPoint	WellPoint	0.79	31.05			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Horizon	PPO	0.97	38.28			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Horizon	MGD	0.97	38.28			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Managed Care Inc	Managed Care Inc	2.29	90			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Multiplan	Multiplan	2.03	80			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Three Rivers	Three Rivers	2.41	95			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		Qualcare	Qualcare	1.91	75			0.76	2.41	percent of total billed charges	
AMB SUP EXERCISER TEMPER FOAM	2410000046	LOCAL				both			2.54		UHC	Medicaid	0.77	30.44			0.76	2.41	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Amerihealth	HMO/PPO	200.03	65			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Aetna	Better Health	93.68	30.44			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		WellPoint	WellPoint	95.55	31.05			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Americare	Americare	230.81	75			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Aetna	Commercial	116.94	38			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		UHC	Medicaid	93.68	30.44			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Consumer	Consumer	292.35	95			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Corrections	Corrections	246.19	80			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Qualcare	Qualcare	230.81	75			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Horizon	Indemnity	117.8	38.28			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		First Health	First Health	215.42	70			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Horizon	MGD	117.8	38.28			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Aetna	Medicare	94.78	30.8			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		First Trenton	First Trenton	276.97	90			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Horizon	Medicare Blue	92.32	30			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Horizon	PPO	117.8	38.28			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Multiplan	Multiplan	246.19	80			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Managed Care Inc	Managed Care Inc	276.97	90			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Wellcare	Medicaid	93.68	30.44			92.32	292.35	percent of total billed charges	
AMB SUP EYE PATCH YOUTH/JUNIOR	2410000047	LOCAL				both			307.74		Three Rivers	Three Rivers	292.35	95			92.32	292.35	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Aetna	Commercial	83.72	38			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Americare	Americare	165.24	75			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Corrections	Corrections	176.26	80			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Horizon	MGD	84.34	38.28			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		First Health	First Health	154.22	70			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Horizon	Medicare Blue	66.1	30			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Aetna	Better Health	67.07	30.44			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Wellcare	Medicaid	67.07	30.44			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Aetna	Medicare	67.86	30.8			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		WellPoint	WellPoint	68.41	31.05			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Amerihealth	HMO/PPO	143.21	65			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Consumer	Consumer	209.3	95			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Multiplan	Multiplan	176.26	80			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		First Trenton	First Trenton	198.29	90			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Qualcare	Qualcare	165.24	75			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Horizon	Indemnity	84.34	38.28			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		UHC	Medicaid	67.07	30.44			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Horizon	PPO	84.34	38.28			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Managed Care Inc	Managed Care Inc	198.29	90			66.1	209.3	percent of total billed charges	
AMB SUP HOOK RETRACTION IUD REMOVAL	2410000048	LOCAL				both			220.32		Three Rivers	Three Rivers	209.3	95			66.1	209.3	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Aetna	Commercial	91.25	38			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Americare	Americare	180.09	75			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		First Trenton	First Trenton	216.11	90			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Aetna	Better Health	73.09	30.44			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Aetna	Medicare	73.96	30.8			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Corrections	Corrections	192.1	80			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Horizon	PPO	91.92	38.28			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Amerihealth	HMO/PPO	156.08	65			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Horizon	MGD	91.92	38.28			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Consumer	Consumer	228.11	95			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Managed Care Inc	Managed Care Inc	216.11	90			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Horizon	Medicare Blue	72.04	30			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		UHC	Medicaid	73.09	30.44			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Horizon	Indemnity	91.92	38.28			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		WellPoint	WellPoint	74.56	31.05			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		First Health	First Health	168.08	70			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Wellcare	Medicaid	73.09	30.44			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Three Rivers	Three Rivers	228.11	95			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Multiplan	Multiplan	192.1	80			72.04	228.11	percent of total billed charges	
AMB SUP KIT EAR WASH	2410000052	LOCAL				both			240.12		Qualcare	Qualcare	180.09	75			72.04	228.11	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Wellcare	Medicaid	158.35	30.44			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Corrections	Corrections	416.16	80			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		WellPoint	WellPoint	161.52	31.05			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Aetna	Better Health	158.35	30.44			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Aetna	Commercial	197.68	38			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Americare	Americare	390.15	75			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Aetna	Medicare	160.22	30.8			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		First Health	First Health	364.14	70			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Amerihealth	HMO/PPO	338.13	65			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Consumer	Consumer	494.19	95			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Horizon	MGD	199.13	38.28			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Horizon	Indemnity	199.13	38.28			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Multiplan	Multiplan	416.16	80			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		First Trenton	First Trenton	468.18	90			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		UHC	Medicaid	158.35	30.44			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Horizon	Medicare Blue	156.06	30			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Qualcare	Qualcare	390.15	75			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Horizon	PPO	199.13	38.28			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Managed Care Inc	Managed Care Inc	468.18	90			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE JEJUNOSTOMY	2410000054	LOCAL				both			520.2		Three Rivers	Three Rivers	494.19	95			156.06	494.19	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Aetna	Medicare	23.56	30.8			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Horizon	Indemnity	29.28	38.28			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Aetna	Better Health	23.29	30.44			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Aetna	Commercial	29.07	38			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		First Trenton	First Trenton	68.85	90			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Americare	Americare	57.38	75			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Amerihealth	HMO/PPO	49.73	65			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		WellPoint	WellPoint	23.75	31.05			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Corrections	Corrections	61.2	80			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Consumer	Consumer	72.68	95			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Horizon	PPO	29.28	38.28			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		First Health	First Health	53.55	70			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Horizon	MGD	29.28	38.28			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Horizon	Medicare Blue	22.95	30			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Managed Care Inc	Managed Care Inc	68.85	90			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Multiplan	Multiplan	61.2	80			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		UHC	Medicaid	23.29	30.44			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Wellcare	Medicaid	23.29	30.44			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Three Rivers	Three Rivers	72.68	95			22.95	72.68	percent of total billed charges	
AMB SUP KIT TUBE SUCTION	2410000055	LOCAL				both			76.5		Qualcare	Qualcare	57.38	75			22.95	72.68	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		UHC	Medicaid	26.33	30.44			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Consumer	Consumer	82.18	95			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		First Health	First Health	60.56	70			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Aetna	Commercial	32.87	38			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		First Trenton	First Trenton	77.86	90			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Americare	Americare	64.88	75			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Aetna	Better Health	26.33	30.44			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Corrections	Corrections	69.21	80			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Horizon	PPO	33.12	38.28			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Horizon	Indemnity	33.12	38.28			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Wellcare	Medicaid	26.33	30.44			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Aetna	Medicare	26.65	30.8			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Managed Care Inc	Managed Care Inc	77.86	90			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Amerihealth	HMO/PPO	56.23	65			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		WellPoint	WellPoint	26.86	31.05			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Horizon	Medicare Blue	25.95	30			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Horizon	MGD	33.12	38.28			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Multiplan	Multiplan	69.21	80			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Three Rivers	Three Rivers	82.18	95			25.95	82.18	percent of total billed charges	
AMB SUP LOOP SURGICAL	2410000056	LOCAL				both			86.51		Qualcare	Qualcare	64.88	75			25.95	82.18	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		First Trenton	First Trenton	129.44	90			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		First Health	First Health	100.67	70			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Aetna	Commercial	54.65	38			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Aetna	Better Health	43.78	30.44			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Americare	Americare	107.87	75			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Amerihealth	HMO/PPO	93.48	65			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Horizon	MGD	55.05	38.28			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Aetna	Medicare	44.3	30.8			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Managed Care Inc	Managed Care Inc	129.44	90			43.15	136.63	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Multiplan	Multiplan	115.06	80			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Horizon	Indemnity	55.05	38.28			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Consumer	Consumer	136.63	95			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Horizon	Medicare Blue	43.15	30			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Corrections	Corrections	115.06	80			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Horizon	PPO	55.05	38.28			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Qualcare	Qualcare	107.87	75			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Three Rivers	Three Rivers	136.63	95			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		UHC	Medicaid	43.78	30.44			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		Wellcare	Medicaid	43.78	30.44			43.15	136.63	percent of total billed charges	
AMB SUP ELECTROSURG MICRODISSECTION NEEDLE	2410000057	LOCAL				both			143.82		WellPoint	WellPoint	44.66	31.05			43.15	136.63	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Americare	Americare	37.87	75			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Aetna	Better Health	15.37	30.44			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Horizon	Medicare Blue	15.15	30			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Aetna	Medicare	15.55	30.8			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		First Trenton	First Trenton	45.44	90			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Aetna	Commercial	19.19	38			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Amerihealth	HMO/PPO	32.82	65			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Consumer	Consumer	47.97	95			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		UHC	Medicaid	15.37	30.44			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		WellPoint	WellPoint	15.68	31.05			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Multiplan	Multiplan	40.39	80			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		First Health	First Health	35.34	70			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Horizon	Indemnity	19.33	38.28			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Corrections	Corrections	40.39	80			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Qualcare	Qualcare	37.87	75			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Horizon	MGD	19.33	38.28			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Horizon	PPO	19.33	38.28			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Wellcare	Medicaid	15.37	30.44			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Managed Care Inc	Managed Care Inc	45.44	90			15.15	47.97	percent of total billed charges	
AMB SUP NEEDLE GUIDE US	2410000058	LOCAL				both			50.49		Three Rivers	Three Rivers	47.97	95			15.15	47.97	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Aetna	Better Health	15.27	30.44			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		UHC	Medicaid	15.27	30.44			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Aetna	Commercial	19.07	38			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Horizon	MGD	19.21	38.28			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Consumer	Consumer	47.67	95			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		First Health	First Health	35.13	70			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Wellcare	Medicaid	15.27	30.44			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		WellPoint	WellPoint	15.58	31.05			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Americare	Americare	37.64	75			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Aetna	Medicare	15.46	30.8			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Corrections	Corrections	40.14	80			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Amerihealth	HMO/PPO	32.62	65			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		First Trenton	First Trenton	45.16	90			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Multiplan	Multiplan	40.14	80			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Horizon	Medicare Blue	15.05	30			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Qualcare	Qualcare	37.64	75			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Horizon	Indemnity	19.21	38.28			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Managed Care Inc	Managed Care Inc	45.16	90			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Horizon	PPO	19.21	38.28			15.05	47.67	percent of total billed charges	
AMB SUP LENS LASER DIAGNOSTIC SINGLE USE	2410000059	LOCAL				both			50.18		Three Rivers	Three Rivers	47.67	95			15.05	47.67	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Horizon	MGD	21.11	38.28			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Consumer	Consumer	52.38	95			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Wellcare	Medicaid	16.78	30.44			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Aetna	Commercial	20.95	38			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Americare	Americare	41.36	75			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Aetna	Better Health	16.78	30.44			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Aetna	Medicare	16.98	30.8			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Corrections	Corrections	44.11	80			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Amerihealth	HMO/PPO	35.84	65			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		First Health	First Health	38.6	70			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Multiplan	Multiplan	44.11	80			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		UHC	Medicaid	16.78	30.44			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Qualcare	Qualcare	41.36	75			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		First Trenton	First Trenton	49.63	90			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		WellPoint	WellPoint	17.12	31.05			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Horizon	Indemnity	21.11	38.28			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Horizon	Medicare Blue	16.54	30			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Horizon	PPO	21.11	38.28			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Managed Care Inc	Managed Care Inc	49.63	90			16.54	52.38	percent of total billed charges	
AMB SUP PACKING NASAL	2410000060	LOCAL				both			55.14		Three Rivers	Three Rivers	52.38	95			16.54	52.38	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		First Health	First Health	26.45	70			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Americare	Americare	28.34	75			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Aetna	Better Health	11.5	30.44			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Corrections	Corrections	30.22	80			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Aetna	Medicare	11.64	30.8			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Amerihealth	HMO/PPO	24.56	65			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Consumer	Consumer	35.89	95			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		First Trenton	First Trenton	34	90			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Horizon	MGD	14.46	38.28			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Multiplan	Multiplan	30.22	80			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Aetna	Commercial	14.36	38			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		WellPoint	WellPoint	11.73	31.05			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		UHC	Medicaid	11.5	30.44			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Qualcare	Qualcare	28.34	75			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Horizon	Medicare Blue	11.33	30			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Horizon	Indemnity	14.46	38.28			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Wellcare	Medicaid	11.5	30.44			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Horizon	PPO	14.46	38.28			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Managed Care Inc	Managed Care Inc	34	90			11.33	35.89	percent of total billed charges	
AMB SUP PENCIL ELECTROSURGICAL	2410000061	LOCAL				both			37.78		Three Rivers	Three Rivers	35.89	95			11.33	35.89	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Aetna	Better Health	25.62	30.44			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Aetna	Commercial	31.98	38		23.03	25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Amerihealth	HMO/PPO	54.7	65			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		First Trenton	First Trenton	75.74	90			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Consumer	Consumer	79.94	95			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Aetna	Medicare	25.92	30.8			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Horizon	Indemnity	32.21	38.28			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Americare	Americare	63.11	75			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		First Health	First Health	58.91	70			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		WellPoint	WellPoint	26.13	31.05			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Multiplan	Multiplan	67.32	80			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Horizon	MGD	32.21	38.28			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Corrections	Corrections	67.32	80			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Horizon	PPO	32.21	38.28			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Qualcare	Qualcare	63.11	75			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Managed Care Inc	Managed Care Inc	75.74	90			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Horizon	Medicare Blue	25.25	30			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		UHC	Medicaid	25.62	30.44			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Three Rivers	Three Rivers	79.94	95			25.25	79.94	percent of total billed charges	
AMB SUP PUNCTAL PLUG SILICONE	2410000064	LOCAL				both			84.15		Wellcare	Medicaid	25.62	30.44			25.25	79.94	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Aetna	Better Health	2.98	30.44			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Americare	Americare	7.34	75			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		First Trenton	First Trenton	8.81	90			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Aetna	Medicare	3.02	30.8			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		First Health	First Health	6.85	70			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Amerihealth	HMO/PPO	6.36	65			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Horizon	PPO	3.75	38.28			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Consumer	Consumer	9.3	95			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Aetna	Commercial	3.72	38			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Multiplan	Multiplan	7.83	80			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Managed Care Inc	Managed Care Inc	8.81	90			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Corrections	Corrections	7.83	80			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Wellcare	Medicaid	2.98	30.44			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Horizon	Indemnity	3.75	38.28			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		UHC	Medicaid	2.98	30.44			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Horizon	MGD	3.75	38.28			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		WellPoint	WellPoint	3.04	31.05			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Three Rivers	Three Rivers	9.3	95			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Horizon	Medicare Blue	2.94	30			2.94	9.3	percent of total billed charges	
AMB SUP PUNCH	2410000068	LOCAL				both			9.79		Qualcare	Qualcare	7.34	75			2.94	9.3	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Horizon	Indemnity	1.23	38.28			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Aetna	Better Health	0.98	30.44			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Aetna	Commercial	1.22	38			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Americare	Americare	2.42	75			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		First Trenton	First Trenton	2.9	90			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Corrections	Corrections	2.58	80			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		First Health	First Health	2.25	70			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Amerihealth	HMO/PPO	2.09	65			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Horizon	PPO	1.23	38.28			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Consumer	Consumer	3.06	95			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Aetna	Medicare	0.99	30.8			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Multiplan	Multiplan	2.58	80			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Managed Care Inc	Managed Care Inc	2.9	90			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		WellPoint	WellPoint	1	31.05			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Horizon	MGD	1.23	38.28			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Qualcare	Qualcare	2.42	75			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		UHC	Medicaid	0.98	30.44			0.97	3.06	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Horizon	Medicare Blue	0.97	30			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Three Rivers	Three Rivers	3.06	95			0.97	3.06	percent of total billed charges	
AMB SUP SANI SCOPE ANASCOPE	2410000069	LOCAL				both			3.22		Wellcare	Medicaid	0.98	30.44			0.97	3.06	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Aetna	Better Health	0.65	30.44			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Aetna	Commercial	0.82	38			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Amerihealth	HMO/PPO	1.4	65			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		First Trenton	First Trenton	1.94	90			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Aetna	Medicare	0.66	30.8			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		First Health	First Health	1.51	70			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Corrections	Corrections	1.72	80			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		UHC	Medicaid	0.65	30.44		0.67	0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Consumer	Consumer	2.04	95			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Horizon	MGD	0.82	38.28			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Horizon	Indemnity	0.82	38.28			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Horizon	PPO	0.82	38.28			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Americare	Americare	1.61	75			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		WellPoint	WellPoint	0.67	31.05			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Multiplan	Multiplan	1.72	80			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Managed Care Inc	Managed Care Inc	1.94	90			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Horizon	Medicare Blue	0.65	30			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Three Rivers	Three Rivers	2.04	95			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Qualcare	Qualcare	1.61	75			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER ALUMINUM	2410000075	LOCAL				both			2.15		Wellcare	Medicaid	0.65	30.44			0.65	2.04	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Aetna	Better Health	13.66	30.44			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		First Trenton	First Trenton	40.4	90			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		First Health	First Health	31.42	70			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Aetna	Medicare	13.83	30.8			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Aetna	Commercial	17.06	38			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Amerihealth	HMO/PPO	29.18	65			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Consumer	Consumer	42.65	95			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Americare	Americare	33.67	75			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		WellPoint	WellPoint	13.94	31.05			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Managed Care Inc	Managed Care Inc	40.4	90			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Multiplan	Multiplan	35.91	80			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Horizon	MGD	17.18	38.28			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Corrections	Corrections	35.91	80			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Horizon	Indemnity	17.18	38.28			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Three Rivers	Three Rivers	42.65	95			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Horizon	PPO	17.18	38.28			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		UHC	Medicaid	13.66	30.44			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Horizon	Medicare Blue	13.47	30			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Wellcare	Medicaid	13.66	30.44			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER DYNAMIC	2410000076	LOCAL				both			44.89		Qualcare	Qualcare	33.67	75			13.47	42.65	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Aetna	Commercial	44.4	38			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Consumer	Consumer	110.99	95			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Americare	Americare	87.62	75			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Aetna	Medicare	35.98	30.8			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Aetna	Better Health	35.56	30.44			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		First Health	First Health	81.78	70			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Amerihealth	HMO/PPO	75.94	65			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Horizon	Medicare Blue	35.05	30			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Horizon	Indemnity	44.72	38.28			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Corrections	Corrections	93.46	80			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Multiplan	Multiplan	93.46	80			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Horizon	MGD	44.72	38.28			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Qualcare	Qualcare	87.62	75			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Horizon	PPO	44.72	38.28			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		UHC	Medicaid	35.56	30.44			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		First Trenton	First Trenton	105.15	90			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Wellcare	Medicaid	35.56	30.44			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Three Rivers	Three Rivers	110.99	95			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		Managed Care Inc	Managed Care Inc	105.15	90			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT FINGER ORTHO COMFY	2410000077	LOCAL				both			116.83		WellPoint	WellPoint	36.28	31.05			35.05	110.99	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Corrections	Corrections	54.13	80			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Americare	Americare	50.75	75			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Aetna	Medicare	20.84	30.8			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Aetna	Better Health	20.6	30.44			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Amerihealth	HMO/PPO	43.98	65			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		First Health	First Health	47.36	70			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Consumer	Consumer	64.28	95			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Aetna	Commercial	25.71	38			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		First Trenton	First Trenton	60.89	90			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Horizon	MGD	25.9	38.28			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Multiplan	Multiplan	54.13	80			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Horizon	Medicare Blue	20.3	30			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Horizon	Indemnity	25.9	38.28			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Horizon	PPO	25.9	38.28			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Managed Care Inc	Managed Care Inc	60.89	90			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Wellcare	Medicaid	20.6	30.44			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Qualcare	Qualcare	50.75	75			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		Three Rivers	Three Rivers	64.28	95			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		WellPoint	WellPoint	21.01	31.05			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT HAND FUNCTIONAL POSTIONAL	2410000078	LOCAL				both			67.66		UHC	Medicaid	20.6	30.44			20.3	64.28	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Americare	Americare	124.48	75			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Aetna	Better Health	50.52	30.44			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		First Health	First Health	116.18	70			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Aetna	Commercial	63.07	38			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Corrections	Corrections	132.78	80			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Amerihealth	HMO/PPO	107.88	65			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Horizon	Indemnity	63.53	38.28			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Aetna	Medicare	51.12	30.8			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		First Trenton	First Trenton	149.37	90			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Consumer	Consumer	157.67	95			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Horizon	MGD	63.53	38.28			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		WellPoint	WellPoint	51.53	31.05			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Horizon	PPO	63.53	38.28			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Multiplan	Multiplan	132.78	80			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		UHC	Medicaid	50.52	30.44			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Horizon	Medicare Blue	49.79	30			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Managed Care Inc	Managed Care Inc	149.37	90			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Qualcare	Qualcare	124.48	75			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Three Rivers	Three Rivers	157.67	95			49.79	157.67	percent of total billed charges	
AMB SUP SPLINT NASAL	2410000079	LOCAL				both			165.97		Wellcare	Medicaid	50.52	30.44			49.79	157.67	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Americare	Americare	22.95	75			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Horizon	Medicare Blue	9.18	30			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		UHC	Medicaid	9.31	30.44		9.01	9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Aetna	Medicare	9.42	30.8			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Aetna	Better Health	9.31	30.44			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Horizon	MGD	11.71	38.28			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Aetna	Commercial	11.63	38			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Consumer	Consumer	29.07	95			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Amerihealth	HMO/PPO	19.89	65			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Wellcare	Medicaid	9.31	30.44			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Horizon	Indemnity	11.71	38.28			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		First Health	First Health	21.42	70			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Multiplan	Multiplan	24.48	80			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Corrections	Corrections	24.48	80			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Qualcare	Qualcare	22.95	75			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		First Trenton	First Trenton	27.54	90			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		WellPoint	WellPoint	9.5	31.05			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Horizon	PPO	11.71	38.28			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Managed Care Inc	Managed Care Inc	27.54	90			9.18	29.07	percent of total billed charges	
AMB SUP STOCKINETTE	2410000087	LOCAL				both			30.6		Three Rivers	Three Rivers	29.07	95			9.18	29.07	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Consumer	Consumer	27.7	95			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Horizon	Medicare Blue	8.75	30			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Aetna	Better Health	8.88	30.44			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		First Trenton	First Trenton	26.24	90			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Aetna	Medicare	8.98	30.8			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Amerihealth	HMO/PPO	18.95	65			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Aetna	Commercial	11.08	38			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Americare	Americare	21.87	75			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Corrections	Corrections	23.33	80			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Multiplan	Multiplan	23.33	80			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		First Health	First Health	20.41	70			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Horizon	Indemnity	11.16	38.28			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		WellPoint	WellPoint	9.05	31.05			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Qualcare	Qualcare	21.87	75			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Horizon	MGD	11.16	38.28			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Horizon	PPO	11.16	38.28			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Three Rivers	Three Rivers	27.7	95			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		UHC	Medicaid	8.88	30.44			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Wellcare	Medicaid	8.88	30.44			8.75	27.7	percent of total billed charges	
AMB SUP SUTURE - ANY	2410000089	LOCAL				both			29.16		Managed Care Inc	Managed Care Inc	26.24	90			8.75	27.7	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Aetna	Commercial	4.46	38			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Americare	Americare	8.8	75			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		UHC	Medicaid	3.57	30.44		2.76	3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Amerihealth	HMO/PPO	7.62	65			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Aetna	Medicare	3.61	30.8			3.52	11.14	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Corrections	Corrections	9.38				3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Horizon	Indemnity	4.49	38.28			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Aetna	Better Health	3.57	30.44			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		First Trenton	First Trenton	10.56	90			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		First Health	First Health	8.21	70			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Horizon	MGD	4.49	38.28			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Consumer	Consumer	11.14	95			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Managed Care Inc	Managed Care Inc	10.56	90			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Horizon	PPO	4.49	38.28		2.06	3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Three Rivers	Three Rivers	11.14	95			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Horizon	Medicare Blue	3.52	30			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		WellPoint	WellPoint	3.64	31.05		3.52	3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Multiplan	Multiplan	9.38	80			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Wellcare	Medicaid	3.57	30.44			3.52	11.14	percent of total billed charges	
AMB SUP TAPE CASTING	2410000090	LOCAL				both			11.73		Qualcare	Qualcare	8.8	75			3.52	11.14	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Horizon	Medicare Blue	5.05	30			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Aetna	Better Health	5.12	30.44			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Corrections	Corrections	13.46	80			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Aetna	Commercial	6.4	38			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Americare	Americare	12.62	75			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Aetna	Medicare	5.18	30.8			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Amerihealth	HMO/PPO	10.94	65			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Horizon	MGD	6.44	38.28			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Wellcare	Medicaid	5.12	30.44			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Consumer	Consumer	15.99	95			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		UHC	Medicaid	5.12	30.44			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		First Trenton	First Trenton	15.15	90			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		First Health	First Health	11.78	70			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Horizon	PPO	6.44	38.28			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		WellPoint	WellPoint	5.23	31.05			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Managed Care Inc	Managed Care Inc	15.15	90			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Horizon	Indemnity	6.44	38.28			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Three Rivers	Three Rivers	15.99	95			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Multiplan	Multiplan	13.46	80			5.05	15.99	percent of total billed charges	
AMB SUP BANGERTER OCCLUSION FOIL	2410000097	LOCAL				both			16.83		Qualcare	Qualcare	12.62	75			5.05	15.99	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Aetna	Medicare	27.58	30.8			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		WellPoint	WellPoint	27.8	31.05			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Corrections	Corrections	71.63	80			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		First Health	First Health	62.68	70			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Americare	Americare	67.16	75			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Horizon	Medicare Blue	26.86	30			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Aetna	Better Health	27.26	30.44			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Consumer	Consumer	85.06	95			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Horizon	MGD	34.28	38.28			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Horizon	Indemnity	34.28	38.28			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Aetna	Commercial	34.03	38			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		First Trenton	First Trenton	80.59	90			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Wellcare	Medicaid	27.26	30.44			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Horizon	PPO	34.28	38.28			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Amerihealth	HMO/PPO	58.2	65			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Managed Care Inc	Managed Care Inc	80.59	90			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Multiplan	Multiplan	71.63	80			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Three Rivers	Three Rivers	85.06	95			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		Qualcare	Qualcare	67.16	75			26.86	85.06	percent of total billed charges	
AMB SUP CONFORMERS - ANY SIZE	2410000098	LOCAL				both			89.54		UHC	Medicaid	27.26	30.44			26.86	85.06	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Aetna	Commercial	110.47	38			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Aetna	Medicare	89.54	30.8			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Amerihealth	HMO/PPO	188.96	65			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Aetna	Better Health	88.49	30.44			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Americare	Americare	218.03	75			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		UHC	Medicaid	88.49	30.44			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Consumer	Consumer	276.17	95			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		First Health	First Health	203.49	70			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Multiplan	Multiplan	232.56	80			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		WellPoint	WellPoint	90.26	31.05			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Horizon	MGD	111.28	38.28			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Horizon	Indemnity	111.28	38.28			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Wellcare	Medicaid	88.49	30.44			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Horizon	PPO	111.28	38.28			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Corrections	Corrections	232.56	80			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Three Rivers	Three Rivers	276.17	95			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Qualcare	Qualcare	218.03	75			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		First Trenton	First Trenton	261.63	90			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Horizon	Medicare Blue	87.21	30			87.21	276.17	percent of total billed charges	
AMB SUP SYMBLEPHARON RINGS	2410000099	LOCAL				both			290.7		Managed Care Inc	Managed Care Inc	261.63	90			87.21	276.17	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Americare	Americare	45.14	75			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Aetna	Medicare	18.54	30.8			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		First Health	First Health	42.13	70			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Aetna	Better Health	18.32	30.44			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Corrections	Corrections	48.15	80			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Consumer	Consumer	57.18	95			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Horizon	MGD	23.04	38.28			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Aetna	Commercial	22.87	38			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		First Trenton	First Trenton	54.17	90			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Amerihealth	HMO/PPO	39.12	65			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Horizon	Medicare Blue	18.06	30			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		WellPoint	WellPoint	18.69	31.05			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Horizon	Indemnity	23.04	38.28			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		UHC	Medicaid	18.32	30.44			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Horizon	PPO	23.04	38.28			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Multiplan	Multiplan	48.15	80			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Managed Care Inc	Managed Care Inc	54.17	90			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Wellcare	Medicaid	18.32	30.44			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Three Rivers	Three Rivers	57.18	95			18.06	57.18	percent of total billed charges	
AMB SUP DERMABOND PROPEN SKIN ADHESIVE	2410000100	LOCAL				both			60.19		Qualcare	Qualcare	45.14	75			18.06	57.18	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Aetna	Better Health	0.61	30.44			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Aetna	Commercial	0.77	38			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		First Trenton	First Trenton	1.82	90			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Horizon	Indemnity	0.77	38.28			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Amerihealth	HMO/PPO	1.31	65			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Consumer	Consumer	1.92	95			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Aetna	Medicare	0.62	30.8			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Americare	Americare	1.52	75			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		First Health	First Health	1.41	70			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		WellPoint	WellPoint	0.63	31.05			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Horizon	MGD	0.77	38.28			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Corrections	Corrections	1.62	80			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Multiplan	Multiplan	1.62	80			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Horizon	PPO	0.77	38.28			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Horizon	Medicare Blue	0.61	30			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Managed Care Inc	Managed Care Inc	1.82	90			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Qualcare	Qualcare	1.52	75			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		UHC	Medicaid	0.61	30.44			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Three Rivers	Three Rivers	1.92	95			0.61	1.92	percent of total billed charges	
AMB SUP WECK-CEL SPEAR	2410000101	LOCAL				both			2.02		Wellcare	Medicaid	0.61	30.44			0.61	1.92	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Aetna	Commercial	0.71	38			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		First Health	First Health	1.31	70			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Aetna	Better Health	0.57	30.44			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Amerihealth	HMO/PPO	1.22	65			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Aetna	Medicare	0.58	30.8			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		First Trenton	First Trenton	1.68	90			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Consumer	Consumer	1.78	95			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Corrections	Corrections	1.5	80			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Horizon	MGD	0.72	38.28			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Horizon	Medicare Blue	0.56	30			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Americare	Americare	1.4	75			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Horizon	Indemnity	0.72	38.28			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Horizon	PPO	0.72	38.28			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		UHC	Medicaid	0.57	30.44			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Wellcare	Medicaid	0.57	30.44			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Multiplan	Multiplan	1.5	80			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Managed Care Inc	Managed Care Inc	1.68	90			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		WellPoint	WellPoint	0.58	31.05			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Three Rivers	Three Rivers	1.78	95			0.56	1.78	percent of total billed charges	
AMB SUP LENS MORGAN MEDI-FLOW	2410000102	LOCAL				both			1.87		Qualcare	Qualcare	1.4	75			0.56	1.78	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Aetna	Better Health	11.65	30.44			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		WellPoint	WellPoint	11.89	31.05		10.93	11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		First Trenton	First Trenton	34.45	90			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Americare	Americare	28.71	75			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		First Health	First Health	26.8	70			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Aetna	Medicare	11.79	30.8			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Corrections	Corrections	30.62	80			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Aetna	Commercial	14.55	38			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		UHC	Medicaid	11.65	30.44		11.65	11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Consumer	Consumer	36.37	95			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Managed Care Inc	Managed Care Inc	34.45	90			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Amerihealth	HMO/PPO	24.88	65			11.48	36.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Horizon	Indemnity	14.65	38.28			11.48	36.37	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Horizon	Medicare Blue	30				11.48	38.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Horizon	MGD	14.65	38.28			11.48	38.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Horizon	PPO	14.65	38.28		16.7	11.48	38.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Three Rivers	Three Rivers	36.37	95			11.48	38.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Wellcare	Medicaid	11.65	30.44			11.48	38.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Multiplan	Multiplan	30.62	80			11.48	38.37	percent of total billed charges	
AMB SUP BANDAGE CONTACT LENS - 14MM ACUVUE	2410000103	LOCAL				both			38.28		Qualcare	Qualcare	28.71	75			11.48	38.37	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Aetna	Better Health	130.09	30.44			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		First Trenton	First Trenton	384.64	90			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Consumer	Consumer	406.01	95			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		UHC	Medicaid	130.09	30.44		122.61	128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Aetna	Commercial	162.4	38		142.09	128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Americare	Americare	320.54	75			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		First Health	First Health	299.17	70			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Horizon	Indemnity	163.6	38.28			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Corrections	Corrections	341.9	80			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Horizon	PPO	163.6	38.28			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Aetna	Medicare	131.63	30.8			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Horizon	MGD	163.6	38.28			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Horizon	Medicare Blue	128.21	30			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Managed Care Inc	Managed Care Inc	384.64	90			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Amerihealth	HMO/PPO	277.8	65			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Wellcare	Medicaid	130.09	30.44			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		WellPoint	WellPoint	132.7	31.05			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Three Rivers	Three Rivers	406.01	95			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Multiplan	Multiplan	341.9	80			128.21	406.01	percent of total billed charges	
AMB SUP VAGINAL DILATORS	2410000144	LOCAL				both			427.38		Qualcare	Qualcare	320.54	75			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		First Trenton	First Trenton	384.64	90			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		UHC	Medicaid	130.09	30.44			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Americare	Americare	320.54	75			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Aetna	Better Health	130.09	30.44			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Amerihealth	HMO/PPO	277.8	65			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Aetna	Medicare	131.63	30.8			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Horizon	PPO	163.6	38.28			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Consumer	Consumer	406.01	95			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Multiplan	Multiplan	341.9	80			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		First Health	First Health	299.17	70			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Managed Care Inc	Managed Care Inc	384.64	90			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Aetna	Commercial	162.4	38			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Qualcare	Qualcare	320.54	75			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Horizon	MGD	163.6	38.28			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Three Rivers	Three Rivers	406.01	95			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Corrections	Corrections	341.9	80			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Wellcare	Medicaid	130.09	30.44			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Horizon	Indemnity	163.6	38.28			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		WellPoint	WellPoint	132.7	31.05			128.21	406.01	percent of total billed charges	
AMB SUP PT SPECIAL SUPPLIES/MATERIALS ABOVE&BEYOND BY PHYS/QHP	2410000145	LOCAL				both			427.38		Horizon	Medicare Blue	128.21	30			128.21	406.01	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Amerihealth	HMO/PPO	1259.7	65			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Aetna	Better Health	589.93	30.44			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Consumer	Consumer	1841.1	95			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		UHC	Medicaid	589.93	30.44			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Aetna	Commercial	736.44	38			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		First Health	First Health	1356.6	70			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Americare	Americare	1453.5	75			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Horizon	Indemnity	741.87	38.28			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Qualcare	Qualcare	1453.5	75			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Corrections	Corrections	1550.4	80			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Aetna	Medicare	596.9	30.8			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Horizon	PPO	741.87	38.28			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		WellPoint	WellPoint	601.75	31.05			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		First Trenton	First Trenton	1744.2	90			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Horizon	Medicare Blue	581.4	30			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Three Rivers	Three Rivers	1841.1	95			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Horizon	MGD	741.87	38.28			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Managed Care Inc	Managed Care Inc	1744.2	90			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Multiplan	Multiplan	1550.4	80			581.4	1841.1	percent of total billed charges	
HC CARD CATH SERVICE	3100000884	LOCAL				both			1938		Wellcare	Medicaid	589.93	30.44			581.4	1841.1	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Corrections	Corrections	1020	80			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		First Health	First Health	892.5	70			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Aetna	Better Health	388.11	30.44			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		First Trenton	First Trenton	1147.5	90			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Amerihealth	HMO/PPO	828.75	65			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Aetna	Commercial	484.5	38			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Aetna	Medicare	392.7	30.8			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Horizon	Indemnity	488.07	38.28			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Multiplan	Multiplan	1020	80			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Wellcare	Medicaid	388.11	30.44			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Americare	Americare	956.25	75			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Horizon	PPO	488.07	38.28			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Qualcare	Qualcare	956.25	75			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Horizon	MGD	488.07	38.28			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Consumer	Consumer	1211.25	95			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Managed Care Inc	Managed Care Inc	1147.5	90			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Horizon	Medicare Blue	382.5	30			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		UHC	Medicaid	388.11	30.44			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		Three Rivers	Three Rivers	1211.25	95			382.5	1211.25	percent of total billed charges	
HC CHEST PT - INITIAL	3100000887	LOCAL				both			1275		WellPoint	WellPoint	395.89	31.05			382.5	1211.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Aetna	Better Health	77.62	30.44			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Corrections	Corrections	204	80			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Aetna	Medicare	78.54	30.8			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Americare	Americare	191.25	75			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		UHC	Medicaid	77.62	30.44			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Aetna	Commercial	96.9	38			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Consumer	Consumer	242.25	95			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Horizon	Medicare Blue	76.5	30			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		First Health	First Health	178.5	70			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Managed Care Inc	Managed Care Inc	229.5	90			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		First Trenton	First Trenton	229.5	90			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Amerihealth	HMO/PPO	165.75	65			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Wellcare	Medicaid	77.62	30.44			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		WellPoint	WellPoint	79.18	31.05			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Horizon	MGD	97.61	38.28			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Horizon	Indemnity	97.61	38.28			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Horizon	PPO	97.61	38.28			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Multiplan	Multiplan	204	80			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Three Rivers	Three Rivers	242.25	95			76.5	242.25	percent of total billed charges	
HC ED TRIAGE ONLY	3100000892	LOCAL				outpatient			255		Qualcare	Qualcare	191.25	75			76.5	242.25	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Aetna	Medicare	235.62	30.8			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Amerihealth	HMO/PPO	497.25	65			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Aetna	Better Health	232.87	30.44			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Horizon	Indemnity	292.84	38.28			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Consumer	Consumer	726.75	95			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		First Trenton	First Trenton	688.5	90			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Aetna	Commercial	290.7	38			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Americare	Americare	573.75	75			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		First Health	First Health	535.5	70			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Horizon	MGD	292.84	38.28			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		WellPoint	WellPoint	237.53	31.05			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Horizon	PPO	292.84	38.28			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Corrections	Corrections	612	80			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Horizon	Medicare Blue	229.5	30			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Three Rivers	Three Rivers	726.75	95			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Multiplan	Multiplan	612	80			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Wellcare	Medicaid	232.87	30.44			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Managed Care Inc	Managed Care Inc	688.5	90			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		Qualcare	Qualcare	573.75	75			229.5	726.75	percent of total billed charges	
HC ED US EFAST	3100000893	LOCAL				outpatient			765		UHC	Medicaid	232.87	30.44			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Consumer	Consumer	726.75	95			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Aetna	Commercial	290.7	38			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Amerihealth	HMO/PPO	497.25	65			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Aetna	Medicare	235.62	30.8			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Americare	Americare	573.75	75			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		First Trenton	First Trenton	688.5	90			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Aetna	Better Health	232.87	30.44			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		First Health	First Health	535.5	70			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Horizon	Indemnity	292.84	38.28			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Horizon	PPO	292.84	38.28			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Multiplan	Multiplan	612	80			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Horizon	MGD	292.84	38.28			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Corrections	Corrections	612	80			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Managed Care Inc	Managed Care Inc	688.5	90			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Qualcare	Qualcare	573.75	75			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Wellcare	Medicaid	232.87	30.44			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Horizon	Medicare Blue	229.5	30			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		Three Rivers	Three Rivers	726.75	95			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		UHC	Medicaid	232.87	30.44			229.5	726.75	percent of total billed charges	
HC ED US FAST LIMITED	3100000894	LOCAL				outpatient			765		WellPoint	WellPoint	237.53	31.05			229.5	726.75	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Aetna	Commercial	2220.56	38			1753.07	5551.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Consumer	Consumer	5551.4	95			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Americare	Americare	4382.69	75			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Corrections	Corrections	4674.86	80			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Horizon	Medicare Blue	1753.07	30			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Aetna	Better Health	1778.79	30.44			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Horizon	MGD	2236.92	38.28			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Amerihealth	HMO/PPO	3798.33	65			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Wellcare	Medicaid	1778.79	30.44			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		First Health	First Health	4090.51	70			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Horizon	PPO	2236.92	38.28			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		First Trenton	First Trenton	5259.22	90			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Three Rivers	Three Rivers	5551.4	95			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Aetna	Medicare	1799.82	30.8			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		UHC	Medicaid	1778.79	30.44			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Horizon	Indemnity	2236.92	38.28			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Multiplan	Multiplan	4674.86	80			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Managed Care Inc	Managed Care Inc	5259.22	90			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		Qualcare	Qualcare	4382.69	75			1753.07	5551.4	percent of total billed charges	
HC FEE OSCAR	3100000897	LOCAL				both			5843.58		WellPoint	WellPoint	1814.43	31.05			1753.07	5551.4	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Amerihealth	HMO/PPO	497.25	65			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		First Health	First Health	535.5	70			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Consumer	Consumer	726.75	95			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Corrections	Corrections	612	80			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		First Trenton	First Trenton	688.5	90			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Aetna	Better Health	232.87	30.44			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Americare	Americare	573.75	75			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Aetna	Commercial	290.7	38			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		UHC	Medicaid	232.87	30.44			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Wellcare	Medicaid	232.87	30.44			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Horizon	Indemnity	292.84	38.28			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		WellPoint	WellPoint	237.53	31.05			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Managed Care Inc	Managed Care Inc	688.5	90			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Horizon	PPO	292.84	38.28			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Multiplan	Multiplan	612	80			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Aetna	Medicare	235.62	30.8			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Horizon	Medicare Blue	229.5	30			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Horizon	MGD	292.84	38.28			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Qualcare	Qualcare	573.75	75			229.5	726.75	percent of total billed charges	
HC HFOV CIRCUIT CHANGE	3100000899	LOCAL				both			765		Three Rivers	Three Rivers	726.75	95			229.5	726.75	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Aetna	Better Health	17853.37	30.44			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Corrections	Corrections	46920.82	80			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Americare	Americare	43988.27	75			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Consumer	Consumer	55718.47	95			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Wellcare	Medicaid	17853.37	30.44			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Aetna	Medicare	18064.51	30.8			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Aetna	Commercial	22287.39	38			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Amerihealth	HMO/PPO	38123.16	65			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Horizon	MGD	22451.61	38.28			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		UHC	Medicaid	17853.37	30.44			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		First Health	First Health	41055.71	70			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		First Trenton	First Trenton	52785.92	90			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Horizon	Indemnity	22451.61	38.28			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		WellPoint	WellPoint	18211.14	31.05			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Horizon	Medicare Blue	17595.31	30			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Horizon	PPO	22451.61	38.28			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Multiplan	Multiplan	46920.82	80			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Managed Care Inc	Managed Care Inc	52785.92	90			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Qualcare	Qualcare	43988.27	75			17595.31	55718.47	percent of total billed charges	
HC LIVER ACQUISITION-RECIPIENT	3100000915	LOCAL				inpatient			58651.02		Three Rivers	Three Rivers	55718.47	95			17595.31	55718.47	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		WellPoint	WellPoint	4043.75	31.05			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Aetna	Better Health	3964.31	30.44			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		First Health	First Health	9116.35	70			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Aetna	Commercial	4948.88	38			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Horizon	Medicare Blue	3907.01	30			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Corrections	Corrections	10418.69	80			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		UHC	Medicaid	3964.31	30.44			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Wellcare	Medicaid	3964.31	30.44			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Americare	Americare	9767.52	75			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Aetna	Medicare	4011.19	30.8			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Consumer	Consumer	12372.19	95			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Amerihealth	HMO/PPO	8465.18	65			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		First Trenton	First Trenton	11721.02	90			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Horizon	MGD	4985.34	38.28			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Horizon	Indemnity	4985.34	38.28			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Multiplan	Multiplan	10418.69	80			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Horizon	PPO	4985.34	38.28			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Qualcare	Qualcare	9767.52	75			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Managed Care Inc	Managed Care Inc	11721.02	90			3907.01	12372.19	percent of total billed charges	
HC ORGAN FLIGHT TRANSPORT	3100000919	LOCAL				inpatient			13023.36		Three Rivers	Three Rivers	12372.19	95			3907.01	12372.19	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Americare	Americare	712.22	75			284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Horizon	PPO	363.51	38.28		290.35	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		First Trenton	First Trenton	854.66	90			284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		First Health	First Health	664.73	70			284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Aetna	Better Health	289.06	30.44		228.84	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Aetna	Medicare	292.48	30.8		159.34	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Aetna	Commercial	360.86	38		214.5	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Horizon	Medicare Blue	284.89	30		133.61	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Three Rivers	Three Rivers	902.14	95			284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Consumer	Consumer	902.14	95			284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Managed Care Inc	Managed Care Inc	854.66	90			284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Corrections	Corrections	759.7	80			284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Amerihealth	HMO/PPO	617.25	65		182.15	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Horizon	Indemnity	363.51	38.28		283.92	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		WellPoint	WellPoint	294.86	31.05		255.11	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Horizon	MGD	363.51	38.28		291.98	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Multiplan	Multiplan	759.7	80			284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Qualcare	Qualcare	712.22	75			284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		UHC	Medicaid	289.06	30.44		263.13	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL	3100001145	LOCAL				both			949.62		Wellcare	Medicaid	289.06	30.44		187.6	284.89	902.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Horizon	Medicare Blue	958.09	30			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Horizon	MGD	1222.52	38.28			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Aetna	Better Health	972.14	30.44			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Aetna	Medicare	983.63	30.8			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Americare	Americare	2395.22	75			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		First Health	First Health	2235.53	70			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Corrections	Corrections	2554.9	80			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		UHC	Medicaid	972.14	30.44			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Wellcare	Medicaid	972.14	30.44			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Aetna	Commercial	1213.58	38			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Consumer	Consumer	3033.94	95			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		WellPoint	WellPoint	991.62	31.05			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		First Trenton	First Trenton	2874.26	90			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Amerihealth	HMO/PPO	2075.65	65			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Horizon	PPO	1222.52	38.28			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Horizon	Indemnity	1222.52	38.28		983.56	958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Managed Care Inc	Managed Care Inc	2874.26	90			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Multiplan	Multiplan	2554.9	80			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Three Rivers	Three Rivers	3033.94	95			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE GENERAL INVASIVE	3100001146	LOCAL				both			3193.62		Qualcare	Qualcare	2395.22	75			958.09	3033.94	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Americare	Americare	263.93	75			105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Consumer	Consumer	334.31	95			105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Aetna	Better Health	107.12	30.44		98.6	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Aetna	Medicare	108.39	30.8		62	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		UHC	Medicaid	107.12	30.44		100.93	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Horizon	Indemnity	134.71	38.28		141.93	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Managed Care Inc	Managed Care Inc	316.71	90			105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		First Health	First Health	246.33	70			105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Amerihealth	HMO/PPO	228.74	65		68.99	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Corrections	Corrections	281.52	80			105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Aetna	Commercial	133.72	38		96.81	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Multiplan	Multiplan	281.52	80			105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Horizon	MGD	134.71	38.28		121.7	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Horizon	PPO	134.71	38.28		104.48	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		First Trenton	First Trenton	316.71	90			105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Three Rivers	Three Rivers	334.31	95			105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		WellPoint	WellPoint	109.26	31.05		93.47	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Qualcare	Qualcare	263.93	75			105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Horizon	Medicare Blue	105.57	30		57.96	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE MAC	3100001147	LOCAL				both			351.9		Wellcare	Medicaid	107.12	30.44		90	105.57	334.31	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Aetna	Commercial	210.85	38			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		WellPoint	WellPoint	172.29	31.05			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Corrections	Corrections	443.9	80			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		First Health	First Health	388.42	70			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Wellcare	Medicaid	168.91	30.44		54.02	166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Horizon	Medicare Blue	166.46	30		92.55	166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Aetna	Better Health	168.91	30.44			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		UHC	Medicaid	168.91	30.44			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Aetna	Medicare	170.9	30.8			166.46	527.14	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Americare	Americare	416.16	75			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Amerihealth	HMO/PPO	360.67	65			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Consumer	Consumer	527.14	95			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Multiplan	Multiplan	443.9	80			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		First Trenton	First Trenton	499.39	90			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Qualcare	Qualcare	416.16	75			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Horizon	Indemnity	212.41	38.28			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Horizon	MGD	212.41	38.28		223.91	166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Horizon	PPO	212.41	38.28			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Managed Care Inc	Managed Care Inc	499.39	90			166.46	527.14	percent of total billed charges	
HC ANESTHESIA BULK SUPPLY CHARGE REGIONAL	3100001148	LOCAL				both			554.88		Three Rivers	Three Rivers	527.14	95			166.46	527.14	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Aetna	Commercial	1074.43	38			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Horizon	Indemnity	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Amerihealth	HMO/PPO	1837.84	65			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Americare	Americare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Aetna	Medicare	870.85	30.8			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Corrections	Corrections	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Aetna	Better Health	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		First Trenton	First Trenton	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		WellPoint	WellPoint	877.92	31.05			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Horizon	MGD	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Multiplan	Multiplan	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Horizon	PPO	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Consumer	Consumer	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Managed Care Inc	Managed Care Inc	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Horizon	Medicare Blue	848.23	30			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Three Rivers	Three Rivers	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		First Health	First Health	1979.21	70			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Qualcare	Qualcare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		UHC	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP REG BUS HRS	3100001154	LOCAL				inpatient			2827.44		Wellcare	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Aetna	Better Health	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Amerihealth	HMO/PPO	1837.84	65			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Aetna	Commercial	1074.43	38			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		First Trenton	First Trenton	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Corrections	Corrections	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Americare	Americare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		First Health	First Health	1979.21	70			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Horizon	Indemnity	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Consumer	Consumer	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Multiplan	Multiplan	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Aetna	Medicare	870.85	30.8			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Qualcare	Qualcare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		WellPoint	WellPoint	877.92	31.05			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Wellcare	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Horizon	Medicare Blue	848.23	30			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Horizon	MGD	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Horizon	PPO	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		UHC	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Managed Care Inc	Managed Care Inc	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED REG BUS HRS	3100001155	LOCAL				inpatient			2827.44		Three Rivers	Three Rivers	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Aetna	Medicare	870.85	30.8			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Aetna	Better Health	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Wellcare	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Americare	Americare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Corrections	Corrections	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		First Health	First Health	1979.21	70			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Consumer	Consumer	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Horizon	MGD	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		WellPoint	WellPoint	877.92	31.05			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Aetna	Commercial	1074.43	38			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		First Trenton	First Trenton	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		UHC	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Horizon	PPO	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Horizon	Medicare Blue	848.23	30			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Managed Care Inc	Managed Care Inc	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Amerihealth	HMO/PPO	1837.84	65			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Three Rivers	Three Rivers	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Horizon	Indemnity	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Multiplan	Multiplan	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) REG BUS HRS	3100001156	LOCAL				inpatient			2827.44		Qualcare	Qualcare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Consumer	Consumer	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		First Trenton	First Trenton	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Americare	Americare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		First Health	First Health	1979.21	70			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Aetna	Medicare	870.85	30.8			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Corrections	Corrections	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Aetna	Better Health	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Horizon	MGD	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Amerihealth	HMO/PPO	1837.84	65			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Horizon	Indemnity	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Aetna	Commercial	1074.43	38			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		UHC	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Multiplan	Multiplan	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		WellPoint	WellPoint	877.92	31.05			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Horizon	Medicare Blue	848.23	30			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Wellcare	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Qualcare	Qualcare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Horizon	PPO	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Managed Care Inc	Managed Care Inc	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE REG BUS HRS	3100001157	LOCAL				inpatient			2827.44		Three Rivers	Three Rivers	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Americare	Americare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Aetna	Commercial	1074.43	38			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Aetna	Medicare	870.85	30.8			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		First Health	First Health	1979.21	70			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Horizon	MGD	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Aetna	Better Health	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		UHC	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Consumer	Consumer	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Wellcare	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Horizon	Medicare Blue	848.23	30			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Horizon	PPO	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Amerihealth	HMO/PPO	1837.84	65			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Corrections	Corrections	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Multiplan	Multiplan	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Three Rivers	Three Rivers	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Horizon	Indemnity	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		First Trenton	First Trenton	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Qualcare	Qualcare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		Managed Care Inc	Managed Care Inc	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS CANCELED AFTER RN ARRIVAL BEFORE SET UP AFTER REG HRS	3100001163	LOCAL				inpatient			2827.44		WellPoint	WellPoint	877.92	31.05			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Amerihealth	HMO/PPO	1837.84	65			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Horizon	Indemnity	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Corrections	Corrections	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Americare	Americare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		First Health	First Health	1979.21	70			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		First Trenton	First Trenton	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Aetna	Better Health	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Aetna	Commercial	1074.43	38			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Qualcare	Qualcare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Horizon	Medicare Blue	848.23	30			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Consumer	Consumer	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Aetna	Medicare	870.85	30.8			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Horizon	PPO	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Managed Care Inc	Managed Care Inc	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		UHC	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL DISINFECTION REQUIRED AFTER REG HRS	3100001164	LOCAL				inpatient			2827.44		Horizon	MGD	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) AFTER REG HRS	3100001165	LOCAL				inpatient			2827.44		Qualcare	Qualcare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) AFTER REG HRS	3100001165	LOCAL				inpatient			2827.44		Managed Care Inc	Managed Care Inc	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS HOURLY CHARGE (PER HOUR) AFTER REG HRS	3100001165	LOCAL				inpatient			2827.44		Three Rivers	Three Rivers	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Aetna	Medicare	870.85	30.8			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Consumer	Consumer	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Horizon	MGD	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Amerihealth	HMO/PPO	1837.84	65			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		First Trenton	First Trenton	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Americare	Americare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Aetna	Commercial	1074.43	38			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Aetna	Better Health	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		First Health	First Health	1979.21	70			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Corrections	Corrections	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Horizon	PPO	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Multiplan	Multiplan	2261.95	80			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Wellcare	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Three Rivers	Three Rivers	2686.07	95			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		WellPoint	WellPoint	877.92	31.05			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Horizon	Medicare Blue	848.23	30			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Horizon	Indemnity	1082.34	38.28			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Qualcare	Qualcare	2120.58	75			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		Managed Care Inc	Managed Care Inc	2544.7	90			848.23	2686.07	percent of total billed charges	
HC HEMODIALYSIS ADDITIONAL SERVICE CHARGE AFTER REG HRS	3100001166	LOCAL				inpatient			2827.44		UHC	Medicaid	860.67	30.44			848.23	2686.07	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		UHC	Medicaid	15.52	30.44			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Aetna	Medicare	15.71	30.8			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Americare	Americare	38.25	75			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Aetna	Commercial	19.38	38			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Aetna	Better Health	15.52	30.44			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		WellPoint	WellPoint	15.84	31.05			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Consumer	Consumer	48.45	95			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Horizon	MGD	19.52	38.28			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Horizon	Indemnity	19.52	38.28			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		First Health	First Health	35.7	70			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		First Trenton	First Trenton	45.9	90			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Amerihealth	HMO/PPO	33.15	65			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Horizon	Medicare Blue	15.3	30			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Wellcare	Medicaid	15.52	30.44			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Corrections	Corrections	40.8	80			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Multiplan	Multiplan	40.8	80			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Horizon	PPO	19.52	38.28			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Qualcare	Qualcare	38.25	75			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Managed Care Inc	Managed Care Inc	45.9	90			15.3	48.45	percent of total billed charges	
HC REHAB FITNESS PROGRAM	3100001180	LOCAL				both			51		Three Rivers	Three Rivers	48.45	95			15.3	48.45	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Horizon	MGD	181.17	38.28		187.17	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Aetna	Better Health	144.07	30.44		125.14	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Horizon	Indemnity	181.17	38.28		188.96	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		WellPoint	WellPoint	146.95	31.05		120.7	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Aetna	Commercial	179.85	38		113.57	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Aetna	Medicare	145.77	30.8		95.24	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		First Trenton	First Trenton	425.95	90			141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		First Health	First Health	331.3	70			141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Americare	Americare	354.96	75			141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Consumer	Consumer	449.62	95			141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Horizon	PPO	181.17	38.28		173.22	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		UHC	Medicaid	144.07	30.44		126.47	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Amerihealth	HMO/PPO	307.63	65		60.54	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Corrections	Corrections	378.62	80			141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Managed Care Inc	Managed Care Inc	425.95	90			141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Three Rivers	Three Rivers	449.62	95			141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Horizon	Medicare Blue	141.98	30		89.93	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Wellcare	Medicaid	144.07	30.44		123.43	141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Multiplan	Multiplan	378.62	80			141.98	449.62	percent of total billed charges	
HC LOS PLACEHOLDER	3100090322	LOCAL				both			473.28		Qualcare	Qualcare	354.96	75			141.98	449.62	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Aetna	Medicare	1069.25	30.8			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Amerihealth	HMO/PPO	2256.54	65			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Aetna	Commercial	1319.21	38		992.27	1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Horizon	PPO	1328.93	38.28		984.05	1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Multiplan	Multiplan	2777.28	80			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Aetna	Better Health	1056.76	30.44			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		First Health	First Health	2430.12	70			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Americare	Americare	2603.7	75			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Horizon	Medicare Blue	1041.48	30		554.89	1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Corrections	Corrections	2777.28	80			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		UHC	Medicaid	1056.76	30.44		904.95	1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Three Rivers	Three Rivers	3298.02	95			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		WellPoint	WellPoint	1077.93	31.05		742.85	1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Consumer	Consumer	3298.02	95			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Wellcare	Medicaid	1056.76	30.44		673.03	1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Horizon	Indemnity	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		First Trenton	First Trenton	3124.44	90			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Qualcare	Qualcare	2603.7	75			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Horizon	MGD	1328.93	38.28		1714.85	1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL I - INITIAL 30 MIN	3500000001	LOCAL				outpatient			3471.6		Managed Care Inc	Managed Care Inc	3124.44	90			1041.48	3298.02	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Horizon	PPO	1471.79	38.28		618.57	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Aetna	Commercial	1461.02	38		704.27	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Aetna	Better Health	1170.36	30.44		919.42	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		UHC	Medicaid	1170.36	30.44		965.24	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Amerihealth	HMO/PPO	2499.12	65			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Consumer	Consumer	3652.56	95			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		First Trenton	First Trenton	3460.32	90			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Americare	Americare	2883.6	75			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		First Health	First Health	2691.36	70			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Aetna	Medicare	1184.2	30.8		590.61	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Managed Care Inc	Managed Care Inc	3460.32	90			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Horizon	MGD	1471.79	38.28		1213.53	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Multiplan	Multiplan	3075.84	80			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Corrections	Corrections	3075.84	80			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Qualcare	Qualcare	2883.6	75			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Three Rivers	Three Rivers	3652.56	95			1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		WellPoint	WellPoint	1193.81	31.05		956.67	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Horizon	Indemnity	1471.79	38.28		1528.93	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Horizon	Medicare Blue	1153.44	30		492.8	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL II - INITIAL 30 MIN	3500000002	LOCAL				outpatient			3844.8		Wellcare	Medicaid	1170.36	30.44		550.26	1153.44	3652.56	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Horizon	MGD	1544.83	38.28		1449.71	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Aetna	Commercial	1533.53	38		773.25	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		First Health	First Health	2824.92	70			1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Amerihealth	HMO/PPO	2623.14	65		626.86	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Consumer	Consumer	3833.82	95			1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		UHC	Medicaid	1228.44	30.44		1003.42	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Aetna	Medicare	1242.96	30.8		741.82	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Aetna	Better Health	1228.44	30.44		449.42	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Horizon	Medicare Blue	1210.68	30		543.31	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		WellPoint	WellPoint	1253.05	31.05		963.55	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Horizon	Indemnity	1544.83	38.28		1309.02	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Corrections	Corrections	3228.48	80			1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Horizon	PPO	1544.83	38.28		1271.04	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Americare	Americare	3026.7	75			1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Wellcare	Medicaid	1228.44	30.44		682.75	1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		First Trenton	First Trenton	3632.04	90			1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Multiplan	Multiplan	3228.48	80			1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Managed Care Inc	Managed Care Inc	3632.04	90			1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Qualcare	Qualcare	3026.7	75			1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL III - INITIAL 30 MIN	3500000003	LOCAL				outpatient			4035.6		Three Rivers	Three Rivers	3833.82	95			1210.68	3833.82	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Aetna	Better Health	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Americare	Americare	3169.8	75			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		UHC	Medicaid	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Amerihealth	HMO/PPO	2747.16	65			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Aetna	Medicare	1301.73	30.8			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Consumer	Consumer	4015.08	95			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		First Trenton	First Trenton	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Multiplan	Multiplan	3381.12	80			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Aetna	Commercial	1606.03	38			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Horizon	MGD	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Horizon	PPO	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Corrections	Corrections	3381.12	80			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		First Health	First Health	2968.48	70			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Qualcare	Qualcare	3169.8	75			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Managed Care Inc	Managed Care Inc	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Horizon	Indemnity	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		WellPoint	WellPoint	1312.3	31.05			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Horizon	Medicare Blue	1267.92	30			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Three Rivers	Three Rivers	4015.08	95			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL IV - INITIAL 30 MIN	3500000004	LOCAL				outpatient			4226.4		Wellcare	Medicaid	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Horizon	Indemnity	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Amerihealth	HMO/PPO	1037.4	65

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																	
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Aetna	Better Health	485.82	30.44			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Aetna	Commercial	606.48	38		456.18	478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Corrections	Corrections	1276.8	80			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Aetna	Medicare	491.57	30.8			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		First Health	First Health	1117.2	70			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Horizon	PPO	610.95	38.28		452.4	478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		First Trenton	First Trenton	1436.4	90			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		WellPoint	WellPoint	495.56	31.05		341.51	478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Consumer	Consumer	1516.2	95			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Horizon	MGD	610.95	38.28			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Multiplan	Multiplan	1276.8	80			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Managed Care Inc	Managed Care Inc	1436.4	90			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Horizon	Medicare Blue	478.8	30		255.1	478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Three Rivers	Three Rivers	1516.2	95			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL I - SUBSQ 15 MIN	3500000005	LOCAL				outpatient			1596		Qualcare	Qualcare	1197	75			478.8		1516.2 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Corrections	Corrections	1424.64	80			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Aetna	Medicare	548.49	30.8		268.54	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Aetna	Commercial	676.7	38		309.83	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		First Trenton	First Trenton	1602.72	90			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Consumer	Consumer	1691.76	95			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		First Health	First Health	1246.56	70			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Wellcare	Medicaid	542.08	30.44		254.77	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Aetna	Better Health	542.08	30.44		425.85	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Horizon	MGD	681.69	38.28		551.61	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Horizon	Indemnity	681.69	38.28		727.43	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Amerihealth	HMO/PPO	1157.52	65			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Horizon	PPO	681.69	38.28		286.51	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Three Rivers	Three Rivers	1691.76	95			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Americare	Americare	1335.6	75			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Multiplan	Multiplan	1424.64	80			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Managed Care Inc	Managed Care Inc	1602.72	90			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		WellPoint	WellPoint	552.94	31.05		439.98	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Horizon	Medicare Blue	534.24	30		223.92	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		Qualcare	Qualcare	1335.6	75			534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL II - SUBSQ 15 MIN	3500000006	LOCAL				outpatient			1780.8		UHC	Medicaid	542.08	30.44		445.86	534.24		1691.76 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Multiplan	Multiplan	1515.84	80			568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Horizon	Medicare Blue	568.44	30		251.54	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Aetna	Medicare	583.6	30.8		345.27	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Wellcare	Medicaid	576.78	30.44		318.02	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Aetna	Better Health	576.78	30.44		211.01	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Americare	Americare	1421.1	75			568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		First Health	First Health	1326.36	70			568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		First Trenton	First Trenton	1705.32	90			568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Qualcare	Qualcare	1421.1	75			568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Horizon	MGD	725.33	38.28		687.24	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Horizon	Indemnity	725.33	38.28		611.33	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Amerihealth	HMO/PPO	1231.62	65		294.32	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Aetna	Commercial	720.02	38		362.74	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Horizon	PPO	725.33	38.28		602.41	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Consumer	Consumer	1800.06	95			568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Managed Care Inc	Managed Care Inc	1705.32	90			568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Corrections	Corrections	1515.84	80			568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		Three Rivers	Three Rivers	1800.06	95			568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		WellPoint	WellPoint	588.34	31.05		459.1	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL III - SUBSQ 15 MIN	3500000007	LOCAL				outpatient			1894.8		UHC	Medicaid	576.78	30.44		474.56	568.44		1800.06 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		First Trenton	First Trenton	1769.04	90			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Consumer	Consumer	1867.32	95			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Corrections	Corrections	1572.48	80			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Aetna	Commercial	746.93	38			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		First Health	First Health	1375.92	70			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Aetna	Better Health	598.33	30.44			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Amerihealth	HMO/PPO	1277.64	65			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Aetna	Medicare	605.4	30.8			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Horizon	MGD	752.43	38.28			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Americare	Americare	1474.2	75			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Managed Care Inc	Managed Care Inc	1769.04	90			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Horizon	Medicare Blue	589.68	30			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Horizon	Indemnity	752.43	38.28			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Horizon	PPO	752.43	38.28			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		WellPoint	WellPoint	610.32	31.05			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Wellcare	Medicaid	598.33	30.44			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Multiplan	Multiplan	1572.48	80			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Three Rivers	Three Rivers	1867.32	95			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		Qualcare	Qualcare	1474.2	75			589.68		1867.32 percent of total billed charges		
HC SDS DOC LEVEL IV - SUBSQ 15 MIN	3500000008	LOCAL				outpatient			1965.6		UHC	Medicaid	598.33	30.44			589.68		1867.32 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Horizon	MGD	1328.93	38.28		878.29	1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Aetna	Commercial	1319.21	38		606.56	1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Horizon	Indemnity	1328.93	38.28		684.6	1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Amerihealth	HMO/PPO	2256.54	65		415.42	1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		First Trenton	First Trenton	3124.44	90			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Consumer	Consumer	3298.02	95			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Aetna	Medicare	1069.25	30.8		692.68	1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Aetna	Better Health	1056.76	30.44			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Horizon	PPO	1328.93	38.28		986.04	1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		UHC	Medicaid	1056.76	30.44		829.52	1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Qualcare	Qualcare	2603.7	75			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		First Health	First Health	2430.12	70			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Managed Care Inc	Managed Care Inc	3124.44	90			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Corrections	Corrections	2777.28	80			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Americare	Americare	2603.7	75			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		WellPoint	WellPoint	1077.93	31.05		871.88	1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Horizon	Medicare Blue	1041.48	30			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Multiplan	Multiplan	2777.28	80			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Three Rivers	Three Rivers	3298.02	95			1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL I - INITIAL 30 MIN	3500000009	LOCAL				outpatient			3471.6		Wellcare	Medicaid	1056.76	30.44		761.96	1041.48		3298.02 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		UHC	Medicaid	1170.36	30.44		939.17	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Consumer	Consumer	3652.56	95			1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Aetna	Medicare	1184.2	30.8		578.07	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Wellcare	Medicaid	1170.36	30.44		830.61	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Corrections	Corrections	3075.84	80			1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Aetna	Better Health	1170.36	30.44		971.29	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Amerihealth	HMO/PPO	2499.12	65		550.81	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		First Trenton	First Trenton	3460.32	90			1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		WellPoint	WellPoint	1193.81	31.05		829.04	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Three Rivers	Three Rivers	3652.56	95			1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Americare	Americare	2883.6	75			1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Managed Care Inc	Managed Care Inc	3460.32	90			1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Horizon	PPO	1471.79	38.28		1018.84	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Aetna	Commercial	1461.02	38		769.14	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Horizon	Indemnity	1471.79	38.28		1089.99	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		First Health	First Health	2691.36	70			1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Horizon	Medicare Blue	1153.44	30		499.32	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Horizon	MGD	1471.79	38.28		1019.38	1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Multiplan	Multiplan	3075.84	80			1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL II - INITIAL 30 MIN	3500000010	LOCAL				outpatient			3844.8		Qualcare	Qualcare	2883.6	75			1153.44		3652.56 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Corrections	Corrections	3228.48	80			1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		First Trenton	First Trenton	3632.04	90			1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Aetna	Better Health	1228.44	30.44		852.61	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Americare	Americare	3026.7	75			1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Amerihealth	HMO/PPO	2623.14	65		636.2	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Aetna	Commercial	1533.53	38		821.47	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Aetna	Medicare	1242.96	30.8		576.89	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		UHC	Medicaid	1228.44	30.44		1004.63	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Wellcare	Medicaid	1228.44	30.44		979.38	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Managed Care Inc	Managed Care Inc	3632.04	90			1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		First Health	First Health	2824.92	70			1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Horizon	MGD	1544.83	38.28		1074.63	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Consumer	Consumer	3833.82	95			1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Horizon	Indemnity	1544.83	38.28		941.5	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Horizon	Medicare Blue	1210.68	30		563.32	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Multiplan	Multiplan	3228.48	80			1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Horizon	PPO	1544.83	38.28		1078.52	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Qualcare	Qualcare	3026.7	75			1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		Three Rivers	Three Rivers	3833.82	95			1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL III - INITIAL 30 MIN	3500000011	LOCAL				outpatient			4035.6		WellPoint	WellPoint	1253.05	31.05		969.46	1210.68		3833.82 percent of total billed charges		
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Wellcare	Medicaid	1286.52	30.44			1267.92		4015.08 percent of total billed charges		
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Aetna	Better Health	1286.52	30.44			1267.92		4015.08 percent of total billed charges		
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Aetna	Commercial	1606.03	38		772.36	1267.92		4015.08 percent of total billed charges		
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Horizon	Medicare Blue	1267.92	30		497.64	1267.92		4015.08 percent of total billed charges		
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		UHC	Medicaid	1286

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Multiplan	Multiplan	3381.12	80			1267.92	4015.08	percent of total billed charges	
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		First Trenton	First Trenton	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Qualcare	Qualcare	3169.8	75			1267.92	4015.08	percent of total billed charges	
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Horizon	Indemnity	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Horizon	PPO	1617.87	38.28		331.5	1267.92	4015.08	percent of total billed charges	
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Managed Care Inc	Managed Care Inc	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC SDS UH LEVEL IV - INITIAL 30 MIN	3500000012	LOCAL				outpatient			4226.4		Three Rivers	Three Rivers	4015.08	95			1267.92	4015.08	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Amerihealth	HMO/PPO	2864.94	65			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Aetna	Medicare	1357.54	30.8			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		WellPoint	WellPoint	1368.56	31.05			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Aetna	Better Health	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Americare	Americare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Horizon	MGD	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		First Trenton	First Trenton	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Consumer	Consumer	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Multiplan	Multiplan	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		First Health	First Health	3085.32	70			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Horizon	Indemnity	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Aetna	Commercial	1674.89	38			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Three Rivers	Three Rivers	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		UHC	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Horizon	PPO	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Corrections	Corrections	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Qualcare	Qualcare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Wellcare	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Managed Care Inc	Managed Care Inc	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL V - INITIAL 30 MIN	3500000013	LOCAL				outpatient			4407.6		Horizon	Medicare Blue	1322.28	30			1322.28	4187.22	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Horizon	PPO	610.95	38.28		453.31	478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Corrections	Corrections	1276.8	80			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Horizon	Indemnity	610.95	38.28		60.75	478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Aetna	Better Health	485.82	30.44			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Aetna	Commercial	606.48	38			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		First Trenton	First Trenton	1436.4	90			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		UHC	Medicaid	485.82	30.44		378.68	478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Amerihealth	HMO/PPO	1037.4	65			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		WellPoint	WellPoint	495.56	31.05		400.83	478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Aetna	Medicare	491.57	30.8		318.45	478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Managed Care Inc	Managed Care Inc	1436.4	90			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		First Health	First Health	1117.2	70			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Three Rivers	Three Rivers	1516.2	95			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Americare	Americare	1197	75			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Wellcare	Medicaid	485.82	30.44		330.22	478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Horizon	MGD	610.95	38.28		403.78	478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Consumer	Consumer	1516.2	95			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Multiplan	Multiplan	1276.8	80			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Horizon	Medicare Blue	478.8	30			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL I - SUBSQ 15 MIN	3500000014	LOCAL				outpatient			1596		Qualcare	Qualcare	1197	75			478.8	1516.2	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Aetna	Commercial	676.7	38		354.14	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Amerihealth	HMO/PPO	1157.52	65		256.89	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Consumer	Consumer	1691.76	95			534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Aetna	Better Health	542.08	30.44		444.67	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Americare	Americare	1335.6	75			534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		UHC	Medicaid	542.08	30.44		438.37	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Horizon	Medicare Blue	534.24	30		228.3	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Aetna	Medicare	548.49	30.8		267.74	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Horizon	Indemnity	681.69	38.28		504.85	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Wellcare	Medicaid	542.08	30.44		382.13	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		First Health	First Health	1246.56	70			534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Corrections	Corrections	1424.64	80			534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Horizon	MGD	681.69	38.28		474.1	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		WellPoint	WellPoint	552.94	31.05		383.81	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Multiplan	Multiplan	1424.64	80			534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		First Trenton	First Trenton	1602.72	90			534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Qualcare	Qualcare	1335.6	75			534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Horizon	PPO	681.69	38.28		471.9	534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Managed Care Inc	Managed Care Inc	1602.72	90			534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL II - SUBSQ 15 MIN	3500000015	LOCAL				outpatient			1780.8		Three Rivers	Three Rivers	1691.76	95			534.24	1691.76	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		First Trenton	First Trenton	1705.32	90			568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Aetna	Better Health	576.78	30.44		400.32	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Aetna	Medicare	583.6	30.8		270.32	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		UHC	Medicaid	576.78	30.44		476.46	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Americare	Americare	1421.1	75			568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Multiplan	Multiplan	1515.84	80			568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		First Health	First Health	1326.36	70			568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Aetna	Commercial	720.02	38		383.59	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Managed Care Inc	Managed Care Inc	1705.32	90			568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Corrections	Corrections	1515.84	80			568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Amerihealth	HMO/PPO	1231.62	65		307.62	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Consumer	Consumer	1800.06	95			568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Three Rivers	Three Rivers	1800.06	95			568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Qualcare	Qualcare	1421.1	75			568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Horizon	MGD	725.33	38.28		506.22	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		WellPoint	WellPoint	588.34	31.05		450.01	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Wellcare	Medicaid	576.78	30.44		461.53	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Horizon	Indemnity	725.33	38.28		442.06	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Horizon	Medicare Blue	568.44	30		264.49	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL III - SUBSQ 15 MIN	3500000016	LOCAL				outpatient			1894.8		Horizon	PPO	725.33	38.28		506.39	568.44	1800.06	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Wellcare	Medicaid	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Americare	Americare	1474.2	75			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		First Health	First Health	1375.92	70			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Aetna	Medicare	605.4	30.8			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Horizon	Medicare Blue	589.68	30		226.79	589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Aetna	Better Health	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Aetna	Commercial	746.93	38		359.21	589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Horizon	PPO	752.43	38.28		154.17	589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		WellPoint	WellPoint	610.32	31.05		500.25	589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Amerihealth	HMO/PPO	1277.64	65		329.5	589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		First Trenton	First Trenton	1769.04	90			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Multiplan	Multiplan	1572.48	80			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Corrections	Corrections	1572.48	80			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Consumer	Consumer	1867.32	95			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Horizon	Indemnity	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Qualcare	Qualcare	1474.2	75			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Managed Care Inc	Managed Care Inc	1769.04	90			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Horizon	MGD	752.43	38.28		581.68	589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		Three Rivers	Three Rivers	1867.32	95			589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL IV - SUBSQ 15 MIN	3500000017	LOCAL				outpatient			1965.6		UHC	Medicaid	598.33	30.44		489.49	589.68	1867.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		WellPoint	WellPoint	647.58	31.05			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		First Health	First Health	1459.92	70			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Americare	Americare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Amerihealth	HMO/PPO	1355.64	65			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Aetna	Commercial	792.53	38			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		UHC	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Aetna	Medicare	642.36	30.8			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Aetna	Better Health	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Horizon	Medicare Blue	625.68	30			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Horizon	MGD	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Multiplan	Multiplan	1668.48	80			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Horizon	Indemnity	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Wellcare	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Horizon	PPO	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Consumer	Consumer	1981.32	95			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Three Rivers	Three Rivers	1981.32	95			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Qualcare	Qualcare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Corrections	Corrections	1668.48	80			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		First Trenton	First Trenton	1877.04	90			625.68	1981.32	percent of total billed charges	
HC SDS UH LEVEL V - SUBSQ 15 MIN	3500000018	LOCAL				outpatient			2085.6		Managed Care Inc	Managed Care Inc	1877.04	90			625.68	1981.32	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Consumer	Consumer	969.97	95			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Aetna	Medicare	314.47	30.8		182.88	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Americare	Americare	765.77	75			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Aetna	Commercial	387.99	38		232.25	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Horizon	Indemnity	390.85	38.28		322.04	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Aetna	Better Health	310.8	30.44		252.37	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Corrections	Corrections	816.82	80			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Amerihealth	HMO/PPO	663.66	65		184.66	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Horizon	PPO	390.85	38.28		308.75	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		UHC	Medicaid	310.8	30.44		290.76	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Multiplan	Multiplan	816.82	80			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Horizon	Medicare Blue	306.31	30		147.97	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Qualcare	Qualcare	765.77	75			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		First Health	First Health	714.71	70			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		WellPoint	WellPoint	317.03	31.05		280.22	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL				both			1021.02		Horizon	MGD	390.85	38.28		350.52	306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL I - INITIAL 30 MIN	3500000019	LOCAL	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Aetna	Better Health	335.33	30.44		281.15	330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Aetna	Commercial	418.61	38		251.13	330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Consumer	Consumer	1046.52	95			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		First Trenton	First Trenton	991.44	90			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Americare	Americare	828.2	75			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		First Health	First Health	771.12	70			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Aetna	Medicare	339.29	30.8		150.73	330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Horizon	PPO	421.69	38.28		432.99	330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Amerihealth	HMO/PPO	716.04	65			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		WellPoint	WellPoint	342.05	31.05		296.03	330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Horizon	Medicare Blue	330.48	30		183.74	330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Horizon	Indemnity	421.69	38.28			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Corrections	Corrections	881.28	80			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Multiplan	Multiplan	881.28	80			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Managed Care Inc	Managed Care Inc	991.44	90			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Qualcare	Qualcare	828.2	75			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Three Rivers	Three Rivers	1046.52	95			330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		UHC	Medicaid	335.33	30.44		291.92	330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL II - INITIAL 30 MIN	35000000020	LOCAL				both			1101.6		Wellcare	Medicaid	335.33	30.44		303.78	330.48	1046.52	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Wellcare	Medicaid	359.23	30.44			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Americare	Americare	885.11	75			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Corrections	Corrections	944.11	80			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		First Trenton	First Trenton	1062.13	90			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		First Health	First Health	826.1	70			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Amerihealth	HMO/PPO	767.09	65			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Aetna	Commercial	448.45	38			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Aetna	Better Health	359.23	30.44		343.8	354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		WellPoint	WellPoint	366.43	31.05		207.89	354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Consumer	Consumer	1121.13	95			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Aetna	Medicare	363.48	30.8			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Horizon	PPO	451.76	38.28			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Horizon	MGD	451.76	38.28			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Horizon	Indemnity	451.76	38.28			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		UHC	Medicaid	359.23	30.44			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Horizon	Medicare Blue	354.04	30			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Managed Care Inc	Managed Care Inc	1062.13	90			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Multiplan	Multiplan	944.11	80			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Three Rivers	Three Rivers	1121.13	95			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL III - INITIAL 30 MIN	35000000021	LOCAL				both			1180.14		Qualcare	Qualcare	885.11	75			354.04	1121.13	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		WellPoint	WellPoint	416.47	31.05			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		UHC	Medicaid	408.29	30.44			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Aetna	Medicare	413.12	30.8			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Consumer	Consumer	1274.24	95			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Horizon	Medicare Blue	402.39	30			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		First Health	First Health	938.91	70			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Aetna	Commercial	509.69	38			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Aetna	Better Health	408.29	30.44			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Americare	Americare	1005.98	75			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Horizon	PPO	513.45	38.28			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Horizon	MGD	513.45	38.28			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Corrections	Corrections	1073.04	80			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Wellcare	Medicaid	408.29	30.44			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Three Rivers	Three Rivers	1274.24	95			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Amerihealth	HMO/PPO	871.85	65			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		First Trenton	First Trenton	1207.17	90			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Horizon	Indemnity	513.45	38.28			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Managed Care Inc	Managed Care Inc	1207.17	90			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Multiplan	Multiplan	1073.04	80			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL IV - INITIAL 30 MIN	35000000022	LOCAL				both			1341.3		Qualcare	Qualcare	1005.98	75			402.39	1274.24	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Amerihealth	HMO/PPO	505.21	65		140.67	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Consumer	Consumer	738.38	95			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Americare	Americare	582.93	75			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Horizon	Indemnity	297.53	38.28		244.05	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Aetna	Better Health	236.59	30.44		190.63	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		First Health	First Health	544.07	70			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Horizon	MGD	297.53	38.28		258.42	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Aetna	Medicare	239.39	30.8		141.89	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Aetna	Commercial	295.35	38		176.03	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Corrections	Corrections	621.79	80			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Wellcare	Medicaid	236.59	30.44		159.3	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Horizon	Medicare Blue	233.17	30		109.99	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Multiplan	Multiplan	621.79	80			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		First Trenton	First Trenton	699.52	90			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		WellPoint	WellPoint	241.33	31.05		213.92	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Qualcare	Qualcare	582.93	75			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Three Rivers	Three Rivers	738.38	95			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Horizon	PPO	297.53	38.28		250.14	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		UHC	Medicaid	236.59	30.44		220.84	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL I - SUBSQ 30 MIN	35000000023	LOCAL				both			777.24		Managed Care Inc	Managed Care Inc	699.52	90			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Americare	Americare	582.93	75			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Amerihealth	HMO/PPO	505.21	65			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Aetna	Better Health	236.59	30.44		198.37	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Aetna	Commercial	295.35	38		177.19	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Aetna	Medicare	239.39	30.8		106.35	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Multiplan	Multiplan	621.79	80			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Horizon	Indemnity	297.53	38.28			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Horizon	MGD	297.53	38.28		193.34	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Consumer	Consumer	738.38	95			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Qualcare	Qualcare	582.93	75			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Horizon	Medicare Blue	233.17	30		129.64	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		First Health	First Health	544.07	70			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Corrections	Corrections	621.79	80			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		UHC	Medicaid	236.59	30.44		205.9	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Horizon	PPO	297.53	38.28		304.53	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		WellPoint	WellPoint	241.33	31.05		208.86	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		First Trenton	First Trenton	699.52	90			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Three Rivers	Three Rivers	738.38	95			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Managed Care Inc	Managed Care Inc	699.52	90			233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL II - SUBSQ 30 MIN	35000000024	LOCAL				both			777.24		Wellcare	Medicaid	236.59	30.44		214.57	233.17	738.38	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Multiplan	Multiplan	691.15	80			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		First Trenton	First Trenton	777.55	90			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Aetna	Medicare	266.09	30.8			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		First Health	First Health	604.76	70			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Amerihealth	HMO/PPO	561.56	65			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Horizon	Indemnity	330.72	38.28			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Aetna	Better Health	262.98	30.44		251.69	259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Aetna	Commercial	328.3	38			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Qualcare	Qualcare	647.96	75			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Managed Care Inc	Managed Care Inc	777.55	90			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Americare	Americare	647.96	75			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Wellcare	Medicaid	262.98	30.44			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Corrections	Corrections	691.15	80			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Horizon	PPO	330.72	38.28			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Consumer	Consumer	820.74	95			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Horizon	MGD	330.72	38.28			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		WellPoint	WellPoint	268.25	31.05		152.19	259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Three Rivers	Three Rivers	820.74	95			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		Horizon	Medicare Blue	259.18	30			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL III - SUBSQ 30 MIN	35000000025	LOCAL				both			863.94		UHC	Medicaid	262.98	30.44			259.18	820.74	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Consumer	Consumer	969.97	95			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Corrections	Corrections	816.82	80			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Horizon	Indemnity	390.85	38.28			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		First Health	First Health	714.71	70			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Americare	Americare	765.77	75			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Aetna	Commercial	387.99	38			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		UHC	Medicaid	310.8	30.44			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Aetna	Better Health	310.8	30.44			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		First Trenton	First Trenton	918.92	90			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Horizon	Medicare Blue	306.31	30			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Horizon	MGD	390.85	38.28			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Aetna	Medicare	314.47	30.8			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Horizon	PPO	390.85	38.28			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		WellPoint	WellPoint	317.03	31.05			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Wellcare	Medicaid	310.8	30.44			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Amerihealth	HMO/PPO	663.66	65			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Managed Care Inc	Managed Care Inc	918.92	90			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Multiplan	Multiplan	816.82	80			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Three Rivers	Three Rivers	969.97	95			306.31	969.97	percent of total billed charges	
HC RECOVERY LEVEL IV - SUBSQ 30 MIN	35000000026	LOCAL				both			1021.02		Qualcare	Qualcare	765.77	75			306.31	969.97	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	35000000027	LOCAL				both			352.92		Aetna	Better Health	107.43	30.44			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	35000000027	LOCAL				both			352.92		Aetna	Medicare	108.7	30.8			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	35000000027	LOCAL				both			352.92		Americare	Americare	264.69	75			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	35000000027	LOCAL				both			352.92		Aetna	Commercial	134.11	38			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	35000000027	LOCAL				both			352.92		Amerihealth	HMO/PPO	229.4	65			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	35000000027	LOCAL				both			352.92		First Trenton	First Trenton	317.63	90			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	35000000027	LOCAL				both			352.92		Corrections	Corrections	282.34	80			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	35000000027	LOCAL				both			352.92		Horizon	MGD	135.1	38.28			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	35000000027	LOCAL				both			352.92		Horizon	Medicare Blue	105.88	30			105.88	335.27	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		Managed Care Inc	Managed Care Inc	317.63	90			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		Consumer	Consumer	335.27	95			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		UHC	Medicaid	107.43	30.44			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		First Health	First Health	247.04	70			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		WellPoint	WellPoint	109.58	31.05			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		Horizon	Indemnity	135.1	38.28			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		Wellcare	Medicaid	107.43	30.44			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		Multiplan	Multiplan	282.34	80			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		Horizon	PPO	135.1	38.28			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		Qualcare	Qualcare	264.69	75			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 0.75 HR	3500000027	LOCAL				both			352.92		Three Rivers	Three Rivers	335.27	95			105.88	335.27	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		First Health	First Health	364.14	70			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Americare	Americare	390.15	75			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		First Trenton	First Trenton	468.18	90			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Aetna	Better Health	158.35	30.44			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Horizon	MCD	199.13	38.28			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Aetna	Medicare	160.22	30.8			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Corrections	Corrections	416.16	80			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Aetna	Commercial	197.68	38			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Horizon	PPO	199.13	38.28			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Consumer	Consumer	494.19	95			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Horizon	Indemnity	199.13	38.28			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		WellPoint	WellPoint	161.52	31.05			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Managed Care Inc	Managed Care Inc	468.18	90			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Amerihealth	HMO/PPO	338.13	65			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Horizon	Medicare Blue	156.06	30			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		UHC	Medicaid	158.35	30.44			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Three Rivers	Three Rivers	494.19	95			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Multiplan	Multiplan	416.16	80			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Wellcare	Medicaid	158.35	30.44			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1 HR	3500000028	LOCAL				both			520.2		Qualcare	Qualcare	390.15	75			156.06	494.19	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Aetna	Better Health	133.51	30.44			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Amerihealth	HMO/PPO	285.09	65			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		First Health	First Health	307.02	70			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		First Trenton	First Trenton	394.74	90			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Corrections	Corrections	350.88	80			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Horizon	Indemnity	167.9	38.28			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Aetna	Commercial	166.67	38			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Americare	Americare	328.95	75			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Consumer	Consumer	416.67	95			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Multiplan	Multiplan	350.88	80			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Aetna	Medicare	135.09	30.8			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Horizon	PPO	167.9	38.28			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Horizon	Medicare Blue	131.58	30			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Qualcare	Qualcare	328.95	75			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Horizon	MCD	167.9	38.28			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Managed Care Inc	Managed Care Inc	394.74	90			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Wellcare	Medicaid	133.51	30.44			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		Three Rivers	Three Rivers	416.67	95			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		UHC	Medicaid	133.51	30.44			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.25 HR	3500000029	LOCAL				both			438.6		WellPoint	WellPoint	136.19	31.05			131.58	416.67	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		WellPoint	WellPoint	226.76	31.05			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Aetna	Commercial	277.52	38			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		First Health	First Health	511.22	70			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Consumer	Consumer	693.8	95			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Aetna	Medicare	224.94	30.8			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Americare	Americare	547.74	75			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Aetna	Better Health	222.31	30.44			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Amerihealth	HMO/PPO	474.71	65			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		UHC	Medicaid	222.31	30.44			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Multiplan	Multiplan	584.26	80			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Horizon	Indemnity	279.57	38.28			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Corrections	Corrections	584.26	80			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Horizon	PPO	279.57	38.28			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Wellcare	Medicaid	222.31	30.44			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Three Rivers	Three Rivers	693.8	95			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Horizon	MCD	279.57	38.28			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		First Trenton	First Trenton	657.29	90			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Qualcare	Qualcare	547.74	75			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Horizon	Medicare Blue	219.1	30			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.5 HR	3500000030	LOCAL				both			730.32		Managed Care Inc	Managed Care Inc	657.29	90			219.1	693.8	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		First Trenton	First Trenton	760.1	90			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		First Health	First Health	591.19	70			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Aetna	Medicare	260.12	30.8			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		WellPoint	WellPoint	262.24	31.05			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Amerihealth	HMO/PPO	548.96	65			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Consumer	Consumer	802.33	95			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Americare	Americare	633.42	75			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Aetna	Better Health	257.08	30.44			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Managed Care Inc	Managed Care Inc	760.1	90			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Horizon	Medicare Blue	253.37	30			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Horizon	MCD	323.3	38.28			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Aetna	Commercial	320.93	38			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Horizon	Indemnity	323.3	38.28			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Corrections	Corrections	675.65	80			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Horizon	PPO	323.3	38.28			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Multiplan	Multiplan	675.65	80			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Qualcare	Qualcare	633.42	75			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		UHC	Medicaid	257.08	30.44			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Three Rivers	Three Rivers	802.33	95			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 1.75 HR	3500000031	LOCAL				both			844.56		Wellcare	Medicaid	257.08	30.44			253.37	802.33	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		First Health	First Health	677.59	70			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Amerihealth	HMO/PPO	629.19	65			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Horizon	MCD	370.54	38.28			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Aetna	Medicare	298.14	30.8			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Consumer	Consumer	919.58	95			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Aetna	Better Health	294.65	30.44			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Wellcare	Medicaid	294.65	30.44			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Americare	Americare	725.99	75			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Horizon	Indemnity	370.54	38.28			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Corrections	Corrections	774.38	80			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		WellPoint	WellPoint	300.56	31.05			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Horizon	Medicare Blue	290.39	30			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		First Trenton	First Trenton	871.18	90			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Aetna	Commercial	367.83	38			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Horizon	PPO	370.54	38.28			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Multiplan	Multiplan	774.38	80			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Managed Care Inc	Managed Care Inc	871.18	90			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Qualcare	Qualcare	725.99	75			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		Three Rivers	Three Rivers	919.58	95			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2 HR	3500000032	LOCAL				both			967.98		UHC	Medicaid	294.65	30.44			290.39	919.58	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		WellPoint	WellPoint	338.88	31.05			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		First Health	First Health	763.98	70			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Consumer	Consumer	1036.83	95			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Amerihealth	HMO/PPO	709.41	65			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Aetna	Commercial	414.73	38			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Aetna	Better Health	332.22	30.44			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Americare	Americare	818.55	75			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		First Trenton	First Trenton	982.26	90			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Aetna	Medicare	336.15	30.8			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Wellcare	Medicaid	332.22	30.44			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Corrections	Corrections	873.12	80			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Qualcare	Qualcare	818.55	75			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Horizon	MCD	417.79	38.28			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Horizon	PPO	417.79	38.28			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Multiplan	Multiplan	873.12	80			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Horizon	Medicare Blue	327.42	30			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Horizon	Indemnity	417.79	38.28			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		UHC	Medicaid	332.22	30.44			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Three Rivers	Three Rivers	1036.83	95			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.25 HR	3500000033	LOCAL				both			1091.4		Managed Care Inc	Managed Care Inc	982.26	90			327.42	1036.83	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Amerihealth	HMO/PPO	783.67	65			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Corrections	Corrections	964.51	80			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Horizon	Indemnity	461.52	38.28			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Aetna	Commercial	458.14	38			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		UHC	Medicaid	367	30.44			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Aetna	Better Health	367	30.44			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		First Trenton	First Trenton	1085.08	90			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Americare	Americare	904.23	75			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		First Health	First Health	843.95	70			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Consumer	Consumer	1145.36	95			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Horizon	Medicare Blue	361.69	30			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Aetna	Medicare	371.34	30.8			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Multiplan	Multiplan	964.51	80			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Three Rivers	Three Rivers	1145.36	95			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Horizon	PPO	461.52	38.28			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Horizon	MCD	461.52	38.28			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	3500000034	LOCAL				both			1205.64		Qualcare	Qualcare	904.23	75			361.69	1145.36	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC LD RECOVERY ROOM - 2.5 HR	35000000034	LOCAL				both			1205.64		Wellcare	Medicaid	367	30.44			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	35000000034	LOCAL				both			1205.64		Managed Care Inc	Managed Care Inc	1085.08	90			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.5 HR	35000000034	LOCAL				both			1205.64		WellPoint	WellPoint	374.35	31.05			361.69	1145.36	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		First Health	First Health	926.06	70			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Aetna	Commercial	502.72	38			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		First Trenton	First Trenton	1190.65	90			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Americare	Americare	992.21	75			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Aetna	Better Health	402.7	30.44			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Corrections	Corrections	1058.35	80			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		UHC	Medicaid	402.7	30.44			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Amerihealth	HMO/PPO	859.91	65			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Wellcare	Medicaid	402.7	30.44			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Aetna	Medicare	407.47	30.8			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Managed Care Inc	Managed Care Inc	1190.65	90			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Consumer	Consumer	1256.79	95			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		WellPoint	WellPoint	410.77	31.05			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Horizon	Indemnity	506.42	38.28			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Horizon	MGD	506.42	38.28			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Horizon	Medicare Blue	396.88	30			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Multiplan	Multiplan	1058.35	80			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Horizon	PPO	506.42	38.28			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Qualcare	Qualcare	992.21	75			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 2.75 HR	35000000035	LOCAL				both			1322.94		Three Rivers	Three Rivers	1256.79	95			396.88	1256.79	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Aetna	Better Health	439.96	30.44			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Aetna	Medicare	445.16	30.8			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		First Trenton	First Trenton	1300.81	90			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Corrections	Corrections	1156.27	80			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		First Health	First Health	1011.74	70			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Consumer	Consumer	1373.07	95			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Americare	Americare	1084.01	75			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Amerihealth	HMO/PPO	909.47	65			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Aetna	Commercial	549.23	38			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Horizon	MGD	553.28	38.28			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Horizon	Indemnity	553.28	38.28			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Horizon	Medicare Blue	433.6	30			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		WellPoint	WellPoint	448.78	31.05			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Wellcare	Medicaid	439.96	30.44			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		UHC	Medicaid	439.96	30.44			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Multiplan	Multiplan	1156.27	80			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Horizon	PPO	553.28	38.28			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Qualcare	Qualcare	1084.01	75			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Managed Care Inc	Managed Care Inc	1300.81	90			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3 HR	35000000036	LOCAL				both			1445.34		Three Rivers	Three Rivers	1373.07	95			433.6	1373.07	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Amerihealth	HMO/PPO	1016.38	65			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Horizon	Indemnity	598.57	38.28			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Aetna	Better Health	475.98	30.44			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Americare	Americare	1172.75	75			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		First Health	First Health	1094.56	70			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		First Trenton	First Trenton	1407.29	90			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Consumer	Consumer	1485.48	95			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Aetna	Commercial	594.19	38			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Qualcare	Qualcare	1172.75	75			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Horizon	PPO	598.57	38.28			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Corrections	Corrections	1250.93	80			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Aetna	Medicare	481.61	30.8			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Multiplan	Multiplan	1250.93	80			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Horizon	Medicare Blue	469.1	30			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		UHC	Medicaid	475.98	30.44			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Horizon	MGD	598.57	38.28			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Wellcare	Medicaid	475.98	30.44			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Three Rivers	Three Rivers	1485.48	95			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		WellPoint	WellPoint	485.52	31.05			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.25 HR	35000000037	LOCAL				both			1563.66		Managed Care Inc	Managed Care Inc	1407.29	90			469.1	1485.48	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		First Health	First Health	1178.81	70			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		First Trenton	First Trenton	1515.62	90			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Aetna	Better Health	512.62	30.44			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Corrections	Corrections	1347.22	80			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Aetna	Commercial	638.93	38			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Americare	Americare	1263.02	75			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Consumer	Consumer	1599.82	95			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Amerihealth	HMO/PPO	1094.61	65			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Aetna	Medicare	518.68	30.8			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Horizon	PPO	644.64	38.28			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Horizon	Medicare Blue	505.21	30			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Horizon	Indemnity	644.64	38.28			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Horizon	MGD	644.64	38.28			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Managed Care Inc	Managed Care Inc	1515.62	90			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Wellcare	Medicaid	512.62	30.44			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Multiplan	Multiplan	1347.22	80			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		UHC	Medicaid	512.62	30.44			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Three Rivers	Three Rivers	1599.82	95			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		WellPoint	WellPoint	522.89	31.05			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.5 HR	35000000038	LOCAL				both			1684.02		Qualcare	Qualcare	1263.02	75			505.21	1599.82	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		First Trenton	First Trenton	1620.27	90			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Aetna	Better Health	548.01	30.44			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Amerihealth	HMO/PPO	1170.2	65			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Aetna	Commercial	684.11	38			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Americare	Americare	1350.23	75			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Consumer	Consumer	1710.29	95			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Horizon	Indemnity	689.15	38.28			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Aetna	Medicare	554.49	30.8			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Horizon	MGD	689.15	38.28			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		First Health	First Health	1260.21	70			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Multiplan	Multiplan	1440.24	80			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		WellPoint	WellPoint	558.99	31.05			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Horizon	PPO	689.15	38.28			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Corrections	Corrections	1440.24	80			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Qualcare	Qualcare	1350.23	75			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Horizon	Medicare Blue	540.09	30			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Managed Care Inc	Managed Care Inc	1620.27	90			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		UHC	Medicaid	548.01	30.44			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Three Rivers	Three Rivers	1710.29	95			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 3.75 HR	35000000039	LOCAL				both			1800.3		Wellcare	Medicaid	548.01	30.44			540.09	1710.29	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Americare	Americare	1442.03	75			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Aetna	Better Health	585.27	30.44			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Aetna	Medicare	592.19	30.8			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Horizon	MGD	736.01	38.28			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Corrections	Corrections	1538.16	80			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Aetna	Commercial	730.63	38			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Consumer	Consumer	1826.57	95			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		WellPoint	WellPoint	597	31.05			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		First Trenton	First Trenton	1730.43	90			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Amerihealth	HMO/PPO	1249.76	65			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Horizon	Medicare Blue	576.81	30			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		UHC	Medicaid	585.27	30.44			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Horizon	Indemnity	736.01	38.28			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		First Health	First Health	1345.89	70			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Horizon	PPO	736.01	38.28			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Wellcare	Medicaid	585.27	30.44			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Managed Care Inc	Managed Care Inc	1730.43	90			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Multiplan	Multiplan	1538.16	80			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Three Rivers	Three Rivers	1826.57	95			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4 HR	35000000040	LOCAL				both			1922.7		Qualcare	Qualcare	1442.03	75			576.81	1826.57	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Aetna	Medicare	510.82	30.8			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Horizon	MGD	634.88	38.28			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Aetna	Better Health	504.85	30.44			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Amerihealth	HMO/PPO	1078.04	65			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Aetna	Commercial	630.24	38			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		First Health	First Health	1160.96	70			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Consumer	Consumer	1575.59	95			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		First Trenton	First Trenton	1492.67	90			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Americare	Americare	1243.89	75			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Horizon	PPO	634.88	38.28			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Corrections	Corrections	1326.82	80			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Horizon	Indemnity	634.88	38.28			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Horizon	Medicare Blue	497.56	30			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Managed Care Inc	Managed Care Inc	1492.67	90			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Three Rivers	Three Rivers	1575.59	95			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Multiplan	Multiplan	1326.82	80			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Wellcare	Medicaid	504.85	30.44			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		WellPoint	WellPoint	514.97	31.05			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		UHC	Medicaid	504.85	30.44			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.25 HR	35000000041	LOCAL				both			1658.52		Qualcare	Qualcare	1243.89	75			497.56	1575.59	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	35000000042	LOCAL				both			1754.4		Aetna	Commercial	666.67	38			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	35000000042	LOCAL				both			1754.4		Aetna	Better Health	534.04	30.44			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	35000000042	LOCAL				both			1754.4		First Health	First Health	1228.08	70			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	35000000042	LOCAL				both			1754.4		Qualcare	Qualcare	1315.8	75			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	35000000042	LOCAL				both			1754.4		Aetna	Medicare	540.36	30.8			526.32	1666.68	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Consumer	Consumer	1666.68	95			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		First Trenton	First Trenton	1578.96	90			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Americare	Americare	1315.8	75			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Amerihealth	HMO/PPO	1140.36	65			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Corrections	Corrections	1403.52	80			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Horizon	Medicare Blue	526.32	30			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Horizon	Indemnity	671.58	38.28			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Multiplan	Multiplan	1403.52	80			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Horizon	PPO	671.58	38.28			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Horizon	MGD	671.58	38.28			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Managed Care Inc	Managed Care Inc	1578.96	90			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Wellcare	Medicaid	534.04	30.44			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		Three Rivers	Three Rivers	1666.68	95			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		UHC	Medicaid	534.04	30.44			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.5 HR	3500000042	LOCAL				both			1754.4		WellPoint	WellPoint	544.74	31.05			526.32	1666.68	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Consumer	Consumer	2165.72	95			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		First Trenton	First Trenton	2051.73	90			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Aetna	Medicare	702.15	30.8			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Amerihealth	HMO/PPO	1481.81	65			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Aetna	Better Health	693.94	30.44			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Horizon	Indemnity	872.67	38.28			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		First Health	First Health	1595.79	70			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Americare	Americare	1709.78	75			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Corrections	Corrections	1823.76	80			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Managed Care Inc	Managed Care Inc	2051.73	90			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Horizon	MGD	872.67	38.28			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Multiplan	Multiplan	1823.76	80			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Aetna	Commercial	866.29	38			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Horizon	PPO	872.67	38.28			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		UHC	Medicaid	693.94	30.44			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Qualcare	Qualcare	1709.78	75			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		WellPoint	WellPoint	707.85	31.05			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Three Rivers	Three Rivers	2165.72	95			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Wellcare	Medicaid	693.94	30.44			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 4.75 HR	3500000043	LOCAL				both			2279.7		Horizon	Medicare Blue	683.91	30			683.91	2165.72	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Aetna	Medicare	739.22	30.8			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		First Trenton	First Trenton	2160.05	90			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Aetna	Better Health	730.58	30.44			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Amerihealth	HMO/PPO	1560.04	65			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Americare	Americare	1800.05	75			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Corrections	Corrections	1920.05	80			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Aetna	Commercial	912.02	38			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Consumer	Consumer	2280.06	95			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Horizon	MGD	918.74	38.28			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Horizon	PPO	918.74	38.28			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		WellPoint	WellPoint	745.22	31.05			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		First Health	First Health	1680.04	70			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Horizon	Indemnity	918.74	38.28			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		UHC	Medicaid	730.58	30.44			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Managed Care Inc	Managed Care Inc	2160.05	90			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Multiplan	Multiplan	1920.05	80			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Horizon	Medicare Blue	720.02	30			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Qualcare	Qualcare	1800.05	75			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Three Rivers	Three Rivers	2280.06	95			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 5 HR	3500000044	LOCAL				both			2400.06		Wellcare	Medicaid	730.58	30.44			720.02	2280.06	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Amerihealth	HMO/PPO	7451.46	65			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Wellcare	Medicaid	3489.57	30.44			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		First Health	First Health	8024.65	70			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		UHC	Medicaid	3489.57	30.44			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Aetna	Medicare	3530.84	30.8			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Americare	Americare	8597.84	75			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Aetna	Better Health	3489.57	30.44			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Horizon	MGD	4388.33	38.28			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Corrections	Corrections	9171.02	80			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Horizon	PPO	4388.33	38.28			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Horizon	Indemnity	4388.33	38.28			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Three Rivers	Three Rivers	10890.59	95			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Consumer	Consumer	10890.59	95			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Aetna	Commercial	4356.24	38			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		WellPoint	WellPoint	3559.5	31.05			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Horizon	Medicare Blue	3439.13	30			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		First Trenton	First Trenton	10317.4	90			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Multiplan	Multiplan	9171.02	80			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Managed Care Inc	Managed Care Inc	10317.4	90			3439.13	10890.59	percent of total billed charges	
HC LD RECOVERY ROOM - 24 HR	3500000045	LOCAL				both			11463.78		Qualcare	Qualcare	8597.84	75			3439.13	10890.59	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Aetna	Better Health	222.31	30.44			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		First Trenton	First Trenton	657.29	90			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Aetna	Medicare	224.94	30.8			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Americare	Americare	547.74	75			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Corrections	Corrections	584.26	80			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Horizon	Indemnity	279.57	38.28			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		First Health	First Health	511.22	70			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Consumer	Consumer	693.8	95			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Aetna	Commercial	277.52	38			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Horizon	PPO	279.57	38.28			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Horizon	MGD	279.57	38.28			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Amerihealth	HMO/PPO	474.71	65			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Horizon	Medicare Blue	219.1	30			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		WellPoint	WellPoint	226.76	31.05			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		UHC	Medicaid	222.31	30.44			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Three Rivers	Three Rivers	693.8	95			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Wellcare	Medicaid	222.31	30.44			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Managed Care Inc	Managed Care Inc	657.29	90			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Multiplan	Multiplan	584.26	80			219.1	693.8	percent of total billed charges	
HC LD OUTSIDE DELIVERY/RECOVERY	3500000046	LOCAL				both			730.32		Qualcare	Qualcare	547.74	75			219.1	693.8	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Aetna	Commercial	259.3	38		156.84	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		First Health	First Health	477.67	70			204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Aetna	Medicare	210.17	30.8		132.11	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Amerihealth	HMO/PPO	443.55	65			204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Americare	Americare	511.79	75			204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Consumer	Consumer	648.26	95			204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Horizon	MGD	261.22	38.28		253.88	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Aetna	Better Health	207.72	30.44		134.87	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Wellcare	Medicaid	207.72	30.44		77.15	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Three Rivers	Three Rivers	648.26	95			204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Horizon	Medicare Blue	204.71	30		95.91	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Qualcare	Qualcare	511.79	75			204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Horizon	Indemnity	261.22	38.28		158.94	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Corrections	Corrections	545.9	80			204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Horizon	PPO	261.22	38.28		110.89	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Multiplan	Multiplan	545.9	80			204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		UHC	Medicaid	207.72	30.44		203	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		First Trenton	First Trenton	614.14	90			204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		WellPoint	WellPoint	211.88	31.05		189.63	204.71	648.26	percent of total billed charges	
HC ANES LEVEL I - INIT 30 MIN	3500000047	LOCAL				both			682.38		Managed Care Inc	Managed Care Inc	614.14	90			204.71	648.26	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Aetna	Medicare	258.87	30.8		142.03	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Multiplan	Multiplan	672.38	80			252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Horizon	PPO	321.74	38.28		265.7	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Aetna	Commercial	319.38	38		199.55	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		First Health	First Health	588.34	70			252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Aetna	Better Health	255.84	30.44		212.19	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Amerihealth	HMO/PPO	546.31	65		163.69	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Americare	Americare	630.36	75			252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		First Trenton	First Trenton	756.43	90			252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Qualcare	Qualcare	630.36	75			252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		UHC	Medicaid	255.84	30.44		231.8	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Consumer	Consumer	798.46	95			252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Managed Care Inc	Managed Care Inc	756.43	90			252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Corrections	Corrections	672.38	80			252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Three Rivers	Three Rivers	798.46	95			252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Wellcare	Medicaid	255.84	30.44		190	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		WellPoint	WellPoint	260.97	31.05		222.8	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Horizon	Medicare Blue	252.14	30		126.01	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Horizon	Indemnity	321.74	38.28		279.32	252.14	798.46	percent of total billed charges	
HC ANES LEVEL II - INIT 30 MIN	3500000048	LOCAL				both			840.48		Horizon	MGD	321.74	38.28		298.73	252.14	798.46	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Horizon	PPO	383.82	38.28		313.2	300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Horizon	MGD	383.82	38.28		341.49	300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Aetna	Better Health	305.21	30.44		292.28	300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Aetna	Medicare	308.82	30.8		160.8	300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Aetna	Commercial	381.01	38		219.31	300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Consumer	Consumer	952.53	95			300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		First Trenton	First Trenton	902.39	90			300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Horizon	Medicare Blue	300.8	30			300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Wellcare	Medicaid	305.21	30.44		216.72	300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Multiplan	Multiplan	802.13	80			300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Corrections	Corrections	802.13	80			300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Amerihealth	HMO/PPO	651.73	65		169.43	300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	3500000049	LOCAL				both			1002.66		Americare	Americare	752	75			300.8	952.53	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_addres	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC ANES LEVEL III - INIT 30 MIN	35000000049	LOCAL				both			1002.66		First Health	First Health	701.86	70			300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	35000000049	LOCAL				both			1002.66		Managed Care Inc	Managed Care Inc	902.39	90			300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	35000000049	LOCAL				both			1002.66		WellPoint	WellPoint	311.33	31.05		287.19	300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	35000000049	LOCAL				both			1002.66		Horizon	Indemnity	383.82	38.28		257.44	300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	35000000049	LOCAL				both			1002.66		Qualcare	Qualcare	752	75			300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	35000000049	LOCAL				both			1002.66		Three Rivers	Three Rivers	952.53	95			300.8	952.53	percent of total billed charges	
HC ANES LEVEL III - INIT 30 MIN	35000000049	LOCAL				both			1002.66		UHC	Medicaid	305.21	30.44		286.35	300.8	952.53	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Aetna	Better Health	353.96	30.44			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Horizon	MCD	445.12	38.28			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		First Health	First Health	813.96	70			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Americare	Americare	872.1	75			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Corrections	Corrections	930.24	80			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Horizon	Medicare Blue	348.84	30			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Aetna	Medicare	358.14	30.8			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Consumer	Consumer	1104.66	95			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Aetna	Commercial	441.86	38			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Wellcare	Medicaid	353.96	30.44			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		UHC	Medicaid	353.96	30.44			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		First Trenton	First Trenton	1046.52	90			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		WellPoint	WellPoint	361.05	31.05			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Horizon	PPO	445.12	38.28			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Amerihealth	HMO/PPO	755.82	65			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Managed Care Inc	Managed Care Inc	1046.52	90			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Horizon	Indemnity	445.12	38.28			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Three Rivers	Three Rivers	1104.66	95			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Multiplan	Multiplan	930.24	80			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL IV - INIT 30 MIN	35000000050	LOCAL				both			1162.8		Qualcare	Qualcare	872.1	75			348.84	1104.66	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Aetna	Commercial	472.1	38			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		WellPoint	WellPoint	385.75	31.05			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Consumer	Consumer	1180.24	95			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		UHC	Medicaid	378.17	30.44			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Horizon	MCD	475.58	38.28			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Aetna	Medicare	382.65	30.8			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Americare	Americare	931.77	75			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Aetna	Better Health	378.17	30.44			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Amerihealth	HMO/PPO	807.53	65			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		First Health	First Health	869.65	70			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Corrections	Corrections	993.89	80			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Horizon	Indemnity	475.58	38.28			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Multiplan	Multiplan	993.89	80			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Wellcare	Medicaid	378.17	30.44			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		First Trenton	First Trenton	1118.12	90			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Horizon	Medicare Blue	372.71	30			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Qualcare	Qualcare	931.77	75			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Managed Care Inc	Managed Care Inc	1118.12	90			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Horizon	PPO	475.58	38.28			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL V - INIT 30 MIN	35000000051	LOCAL				both			1242.36		Three Rivers	Three Rivers	1180.24	95			372.71	1180.24	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Consumer	Consumer	271.32	95			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Horizon	Indemnity	109.33	38.28		66.33	85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Aetna	Better Health	86.94	30.44		56.45	85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Aetna	Commercial	108.53	38		63.19	85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Multiplan	Multiplan	228.48	80			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Aetna	Medicare	87.96	30.8		55.38	85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Corrections	Corrections	228.48	80			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Americare	Americare	214.2	75			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		First Health	First Health	199.92	70			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		UHC	Medicaid	86.94	30.44		85	85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Amerihealth	HMO/PPO	185.64	65			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Three Rivers	Three Rivers	271.32	95			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Horizon	Medicare Blue	85.68	30		40.14	85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Horizon	PPO	109.33	38.28		46.43	85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		First Trenton	First Trenton	257.04	90			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		WellPoint	WellPoint	88.68	31.05		79.32	85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Qualcare	Qualcare	214.2	75			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Horizon	MCD	109.33	38.28		106.26	85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Managed Care Inc	Managed Care Inc	257.04	90			85.68	271.32	percent of total billed charges	
HC ANES LEVEL I - SUBS 15 MIN	35000000052	LOCAL				both			285.6		Wellcare	Medicaid	86.94	30.44		32.92	85.68	271.32	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Aetna	Medicare	81.05	30.8		44.41	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		First Health	First Health	184.21	70			78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Aetna	Better Health	80.11	30.44		66.87	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Consumer	Consumer	250	95			78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Aetna	Commercial	100	38		62.03	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Multiplan	Multiplan	210.53	80			78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Americare	Americare	197.37	75			78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Corrections	Corrections	210.53	80			78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Horizon	Indemnity	100.74	38.28		87.3	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Horizon	PPO	100.74	38.28		83.26	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Amerihealth	HMO/PPO	171.05	65		51.63	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		First Trenton	First Trenton	236.84	90			78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Horizon	Medicare Blue	78.95	30		39.4	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Qualcare	Qualcare	197.37	75			78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Horizon	MCD	100.74	38.28		80.95	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		UHC	Medicaid	80.11	30.44		72.67	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Wellcare	Medicaid	80.11	30.44		59.18	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Managed Care Inc	Managed Care Inc	236.84	90			78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		WellPoint	WellPoint	81.71	31.05		69.66	78.95	250	percent of total billed charges	
HC ANES LEVEL II - SUBS 15 MIN	35000000053	LOCAL				both			263.16		Three Rivers	Three Rivers	250	95			78.95	250	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Horizon	PPO	169.85	38.28		138.6	133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Amerihealth	HMO/PPO	288.41	65		74.98	133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Aetna	Medicare	136.66	30.8		71.16	133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Aetna	Commercial	168.61	38		97.05	133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Corrections	Corrections	354.96	80			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Aetna	Better Health	135.06	30.44		129.04	133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Americare	Americare	332.78	75			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		First Trenton	First Trenton	399.33	90			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Multiplan	Multiplan	354.96	80			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		First Health	First Health	310.59	70			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Consumer	Consumer	421.52	95			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Horizon	MCD	169.85	38.28		151.03	133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Horizon	Medicare Blue	133.11	30			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Wellcare	Medicaid	135.06	30.44		95.91	133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Horizon	Indemnity	169.85	38.28		113.92	133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Managed Care Inc	Managed Care Inc	399.33	90			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Qualcare	Qualcare	332.78	75			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		Three Rivers	Three Rivers	421.52	95			133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		UHC	Medicaid	135.06	30.44		126.91	133.11	421.52	percent of total billed charges	
HC ANES LEVEL III - SUBS 15 MIN	35000000054	LOCAL				both			443.7		WellPoint	WellPoint	137.77	31.05		127.09	133.11	421.52	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Consumer	Consumer	498.07	95			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Corrections	Corrections	419.42	80			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Horizon	Indemnity	200.69	38.28			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		First Health	First Health	367	70			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Americare	Americare	393.21	75			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Aetna	Better Health	159.59	30.44			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		First Trenton	First Trenton	471.85	90			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Aetna	Medicare	161.48	30.8			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Three Rivers	Three Rivers	498.07	95			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		WellPoint	WellPoint	162.79	31.05			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Horizon	PPO	200.69	38.28			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Wellcare	Medicaid	159.59	30.44			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Amerihealth	HMO/PPO	340.78	65			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Aetna	Commercial	199.23	38			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Managed Care Inc	Managed Care Inc	471.85	90			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Horizon	MCD	200.69	38.28			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Multiplan	Multiplan	419.42	80			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Horizon	Medicare Blue	157.28	30			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		Qualcare	Qualcare	393.21	75			157.28	498.07	percent of total billed charges	
HC ANES LEVEL IV - SUBS 15 MIN	35000000055	LOCAL				both			524.28		UHC	Medicaid	159.59	30.44			157.28	498.07	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Aetna	Commercial	229.46	38			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Corrections	Corrections	483.07	80			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Americare	Americare	452.88	75			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Aetna	Better Health	183.81	30.44			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Horizon	MCD	231.15	38.28			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Amerihealth	HMO/PPO	392.5	65			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Horizon	Medicare Blue	181.15	30			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Aetna	Medicare	185.98	30.8			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		First Trenton	First Trenton	543.46	90			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		UHC	Medicaid	183.81	30.44			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Wellcare	Medicaid	183.81	30.44			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Consumer	Consumer	573.65	95			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Horizon	PPO	231.15	38.28			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Horizon	Indemnity	231.15	38.28			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Managed Care Inc	Managed Care Inc	543.46	90			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		First Health	First Health	422.69	70			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Three Rivers	Three Rivers	573.65	95			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		WellPoint	WellPoint	187.49	31.05			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Multiplan	Multiplan	483.07	80			181.15	573.65	percent of total billed charges	
HC ANES LEVEL V - SUBS 15 MIN	35000000056	LOCAL				both			603.84		Qualcare	Qualcare	452.88	75			181.15	573.65	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	35000000057	LOCAL				both			988.38		Corrections	Corrections	790.7	80			296.51	938.96	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		First Health	First Health	691.87	70			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Americare	Americare	741.29	75			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		UHC	Medicaid	300.86	30.44			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Aetna	Commercial	375.58	38			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Aetna	Better Health	300.86	30.44			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Amerihealth	HMO/PPO	642.45	65			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		First Trenton	First Trenton	889.54	90			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		WellPoint	WellPoint	306.89	31.05			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Wellcare	Medicaid	300.86	30.44			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Consumer	Consumer	938.96	95			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Managed Care Inc	Managed Care Inc	889.54	90			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Aetna	Medicare	304.42	30.8			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Horizon	Indemnity	378.35	38.28			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Horizon	MGD	378.35	38.28			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Horizon	Medicare Blue	296.51	30			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Multiplan	Multiplan	790.7	80			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Horizon	PPO	378.35	38.28			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Qualcare	Qualcare	741.29	75			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 0-4 HR	3500000057	LOCAL				both			988.38		Three Rivers	Three Rivers	938.96	95			296.51	938.96	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Aetna	Medicare	403.07	30.8			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Horizon	Indemnity	500.96	38.28			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Aetna	Better Health	398.36	30.44			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Americare	Americare	981.5	75			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Aetna	Commercial	497.29	38			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Corrections	Corrections	1046.93	80			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Amerihealth	HMO/PPO	850.63	65			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		First Trenton	First Trenton	1177.79	90			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Consumer	Consumer	1243.23	95			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Horizon	MGD	500.96	38.28			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Horizon	Medicare Blue	392.6	30			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Horizon	PPO	500.96	38.28			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		WellPoint	WellPoint	406.34	31.05			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Managed Care Inc	Managed Care Inc	1177.79	90			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Multiplan	Multiplan	1046.93	80			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Three Rivers	Three Rivers	1243.23	95			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		First Health	First Health	916.06	70			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		UHC	Medicaid	398.36	30.44			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Wellcare	Medicaid	398.36	30.44			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL 4-12 HR	3500000058	LOCAL				both			1308.66		Qualcare	Qualcare	981.5	75			392.6	1243.23	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Aetna	Commercial	618.61	38			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		First Health	First Health	1139.54	70			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Aetna	Better Health	495.54	30.44			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Corrections	Corrections	1302.34	80			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Horizon	MGD	623.17	38.28			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		First Trenton	First Trenton	1465.13	90			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Aetna	Medicare	501.4	30.8			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Amerihealth	HMO/PPO	1058.15	65			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Americare	Americare	1220.94	75			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Horizon	Medicare Blue	488.38	30			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Consumer	Consumer	1546.52	95			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		WellPoint	WellPoint	505.47	31.05			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Horizon	PPO	623.17	38.28			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Horizon	Indemnity	623.17	38.28			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Wellcare	Medicaid	495.54	30.44			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Multiplan	Multiplan	1302.34	80			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Managed Care Inc	Managed Care Inc	1465.13	90			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Qualcare	Qualcare	1220.94	75			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		Three Rivers	Three Rivers	1546.52	95			488.38	1546.52	percent of total billed charges	
HC OB LABOR EPIDURAL >12 HR	3500000059	LOCAL				both			1627.92		UHC	Medicaid	495.54	30.44			488.38	1546.52	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Corrections	Corrections	2777.28	80			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		WellPoint	WellPoint	1077.93	31.05			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Americare	Americare	2603.7	75			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Aetna	Better Health	1056.76	30.44			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Aetna	Commercial	1319.21	38			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		First Trenton	First Trenton	3124.44	90			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Amerihealth	HMO/PPO	2256.54	65			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		First Health	First Health	2430.12	70			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Aetna	Medicare	1069.25	30.8			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Horizon	PPO	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Consumer	Consumer	3298.02	95			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Wellcare	Medicaid	1056.76	30.44			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Horizon	MGD	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Managed Care Inc	Managed Care Inc	3124.44	90			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Horizon	Indemnity	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		UHC	Medicaid	1056.76	30.44		1053.84	1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Three Rivers	Three Rivers	3298.02	95			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Horizon	Medicare Blue	1041.48	30		1381.97	1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Multiplan	Multiplan	2777.28	80			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL I - INIT 30 MIN	3500000060	LOCAL				both			3471.6		Qualcare	Qualcare	2603.7	75			1041.48	3298.02	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Americare	Americare	2883.6	75			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		First Trenton	First Trenton	3460.32	90			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Aetna	Commercial	1461.02	38		439.32	1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Aetna	Better Health	1170.36	30.44			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Consumer	Consumer	3652.56	95			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Horizon	MGD	1471.79	38.28		1057.26	1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Amerihealth	HMO/PPO	2499.12	65			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		First Health	First Health	2691.36	70			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Multiplan	Multiplan	3075.84	80			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Horizon	Indemnity	1471.79	38.28			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Aetna	Medicare	1184.2	30.8		406.34	1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		WellPoint	WellPoint	1193.81	31.05		1190.69	1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Corrections	Corrections	3075.84	80			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Qualcare	Qualcare	2883.6	75			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Three Rivers	Three Rivers	3652.56	95			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Horizon	PPO	1471.79	38.28		1129.74	1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Horizon	Medicare Blue	1153.44	30			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		UHC	Medicaid	1170.36	30.44		1129.72	1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Wellcare	Medicaid	1170.36	30.44		1166.18	1153.44	3652.56	percent of total billed charges	
HC OR LEVEL II - INIT 30 MIN	3500000061	LOCAL				both			3844.8		Managed Care Inc	Managed Care Inc	3460.32	90			1153.44	3652.56	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Horizon	MGD	1544.83	38.28		1153.42	1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		First Health	First Health	2824.92	70			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Aetna	Better Health	1228.44	30.44		964.98	1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Horizon	Indemnity	1544.83	38.28			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Aetna	Medicare	1242.96	30.8			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Amerihealth	HMO/PPO	2623.14	65		650.93	1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Wellcare	Medicaid	1228.44	30.44		1054.49	1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Multiplan	Multiplan	3228.48	80			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Aetna	Commercial	1533.53	38		782.28	1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Horizon	PPO	1544.83	38.28			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Americare	Americare	3026.7	75			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Qualcare	Qualcare	3026.7	75			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Consumer	Consumer	3833.82	95			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Corrections	Corrections	3228.48	80			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Horizon	Medicare Blue	1210.68	30		286.95	1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		WellPoint	WellPoint	1253.05	31.05		674.37	1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		UHC	Medicaid	1228.44	30.44		1114	1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Three Rivers	Three Rivers	3833.82	95			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		First Trenton	First Trenton	3632.04	90			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL III - INIT 30 MIN	3500000062	LOCAL				both			4035.6		Managed Care Inc	Managed Care Inc	3632.04	90			1210.68	3833.82	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Wellcare	Medicaid	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Amerihealth	HMO/PPO	2747.16	65			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		First Health	First Health	2958.48	70			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Aetna	Medicare	1301.73	30.8			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Horizon	MGD	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Aetna	Better Health	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		First Trenton	First Trenton	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Americare	Americare	3169.8	75			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		WellPoint	WellPoint	1312.3	31.05			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Corrections	Corrections	3381.12	80			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Horizon	Indemnity	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Consumer	Consumer	4015.08	95			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Managed Care Inc	Managed Care Inc	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Aetna	Commercial	1606.03	38			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Horizon	PPO	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Horizon	Medicare Blue	1267.92	30			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		UHC	Medicaid	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Multiplan	Multiplan	3381.12	80			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Three Rivers	Three Rivers	4015.08	95			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL IV - INIT 30 MIN	3500000063	LOCAL				both			4226.4		Qualcare	Qualcare	3169.8	75			1267.92	4015.08	percent of total billed charges	
HC OR LEVEL V - INIT 30 MIN	3500000064	LOCAL				both			4407.6		First Trenton	First Trenton	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INIT 30 MIN	3500000064	LOCAL				both			4407.6		Amerihealth	HMO/PPO	2864.94	65			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INIT 30 MIN	3500000064	LOCAL				both			4407.6		Horizon	Indemnity	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INIT 30 MIN	3500000064	LOCAL				both			4407.6		Aetna	Commercial	1674.89	38			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INIT 30 MIN	3500000064	LOCAL				both			4407.6		Aetna	Medicare	1357.54	30.8			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INIT 30 MIN	3500000064	LOCAL				both			4407.6		Aetna	Better Health	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INIT 30 MIN	3500000064	LOCAL				both			4407.6		Americare	Americare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INIT 30 MIN	3500000064	LOCAL				both			4407.6		Consumer	Consumer	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INIT 30 MIN	3500000064	LOCAL				both			4407.6		Horizon	PPO	1687.23	38.28			1322.28	4187.22	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																		
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																		
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		Multiplan	Multiplan	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		Corrections	Corrections	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		WellPoint	WellPoint	1368.56	31.05			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		Managed Care Inc	Managed Care Inc	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		First Health	First Health	3085.32	70			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		Horizon	MGD	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		Qualcare	Qualcare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		Three Rivers	Three Rivers	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		Horizon	Medicare Blue	1322.28	30			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		UHC	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL V - INT 30 MIN	3500000064	LOCAL				both			4407.6		Wellcare	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		First Trenton	First Trenton	1436.4	90			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		UHC	Medicaid	485.82	30.44		484.48	478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Americare	Americare	1197	75			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Consumer	Consumer	1516.2	95			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Horizon	PPO	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Aetna	Better Health	485.82	30.44			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Amerihealth	HMO/PPO	1037.4	65			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Aetna	Commercial	606.48	38			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Managed Care Inc	Managed Care Inc	1436.4	90			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		First Health	First Health	1117.2	70			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Three Rivers	Three Rivers	1516.2	95			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Corrections	Corrections	1276.8	80			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Horizon	Indemnity	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Wellcare	Medicaid	485.82	30.44			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Multiplan	Multiplan	1276.8	80			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Aetna	Medicare	491.57	30.8			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Qualcare	Qualcare	1197	75			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Horizon	Medicare Blue	478.8	30		368.44	478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		Horizon	MGD	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC OR LEVEL I - SUBS 15 MIN	3500000065	LOCAL				both			1596		WellPoint	WellPoint	495.56	31.05			478.8	1516.2	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Horizon	MGD	681.69	38.28		489.69	534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Consumer	Consumer	1691.76	95			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Aetna	Medicare	548.49	30.8		189.13	534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Corrections	Corrections	1424.64	80			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Aetna	Commercial	676.7	38		192.38	534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Americare	Americare	1335.6	75			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		First Health	First Health	1246.56	70			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Aetna	Better Health	542.08	30.44			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		First Trenton	First Trenton	1602.72	90			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Wellcare	Medicaid	542.08	30.44		540.14	534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Horizon	Medicare Blue	534.24	30			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Amerihealth	HMO/PPO	1157.52	65			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Managed Care Inc	Managed Care Inc	1602.72	90			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		WellPoint	WellPoint	552.94	31.05		551.49	534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Horizon	PPO	681.69	38.28		501.06	534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Horizon	Indemnity	681.69	38.28			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Three Rivers	Three Rivers	1691.76	95			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Multiplan	Multiplan	1424.64	80			534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		UHC	Medicaid	542.08	30.44		526.25	534.24	1691.76	percent of total billed charges	
HC OR LEVEL II - SUBS 15 MIN	3500000066	LOCAL				both			1780.8		Qualcare	Qualcare	1335.6	75			534.24	1691.76	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Americare	Americare	1421.1	75			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Corrections	Corrections	1515.84	80			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Horizon	Medicare Blue	568.44	30		134.73	568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		First Trenton	First Trenton	1705.32	90			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Consumer	Consumer	1800.06	95			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Aetna	Better Health	576.78	30.44		448.77	568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Aetna	Commercial	720.02	38		367.3	568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		First Health	First Health	1326.36	70			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		UHC	Medicaid	576.78	30.44		506.92	568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Amerihealth	HMO/PPO	1231.62	65		305.63	568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Aetna	Medicare	583.6	30.8			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Horizon	Indemnity	725.33	38.28			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		WellPoint	WellPoint	588.34	31.05		312.46	568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Multiplan	Multiplan	1515.84	80			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Horizon	MGD	725.33	38.28		518.06	568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Qualcare	Qualcare	1421.1	75			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Horizon	PPO	725.33	38.28			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Managed Care Inc	Managed Care Inc	1705.32	90			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Three Rivers	Three Rivers	1800.06	95			568.44	1800.06	percent of total billed charges	
HC OR LEVEL III - SUBS 15 MIN	3500000067	LOCAL				both			1894.8		Wellcare	Medicaid	576.78	30.44		507.97	568.44	1800.06	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		First Trenton	First Trenton	1769.04	90			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		WellPoint	WellPoint	610.32	31.05			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Americare	Americare	1474.2	75			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		First Health	First Health	1375.92	70			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Aetna	Medicare	605.4	30.8			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Aetna	Commercial	746.93	38			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Horizon	Indemnity	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Aetna	Better Health	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Horizon	Medicare Blue	589.68	30			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Multiplan	Multiplan	1572.48	80			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Horizon	PPO	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Consumer	Consumer	1867.32	95			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Amerihealth	HMO/PPO	1277.64	65			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Three Rivers	Three Rivers	1867.32	95			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Managed Care Inc	Managed Care Inc	1769.04	90			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Corrections	Corrections	1572.48	80			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Horizon	MGD	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Wellcare	Medicaid	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		Qualcare	Qualcare	1474.2	75			589.68	1867.32	percent of total billed charges	
HC OR LEVEL IV - SUBS 15 MIN	3500000068	LOCAL				both			1965.6		UHC	Medicaid	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Americare	Americare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Corrections	Corrections	1668.48	80			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		First Health	First Health	1459.92	70			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Aetna	Better Health	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Aetna	Commercial	792.53	38			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		WellPoint	WellPoint	647.58	31.05			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Aetna	Medicare	642.36	30.8			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Consumer	Consumer	1981.32	95			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Amerihealth	HMO/PPO	1355.64	65			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		First Trenton	First Trenton	1877.04	90			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Horizon	MGD	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Horizon	Indemnity	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Multiplan	Multiplan	1668.48	80			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Horizon	Medicare Blue	625.68	30			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Qualcare	Qualcare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Horizon	PPO	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		UHC	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Managed Care Inc	Managed Care Inc	1877.04	90			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Three Rivers	Three Rivers	1981.32	95			625.68	1981.32	percent of total billed charges	
HC OR LEVEL V - SUBS 15 MIN	3500000069	LOCAL				both			2085.6		Wellcare	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Americare	Americare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Aetna	Medicare	1357.54	30.8			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Aetna	Commercial	1674.89	38			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Aetna	Better Health	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Corrections	Corrections	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		WellPoint	WellPoint	1368.56	31.05			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Horizon	Medicare Blue	1322.28	30			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		First Health	First Health	3085.32	70			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Consumer	Consumer	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		UHC	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Amerihealth	HMO/PPO	2864.94	65			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Horizon	Indemnity	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Horizon	MGD	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Wellcare	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		First Trenton	First Trenton	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Multiplan	Multiplan	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Horizon	PPO	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Qualcare	Qualcare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Managed Care Inc	Managed Care Inc	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - INITIAL 30 MIN	3500000070	LOCAL				outpatient			4407.6		Three Rivers	Three Rivers	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Aetna	Commercial	792.53	38			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Americare	Americare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Aetna	Better Health	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Wellcare	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Aetna	Medicare	642.36	30.8			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Horizon	MGD	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Consumer	Consumer	1981.32	95			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Amerihealth	HMO/PPO	1355.64	65			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		First Health	First Health	1459.92	70			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Multiplan	Multiplan	1668.48	80			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Corrections	Corrections	1668.48	80			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Qualcare	Qualcare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		First Trenton	First Trenton	1877.04	90			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Managed Care Inc	Managed Care Inc	1877.04	90			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Horizon	Indemnity	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		UHC	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Horizon	Medicare Blue	625.68	30			625.68	1981.32	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		WellPoint	WellPoint	647.58	31.05			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Horizon	PPO	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC SDS DOC LEVEL V - SUBSQ 15 MIN	3500000071	LOCAL				outpatient			2085.6		Three Rivers	Three Rivers	1981.32	95			625.68	1981.32	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		First Trenton	First Trenton	688.5	90			229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Aetna	Commercial	290.7	38		174.45	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		First Health	First Health	535.5	70			229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Aetna	Better Health	232.87	30.44		185.32	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Amerihealth	HMO/PPO	497.25	65		139.82	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Americare	Americare	573.75	75			229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Consumer	Consumer	726.75	95			229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Aetna	Medicare	235.62	30.8		137.85	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Horizon	Indemnity	292.84	38.28		237.04	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Horizon	Medicare Blue	229.5	30		110.58	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Multiplan	Multiplan	612	80			229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Horizon	PPO	292.84	38.28		229.11	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Corrections	Corrections	612	80			229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Three Rivers	Three Rivers	726.75	95			229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Horizon	MGD	292.84	38.28		264.88	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Managed Care Inc	Managed Care Inc	688.5	90			229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Qualcare	Qualcare	573.75	75			229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		UHC	Medicaid	232.87	30.44		217.35	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		Wellcare	Medicaid	232.87	30.44		154.99	229.5	726.75	percent of total billed charges	
HC PHASE II RECOVERY EACH 15 MINS	3500000072	LOCAL				both			765		WellPoint	WellPoint	237.53	31.05		208.95	229.5	726.75	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Americare	Americare	2603.7	75			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		First Health	First Health	2430.12	70			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Aetna	Commercial	1319.21	38			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Corrections	Corrections	2777.28	80			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Amerihealth	HMO/PPO	2256.54	65			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Aetna	Better Health	1056.76	30.44			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Aetna	Medicare	1069.25	30.8			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		First Trenton	First Trenton	3124.44	90			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Consumer	Consumer	3298.02	95			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Wellcare	Medicaid	1056.76	30.44			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Horizon	MGD	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		UHC	Medicaid	1056.76	30.44			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Horizon	Indemnity	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Horizon	PPO	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Horizon	Medicare Blue	1041.48	30			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		WellPoint	WellPoint	1077.93	31.05			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Multiplan	Multiplan	2777.28	80			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Managed Care Inc	Managed Care Inc	3124.44	90			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Qualcare	Qualcare	2603.7	75			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL I - INIT 30 MIN	3500000073	LOCAL				both			3471.6		Three Rivers	Three Rivers	3298.02	95			1041.48	3298.02	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Aetna	Better Health	1170.36	30.44			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Horizon	PPO	1471.79	38.28		893.67	1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Amerihealth	HMO/PPO	2499.12	65			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		First Trenton	First Trenton	3460.32	90			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Aetna	Medicare	1184.2	30.8		829.23	1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		First Health	First Health	2691.36	70			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Americare	Americare	2883.6	75			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Horizon	Medicare Blue	1153.44	30		511.13	1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Aetna	Commercial	1461.02	38		702.56	1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		UHC	Medicaid	1170.36	30.44		1154.23	1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Horizon	Indemnity	1471.79	38.28		587.23	1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Managed Care Inc	Managed Care Inc	3460.32	90			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Corrections	Corrections	3075.84	80			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Horizon	MGD	1471.79	38.28		921.56	1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Consumer	Consumer	3652.56	95			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		WellPoint	WellPoint	1193.81	31.05		943.47	1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Multiplan	Multiplan	3075.84	80			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Wellcare	Medicaid	1170.36	30.44		979.58	1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Three Rivers	Three Rivers	3652.56	95			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL II - INIT 30 MIN	3500000074	LOCAL				both			3844.8		Qualcare	Qualcare	2883.6	75			1153.44	3652.56	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Horizon	MGD	1544.83	38.28		749.54	1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Aetna	Medicare	1242.96	30.8			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Aetna	Better Health	1228.44	30.44			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Horizon	Indemnity	1544.83	38.28			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		First Trenton	First Trenton	3632.04	90			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Corrections	Corrections	3228.48	80			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		First Health	First Health	2824.92	70			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Americare	Americare	3026.7	75			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Horizon	PPO	1544.83	38.28			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Consumer	Consumer	3833.82	95			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Aetna	Commercial	1533.53	38		687.67	1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Horizon	Medicare Blue	1210.68	30			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Managed Care Inc	Managed Care Inc	3632.04	90			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Three Rivers	Three Rivers	3833.82	95			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		UHC	Medicaid	1228.44	30.44		1228.43	1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Amerihealth	HMO/PPO	2623.14	65			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		WellPoint	WellPoint	1253.05	31.05		1240.07	1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Multiplan	Multiplan	3228.48	80			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Qualcare	Qualcare	3026.7	75			1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL III - INIT 30 MIN	3500000075	LOCAL				both			4035.6		Wellcare	Medicaid	1228.44	30.44		1202.3	1210.68	3833.82	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Amerihealth	HMO/PPO	2747.16	65			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Aetna	Better Health	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		First Trenton	First Trenton	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		First Health	First Health	2958.48	70			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Americare	Americare	3169.8	75			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Corrections	Corrections	3381.12	80			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Horizon	Indemnity	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Aetna	Commercial	1606.03	38			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Multiplan	Multiplan	3381.12	80			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Consumer	Consumer	4015.08	95			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Managed Care Inc	Managed Care Inc	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Wellcare	Medicaid	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Qualcare	Qualcare	3169.8	75			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Horizon	Medicare Blue	1267.92	30			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Horizon	PPO	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Aetna	Medicare	1301.73	30.8			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Three Rivers	Three Rivers	4015.08	95			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		Horizon	MGD	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		UHC	Medicaid	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL IV - INIT 30 MIN	3500000076	LOCAL				both			4226.4		WellPoint	WellPoint	1312.3	31.05			1267.92	4015.08	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		First Health	First Health	3085.32	70			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Americare	Americare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Aetna	Better Health	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		First Trenton	First Trenton	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Amerihealth	HMO/PPO	2864.94	65			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Aetna	Commercial	1674.89	38			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Consumer	Consumer	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Horizon	Indemnity	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Multiplan	Multiplan	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Aetna	Medicare	1357.54	30.8			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Corrections	Corrections	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Horizon	Medicare Blue	1322.28	30			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Qualcare	Qualcare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Horizon	MGD	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Three Rivers	Three Rivers	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Horizon	PPO	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		UHC	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Managed Care Inc	Managed Care Inc	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		Wellcare	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL V - INIT 30 MIN	3500000077	LOCAL				both			4407.6		WellPoint	WellPoint	1368.56	31.05			1322.28	4187.22	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Consumer	Consumer	1516.2	95			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Aetna	Better Health	485.82	30.44			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Americare	Americare	1197	75			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Aetna	Medicare	491.57	30.8			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Corrections	Corrections	1276.8	80			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Amerihealth	HMO/PPO	1037.4	65			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Aetna	Commercial	606.48	38			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		First Trenton	First Trenton	1436.4	90			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Horizon	Indemnity	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Horizon	Medicare Blue	478.8	30			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Horizon	MGD	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		First Health	First Health	1117.2	70			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Horizon	PPO	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		WellPoint	WellPoint	495.56	31.05			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		UHC	Medicaid	485.82	30.44			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Multiplan	Multiplan	1276.8	80			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Managed Care Inc	Managed Care Inc	1436.4	90			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Qualcare	Qualcare	1197	75			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Wellcare	Medicaid	485.82	30.44			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL I - SUBS 15 MIN	3500000078	LOCAL				both			1596		Three Rivers	Three Rivers	1516.2	95			478.8	1516.2	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Americare	Americare	1335.6	75			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Aetna	Medicare	548.49	30.8		384.07	534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		WellPoint	WellPoint	552.94	31.05		417.12	534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		First Health	First Health	1246.56	70			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Aetna	Better Health	542.08	30.44			534.24	1691.76	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		First Trenton	First Trenton	1602.72	90			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Consumer	Consumer	1691.76	95			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Amerihealth	HMO/PPO	1157.52	65			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Aetna	Commercial	676.7	38		324.56	534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Corrections	Corrections	1424.64	80			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Horizon	MGD	681.69	38.28		395.51	534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Horizon	Medicare Blue	534.24	30		229.82	534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Horizon	PPO	681.69	38.28		397	534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Horizon	Indemnity	681.69	38.28		271.99	534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Multiplan	Multiplan	1424.64	80			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		UHC	Medicaid	542.08	30.44		534.77	534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Qualcare	Qualcare	1335.6	75			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Managed Care Inc	Managed Care Inc	1602.72	90			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Three Rivers	Three Rivers	1691.76	95			534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL II - SUBS 15 MIN	3500000079	LOCAL				both			1780.8		Wellcare	Medicaid	542.08	30.44		445.48	534.24	1691.76	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Corrections	Corrections	1515.84	80			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		First Trenton	First Trenton	1705.32	90			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Aetna	Better Health	576.78	30.44			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Aetna	Commercial	720.02	38		322.88	568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Amerihealth	HMO/PPO	1231.62	65			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Horizon	MGD	725.33	38.28		351.93	568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Aetna	Medicare	583.6	30.8			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Horizon	PPO	725.33	38.28			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Wellcare	Medicaid	576.78	30.44		564.5	568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Managed Care Inc	Managed Care Inc	1705.32	90			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		First Health	First Health	1326.36	70			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Three Rivers	Three Rivers	1800.06	95			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Horizon	Indemnity	725.33	38.28			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Americare	Americare	1421.1	75			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		WellPoint	WellPoint	588.34	31.05		582.24	568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Horizon	Medicare Blue	568.44	30			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Multiplan	Multiplan	1515.84	80			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Consumer	Consumer	1800.06	95			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		Qualcare	Qualcare	1421.1	75			568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL III - SUBS 15 MIN	3500000080	LOCAL				both			1894.8		UHC	Medicaid	576.78	30.44		576.78	568.44	1800.06	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Corrections	Corrections	1572.48	80			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Aetna	Medicare	605.4	30.8			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Americare	Americare	1474.2	75			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		First Trenton	First Trenton	1769.04	90			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Amerihealth	HMO/PPO	1277.64	65			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Aetna	Better Health	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Consumer	Consumer	1867.32	95			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		UHC	Medicaid	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Horizon	Indemnity	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		First Health	First Health	1375.92	70			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Horizon	MGD	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Horizon	PPO	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Multiplan	Multiplan	1572.48	80			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Aetna	Commercial	746.93	38			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Wellcare	Medicaid	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Managed Care Inc	Managed Care Inc	1769.04	90			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Horizon	Medicare Blue	589.68	30			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		WellPoint	WellPoint	610.32	31.05			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Qualcare	Qualcare	1474.2	75			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL IV - SUBS 15 MIN	3500000081	LOCAL				both			1965.6		Three Rivers	Three Rivers	1867.32	95			589.68	1867.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Consumer	Consumer	1981.32	95			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		UHC	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Aetna	Better Health	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Americare	Americare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Aetna	Medicare	642.36	30.8			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Wellcare	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Horizon	Medicare Blue	625.68	30			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Horizon	MGD	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Corrections	Corrections	1668.48	80			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Aetna	Commercial	792.53	38			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		First Health	First Health	1459.92	70			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Amerihealth	HMO/PPO	1355.64	65			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Managed Care Inc	Managed Care Inc	1877.04	90			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Horizon	Indemnity	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		First Trenton	First Trenton	1877.04	90			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Multiplan	Multiplan	1668.48	80			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		WellPoint	WellPoint	647.58	31.05			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Qualcare	Qualcare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Horizon	PPO	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC MSP ENDO LEVEL V - SUBS 15 MIN	3500000082	LOCAL				both			2085.6		Three Rivers	Three Rivers	1981.32	95			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		WellPoint	WellPoint	1077.93	31.05			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Aetna	Commercial	1319.21	38			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Americare	Americare	2603.7	75			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Aetna	Better Health	1056.76	30.44			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Aetna	Medicare	1069.25	30.8			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Corrections	Corrections	2777.28	80			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Horizon	MGD	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		First Health	First Health	2430.12	70			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		UHC	Medicaid	1056.76	30.44			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Amerihealth	HMO/PPO	2256.54	65			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Wellcare	Medicaid	1056.76	30.44			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Consumer	Consumer	3298.02	95			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Horizon	Indemnity	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		First Trenton	First Trenton	3124.44	90			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Multiplan	Multiplan	2777.28	80			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Horizon	Medicare Blue	1041.48	30			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Qualcare	Qualcare	2603.7	75			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Horizon	PPO	1328.93	38.28			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Managed Care Inc	Managed Care Inc	3124.44	90			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL I - INIT 30 MIN	3500000083	LOCAL				both			3471.6		Three Rivers	Three Rivers	3298.02	95			1041.48	3298.02	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Amerihealth	HMO/PPO	2499.12	65			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		First Health	First Health	2691.36	70			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Americare	Americare	2883.6	75			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Aetna	Commercial	1461.02	38			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		First Trenton	First Trenton	3460.32	90			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Aetna	Better Health	1170.36	30.44			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Consumer	Consumer	3652.56	95			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Aetna	Medicare	1184.2	30.8			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Corrections	Corrections	3075.84	80			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Wellcare	Medicaid	1170.36	30.44			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Multiplan	Multiplan	3075.84	80			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Horizon	MGD	1471.79	38.28			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Managed Care Inc	Managed Care Inc	3460.32	90			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Horizon	PPO	1471.79	38.28			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Horizon	Indemnity	1471.79	38.28			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Three Rivers	Three Rivers	3652.56	95			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		UHC	Medicaid	1170.36	30.44			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Qualcare	Qualcare	2883.6	75			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		WellPoint	WellPoint	1193.81	31.05			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL II - INIT 30 MIN	3500000084	LOCAL				both			3844.8		Horizon	Medicare Blue	1153.44	30			1153.44	3652.56	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Aetna	Better Health	1228.44	30.44			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Aetna	Commercial	1533.53	38			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Americare	Americare	3026.7	75			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Aetna	Medicare	1242.96	30.8			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		First Health	First Health	2824.92	70			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Horizon	Medicare Blue	1210.68	30			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Consumer	Consumer	3833.82	95			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		WellPoint	WellPoint	1253.05	31.05			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Horizon	Indemnity	1544.83	38.28			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Amerihealth	HMO/PPO	2623.14	65			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		First Trenton	First Trenton	3632.04	90			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		UHC	Medicaid	1228.44	30.44			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Corrections	Corrections	3228.48	80			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Wellcare	Medicaid	1228.44	30.44			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Horizon	PPO	1544.83	38.28			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Multiplan	Multiplan	3228.48	80			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Horizon	MGD	1544.83	38.28			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Qualcare	Qualcare	3026.7	75			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Managed Care Inc	Managed Care Inc	3632.04	90			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL III - INIT 30 MIN	3500000085	LOCAL				both			4035.6		Three Rivers	Three Rivers	3833.82	95			1210.68	3833.82	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Aetna	Better Health	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		UHC	Medicaid	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Aetna	Commercial	1606.03	38			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		WellPoint	WellPoint	1312.3	31.05			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Amerihealth	HMO/PPO	2747.16	65			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		First Health	First Health	2958.48	70			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Americare	Americare	3169.8	75			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Horizon	MGD	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Consumer	Consumer	4015.08	95			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Horizon	PPO	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Aetna	Medicare	1301.73	30.8			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Three Rivers	Three Rivers	4015.08	95			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Corrections	Corrections	3381.12	80			1267.92	4015.08	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Multiplan	Multiplan	3381.12	80			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		First Trenton	First Trenton	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Qualcare	Qualcare	3169.8	75			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Horizon	Indemnity	1617.87	38.28			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Wellcare	Medicaid	1286.52	30.44			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Managed Care Inc	Managed Care Inc	3803.76	90			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL IV - INIT 30 MIN	3500000086	LOCAL				both			4226.4		Horizon	Medicare Blue	1267.92	30			1267.92	4015.08	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Consumer	Consumer	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Horizon	Indemnity	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Aetna	Commercial	1674.89	38			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Aetna	Better Health	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Americare	Americare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		UHC	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Amerihealth	HMO/PPO	2864.94	65			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		First Health	First Health	3085.32	70			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		First Trenton	First Trenton	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Aetna	Medicare	1357.54	30.8			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Horizon	MGD	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Corrections	Corrections	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Managed Care Inc	Managed Care Inc	3966.84	90			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Multiplan	Multiplan	3526.08	80			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Horizon	PPO	1687.23	38.28			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Horizon	Medicare Blue	1322.28	30			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Three Rivers	Three Rivers	4187.22	95			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Qualcare	Qualcare	3305.7	75			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		WellPoint	WellPoint	1368.56	31.05			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL V - INIT 30 MIN	3500000087	LOCAL				both			4407.6		Wellcare	Medicaid	1341.67	30.44			1322.28	4187.22	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Aetna	Commercial	606.48	38			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Aetna	Better Health	485.82	30.44			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		First Health	First Health	1117.2	70			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Amerihealth	HMO/PPO	1037.4	65			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Aetna	Medicare	491.57	30.8			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Consumer	Consumer	1516.2	95			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		First Trenton	First Trenton	1436.4	90			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Horizon	Indemnity	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Horizon	Medicare Blue	478.8	30			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Americare	Americare	1197	75			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Horizon	MGD	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Multiplan	Multiplan	1276.8	80			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Wellcare	Medicaid	485.82	30.44			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Corrections	Corrections	1276.8	80			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Horizon	PPO	610.95	38.28			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Qualcare	Qualcare	1197	75			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Managed Care Inc	Managed Care Inc	1436.4	90			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		Three Rivers	Three Rivers	1516.2	95			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		UHC	Medicaid	485.82	30.44			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL I - SUBS 15 MIN	3500000088	LOCAL				both			1596		WellPoint	WellPoint	495.56	31.05			478.8	1516.2	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Horizon	Indemnity	681.69	38.28			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Aetna	Better Health	542.08	30.44			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		First Health	First Health	1246.56	70			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Amerihealth	HMO/PPO	1157.52	65			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Corrections	Corrections	1424.64	80			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Consumer	Consumer	1691.76	95			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Aetna	Commercial	676.7	38			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Americare	Americare	1335.6	75			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Horizon	PPO	681.69	38.28			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Horizon	Medicare Blue	534.24	30			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Wellcare	Medicaid	542.08	30.44			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Multiplan	Multiplan	1424.64	80			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		First Trenton	First Trenton	1602.72	90			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Qualcare	Qualcare	1335.6	75			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Aetna	Medicare	548.49	30.8			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Three Rivers	Three Rivers	1691.76	95			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Horizon	MGD	681.69	38.28			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		Managed Care Inc	Managed Care Inc	1602.72	90			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		UHC	Medicaid	542.08	30.44			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL II - SUBS 15 MIN	3500000089	LOCAL				both			1780.8		WellPoint	WellPoint	552.94	31.05			534.24	1691.76	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Aetna	Commercial	720.02	38			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Aetna	Better Health	576.78	30.44			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Amerihealth	HMO/PPO	1231.62	65			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		First Trenton	First Trenton	1705.32	90			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Consumer	Consumer	1800.06	95			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		First Health	First Health	1326.36	70			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Americare	Americare	1421.1	75			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Horizon	PPO	725.33	38.28			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Aetna	Medicare	583.6	30.8			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Wellcare	Medicaid	576.78	30.44			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Horizon	Indemnity	725.33	38.28			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Managed Care Inc	Managed Care Inc	1705.32	90			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Corrections	Corrections	1515.84	80			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		UHC	Medicaid	576.78	30.44			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Horizon	Medicare Blue	568.44	30			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Horizon	MGD	725.33	38.28			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Multiplan	Multiplan	1515.84	80			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		WellPoint	WellPoint	588.34	31.05			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Three Rivers	Three Rivers	1800.06	95			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL III - SUBS 15 MIN	3500000090	LOCAL				both			1894.8		Qualcare	Qualcare	1421.1	75			568.44	1800.06	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Consumer	Consumer	1867.32	95			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Amerihealth	HMO/PPO	1277.64	65			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Horizon	MGD	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		First Health	First Health	1375.92	70			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Aetna	Better Health	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Aetna	Commercial	746.93	38			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Corrections	Corrections	1572.48	80			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Aetna	Medicare	605.4	30.8			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Americare	Americare	1474.2	75			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Qualcare	Qualcare	1474.2	75			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		First Trenton	First Trenton	1769.04	90			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		UHC	Medicaid	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Horizon	Indemnity	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Multiplan	Multiplan	1572.48	80			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Horizon	Medicare Blue	589.68	30			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		WellPoint	WellPoint	610.32	31.05			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Horizon	PPO	752.43	38.28			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Wellcare	Medicaid	598.33	30.44			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Managed Care Inc	Managed Care Inc	1769.04	90			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL IV - SUBS 15 MIN	3500000091	LOCAL				both			1965.6		Three Rivers	Three Rivers	1867.32	95			589.68	1867.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Corrections	Corrections	1668.48	80			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Aetna	Commercial	792.63	38			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		First Health	First Health	1459.92	70			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Aetna	Medicare	642.36	30.8			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Consumer	Consumer	1981.32	95			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Americare	Americare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Aetna	Better Health	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		First Trenton	First Trenton	1877.04	90			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Multiplan	Multiplan	1668.48	80			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Horizon	Indemnity	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Amerihealth	HMO/PPO	1355.64	65			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Horizon	MGD	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Qualcare	Qualcare	1564.2	75			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Managed Care Inc	Managed Care Inc	1877.04	90			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Horizon	Medicare Blue	625.68	30			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Horizon	PPO	798.37	38.28			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Wellcare	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		Three Rivers	Three Rivers	1981.32	95			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		WellPoint	WellPoint	647.58	31.05			625.68	1981.32	percent of total billed charges	
HC MSP MP LEVEL V - SUBS 15 MIN	3500000092	LOCAL				both			2085.6		UHC	Medicaid	634.86	30.44			625.68	1981.32	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Consumer	Consumer	950	95			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Corrections	Corrections	800	80			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Aetna	Commercial	380	38			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Aetna	Better Health	304.4	30.44			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Amerihealth	HMO/PPO	650	65			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Aetna	Medicare	308	30.8			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Americare	Americare	750	75			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Horizon	MGD	382.8	38.28			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		First Health	First Health	700	70			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Horizon	Medicare Blue	300	30			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Horizon	Indemnity	382.8	38.28			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		First Trenton	First Trenton	900	90			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Multiplan	Multiplan	800	80			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Horizon	PPO	382.8	38.28			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		WellPoint	WellPoint	310.5	31.05			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Managed Care Inc	Managed Care Inc	900	90			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Qualcare	Qualcare	750	75			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Three Rivers	Three Rivers	950	95			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		UHC	Medicaid	304.4	30.44			300	950	percent of total billed charges	
HC MSP RECOVERY INITIAL 30 MINS	3500000093	LOCAL				both			1000		Wellcare	Medicaid	304.4	30.44			300	950	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Aetna	Commercial	152	38			120	380	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		First Health	First Health	280	70			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Consumer	Consumer	380	95			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Aetna	Medicare	123.2	30.8			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Americare	Americare	300	75			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Aetna	Better Health	121.76	30.44			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		First Trenton	First Trenton	360	90			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Amerihealth	HMO/PPO	260	65			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Horizon	PPO	153.12	38.28		93.77	120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Wellcare	Medicaid	121.76	30.44		100.2	120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Managed Care Inc	Managed Care Inc	360	90			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Multiplan	Multiplan	320	80			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Three Rivers	Three Rivers	380	95			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Corrections	Corrections	320	80			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		UHC	Medicaid	121.76	30.44		120.25	120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Qualcare	Qualcare	300	75			120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Horizon	Indemnity	153.12	38.28		61.09	120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Horizon	Medicare Blue	120	30		53.18	120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		Horizon	MGD	153.12	38.28		82.74	120	380	percent of total billed charges	
HC MSP RECOVERY EA ADDL 15 MINS	3500000094	LOCAL				both			400		WellPoint	WellPoint	124.2	31.05		101.1	120	380	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Amerihealth	HMO/PPO	27.18	65			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Aetna	Better Health	12.73	30.44			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Consumer	Consumer	39.73	95			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		UHC	Medicaid	12.73	30.44			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Aetna	Commercial	15.89	38			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		First Health	First Health	29.27	70			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Americare	Americare	31.37	75			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Horizon	Indemnity	16.01	38.28			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Qualcare	Qualcare	31.37	75			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Wellcare	Medicaid	12.73	30.44			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Corrections	Corrections	33.46	80			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Horizon	Medicare Blue	12.55	30			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Aetna	Medicare	12.88	30.8			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Horizon	PPO	16.01	38.28			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		WellPoint	WellPoint	12.99	31.05			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		First Trenton	First Trenton	37.64	90			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Horizon	MGD	16.01	38.28			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Three Rivers	Three Rivers	39.73	95			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Multiplan	Multiplan	33.46	80			12.55	39.73	percent of total billed charges	
BKR CHG AFB SENSITIVITY	7771100090	LOCAL				both			41.82		Managed Care Inc	Managed Care Inc	37.64	90			12.55	39.73	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Aetna	Commercial	21.32	38		8.04	16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Aetna	Better Health	17.08	30.44			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Americare	Americare	42.08	75			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		First Health	First Health	39.27	70			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Aetna	Medicare	17.28	30.8		4.56	16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Consumer	Consumer	53.3	95			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		First Trenton	First Trenton	50.49	90			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Horizon	Indemnity	21.48	38.28		19.52	16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Wellcare	Medicaid	17.08	30.44		9.73	16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Amerihealth	HMO/PPO	36.47	65			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Horizon	MGD	21.48	38.28		19.47	16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		UHC	Medicaid	17.08	30.44		7.11	16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Horizon	PPO	21.48	38.28		19.75	16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Corrections	Corrections	44.88	80			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Three Rivers	Three Rivers	53.3	95			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Multiplan	Multiplan	44.88	80			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		WellPoint	WellPoint	17.42	31.05		13.29	16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Horizon	Medicare Blue	16.83	30		4.22	16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Qualcare	Qualcare	42.08	75			16.83	53.3	percent of total billed charges	
BKR CHG CREATININE 24 HOUR URINE	7771001165	LOCAL				both			56.1		Managed Care Inc	Managed Care Inc	50.49	90			16.83	53.3	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Aetna	Commercial	10.47	38			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Americare	Americare	20.66	75			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Aetna	Better Health	8.38	30.44			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		First Trenton	First Trenton	24.79	90			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Corrections	Corrections	22.03	80			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Consumer	Consumer	26.16	95			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		First Health	First Health	19.28	70			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		UHC	Medicaid	8.38	30.44			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Aetna	Medicare	8.48	30.8			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Horizon	Medicare Blue	8.26	30			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Horizon	Indemnity	10.54	38.28			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Horizon	PPO	10.54	38.28			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		WellPoint	WellPoint	8.55	31.05			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Managed Care Inc	Managed Care Inc	24.79	90			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Wellcare	Medicaid	8.38	30.44			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Three Rivers	Three Rivers	26.16	95			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Amerihealth	HMO/PPO	17.9	65			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Horizon	MGD	10.54	38.28			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Multiplan	Multiplan	22.03	80			8.26	26.16	percent of total billed charges	
BKR CHG URINE VOLUME MEASUREMENT	7771001165	LOCAL				both			27.54		Qualcare	Qualcare	20.66	75			8.26	26.16	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Aetna	Commercial	19.77	38			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		First Trenton	First Trenton	46.82	90			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Consumer	Consumer	49.42	95			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		First Health	First Health	36.41	70			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Aetna	Medicare	16.02	30.8			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		UHC	Medicaid	15.83	30.44			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Aetna	Better Health	15.83	30.44			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Horizon	Medicare Blue	15.61	30			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Amerihealth	HMO/PPO	33.81	65			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		WellPoint	WellPoint	16.15	31.05			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Corrections	Corrections	41.62	80			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Wellcare	Medicaid	15.83	30.44			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Horizon	MGD	19.91	38.28			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Americare	Americare	39.02	75			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Multiplan	Multiplan	41.62	80			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Horizon	Indemnity	19.91	38.28			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Qualcare	Qualcare	39.02	75			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Horizon	PPO	19.91	38.28			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Managed Care Inc	Managed Care Inc	46.82	90			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD GLUCOSE	7771001331	LOCAL				both			52.02		Three Rivers	Three Rivers	49.42	95			15.61	49.42	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Aetna	Commercial	11.24	38			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Amerihealth	HMO/PPO	19.23	65			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Corrections	Corrections	23.66	80			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		First Trenton	First Trenton	26.62	90			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Aetna	Medicare	9.11	30.8			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		UHC	Medicaid	9	30.44			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Aetna	Better Health	9	30.44			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Horizon	Medicare Blue	8.87	30			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Horizon	MGD	11.32	38.28			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		First Health	First Health	20.71	70			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Americare	Americare	22.19	75			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Horizon	PPO	11.32	38.28			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Consumer	Consumer	28.1	95			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		WellPoint	WellPoint	9.18	31.05			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Wellcare	Medicaid	9	30.44			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Horizon	Indemnity	11.32	38.28			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Managed Care Inc	Managed Care Inc	26.62	90			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Multiplan	Multiplan	23.66	80			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Three Rivers	Three Rivers	28.1	95			8.87	28.1	percent of total billed charges	
BKR CHG WHOLE BLOOD POTASSIUM	7771001332	LOCAL				both			29.58		Qualcare	Qualcare	22.19	75			8.87	28.1	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Amerihealth	HMO/PPO	39.78	65		7.5	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Aetna	Better Health	18.63	30.44		16.87	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Aetna	Commercial	23.26	38		13.22	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Consumer	Consumer	58.14	95			18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		First Trenton	First Trenton	55.08	90			18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		First Health	First Health	42.84	70			18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Multiplan	Multiplan	48.96	80			18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Aetna	Medicare	18.85	30.8		7.37	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Horizon	Medicare Blue	18.36	30		6.3	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		UHC	Medicaid	18.63	30.44		15.56	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Americare	Americare	45.9	75			18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Corrections	Corrections	48.96	80			18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Horizon	Indemnity	23.43	38.28			18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Wellcare	Medicaid	18.63	30.44		12.51	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Qualcare	Qualcare	45.9	75			18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		WellPoint	WellPoint	19	31.05		13.87	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Horizon	PPO	23.43	38.28		10.59	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Horizon	MGD	23.43	38.28		10.29	18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Managed Care Inc	Managed Care Inc	55.08	90			18.36	58.14	percent of total billed charges	
BKR CHG D-DIMER	7771001357	LOCAL				both			61.2		Three Rivers	Three Rivers	58.14	95			18.36	58.14	percent of total billed charges	
BKR CHG MIXING STUDY	7771001370	LOCAL				both			30.6		Aetna	Better Health	9.31	30.44			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	7771001370	LOCAL				both			30.6		Horizon	Medicare Blue	9.18	30			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	7771001370	LOCAL				both			30.6		Aetna	Medicare	9.42	30.8			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	7771001370	LOCAL				both			30.6		Corrections	Corrections	24.48	80			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	7771001370	LOCAL				both			30.6		First Health	First Health	21.42	70			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	7771001370	LOCAL				both			30.6		Aetna	Commercial	11.63	38			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	7771001370	LOCAL				both			30.6		WellPoint	WellPoint	9.5	31.05			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	7771001370	LOCAL				both			30.6		Americare	Americare	22.95	75			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	7771001370	LOCAL				both			30.6		Horizon	Indemnity	11.71	38.28			9.18	29.07	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		Wellcare	Medicaid	9.31	30.44			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		UHC	Medicaid	9.31	30.44			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		Horizon	MGD	11.71	38.28			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		Amerihealth	HMO/PPO	19.89	65			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		Consumer	Consumer	29.07	95			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		Multiplan	Multiplan	24.48	80			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		First Trenton	First Trenton	27.54	90			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		Qualcare	Qualcare	22.95	75			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		Horizon	PPO	11.71	38.28			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		Managed Care Inc	Managed Care Inc	27.54	90			9.18	29.07	percent of total billed charges	
BKR CHG MIXING STUDY	777100370	LOCAL				both			30.6		Three Rivers	Three Rivers	29.07	95			9.18	29.07	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Consumer	Consumer	79.46	95			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Horizon	Indemnity	32.02	38.28			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Aetna	Commercial	31.78	38			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Amerihealth	HMO/PPO	54.37	65			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Aetna	Better Health	25.46	30.44			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		First Trenton	First Trenton	75.28	90			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		First Health	First Health	58.55	70			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Americare	Americare	62.73	75			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Corrections	Corrections	66.91	80			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Managed Care Inc	Managed Care Inc	75.28	90			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Aetna	Medicare	25.76	30.8			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Qualcare	Qualcare	62.73	75			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Horizon	Medicare Blue	25.09	30			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Horizon	PPO	32.02	38.28			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Wellcare	Medicaid	25.46	30.44			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Multiplan	Multiplan	66.91	80			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		WellPoint	WellPoint	25.97	31.05			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Three Rivers	Three Rivers	79.46	95			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		Horizon	MGD	32.02	38.28			25.09	79.46	percent of total billed charges	
BKR CHG ANTICARDIOLIPIN, IGG/IGM	777100452	LOCAL				both			83.64		UHC	Medicaid	25.46	30.44			25.09	79.46	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Aetna	Commercial	14.73	38			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		First Health	First Health	27.13	70			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Consumer	Consumer	36.82	95			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Horizon	Medicare Blue	11.63	30			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Aetna	Medicare	11.94	30.8			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Horizon	PPO	14.84	38.28			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Aetna	Better Health	11.8	30.44			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		WellPoint	WellPoint	12.03	31.05			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Horizon	MGD	14.84	38.28			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Three Rivers	Three Rivers	36.82	95			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Corrections	Corrections	31.01	80			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Americare	Americare	29.07	75			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Amerihealth	HMO/PPO	25.19	65			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Wellcare	Medicaid	11.8	30.44			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		First Trenton	First Trenton	34.88	90			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Horizon	Indemnity	14.84	38.28			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Managed Care Inc	Managed Care Inc	34.88	90			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Multiplan	Multiplan	31.01	80			11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		UHC	Medicaid	11.8	30.44		4.79	11.63	36.82	percent of total billed charges	
BKR CHG ANTIEXTRACTABLE NUCLEAR AG	777100457	LOCAL				both			38.76		Qualcare	Qualcare	29.07	75			11.63	36.82	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Americare	Americare	192.02	75			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Corrections	Corrections	204.82	80			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Horizon	Indemnity	98	38.28			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Aetna	Commercial	97.29	38			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Amerihealth	HMO/PPO	166.41	65			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Aetna	Better Health	77.93	30.44			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		First Trenton	First Trenton	230.42	90			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		First Health	First Health	179.21	70			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Horizon	MGD	98	38.28		24.25	76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		WellPoint	WellPoint	79.49	31.05			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Managed Care Inc	Managed Care Inc	230.42	90			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Aetna	Medicare	78.85	30.8			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Horizon	PPO	98	38.28		61.3	76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Consumer	Consumer	243.22	95			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Multiplan	Multiplan	204.82	80			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Wellcare	Medicaid	77.93	30.44			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Qualcare	Qualcare	192.02	75			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Horizon	Medicare Blue	76.81	30			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		Three Rivers	Three Rivers	243.22	95			76.81	243.22	percent of total billed charges	
BKR CHG WEST NILE VIRUS NE SPECIF	777100468	LOCAL				both			256.02		UHC	Medicaid	77.93	30.44			76.81	243.22	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Horizon	MGD	383.43	38.28		152.03	300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Consumer	Consumer	951.56	95			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		First Health	First Health	701.15	70			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Aetna	Better Health	304.9	30.44		207.06	300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		First Trenton	First Trenton	901.48	90			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Aetna	Commercial	380.62	38			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Wellcare	Medicaid	304.9	30.44			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Americare	Americare	751.23	75			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		WellPoint	WellPoint	311.01	31.05			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Corrections	Corrections	801.31	80			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Managed Care Inc	Managed Care Inc	901.48	90			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Amerihealth	HMO/PPO	651.07	65			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Aetna	Medicare	308.51	30.8			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Horizon	PPO	383.43	38.28		123.42	300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Horizon	Medicare Blue	300.49	30		34.45	300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Horizon	Indemnity	383.43	38.28			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Three Rivers	Three Rivers	951.56	95			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Multiplan	Multiplan	801.31	80			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		Qualcare	Qualcare	751.23	75			300.49	951.56	percent of total billed charges	
BKR CHG PARVOVIRUS B19 IGG & IGM	777100575	LOCAL				both			1001.64		UHC	Medicaid	304.9	30.44		34.18	300.49	951.56	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Amerihealth	HMO/PPO	272.49	65			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Americare	Americare	314.42	75			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		First Health	First Health	293.45	70			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Horizon	Medicare Blue	125.77	30		81.74	125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		First Trenton	First Trenton	377.3	90			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Aetna	Medicare	129.12	30.8			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Consumer	Consumer	398.26	95			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Aetna	Better Health	127.61	30.44			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Horizon	Indemnity	160.48	38.28			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Horizon	MGD	160.48	38.28			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Multiplan	Multiplan	335.38	80			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Horizon	PPO	160.48	38.28		125.54	125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Managed Care Inc	Managed Care Inc	377.3	90			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Aetna	Commercial	159.3	38			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Corrections	Corrections	335.38	80			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		WellPoint	WellPoint	130.17	31.05			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Qualcare	Qualcare	314.42	75			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Three Rivers	Three Rivers	398.26	95			125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		UHC	Medicaid	127.61	30.44		106.95	125.77	398.26	percent of total billed charges	
BKR CHG BCR-ABL1, CML/ALL, PCR, QUANT	777100621	LOCAL				both			419.22		Wellcare	Medicaid	127.61	30.44			125.77	398.26	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Horizon	MGD	8.2	38.28		5.46	6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Amerihealth	HMO/PPO	13.92	65			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Aetna	Commercial	8.14	38		7.98	6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Americare	Americare	16.07	75			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		First Health	First Health	14.99	70			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Aetna	Better Health	6.52	30.44			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Horizon	Medicare Blue	6.43	30			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Aetna	Medicare	6.6	30.8			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Horizon	PPO	8.2	38.28			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Horizon	Indemnity	8.2	38.28			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		WellPoint	WellPoint	6.65	31.05		6.43	6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		UHC	Medicaid	6.52	30.44		3.76	6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Three Rivers	Three Rivers	20.35	95			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Consumer	Consumer	20.35	95			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Multiplan	Multiplan	17.14	80			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Qualcare	Qualcare	16.07	75			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Wellcare	Medicaid	6.52	30.44		4.57	6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Corrections	Corrections	17.14	80			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		First Trenton	First Trenton	19.28	90			6.43	20.35	percent of total billed charges	
BKR CHG METANEPHRINES, PHEOCHROMOCYT	777100648	LOCAL				both			21.42		Managed Care Inc	Managed Care Inc	19.28	90			6.43	20.35	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Aetna	Commercial	43.02	38			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Amerihealth	HMO/PPO	73.59	65			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Americare	Americare	84.92	75			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		First Trenton	First Trenton	101.9	90			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Corrections	Corrections	90.58	80			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Aetna	Better Health	34.46	30.44			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Horizon	Indemnity	43.34	38.28			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Aetna	Medicare	34.87	30.8			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		WellPoint	WellPoint	35.15	31.05			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		First Health	First Health	79.25	70			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Horizon	PPO	43.34	38.28			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Consumer	Consumer	107.56	95			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Horizon	MGD	43.34	38.28			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Multiplan	Multiplan	90.58	80			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Managed Care Inc	Managed Care Inc	101.9	90			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Horizon	Medicare Blue	33.97	30			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		UHC	Medicaid	34.46	30.44			33.97	107.56	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true

description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Qualcare	Qualcare	84.92	75			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Three Rivers	Three Rivers	107.56	95			33.97	107.56	percent of total billed charges	
BKR CHG MIXED VENOUS BLOOD GAS	777100731	LOCAL				both			113.22		Wellcare	Medicaid	34.46	30.44			33.97	107.56	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Americare	Americare	122.4	75			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Aetna	Medicare	50.27	30.8			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Consumer	Consumer	155.04	95			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Amerihealth	HMO/PPO	106.08	65			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Horizon	Indemnity	62.47	38.28			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Horizon	MGD	62.47	38.28			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Aetna	Commercial	62.02	38			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Aetna	Better Health	49.68	30.44			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Corrections	Corrections	130.56	80			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		First Trenton	First Trenton	146.88	90			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Multiplan	Multiplan	130.56	80			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Horizon	PPO	62.47	38.28			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		First Health	First Health	114.24	70			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Managed Care Inc	Managed Care Inc	146.88	90			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Qualcare	Qualcare	122.4	75			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		UHC	Medicaid	49.68	30.44			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Horizon	Medicare Blue	48.96	30			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		WellPoint	WellPoint	50.67	31.05			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Three Rivers	Three Rivers	155.04	95			48.96	155.04	percent of total billed charges	
BKR CHG CAPILLARY BLOOD GAS	777100739	LOCAL				both			163.2		Wellcare	Medicaid	49.68	30.44			48.96	155.04	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		WellPoint	WellPoint	6.65	31.05		2.52	6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Aetna	Medicare	6.6	30.8			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Corrections	Corrections	17.14	80			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Aetna	Better Health	6.52	30.44			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Amerihealth	HMO/PPO	13.92	65			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Horizon	MGD	8.2	38.28		5.12	6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Americare	Americare	16.07	75			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Aetna	Commercial	8.14	38		3.65	6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Multiplan	Multiplan	17.14	80			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Wellcare	Medicaid	6.52	30.44			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Consumer	Consumer	20.35	95			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Horizon	Indemnity	8.2	38.28			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Qualcare	Qualcare	16.07	75			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		First Health	First Health	14.99	70			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		First Trenton	First Trenton	19.28	90			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Horizon	Medicare Blue	6.43	30		5.19	6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Horizon	PPO	8.2	38.28			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Managed Care Inc	Managed Care Inc	19.28	90			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		Three Rivers	Three Rivers	20.35	95			6.43	20.35	percent of total billed charges	
BKR CHG FREE T4	777101000	LOCAL				both			21.42		UHC	Medicaid	6.52	30.44		3.86	6.43	20.35	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		UHC	Medicaid	4.35	30.44			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Americare	Americare	10.71	75			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Corrections	Corrections	11.42	80			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Horizon	Medicare Blue	4.28	30			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Wellcare	Medicaid	4.35	30.44			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Consumer	Consumer	13.57	95			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Aetna	Medicare	4.4	30.8			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Aetna	Better Health	4.35	30.44			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		WellPoint	WellPoint	4.43	31.05			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Horizon	MGD	5.47	38.28			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		First Health	First Health	10	70			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Aetna	Commercial	5.43	38			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		First Trenton	First Trenton	12.85	90			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Amerihealth	HMO/PPO	9.28	65			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Horizon	PPO	5.47	38.28			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Horizon	Indemnity	5.47	38.28			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Managed Care Inc	Managed Care Inc	12.85	90			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Multiplan	Multiplan	11.42	80			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Three Rivers	Three Rivers	13.57	95			4.28	13.57	percent of total billed charges	
BKR CHG HEX PHASE PHOSPHOLIPID 117020	777101005	LOCAL				both			14.28		Qualcare	Qualcare	10.71	75			4.28	13.57	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Amerihealth	HMO/PPO	84.86	65			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Aetna	Commercial	49.61	38			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Corrections	Corrections	104.45	80			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Aetna	Better Health	39.74	30.44			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Americare	Americare	97.92	75			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Aetna	Medicare	40.21	30.8			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		First Trenton	First Trenton	117.5	90			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		First Health	First Health	91.39	70			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Horizon	Indemnity	49.98	38.28			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Horizon	MGD	49.98	38.28			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		UHC	Medicaid	39.74	30.44			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Wellcare	Medicaid	39.74	30.44			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Consumer	Consumer	124.03	95			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Horizon	PPO	49.98	38.28			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Multiplan	Multiplan	104.45	80			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		WellPoint	WellPoint	40.54	31.05			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Horizon	Medicare Blue	39.17	30			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Managed Care Inc	Managed Care Inc	117.5	90			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Qualcare	Qualcare	97.92	75			39.17	124.03	percent of total billed charges	
BKR CHG PTT-LA INCUB MIX 117035	777101006	LOCAL				both			130.56		Three Rivers	Three Rivers	124.03	95			39.17	124.03	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Horizon	Medicare Blue	348.84	30			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Aetna	Commercial	441.86	38			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Americare	Americare	872.1	75			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Aetna	Better Health	353.96	30.44			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Wellcare	Medicaid	353.96	30.44			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		First Health	First Health	813.96	70			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Horizon	MGD	445.12	38.28			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Amerihealth	HMO/PPO	755.82	65			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Horizon	PPO	445.12	38.28			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Aetna	Medicare	358.14	30.8			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Consumer	Consumer	1104.66	95			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Multiplan	Multiplan	930.24	80			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Corrections	Corrections	930.24	80			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Qualcare	Qualcare	872.1	75			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		First Trenton	First Trenton	1046.52	90			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		UHC	Medicaid	353.96	30.44			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Horizon	Indemnity	445.12	38.28			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Managed Care Inc	Managed Care Inc	1046.52	90			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		WellPoint	WellPoint	361.05	31.05			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL	777101030	LOCAL				both			1162.8		Three Rivers	Three Rivers	1104.66	95			348.84	1104.66	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Aetna	Better Health	305.21	30.44			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Horizon	MGD	383.62	38.28			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Aetna	Commercial	381.01	38			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Horizon	Medicare Blue	300.8	30			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Consumer	Consumer	952.53	95			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Wellcare	Medicaid	305.21	30.44			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Aetna	Medicare	308.82	30.8			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Americare	Americare	752	75			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		First Health	First Health	701.86	70			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Amerihealth	HMO/PPO	651.73	65			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Corrections	Corrections	802.13	80			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Multiplan	Multiplan	802.13	80			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		First Trenton	First Trenton	902.39	90			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Qualcare	Qualcare	752	75			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		UHC	Medicaid	305.21	30.44			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Horizon	Indemnity	383.62	38.28			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		WellPoint	WellPoint	311.33	31.05			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Horizon	PPO	383.82	38.28			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Managed Care Inc	Managed Care Inc	902.39	90			300.8	952.53	percent of total billed charges	
BKR CHG CALR + MPL + E12-E15	777101031	LOCAL				both			1002.66		Three Rivers	Three Rivers	952.53	95			300.8	952.53	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Aetna	Better Health	11.49	30.44			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Amerihealth	HMO/PPO	24.53	65			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Consumer	Consumer	35.85	95			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		First Trenton	First Trenton	33.97	90			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		First Health	First Health	26.42	70			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Americare	Americare	28.31	75			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Aetna	Commercial	14.34	38			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Corrections	Corrections	30.19	80			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Horizon	PPO	14.45	38.28		9.31	11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Horizon	Indemnity	14.45	38.28			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Aetna	Medicare	11.62	30.8			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Managed Care Inc	Managed Care Inc	33.97	90			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Wellcare	Medicaid	11.49	30.44			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Horizon	Medicare Blue	11.32	30			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Horizon	MGD	14.45	38.28			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		UHC	Medicaid	11.49	30.44			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Multiplan	Multiplan	30.19	80			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Three Rivers	Three Rivers	35.85	95			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		Qualcare	Qualcare	28.31	75			11.32	35.85	percent of total billed charges	
BKR CHG ANA TITER AND PATTERN	777101041	LOCAL				both			37.74		WellPoint	WellPoint	11.72	31.05			11.32	35.85	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Aetna	Medicare	34.24	30.8			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Consumer	Consumer	105.62	95			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Aetna	Commercial	42.25	38			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Aetna	Better Health	33.84	30.44			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		First Trenton	First Trenton	100.06	90			33.35	105.62	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Ameritealth	HMO/PPO	72.27	65			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Americare	Americare	83.39	75			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Corrections	Corrections	88.94	80			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Horizon	MGD	42.56	38.28			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		First Health	First Health	77.83	70			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Horizon	Indemnity	42.56	38.28			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Horizon	Medicare Blue	33.35	30			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Horizon	PPO	42.56	38.28			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Multiplan	Multiplan	88.94	80			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		UHC	Medicaid	33.84	30.44			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		WellPoint	WellPoint	34.52	31.05			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Managed Care Inc	Managed Care Inc	100.06	90			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Qualcare	Qualcare	83.39	75			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Wellcare	Medicaid	33.84	30.44			33.35	105.62	percent of total billed charges	
BKR CHG CMV IGM CSF	777101063	LOCAL				both			111.18		Three Rivers	Three Rivers	105.62	95			33.35	105.62	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Corrections	Corrections	226.03	80			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		First Health	First Health	197.78	70			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Aetna	Medicare	87.02	30.8			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Horizon	Medicare Blue	84.76	30			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Aetna	Better Health	86.01	30.44			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Consumer	Consumer	268.41	95			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Americare	Americare	211.91	75			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		First Trenton	First Trenton	254.29	90			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Aetna	Commercial	107.37	38			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Horizon	PPO	108.16	38.28			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Horizon	MGD	108.16	38.28			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		WellPoint	WellPoint	87.73	31.05			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Ameritealth	HMO/PPO	183.65	65			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Managed Care Inc	Managed Care Inc	254.29	90			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Horizon	Indemnity	108.16	38.28			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Three Rivers	Three Rivers	268.41	95			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Multiplan	Multiplan	226.03	80			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		UHC	Medicaid	86.01	30.44			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Qualcare	Qualcare	211.91	75			84.76	268.41	percent of total billed charges	
BKR CHG AMPHET/MDMA/FENTANYL MS BLD	777101064	LOCAL				both			282.54		Wellcare	Medicaid	86.01	30.44			84.76	268.41	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Aetna	Commercial	45.74	38			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		First Health	First Health	84.25	70			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Consumer	Consumer	114.34	95			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Ameritealth	HMO/PPO	78.23	65			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Aetna	Medicare	37.07	30.8			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Horizon	PPO	46.07	38.28			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Americare	Americare	90.27	75			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Aetna	Better Health	36.64	30.44			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Horizon	MGD	46.07	38.28			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Wellcare	Medicaid	36.64	30.44			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Corrections	Corrections	96.29	80			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Multiplan	Multiplan	96.29	80			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Three Rivers	Three Rivers	114.34	95			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		WellPoint	WellPoint	37.37	31.05			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Horizon	Indemnity	46.07	38.28			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		First Trenton	First Trenton	108.32	90			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Qualcare	Qualcare	90.27	75			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Horizon	Medicare Blue	36.11	30			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		UHC	Medicaid	36.64	30.44			36.11	114.34	percent of total billed charges	
BKR CHG BARBIT MS BLD 700813	777101065	LOCAL				both			120.36		Managed Care Inc	Managed Care Inc	108.32	90			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Consumer	Consumer	114.34	95			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Horizon	Medicare Blue	36.11	30			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Aetna	Better Health	36.64	30.44			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Americare	Americare	90.27	75			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		First Health	First Health	84.25	70			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		First Trenton	First Trenton	108.32	90			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Corrections	Corrections	96.29	80			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Aetna	Medicare	37.07	30.8			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Horizon	PPO	46.07	38.28			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		WellPoint	WellPoint	37.37	31.05			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Aetna	Commercial	45.74	38			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Horizon	MGD	46.07	38.28			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Horizon	Indemnity	46.07	38.28			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Ameritealth	HMO/PPO	78.23	65			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Managed Care Inc	Managed Care Inc	108.32	90			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Multiplan	Multiplan	96.29	80			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Three Rivers	Three Rivers	114.34	95			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Qualcare	Qualcare	90.27	75			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		UHC	Medicaid	36.64	30.44			36.11	114.34	percent of total billed charges	
BKR CHG BENZO MS BLD 700814	777101066	LOCAL				both			120.36		Wellcare	Medicaid	36.64	30.44			36.11	114.34	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Aetna	Medicare	15.39	30.8			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Corrections	Corrections	39.98	80			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Ameritealth	HMO/PPO	32.49	65			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Americare	Americare	37.49	75			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		First Trenton	First Trenton	44.98	90			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Consumer	Consumer	47.48	95			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Aetna	Better Health	15.21	30.44			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Aetna	Commercial	18.99	38			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Horizon	MGD	19.13	38.28			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Three Rivers	Three Rivers	47.48	95			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		First Health	First Health	34.99	70			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Horizon	Indemnity	19.13	38.28			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Horizon	PPO	19.13	38.28			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Horizon	Medicare Blue	14.99	30			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		UHC	Medicaid	15.21	30.44			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Multiplan	Multiplan	39.98	80			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Managed Care Inc	Managed Care Inc	44.98	90			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Qualcare	Qualcare	37.49	75			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		WellPoint	WellPoint	15.52	31.05			14.99	47.48	percent of total billed charges	
BKR CHG THS MS BLD 700817	777101067	LOCAL				both			49.98		Wellcare	Medicaid	15.21	30.44			14.99	47.48	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Corrections	Corrections	226.03	80			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Aetna	Better Health	86.01	30.44			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		UHC	Medicaid	86.01	30.44			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Americare	Americare	211.91	75			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Ameritealth	HMO/PPO	183.65	65			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Aetna	Commercial	107.37	38			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		First Health	First Health	197.78	70			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Aetna	Medicare	87.02	30.8			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		First Trenton	First Trenton	254.29	90			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		WellPoint	WellPoint	87.73	31.05			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Horizon	MGD	108.16	38.28			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Consumer	Consumer	268.41	95			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Horizon	Indemnity	108.16	38.28			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Horizon	Medicare Blue	84.76	30			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Horizon	PPO	108.16	38.28			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Multiplan	Multiplan	226.03	80			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Managed Care Inc	Managed Care Inc	254.29	90			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Wellcare	Medicaid	86.01	30.44			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Three Rivers	Three Rivers	268.41	95			84.76	268.41	percent of total billed charges	
BKR CHG OPIATES MS BLD 700818	777101068	LOCAL				both			282.54		Qualcare	Qualcare	211.91	75			84.76	268.41	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		First Trenton	First Trenton	246.02	90			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Ameritealth	HMO/PPO	177.68	65			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Aetna	Medicare	84.19	30.8			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Consumer	Consumer	259.69	95			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Corrections	Corrections	218.69	80			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		First Health	First Health	191.35	70			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Americare	Americare	205.02	75			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Aetna	Better Health	83.21	30.44			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Horizon	Indemnity	104.64	38.28			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Multiplan	Multiplan	218.69	80			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Horizon	MGD	104.64	38.28			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Aetna	Commercial	103.88	38			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Horizon	Medicare Blue	82.01	30			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Wellcare	Medicaid	83.21	30.44			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Horizon	PPO	104.64	38.28			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		WellPoint	WellPoint	84.88	31.05			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Managed Care Inc	Managed Care Inc	246.02	90			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Qualcare	Qualcare	205.02	75			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		Three Rivers	Three Rivers	259.69	95			82.01	259.69	percent of total billed charges	
BKR CHG OXYCODONES MS BLD 700819	777101069	LOCAL				both			273.36		UHC	Medicaid	83.21	30.44			82.01	259.69	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		First Health	First Health	67.12	70			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		Aetna	Better Health	29.19	30.44			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		Corrections	Corrections	76.7	80			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		Consumer	Consumer	91.09	95			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		Horizon	MGD	36.7	38.28			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		Aetna	Commercial	36.43	38			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		Americare	Americare	71.91	75			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		Aetna	Medicare	29.53	30.8			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		Horizon	Medicare Blue	28.76	30			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		WellPoint	WellPoint	29.77	31.05			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		First Trenton	First Trenton	86.29	90			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		UHC	Medicaid	29.19	30.44			28.76	91.09	percent of total billed charges	
BKR CHG METHADONE MS BLD 700821	777101070	LOCAL				both			95.88		Horizon	Indemnity	36.7	38.28			28.76	91.09	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_locatio	hospital_address	license_numb	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																				
University Hospital	2025-10-16	2.0.0	University Hosp	150 Bergen St,	310119	true																				
description	code|1	code|1|type	code|2	code|2|type	modifiers	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes					
BKR CHG METHADONE MS BLD 700821	7771010701	LOCAL				both			95.88		Amerihealth	HMO/PPO	62.32	65			28.76	91.09	percent of total billed charges							
BKR CHG METHADONE MS BLD 700821	7771010701	LOCAL				both			95.88		Horizon	PPO	36.7	38.28			28.76	91.09	percent of total billed charges							
BKR CHG METHADONE MS BLD 700821	7771010701	LOCAL				both			95.88		Wellcare	Medicaid	29.19	30.44			28.76	91.09	percent of total billed charges							
BKR CHG METHADONE MS BLD 700821	7771010701	LOCAL				both			95.88		Managed Care Inc	Managed Care Inc	86.29	90			28.76	91.09	percent of total billed charges							
BKR CHG METHADONE MS BLD 700821	7771010701	LOCAL				both			95.88		Multiplan	Multiplan	76.7	80			28.76	91.09	percent of total billed charges							
BKR CHG METHADONE MS BLD 700821	7771010701	LOCAL				both			95.88		Three Rivers	Three Rivers	91.09	95			28.76	91.09	percent of total billed charges							
BKR CHG METHADONE MS BLD 700821	7771010701	LOCAL				both			95.88		Qualcare	Qualcare	71.91	75			28.76	91.09	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Aetna	Better Health	15.21	30.44			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Aetna	Commercial	18.99	38			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Americare	Americare	37.49	75			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Horizon	Indemnity	19.13	38.28			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Amerihealth	HMO/PPO	32.49	65			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Aetna	Medicare	15.39	30.8			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Corrections	Corrections	39.98	80			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		WellPoint	WellPoint	15.52	31.05			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Horizon	Medicare Blue	14.99	30			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Consumer	Consumer	47.48	95			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		First Trenton	First Trenton	44.98	90			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		First Health	First Health	34.99	70			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Multiplan	Multiplan	39.98	80			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Horizon	MGD	19.13	38.28			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Wellcare	Medicaid	15.21	30.44			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Horizon	PPO	19.13	38.28			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Qualcare	Qualcare	37.49	75			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Managed Care Inc	Managed Care Inc	44.98	90			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		Three Rivers	Three Rivers	47.48	95			14.99	47.48	percent of total billed charges							
BKR CHG COCAINE MS BLD 700912	7771010711	LOCAL				both			49.98		UHC	Medicaid	15.21	30.44			14.99	47.48	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Aetna	Commercial	3.49	38		2.3	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Aetna	Medicare	2.83	30.8		1.43	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Amerihealth	HMO/PPO	5.97	65		1.39	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Aetna	Better Health	2.79	30.44		2.5	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		First Health	First Health	6.43	70			2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Americare	Americare	6.89	75			2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Horizon	Indemnity	3.51	38.28		2.41	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Qualcare	Qualcare	6.89	75			2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Consumer	Consumer	8.72	95			2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Horizon	PPO	3.51	38.28		2.37	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		WellPoint	WellPoint	2.85	31.05		2.18	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		UHC	Medicaid	2.79	30.44		2.44	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Three Rivers	Three Rivers	8.72	95			2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Multiplan	Multiplan	7.34	80			2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Corrections	Corrections	7.34	80			2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Wellcare	Medicaid	2.79	30.44		2.43	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		First Trenton	First Trenton	8.26	90			2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Horizon	Medicare Blue	2.75	30		1.32	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Horizon	MGD	3.51	38.28		2.62	2.75	8.72	percent of total billed charges							
BKR CHG CAPILLARY PUNCTURE	7771013491	LOCAL				both			9.18		Managed Care Inc	Managed Care Inc	8.26	90			2.75	8.72	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		First Trenton	First Trenton	335.07	90			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Amerihealth	HMO/PPO	242	65			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Aetna	Medicare	114.67	30.8			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Aetna	Better Health	113.33	30.44			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Corrections	Corrections	297.84	80			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Americare	Americare	279.23	75			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		UHC	Medicaid	113.33	30.44			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Consumer	Consumer	353.69	95			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Horizon	Indemnity	142.52	38.28			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Multiplan	Multiplan	297.84	80			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		First Health	First Health	260.61	70			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Aetna	Commercial	141.47	38			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		WellPoint	WellPoint	115.6	31.05			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Qualcare	Qualcare	279.23	75			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Horizon	MGD	142.52	38.28			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Horizon	Medicare Blue	111.69	30			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Horizon	PPO	142.52	38.28			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Wellcare	Medicaid	113.33	30.44			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Managed Care Inc	Managed Care Inc	335.07	90			111.69	353.69	percent of total billed charges							
BKR CHG FISH-ANGELMAN (DISS10), 15Q11-Q13	7776181	LOCAL				both			372.3		Three Rivers	Three Rivers	353.69	95			111.69	353.69	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		First Trenton	First Trenton	111.08	90			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Consumer	Consumer	117.25	95			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Amerihealth	HMO/PPO	80.22	65			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Americare	Americare	92.57	75			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Aetna	Better Health	37.57	30.44		38.12	37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Corrections	Corrections	98.74	80			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		First Health	First Health	86.39	70			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Aetna	Commercial	46.9	38		18.69	37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Managed Care Inc	Managed Care Inc	111.08	90			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Horizon	MGD	47.25	38.28		25	37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		WellPoint	WellPoint	38.32	31.05		23.45	37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Aetna	Medicare	38.01	30.8			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Horizon	Indemnity	47.25	38.28			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		UHC	Medicaid	37.57	30.44		35.36	37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Multiplan	Multiplan	98.74	80			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Horizon	Medicare Blue	37.03	30			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Qualcare	Qualcare	92.57	75			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Horizon	PPO	47.25	38.28		38.47	37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Three Rivers	Three Rivers	117.25	95			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (DIASORIN)	7777021	LOCAL				both			123.42		Wellcare	Medicaid	37.57	30.44		35.83	37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Corrections	Corrections	98.74	80			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Horizon	MGD	47.25	38.28			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Consumer	Consumer	117.25	95			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Americare	Americare	92.57	75			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		First Trenton	First Trenton	111.08	90			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		First Health	First Health	86.39	70			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Aetna	Medicare	38.01	30.8			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Aetna	Better Health	37.57	30.44			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		WellPoint	WellPoint	38.32	31.05			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		UHC	Medicaid	37.57	30.44			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Amerihealth	HMO/PPO	80.22	65			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Aetna	Commercial	46.9	38			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Horizon	Indemnity	47.25	38.28			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Wellcare	Medicaid	37.57	30.44			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Multiplan	Multiplan	98.74	80			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Horizon	Medicare Blue	37.03	30			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Horizon	PPO	47.25	38.28			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Qualcare	Qualcare	92.57	75			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Managed Care Inc	Managed Care Inc	111.08	90			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (CEPHEID)STAT	7777051	LOCAL				both			123.42		Three Rivers	Three Rivers	117.25	95			37.03	117.25	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Consumer	Consumer	147.29	95			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Horizon	MGD	59.35	38.28			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Aetna	Commercial	58.92	38			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Aetna	Better Health	47.19	30.44			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Horizon	Indemnity	59.35	38.28			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Americare	Americare	116.28	75			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Aetna	Medicare	47.75	30.8			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		UHC	Medicaid	47.19	30.44			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Corrections	Corrections	124.03	80			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		First Trenton	First Trenton	139.54	90			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Amerihealth	HMO/PPO	100.78	65			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Wellcare	Medicaid	47.19	30.44			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Horizon	Medicare Blue	46.51	30			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Horizon	PPO	59.35	38.28			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		First Health	First Health	108.53	70			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Managed Care Inc	Managed Care Inc	139.54	90			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		WellPoint	WellPoint	48.14	31.05			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Three Rivers	Three Rivers	147.29	95			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Multiplan	Multiplan	124.03	80			46.51	147.29	percent of total billed charges							
BKR CHG SARS-COV-2 RNA (SALIVA)	7777101	LOCAL				both			155.04		Qualcare	Qualcare	116.28	75			46.51	147.29	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		First Trenton	First Trenton	339.66	90			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Aetna	Medicare	116.24	30.8			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Americare	Americare	283.05	75			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Aetna	Better Health	114.88	30.44			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Corrections	Corrections	301.92	80			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Horizon	MGD	144.47	38.28			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Amerihealth	HMO/PPO	245.31	65			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Consumer	Consumer	358.53	95			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Horizon	Indemnity	144.47	38.28			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		First Health	First Health	264.18	70			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Multiplan	Multiplan	301.92	80			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Aetna	Commercial	143.41	38			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Managed Care Inc	Managed Care Inc	339.66	90			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		UHC	Medicaid	114.88	30.44			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Qualcare	Qualcare	283.05	75			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Horizon	Medicare Blue	113.22	30			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Horizon	PPO	144.47	38.28			113.22	358.53	percent of total billed charges							
BKR CHG CMV QUANT DNA PCR (PLASMA)	7779011	LOCAL				both			377.4		Wellcare	Medicaid	114.88	30.44			113.22